

## Medical Doctor (Degree) apprenticeship implementation resource pack



**Resource pack for employers and medical schools for the Medical Doctor (Degree) apprenticeship standard at level 7.**

Version 1.0

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## Introduction

The government is committed to significantly increasing the quantity and quality of apprenticeships in England as well as supporting developmental opportunities which increase diversity in the workplace. Apprenticeships are a key route into a variety of careers. Degree apprenticeships combine work with study and include both work-based and academic elements. This gives individuals the opportunity to earn and gain work experience while achieving nationally recognised qualifications.

In the NHS, apprenticeships continue to be critical in attracting people to the NHS from less well represented groups and supporting the development of new roles. Whilst undergraduate healthcare students come from a range of diverse and socio-economic backgrounds, there is further action required to increase participation and progression from under-represented groups in medicine. By increasing the range of pathways into medicine, the health and care system will open up medical education to a more diverse pool of people and enable the NHS to become a more inclusive place to work. The medical degree apprenticeship provides an earn and learn opportunity which speaks to those people with capability but who for varying reasons have not been prepared or able to go into traditional undergraduate training. The apprenticeship also aims to support employers to grow their own workforce in geographies that currently struggle to recruit and retain doctors. The concept of a Medical Doctor (degree) apprenticeship has been widely supported by employers who have been engaged in developing the apprentice standard.

The standard is fully aligned with the requirements of the General Medical Council's Outcomes for Graduates meaning that Medical Doctor Apprentices will be required to complete all elements of traditional medical education, academic, practical, a medical degree and the Medical Licensing Assessment. This will typically take 60 months to complete.

The Medical Doctor (Degree) apprenticeship was approved for delivery by the Institute for Apprenticeships and Technical Education on 19<sup>th</sup> July 2022, [Doctor Degree](#). This resource pack has been developed in collaboration with employers, regulators, medical schools, medical unions and patient representatives on Health Education England's Medical Doctor Degree Apprenticeship Implementation group. This pack contains useful information to assist employers and medical schools who are interested in delivering the Medical Doctor (Degree) apprenticeship. The delivery of apprenticeships requires close partnership working between employers and medical schools and this creates an opportunity for both parties to review and develop their offers to provide a rounded and practice-based learning and development experience for apprentices.

## Components of the Medical Doctor (Degree) apprenticeship standard

All apprenticeship standards are made up of the following components:

- the occupational standard which contains the duties, performance criteria, knowledge, skills and behaviours for the occupation
- the end-point assessment (EPA) assesses whether apprentices have passed the apprenticeship, and this is based on the same professional knowledge, skills and behaviours as the occupational standard.

Medical Doctors are subject to statutory regulation by the General Medical Council (GMC). The GMC sets the standards of competence required for entry to the professional register and these are the occupational standards for Medical Doctors. The GMC also has the statutory duty to set requirements of programmes necessary to support the achievement of the knowledge, skills and behaviours (KSBs) in the occupational standard. The Medical Doctor (Degree) apprenticeship standard is fully aligned with the requirements of the General Medical Council's (GMC) [Outcomes for Graduates](#) meaning that Doctor Apprentices are required to achieve the same standards as full-time medical students undertaking the medical degree and other assessments. The academic education can only be delivered by fully accredited GMC medical schools to ensure that apprentices are eligible for provisional registration with the GMC on completion (further information can be found [here](#)).

The Medical Doctor (Degree) apprenticeship standard should typically take 60 months to complete; however, some graduate entry apprentices may have prior learning that could potentially shorten the duration of their overall programme.

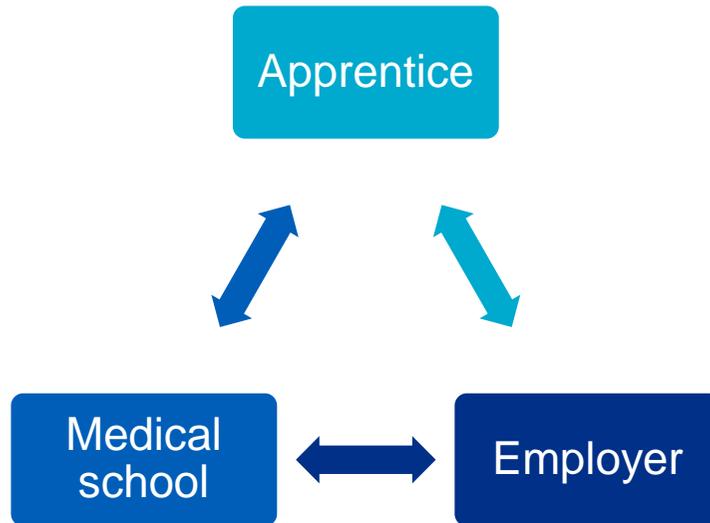
### Designing the apprenticeship programme

The Medical Doctor (Degree) apprenticeship standard does not provide direction on how an apprenticeship should be delivered, as it only refers to knowledge, skills and behaviours that must be achieved by the end of the apprenticeship. It is the responsibility of medical schools to design an apprenticeship programme that meets these outcomes and provide apprentices with all of the necessary experience and competencies. An employer is able to select which medical school they wish to work with and may choose based on the course design which best meets their requirements. The employer will then need to formally procure and contract with that University for the places on the chosen apprenticeship.

Healthcare Apprenticeship Standards Online (HASO) also has a toolkit designed to support employers through the process, end to end, from setting out their organisational strategy right through to when the apprentices are in the workplace and can be found ([here](#)).

If a prospective apprentice already holds a degree, this does not prevent them from accessing this apprenticeship. The Institute has approved an upper limit of £27,000 levy funding for this standard. Any additional costs associated with the medical degree which exceed £27,000, cannot be passed onto the apprentice and must be met by the employer.

## Tripartite agreement



All Medical Doctor (Degree) apprenticeships are delivered through an effective tripartite relationship between the apprentice, the employer and the medical school.

The commitment of each of these partners must be captured in the relevant documentation and templates can be found online showing what these documents should cover:

- [apprenticeship agreement: template](#)
- [apprenticeship commitment statement: template](#)

## Resources for employers

### Contents

- What an employer needs to know to create and deliver a successful Medical Doctor (Degree) apprenticeship (page 8)
- Employing an apprentice and the apprenticeship levy (page 9)
- Recruitment and selection of medical doctor apprentices (from page 12)
- Widening access and participation (from page 14)
- Foundation training and beyond (from page 19)
- Useful resources (page 23)

## What an employer needs to know to create and deliver a successful Medical Doctor (Degree) apprenticeship

An employer who is considering the recruitment and development of medical doctor apprentices should consider the following:

- ✓ An apprenticeship is a job with training, however given the nature of training required, the level of off-job activity for a medical doctor apprentice will be considerably higher than the 20% minimum requirement set by the ESFA.
- ✓ The business case for investing in medical doctor apprentices; the apprenticeship will require a commitment from the employer to fund the salary costs and expenses of their apprentice for the duration of the apprenticeship.
- ✓ If the cost of the medical degree exceeds £27,000, the additional costs cannot be passed onto the apprentice and must be met by the employer.
- ✓ As an employee, the apprentice will have entitlement as defined within the terms and conditions of their employment, including pensions, annual leave and insurance.
- ✓ The employer maintains responsibility for DBS, occupational health clearance, vaccinations and statutory and mandatory training unless agreed otherwise with the HEI. Data sharing agreements need to be in place to ensure details of clearance can be shared between all parties.
- ✓ How apprenticeships are already being managed within their organisation (for example, depending on the size of the organisation, systems or agreements may already be in place with local training providers supporting other degree apprenticeships), and who leads on apprenticeships in their organisation.
- ✓ Which medical schools could be the apprenticeship training provider and how they can develop a relationship with them? N.B. All training providers for the Doctor (Degree) apprenticeship must be approved by the GMC to award a primary medical degree.
- ✓ The team or department capacity and resource to adequately support a medical doctor apprentice including both supervision and the provision of a meaningful learning journey for them, for the full duration of the apprenticeship. The impact of supporting a medical doctor apprentice on their team or service, including the added value that they could bring, how this will be monitored and managed, the associated administration (such as application processes linked with the provider, Education and Skills Funding Agency (ESFA) audits of training hours, tripartite agreements), and how the support given to the apprentice by other staff will be recognised and accommodated.
- ✓ What other employers in their area or region are offering in the way of medical doctor apprenticeship opportunities – for example the range in salaries being offered; which training providers they are using; whether an approach to a training provider through a group of employers would make for a stronger training offer, whether they can offer placements or experience for each other's apprentices.
- ✓ Where they can go for help and advice.

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- ✓ There is no obligation to continue the employment of the apprentice on completion of the apprenticeship (unless they already have an employment contract), but the employer may want to consider the return on investment if the apprentice will not be employed beyond the training.
- ✓ Their understanding of apprenticeships, the apprenticeship levy, and how they work.
- ✓ Opportunities to help with capacity building across the local health economy e.g., Gifting, or transferring unused levy to/from other organisations.
- ✓ Identifying a training provider and procurement of the training.
- ✓ Placements - establish partnerships either with other local organisations employing apprentices, other teams or departments within their own organisation.

## Employing an apprentice

An apprenticeship is a job. There are no age constraints on who can be an apprentice, and existing staff can be offered an apprenticeship as well as new recruits. Although, age may be a consideration as apprentices will be undertaking on-the job training with 'placements' with their employer or in another healthcare setting. There is no upper age limit for Doctor apprentices.

The employer needs to create or adapt a position within its organisation and be able to pay the apprentice salary for the duration of the apprenticeship. There is a national minimum wage (NMW) for apprentices can be found ([here](#)) but employers are free to agree any salary above this. Apprenticeships for job roles within the scope of the Agenda for Change agreement will normally be employed on contracts incorporating the [NHS Terms and Conditions of Service Handbook](#). If an apprentice is employed in another post pay progression would be in line with those Terms and Conditions. Pay band and pay progression is a decision for employers based on employment model<sup>1</sup>.

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<sup>1</sup> [Apprenticeships in the NHS – NHS Staff Council Guidance](#)

## Apprenticeship levy

The apprenticeship levy affects all employers with a pay bill over £3 million a year. The levy is charged at 0.5% of the organisation's annual pay bill. Apprenticeship funding and how it works is explained ([here](#)). The employer will have a digital account from which they can pay the medical school. The Medical Doctor (Degree) apprenticeship standard has been awarded a funding band of up to £27,000 which is the maximum that can be drawn from the levy to pay for the delivery of both the degree programme and the end point assessment. Any training expense above this amount will need to be met by the employer.

Levy paying employers will have a budget from which they will transfer funding to the training provider for the apprenticeship that they are supporting. It is important, therefore, that the employer plans the development of an apprenticeship while working closely with those in their organisation who manage the apprenticeship levy.

Non-levy paying employers (for example GP practices) can also access levy funds and only pay 5% towards the cost of training and assessing an apprentice. The government will pay the rest up to the funding band maximum. Further information can be found on the government website: [Funding an apprenticeship for non levy employers.](#)

## Gifted, or transferring unused levy to other organisations

If an employer in a levy paying organisation does not fully use its levy, the [unused funds can be transferred](#) to other employers (up to 25% of the annual funds) to fund the training and assessment costs of apprenticeships. This may include organisations with whom the employer already works with, or who provide services that the employer is commissioning, or smaller organisations, perhaps in the voluntary sector, who do not pay into the levy. This could help with capacity building across the local health economy. N.B. Levy transfer can only be used to fund the apprentices training and end point assessment within the funding band maximum.

## Employer funding options

Additional costs associated with the medical degree which exceed £27,000, cannot be passed onto the apprentice and must be met by the employer.

Employers may be open to collaborating with other partners in their integrated care system (ICS) to identify future health skills gaps across the geography. Through gifting/transfer of funds organisations could commit to funding a set number of medical doctor apprentices within the region. This funding model has the potential to enhance system-wide collaboration across local health and care employers, enabling employers to work more effectively with local education providers and with local government and other partners to support local skills development and have a positive impact on service delivery.

Employers may also be open to working in partnership with voluntary, community and social enterprise (VCSE) care delivery partners e.g. hospices, to provide broader experience in different healthcare settings.

In most apprenticeships, early stages are associated with a net cost to employers because of the initial expenditure of training (e.g. wages/ allowance, social security contributions, time for in-company mentors, training materials, etc.) which outweighs the initial contribution of apprentices to the service. As medical apprentices learn skills and become more productive, however, the costs and benefits may start to even out, and employers recover some of the initial investment in training. Longer term employers can have positive returns after accounting for reduced locum/agency usage, staff turnover, and recruitment.

## Recruitment and selection of medical doctor apprentices

Employing a doctor apprentice is a significant commitment from an employer both in terms of cost and the time it will take before they get a return on their investment. However, what has been seen through the development of the Doctor Apprenticeship standard is that there are employers who are prepared to make that commitment.

This section of the resource pack aims to provide employers and medical schools with advice on how to recruit doctor apprentices so that the recruitment and selection process runs as smoothly as possible. It has been informed by the experiences of Higher Education Institutions/ medical schools and employers involved in the recruitment of other regulated health profession degree apprentices.

This section does not cover doctor apprentice salaries which is covered in the section: Employing an apprentice.

### Selecting a training provider

Once the employer has decided they want to employ medical doctor apprentices they will choose the medical school that they wish to deliver the General Medical Council approved primary medical qualifications for their apprentices from the Register of Apprenticeship Training Providers ([here](#)).

HEE have also produced a guide to procurement for apprenticeships ([here](#))

### Before advertising for the apprenticeship

Agreement between the employer and selected medical school to cover the following:

- Entry criteria – minimum qualification requirements, evidence of recent study, experience [See suggested widening access and participation entry criteria [here](#)]
- Who will be responsible for Occupational Health and DBS checks – ensure that if these are undertaken by the employer that the outcomes can be shared and accepted by the HEI/ medical school.

### Stage 1 Shortlisting

Employers advertise the doctor apprenticeship vacancies. The vacancies are most likely to be advertised internally or via NHS Jobs.

Using the criteria agreed with the medical school the employer will shortlist a number of potential apprentices that will go forward to Stage 2 of the interview process with the medical school.

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Employers and the medical school may agree that a representative from the medical school is present during any potential apprentice's interviews.

By selecting the individuals for Stage 2 the employer is confirming that they could potentially employ the individual as a medical doctor apprentice and pay the apprentices training costs.

### Stage 2 Interview

The Medical Schools Council have a range of resources to support selection and can be found ([here](#)).

Employers and the medical school may agree that a representative from the employer is present during any potential apprentice's interviews.

The medical school will confirm to the employer and applicant whether they have been successful.

Where applicants have not been successful it would be good practice for the medical school to provide feedback to the employer and applicants on the reason why.

### Recruitment

Once the successful applicants have been confirmed the employer and apprentice will sign any new/ change to the contract of employment and put in place an apprentice agreement and commitment statement.

## Widening access and participation

### WA/WP: Introduction

Health Education England, The Office for Students, and the Medical Schools Council define Widening Access (WA) and Widening Participation (WP) as increasing access to and participation in Higher Education and Medicine to students from underrepresented backgrounds. For medicine, this refers predominantly to students from low socioeconomic and some minoritized backgrounds. The Medical Doctor (Degree) Apprenticeship does not automatically address the WA/WP agenda; however, it has the **potential** to do so. To be effective in meeting this agenda it requires:

**1) Specifically designed recruitment and selection processes**

**2) Continued understanding and bespoke support for the challenges faced by students from WP backgrounds**

The need for a clear WA/WP approach to the Medical Doctor (Degree) Apprenticeship is underpinned by the findings from the recent research from the Social Mobility Commission report '[Apprenticeships and social mobility, Fulfilling potential](#)' (2020) they highlight that although

*“Apprenticeships are one of the few indisputably effective tools of social mobility currently available to the government. There is now a mountain of evidence to confirm the benefits they confer on workplace learners – such as enhanced career earnings, continued education and richer, more fulfilled working lives. Yet the system is not working. Instead, the main beneficiaries of apprenticeships are the people who do not need them. In this study, authors at London Economics show how *the apprenticeship levy, introduced in 2017, has disproportionately funded higher-level apprenticeships for learners from more advantaged communities, rather than those from disadvantaged socio-economic backgrounds, who would benefit more. This research reveals how disadvantage gaps exist at every stage of the apprenticeship journey, from initial selection of candidates by employers to the quality of training disadvantaged apprentices get.**

Geography is also an issue. Lack of opportunities in deprived areas can force disadvantaged learners to undertake expensive and difficult journeys to reach work. and that ‘workplace learners from more deprived backgrounds are less likely to get selected for an apprenticeship than their more privileged peers’.

This apprenticeship provides an alternative route into medicine but that does not automatically make the Medical Doctor (Degree) Apprenticeship WA/WP. Therefore, for the Medical Doctor (Degree) Apprenticeship to be considered as a WA/WP initiative employers

Medical Doctor (Degree) apprenticeship resource pack for employers and medical schools and medical schools will need to be clearly aligned to the WA/WP principles by ensuring they attract, recruit and support applicants from low socioeconomic and minoritized backgrounds.

### **WA/WP: Recruitment and selection**

Whilst established entry requirements for medical schools should act as a guide, the entry requirements for the Medical Doctor (Degree) Apprenticeship should not be required to strictly conform to these. The Medical Doctor (Degree) Apprenticeship entry requirements should be flexible, encompassing and accommodating the attributes of applicants, as well as their healthcare experience and appropriate academic capability, in the context of their socioeconomic and educational backgrounds.

Flexible entry requirements will allow for consideration of multiple factors, which can be adjusted for the Medical Doctor (Degree) Apprenticeship route and account for regional requirements. Consideration could be given to a reduction in academic grades/requirements potentially below those medical schools currently have as part of their own WA/WP programmes or initiatives, however, setting academic requirements above this minimum should not create an unnecessary barrier to entry.

The aim of this flexible system is to minimise barriers and optimise opportunity for applicants from a diverse range of backgrounds. However, strong consideration must be given to the minimum academic standards required to ensure apprentices are not being placed in a position where, for a variety of reasons, they may be unable to achieve success.

It is suggested the flexible entry requirements comprise four main components:

1. Academic qualifications
2. Contextual factors
3. Aptitude/Attitude
4. Prior experience

An example of this flexibility could include a reduction in academic requirements for an applicant with excellent aptitude and significant experience. In addition, a graduate entry applicant would be considered using a different set of contextual factors to those of a level 3 entry applicant to reflect the impact of their background on their current circumstances.

The four components of the entry requirements in more detail:

## 1. Academic qualifications

- **Non-graduate entry**

Minimum Level 3 qualifications (minimum grade/tariff/classification/subject)

- **Graduate entry**

Minimum Degree in (relevant) Professional qualification

- **GSCE requirements** (English and Maths 4/C or equivalent)

The details of academic entry requirements have not been prescribed as these will be negotiated as appropriate, within the framework given, by the employer and the medical school. It is imperative there is clear discussion and agreement to what level of qualifications the employer would ask for and ensure the partner HEI will accept these. However, the minimum entry criteria should not be set so high as to exclude WP applicants applying on a contextual route.

If the Medical Doctor (Degree) Apprenticeship is presenting as a WA/WP initiative, then it is important that consideration is given to appropriately identifying those applicants from underprivileged and under-represented backgrounds. Traditionally WA/WP initiatives have recognised that interpreting the potential to succeed in a medicine programme from prior academic achievement (e.g. A-level grades) requires an understanding of the applicants background and life-experience so that lower awarded grades will represent an equivalent potential to those from more advantaged backgrounds with higher grades. When considering applicants for entry to the Medical Doctor (Degree) Apprenticeship it will be important to triangulate the personal circumstances, aptitude and prior experience to ensure fair access and appropriate use of resource to support these applicants to succeed.

## 2. Contextual factors.

Employers/HEIs could choose from a 'basket' of contextual factors to determine WP eligibility. It is recommended the required contextual factors are triangulated\* for robustness, for example, using an individual or household measure with a school or education measure alongside a regional measure. Examples of contextual factors:

- Essential Diversity and Inclusion characteristics: Equality Act 2010 - <https://bit.ly/3cA0cAD>
- First language other than English
- Regional (underserved areas or those of poor recruitment)
- Resettled refuge / asylum – have been or are
- Prison leavers (Ex-offenders)
- Service leavers (Veterans)
- Care experienced (Looked after in local authority care)
- Carer (have been as a child or are currently in a caring role)
- Have been or are homeless
- Long term unemployed + NEET
- Young people estranged from their families
- Those in or have been in alternative education (not FE)
- First generation to attend HE
- Additional educational needs (SEN)
- Racially minoritized
- Those who identify as Gypsy, Roma or from Traveller communities
- Areas of low HE participation, for example, POLAR 4 quintile 1 and 2
- Low household income, for example area-based measures such as the Index of Multiple Deprivation (IMD), and the Income Deprivation Affecting Children Index (IDACI)
- Low socioeconomic status, area-based measures such as the Index of Multiple Deprivation (IMD) level 1-3 of the Multiple Deprivation Indices.
- Disrupted education (i.e., caring responsibilities, moving around – children of veterans)

\* <https://www.medschools.ac.uk/media/2413/good-practice-in-contextual-admissions.pdf>

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Additional contextual consideration should also be given to:

- Invisible cultural barriers that impact educational and other opportunities
- Short term mental illness
- Short term physical disabilities
- Family / loyalty / ties / commitments
- The need to increase welcome and support generally - for apprentices, students, doctors with disabilities.
- National definitions – the ability to adjust for local requirements (e.g., Welsh language)

### 3. Experience

Consideration should be given to the length and type of experience gained in healthcare by the applicant along with a clear understanding of and alignment with the values of the NHS.

### 4. Aptitude

Applicants are expected to demonstrate motivation with a clear understanding of and alignment with the values of the NHS. In conjunction with appropriate and considered institutional support and reasonable adjustment, applicants should also demonstrate as far as is possible, the ability to cope with the demands of studying medicine.

## Potential issues and possible solutions WA/WP

- Many students from WP backgrounds have complex backgrounds, frequently with competing interests on their time and finances. If the Medical Doctor (Degree) Apprenticeship aspires to align to WA/WP principles it must seriously consider what additional support is required from the employer and by the medical school.
- Existing WP or Gateway programmes provide significant and tailored student support for the transition to higher education, including the development of identity, confidence and belonging. Apprentices are likely to be more vulnerable to feeling marginalised than traditional WP medical students, potential reasons for this include the lack of relatable role models, belonging to a small and disparate peer group and studying the curriculum through different delivery methods.
- Careful consideration within the design of the curriculum should be given to the inclusion of opportunity to maximise integration and a sense of belonging, where possible and reasonable to do so. Although there may be less available relatable role models in the profession in the first years of the programme, mentoring would be an excellent way to help support and integrate apprentices. There are many excellent WP mentoring schemes currently running ([here](#)).

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- Many WP programmes offer bursaries and financial support. Such support should be considered, given an apprentice's income may be low. It is known that many WP students have financial responsibilities to their families as well as themselves often resulting in undertaking additional paid employment causing stress and anxiety and less opportunity to study.
- Extracurricular activities including conference attendance and networking opportunities often come with expenses. It is crucial that apprentices have the same opportunities for personal and professional development and not to be disadvantaged by lack of access to opportunity in preparation for the Postgraduate arena.
- Essential travel costs should be met by the employer. There may be individuals who would like to take up an, but may find funding travel costs prohibitive i.e., across coastal areas for example, or lengthy journeys on public transport not only to reach the medical school but work too.
- Support considerations should be given to students on placement to help them maximise opportunities and understand what to expect and how to get the most from placements. The switch between roles within the employing organisation may be challenging.

### The importance of transparency and clear communication

- Clear communication of the Medical Doctor (Degree) Apprenticeship is crucial to avoid misinterpretation, misunderstanding and negative perceptions, forming additional barriers for potential applicants.
- There should be a clear communication strategy within the employer's organisation and at medical school to educate staff on the programme and highlight the positive outcomes of the scheme. It would be grossly unfair to set up a programme that will be negatively received by the staff involved in delivering it or working with future graduates from the Medical Doctor (Degree) Apprenticeship, resulting in a potentially inequitable and stigmatising experience.

Positive aspects of the Medical Doctor (Degree) Apprenticeship that we suggest are included in such communications:

- All apprentices and medical students will be fulfilling the same standards and assessment requirements
- The national Medical Licensing Assessment (MLA) must be passed by all (medical students and apprentices) to graduate
- The Medical Doctor (Degree) Apprenticeship is an alternative route, not an alternative medical degree qualification
- The Medical Doctor (Degree) Apprenticeship has the potential to create greater representation of the population in the profession
- The Medical Doctor (Degree) Apprenticeship has the potential to enrich the learning environment for all medical students
- Medical doctor apprentices may have greater opportunity to apply their learning as they go.

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- Medical doctor apprentices may have existing understanding of the NHS
- Medical doctor apprentices may have existing practical knowledge and skills
- There will be mutual loyalty between employer and employee

## **Employment on completion of the Doctor (Degree) apprenticeship**

Following completion of a Doctor (Degree) Apprenticeship, a graduate will progress to postgraduate medical training. The first step is the two-year Foundation Programme, followed by specialty training (the length and structure of which will vary by specialty).

Two of the advantages of the medical degree initiative are:

- the aim to establish apprenticeships in more difficult to recruit to areas where it is hoped a wider range of, possibly local, individuals will be attracted by this innovative new route into medicine; and
- the prospect for local employers to support and invest in future talent that can be encouraged to remain in their area as the apprentice graduates develop their careers.

However, postgraduate medical training places are employed positions in the NHS, meaning recruitment and selection has to be through fair and open competition. Employers will need to consider how apprentice graduates may be encouraged and supported to secure postgraduate training places in their local area, whilst remaining compliant with employment law.

At the same time, another aim of the medical degree apprenticeship is to widen access to medicine and provide greater opportunities to individuals from different backgrounds. From that perspective, some apprenticeship graduates may need to be encouraged to pursue careers in different geographies and in specialties not linked to their apprenticeship employer.

## **Foundation Training recruitment and selection**

Recruitment and selection to the Foundation Programme is through a national (UK) process managed by the UK Foundation Programme Office ([UKFPO](#)). Through an algorithm, the process combines measures of applicants' aptitude and their Foundation location preferences to allocate them to Foundation Schools across the UK. Whilst a high proportion of applicants are successful in securing a place at their top (or one of their highest ranked) preferences, some are not and can end up in another part of the country. The Medical Doctor (Degree) Apprenticeship Implementation group acknowledges that the first apprentices will not graduate for several years to come, and it is possible the landscape may change in the intervening years, it is helpful to think ahead to address potential concerns in this area and develop ideas that could be adapted in the light of future events.

## Pre-allocation

The UKFPO already recognises that some applicants have reasonable and legitimate needs to secure a place on a Foundation programme in a particular location, and within the recruitment process manages a process entitled “Pre-allocation based on Personal Circumstances” for such applicants. This applies to applicants that meet the following criteria:

- “Criterion 1: You are a parent or legal guardian of a child or children under the age of 18, who reside primarily with you or for whom you have significant caring responsibilities
- Criterion 2(a): You are the primary carer for someone who is disabled (as defined by the Equality Act 2010)
- Criterion 2(b): You have significant caring responsibilities for a family member, partner or friend
- Criterion 3: You have a medical condition or disability for which ongoing follow up for the condition in the specified location is an absolute requirement
- Criterion 4: Unique circumstances
- Criterion 5(a): You have educational circumstances that require you to be pre-allocated to the specified location<sup>3</sup>
- Criterion 5(b): You entered medical school through a Widening Participation initiative”

The full UKFPO guidance on the pre-allocation scheme is available ([here](#)). In future, HEE may consider working with the UKFPO to think about adding a further criterion to this process for graduates of a medical degree apprenticeship. To enable the apprenticeship employer to benefit from their support and investment, the Foundation School to which an apprenticeship graduate could apply for pre-allocation would be that covering the area of the employer. The UKFPO could also be asked to consider the possibility of managing a smaller unit of application (for example, an individual Trust or Integrated Care System) for pre-allocated applicants.

An alternative option which employers could consider is to work with the local Foundation School to secure Foundation placements with their graduates where possible.

As highlighted above, there is a balance to be struck between encouraging graduate apprentices to remain loyal to their local area and employer and opening up wider opportunities for them to broaden their experience and fulfil their potential. If a pre-allocation system is established, it is important to highlight that there should be no compulsion for the apprentice to accept the offer of pre-allocation. The local employer can only encourage their apprentices and highlight the benefits of remaining locally, but ultimately it must be for the individual apprentice to choose if they want to seek a pre-allocation.

## Specialty Training

Whilst it should be incumbent upon local employers to develop good relationships with their apprentices, provide appropriate support and thereby motivate apprentices to stay locally in the longer term, it is not appropriate to develop special arrangements for the selection of graduate apprentices to specialty training as:

- unlike Foundation recruitment, there are no existing pre-allocation arrangements for recruitment to specialty training, so no mechanisms or principles that could be expanded and developed. It would not be consistent with the approach taken for other groups to develop new arrangements;
- by that stage of their careers graduate apprentices should be well established in their postgraduate medical careers and should encouraged to forge their own career trajectories. That could be by moving elsewhere, but equally could be through the continuation of building strong bonds that they may have developed in a particular area; and
- indeed, were there to be specific arrangements for graduate apprentices, there would be a risk that this could become a label and the perception of a two-tier system could emerge – which would squarely be contrary to the aims of the apprenticeship initiative.

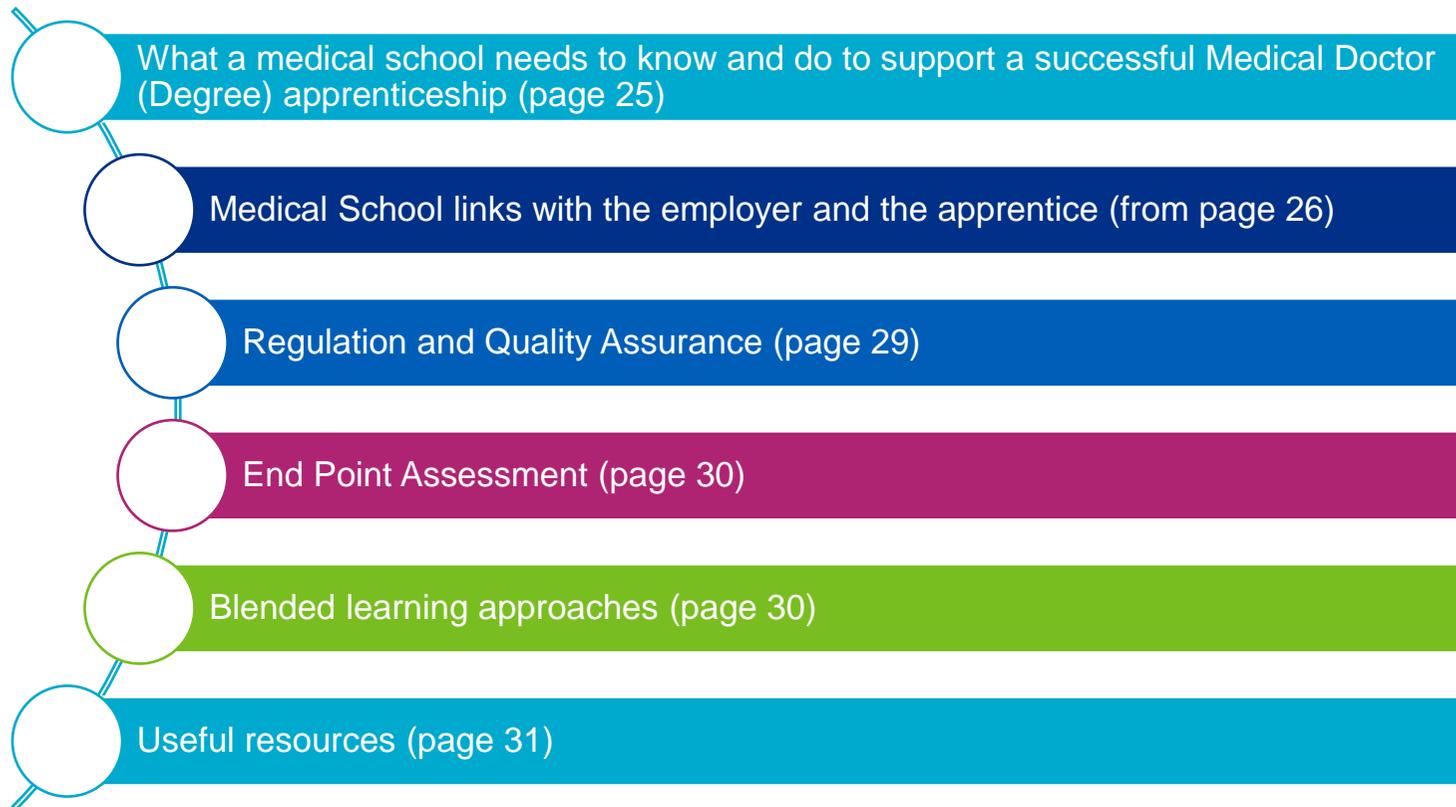
Therefore, beyond the development of ties with local employers, there should be no specific arrangements established in the selection of apprentice graduates to specialty training unless as part of a future wider introduction of pre-allocation at that stage of training.

## Useful resources

- [How to register and use the apprenticeship service as an employer](#)
- [Employing an apprentice](#)
- [Apprenticeships: off-the-job training](#)
- [PAYE and payroll for employers](#)
- [Health Education England \(HEE\) procurement toolkit](#)
- [Education and Skills Funding Agency: Apprenticeship funding rules for main providers](#)
- [Transferring your apprenticeship levy to another business](#)
  
- [NHS Employers](#)
- [General medical Council](#)
- [The Institute for Apprenticeships and Technical Education](#)
- [Skills for Health](#)

## Resources for medical schools

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## What a medical school needs to know and do to support a successful Medical Doctor (Degree) apprenticeship

A medical school that is considering educating and training medical doctor apprentices should consider the following:

- ✓ Their understanding of apprenticeships and the requirements for the 'off-the-job' training as apprentices will be supernumerary.
- ✓ How apprenticeships are already being managed within their organisation (for example systems or agreements may already be in place with local employers who are supporting other degree apprentices), and who leads on apprenticeships.
- ✓ The requirements for registering with the Institute as an apprenticeship training provider on the register of apprenticeship training providers (RoATP) (their organisation may already be registered).
- ✓ Meeting ESFA funding rules and providing auditable evidence regarding the management of the apprenticeship.
- ✓ Meeting Ofsted, Office for Students, GMC and Ofqual regulatory requirements.
- ✓ Whether they are looking to develop a new degree programme or adapt the delivery of an existing degree programme, the KSB requirements of the Medical Doctor degree apprenticeship standard, and the time it will take to ensure that the programme delivers on all aspects and has been through internal revalidation for this purpose.
- ✓ Whether apprentices will join existing cohorts on the degree programme, or whether an additional or separate offer is viable.
- ✓ What it means to be an End Point Assessment Organisation (EPAO) as part of an integrated degree apprenticeship and making an application for the Register of Approved Training Providers; how they will source and train assessors, and how they will ensure the EPA process is independent of the training provision.
- ✓ How they will engage with local employers to understand what they will need from their training provider weekly day-release, intermittent intensive contact time, blended learning approaches, virtual or remote tutorial support, e-learning modules, several start points during the year (apprenticeships will run through X months or X weeks of the year).
- ✓ What other training providers in their area or region, or across England, have done to support degree apprenticeships and what they have learned from the experience, and accessing national guidance.
- ✓ Where they can go for help and advice, for example Degree Apprenticeships, UCAS.
- ✓ Supervisory and support systems in place to support the apprentice.
- ✓ Extending offer to support continuing professional development in relation to the Teaching Excellence and Student Outcomes Framework (TEF).
- ✓ Support the apprentices in successfully completing their EPA, with a view to becoming professionally registered with the GMC. Work with the employers to decide what capabilities the apprentices will need to be able to demonstrate before being accepted on the apprenticeship programme.

## Register of Apprenticeship Training Providers

Any medical school/ Higher education Institution wishing to deliver the Doctor (Degree) apprenticeship must be both recognised by the General Medical Council to deliver a primary medical degree and on the Education and Skills Funding Agency Register of Apprenticeship Training Providers.

Information on applying to the register of apprenticeship training providers can be found [here](#)

## General Medical Council notification

All universities/medical schools currently running medical degree programmes and looking to offer the apprenticeship pathway will need to discuss their plans with the GMC. Sufficient notice should be given to the GMC prior to starting the programme, with a minimum notice period of 12 months. The GMC will check that the designed apprenticeship programme meets the standards and requirements for the delivery and award of a Primary Medical Qualification. Where relevant universities/medical schools may be required to provide additional evidence to demonstrate how the designed apprenticeship programme meets required learning outcomes. Institutions not currently registered with the GMC but intending to establish a new medical school or medical apprenticeship programme will first need to progress through the GMC's existing approval process: further information can be found [\[here\]](#).

## Medical School links with the employer and the apprentice

Medical Doctor (Degree) apprenticeships operate through the tripartite relationship between the employer, the apprentice and the medical school. Medical Schools are required to:

- understand the requirements of the employer
- understand the needs and ambitions of the apprentice
- have the required supervisory and support systems in place to support the apprentice

Medical schools will need to establish the most appropriate mode of delivery for their programme to meet the needs of apprentices and their employers.

As universities become increasingly geared to the needs of employers, they may consider extending their offer to support continuing professional development in relation to the [Teaching Excellence and Student Outcomes Framework](#) (TEF), against which universities can be assessed and ranked. One of the criteria for this award is 'embedding employability into your curriculum and the broader

Medical Doctor (Degree) apprenticeship resource pack for employers and medical schools student experience as a way of enhancing your DLHE (destinations of leavers from higher education) performance'. The framework presents an incentive to develop more blended approaches to teaching and learning.

Medical schools will need to work with the employers to decide what capabilities the apprentices will need to be able to demonstrate before being accepted on the apprenticeship programme. They will need to conduct an initial assessment (IA) with each candidate. Some apprentices will have previous learning and experience that may still be relevant and could enable them to reduce the total duration of the apprenticeship. Any reduction in duration will have implications regarding the funding for each apprentice. Medical Schools will need to have clear criteria and methods for recognising accredited prior learning, and this is explained in the guidance Apprenticeships: initial assessment to recognise prior learning ([here](#)) however the legislation and regulations around recognition of prior learning that apply to medical degrees will take precedence.

Before advertising for the apprenticeship, an employer will need to agree with a medical school the following:

- Entry criteria – minimum qualification requirements, evidence of recent study, experience [See suggested widening access and participation entry criteria [here](#)]
- Who will be responsible for Occupational Health and DBS checks – ensure that if these are undertaken by the employer that the outcomes can be shared and accepted by the HEI/ medical school.

Please refer to the resource pack employer pages ([here](#)) for additional information.

## **Placements and supervision**

Responsibility for managing placements sits with the medical school. During the Medical Doctor (Degree) apprenticeship, it will be possible for apprentices to rotate placements between employers. The apprentice's employer continues to pay the apprentices salary and use their levy to pay the medical school.

It is important to ensure apprenticeship students are adequately supported and have time for private study. Support for apprentices will be managed between the employer and the medical school. All learning required to meet the outcomes is expected to be completed in contracted hours. Apprenticeship agreement, tripartite meetings will help to implement this.

## **Breaks in learning/ non-completion**

The medical doctor apprentice may take a break in learning where they plan to return to the same apprenticeship programme. The decision to take a break in learning, the reason for the break and its expected duration must be agreed with the employer. This could include medical treatment, parental leave or leave for other personal reasons. The employer must record breaks in learning and re-plan the delivery of any remaining training and/or assessment following a break, with the medical school if required. The employer

Medical Doctor (Degree) apprenticeship resource pack for employers and medical schools should revise the apprenticeship agreement. It's important to note that the GMC don't set any maximum duration of the primary medical qualification. Further information on breaks in learning can be found in the funding rules (here: [1](#) and [2](#)).

If an apprentice moved to a different part of the country, they would have to find an employer who wanted to take them on as a medical doctor apprentice. If an employer is not available, a university would need to decide whether they could take the medical doctor apprentice on to finish the award as a non-apprentice.

## Regulation and Quality Assurance

Medical schools should be familiar with the requirements of the following regulatory and accountability bodies:

Office for Students (OfS); Office for Standards in Education, Children's Services and Skills (Ofsted); General Medical Council (GMC); the Quality Assurance Agency for Higher Education (QAA); Education and Skills Funding Agency (ESFA); The Institute for Apprenticeships and Technical Education (the Institute).

- OfS is the External Quality Assurance (EQA) for the medical doctor apprenticeship which is the same for the traditional medical degree.

Office for Students



- Ofsted will inspect the university organisation as a whole in all of its delivery not just the medical school and will grade the organisation as an apprenticeship provider. The medical school should engage with the wider Ofsted provision within their university.
- Information obtained through OfS' monitoring activities will inform Ofsted's inspection process.

Ofsted



- The GMC is the regulated body for medical doctors and they set out the required standards which medical doctor apprentice should meet before they reach occupational competence.
- Medical Schools must be approved by the GMC to deliver training and also as an EPAO for medical doctor apprentices.

GMC

General Medical Council

- As the OfS is responsible for the delivery of EQA for integrated degree apprenticeships, in performing its quality and standards assessment functions, the OfS will seek advice from the QAA in its role as the designated body for quality in England.

QAA



- ESFA have overall accountability for the apprenticeship programme and all aspects of apprenticeships policy and strategy. This includes overall programme governance and operational management of the apprenticeship funding system.
- Medical schools will need to meet the ESFA funding rules and provide auditable evidence regarding the management of the apprenticeship.

ESFA



- The Institute supports the development of occupational standards and assessment plans and assures the quality of occupational standards and assessment plans approved for delivery.
- The Institute refers concerns about the quality of training provision to the Department for Education and Ofsted for investigation and intervention as appropriate.

The Institute

Institute for Apprenticeships & Technical Education

## End Point Assessment

The Institute for Apprenticeships & Technical Education has introduced aligned integrated EPAs for regulated professions, which means that medical doctor apprentices take the same assessments as any other student on the traditional programme including the GMC Medical Licensing Assessment (MLA) which will be introduced from 2024.

Any universities/medical school delivering the Doctor (Degree) apprenticeship must be on the Register of End Point Assessment Providers. The information needed on how to apply to the Register of End Point Assessment Organisations can be seen [here](#)

## Blended learning approaches

HEE has commissioned Queen Mary University of London to develop a blended learning medical degree programme to support teaching of non-clinical skills in a way that maximises the opportunities to provide a fully interactive and innovative programme through digital approaches. This development is likely to be completed by late 2023, progress updates can be found on the HEE [website](#).

With appropriate commissioning, blended learning medical degrees will allow students and apprentices to train flexibly wherever they are in the country. If these degrees are also complimented with medical apprenticeship models, local health economies in hard to recruit areas may be able to build their workforce and potentially reduce existing geographical health inequalities. The Medical Doctor (Degree) apprenticeship standard does not provide direction on how an apprenticeship should be delivered, as it only refers to knowledge, skills and behaviors. It is the responsibility of medical schools to design an apprenticeship programme that meets learning outcomes and provide apprentices with all of the necessary experience and competencies. Examples of work based learning models towards a medical degree already exist, including the [University of Edinburgh's HCP-Med programme](#) provides a route for experienced healthcare professionals in Scotland to become doctors.

## Useful resources

- [Education and Skills Funding Agency: Apprenticeship funding rules for main providers](#)
- [Department for Education: Teaching Excellence and Student Outcomes Framework](#)
- [Application guidance for the Register of Apprenticeship Training Providers](#)
- [Apprenticeships: initial assessment to recognise prior learning](#)
- [Transferring your apprenticeship levy to another business](#)
- [General medical Council](#)
- [The Institute for Apprenticeships and Technical Education](#)
- [Skills for Health](#)
- Ofsted's [guide to inspections for providers](#)
- [Office for Students](#)