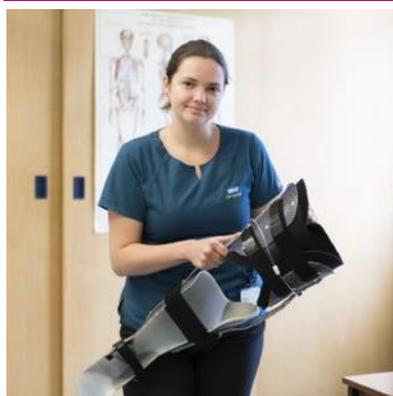


“Making AHP Apprenticeships Happen”



A guide to implementing AHP Apprenticeships

Contents

The case for AHP apprenticeships	4
Building apprenticeships into workforce strategy	5
A workforce strategy checklist:	5
Working in Partnership	6
Using apprenticeships for support staff	6
Implementing Apprenticeships	7
Funding and backfill	7
Placement planning and capacity	7
Case Study	8
Links and Resources	9

AHP Apprenticeships

Use the hyperlinks below to explore the AHP Apprenticeships in more detail:

[Operating Department](#)

[Sonographer](#)

[Advanced Clinical Practitioner](#)

[Senior Healthcare Support Worker – therapies pathway](#)

[Assistant Practitioner](#)

[Physiotherapist](#)

[Occupational Therapist](#)

[Podiatrist](#)

[Dietitian](#)

[Diagnostic Radiographer](#)

[Therapeutic Radiographer](#)

[Paramedic](#)

[Speech and Language Therapist](#)

[Arts Therapist](#)

[Prosthetist and Orthotist](#)

The case for AHP apprenticeships

National Strategy

Government Apprenticeship Policy "our 2020 vision"

Public Sector Apprenticeship Target

'AHPs into Action' the national framework and strategy

NHS People Plan

Future Workforce

It has been calculated that we need 27,000 more AHPs in England over the next 4 years

Apprenticeships open up an additional funding route for AHP training by using employers' apprenticeship levy

AHPs support integration, addressing historical service boundaries to reduce duplication and fragmentation

'AHPs into Action' highlighted that the effective and efficient use of AHPs improve the health and well-being of individuals and populations

Socioeconomic

Education and training raises the level of skills available in the economy

In countries with high quality, high volume apprenticeship systems, levels of youth unemployment are very low

Projections indicate that over the next decade, there will be around 5 million new and replacement job openings for high skilled jobs

Apprentices achieve a higher level of qualification, increasing their employment prospects, productivity and wages

Widening Participation

Apprenticeships allow employers to recruit a more diverse and local workforce

Recruiting a more local workforce in turn improves staff retention

Apprenticeships provide an alternative route into training to attract diverse entrants and create a wider talent pool

Apprenticeships are employer led and ensure a close collaboration between employers and Higher Education Institutions (HEIs) to respond to local needs

Building apprenticeships into workforce strategy

Building apprenticeships into workforce strategy can ensure that the NHS explores all training and development opportunities for workforce planning activity. Apprenticeships form part of wider system and organisational solution to the recruitment and development of a sustainable workforce, by providing an additional entry point to the AHP workforce.

Apprenticeship opportunities can also be utilised for existing staff to support individual development needs. This in turn not only increases existing skills but also acts as a valuable retention tool whilst increasing workforce skills.

When developing workforce plans NHS organisations should consider:

- How a scaled-up apprenticeship offer act as an enabler of future workforce strategy
- How apprenticeships enable the organisation to meet key actions from the NHS People Plan, Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES)
- How apprenticeships enable the organisation to be more representative of the community they serve
- How apprenticeships can offer the skills/talent pipeline the organisation will need over the next five years
- How apprenticeships tackle the organisations key workforce challenges.

A workforce strategy checklist:

- ✓ Have the endorsement of senior leadership and commitment among service managers – who is are your senior AHP champions?
- ✓ Ensure that AHP leaders are always visible promoting apprenticeship pathways
- ✓ Think about making AHP apprenticeships a standing item in agendas and reported on at ICS level
- ✓ Review your workforce strategy to ensure it makes clear what part you intend apprenticeships to play in addressing key workforce development goals (e.g., replacing an ageing workforce, creating multi-skilled staff who can work more flexibly, or providing cost-effective routes to addressing skill shortages across clinical and non-clinical roles)
- ✓ Develop a clear range of metrics by which to measure and report on the impact that your Apprenticeship provision has on performance
- ✓ Measures relating to costs of recruitment; sickness/absence rates; uptake of training; staff satisfaction; qualification levels; retention and vacancy rates, how well the workforce represents the community, this will allow senior leaders to set targets, review progress and establish the return on investment.

Working in Partnership

Employer and Training Provider Partnerships

To ensure the successful implementation of AHP Apprenticeships, it is vital to have a strong employer and training providers partnership, this will ensure that your training is high-quality and employer responsive.

Employer Partnerships

When considering the placement requirements of degree AHP apprenticeships, it is key to have strong employer partnerships that will enable shared apprenticeship practice base learning across multiple employer sites. This will not only enable the learners to complete their practice hours but also ensure that when host employers have learners out on placement, they can have a reciprocal agreement to receive an apprentice from another employer in the partnership.

Regional Partnerships

Apprenticeships when included within workforce planning, can help to address skills shortages across the workforce. The latter is something that more organisations are approaching collaboratively to address skills shortages and increase the amount of apprenticeship levy spent across integrated care systems (ICS).

Using apprenticeships for support staff

Apprenticeships provide not only provide a career pathway to registered professions, but they cement a standardised level of skills and education across the support workforce and therefore should be considered not only for career progression but for workforce upskilling

Support workers, senior support workers, assistants, and assistant practitioners work in, with and alongside the allied health professions (AHPs), providing high quality care across a range of acute and community services. Access to training and education, and clear career pathways, for this crucial workforce is essential to meeting the needs of patients, populations, and future healthcare.



Implementing Apprenticeships

Funding and backfill

The main difference between AHP apprentices when compared with traditional students, is that apprentices are employed for the duration of their apprenticeship. This means that NHS organisations must find the salary costs for the student during training and manage their release time and backfill during study.

The salary backfill element has been cited as a barrier to increasing the number of AHP Apprenticeships, however when compared to the long-term return on investment the case can often be made for that initial investment.

No one solution works for every organisation, however the below are worth considering when exploring how to fund AHP apprenticeships in your organisation:

- Considering employing an apprentice into an existing vacancy within your team, while they are training pay them a training rate, for example Annex 21 or a band below their qualifying band. Utilise the remaining vacancy salary costs for backfill.
- You could work with your training provider to plan placement and learning time around service demands wherever possible.
- Could you work with other local employers and your training provider to organise reciprocal placements; when your learner is on placement you then receive an equivalent learner to replace them.
- Consider putting forward a business case to hold a permanent apprenticeship vacancy within your team structure that is supernumerary to establishment.
- Calculate your agency costs and staff turnover. Do you always struggle to recruit staff who stay long term? Would short term salary costs of training someone via the apprenticeship provide a long-term saving?

Placement planning and capacity

The development of the future healthcare workforce is a key strategic priority nationally and locally, requiring high quality learning environments and appropriate and sufficient placement capacity.

AHP Apprenticeships provide additional workforce supply but also increase students needing to access clinical placements, it is therefore vital to identify ICS-wide approaches, to address the challenges of implementing the apprenticeships, you should consider:

- System level curriculum design with your training providers, to support consistency of education and placements
- System level agreement for funding for posts that support work-based placements and assessments
- Coordination of placements across the system, including primary and social care employers

- Agreements to enable students in primary and social care to access placements within a hospital setting, as required.
- Provision of education infrastructure to support coordination and delivery of placements outside of NHS trusts, particularly across primary care and care homes

Case Study

At The Rotherham NHS Foundation Trust, they have been exploring innovative funding solutions to support existing staff to upskill as well as recruiting new apprentices.

By aggregating the budget for **two** posts together, **three** apprenticeship opportunities can be created.

In this example below, an existing AfC Band 4 member of staff could be supported to undertake a Level 6 degree-level apprentice, funded at AfC Band 3 during their three-year training period.

Additionally, two new apprentices could be recruited to undertake a Level 3 Senior Healthcare Support Worker apprenticeship (AHP pathway) starting in alternate years.

This innovative example combines a blend of upskilling existing support staff in addition to providing an opportunity for new talent to enter the AHP support workforce. On completion of their training apprentices would be able to apply for a substantive position at the organisation, which based on known workforce intelligence of turnover/vacancy rates was considered viable.

(Please note this example is based on calculations specific to the organisation incorporating on-costs and prior to national price changes from April 1st, 2021)

Starting Budget (£53,683) 1.0 wte AfC Band 4 (person in post) + 1.0 wte AfC Band 3 (vacancy)	1.0 wte Degree Apprentice (AfC Band 3) + 2.0 wte Level 3 Apprentices (offset annually) Annual Budget (£54,821)	Funding Model			Year 1	Year 2	Year 3
		Degree Apprentice	AfC Band 3		£25,274	£25,274	£25,274
		Level 3 Apprentice 1	Year 1 Apprenticeship Wage +	£9,602	£20,485	£9,602	
		Level 3 Apprentice 2	Year 2 Living Wage (25+)	-	£9,602	£20,485	
		Annual Expenditure			£34,336	£54,821	£54,821

With thanks to Di Simpson, Professional Lead Therapies and Dietetics, The Rotherham NHS Foundation Trust

Links and Resources

- [Healthcare Apprenticeship Standards online \(HASO\)](#)
- [How to have Apprenticeship conversations with your board](#)
- [What apprenticeships are and how to use them](#)
- [Allied Health Professional apprenticeships](#)
- [Initial assessment and recognition of prior learning guidance](#)
- [RPL / APEL guidance](#)
- [Transferring unused apprenticeship funds to other employers](#)
- [Small employers – how to reserve funding](#)
- [Navigating the Assistant Practitioner standard](#)
- [Procurement](#)
- [Achieving the benefits of apprenticeships](#)
- [English and maths functional skills guidance for employers](#)
- [Supporting disabled apprentices and those with LDD](#)
- [What is 20% off the job training](#)
- [steps to expanding placement capacity](#)
- [employer approaches to building placement capacity](#)
- [Collaborating on apprenticeships](#)
- [Using the levy to embed apprenticeships across the trust](#)