



Royal College
of Midwives

NHS

England



Registered Midwife Degree Apprenticeship evaluation report





About the Author

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Abbreviations

| | | | |
|------|--------------------------------------|-----|-------------------------------|
| ICS | Integrated Care System | NMC | Nursing and Midwifery Council |
| LMNS | Local Maternity and Neonatal Systems | NHS | National Health Service |
| MSW | Maternity support workers | RCM | Royal College of Midwives |

"I feel an honour to be able to be a midwifery apprentice and feel I am in a really great position as I feel I do not have to put my life on hold to be a student. As I am still earning a monthly salary, I am still able to save and buy a house for myself and enjoy my life compared to getting a student loan which I will have to pay back eventually and struggle for money most months like my student peers do."

-Apprentice

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Foreword from NHS England

The first Registered Midwifery Degree Apprenticeship programmes started in January 2020 following development of the apprenticeship standard, created in 2018. Three years later, the first registered degree apprentices have completed the programme successfully and have joined the midwifery workforce.



In 2022, Health Education England, working in collaboration with the Royal College of Midwives, commissioned an evaluation of the benefits and costs of this new training pathway for midwifery.

NHS England's three-year delivery plan for maternity and neonatal services outlines how growing, retaining and supporting our workforce will make maternity and neonatal care safer, more equitable and personalised for women, babies and families. The recently published NHS Long Term Workforce Plan sets out a strategic approach for addressing some of the current workforce challenges through three priority areas, expanding education and training, retaining more of the staff we have and improving productivity by working and training in different ways. This evaluation clearly demonstrates the role of the Midwifery Degree Apprenticeship in boosting workforce supply as a result of multiple positive outcomes including lower attrition rates, ease of transition of apprentices into work after qualification and the commitment of apprentices to their employers.

We would like to take this opportunity to thank our maternity services, education providers and the Royal College of Midwives who have supported the development of this route into midwifery.

Kerri Eilertsen-Feeney
Lead Midwife
Workforce, Training & Education Directorate (WT&E)
NHS England

Foreword from the Royal College of Midwives

It is no secret that there is a chronic shortage of midwives in the UK, particularly in England. While we must do all we can to retain the skill and experience we have, we must also build the next generation of midwives – and the next, and the next.



But what if there was a way to do both at the same time – to retain that experience and build the next generation?

Registered Midwifery Degree Apprenticeships offer just that. They tap into the rich seam of talent within the maternity support workforce, offering development opportunities for those for whom undertaking a degree may not otherwise be an option. They also ensure that the knowledge and experience those maternity support workers (MSWs) have isn't lost from the service, but built upon.

The Royal College of Midwives has long advocated for apprenticeships and we are delighted to see that this evaluation bears out that advocacy. Our hope now is that these schemes are rolled out more widely to the benefit of maternity services, and the women and families they support.

Gill Walton
Chief Executive, Royal College of Midwives

Key findings

The Registered Midwife Degree Apprenticeship (RMDA) standard was approved at the end of 2018. This evaluation sought to identify benefits and costs that could be specifically attributed to this way of educating registered midwives.

The evaluation was undertaken within the context of enduring shortages of registered midwives, compounded by relatively high attrition rates from midwifery degrees. Evidence was gathered from all the universities currently running cohorts of apprenticeships. Insights were also gathered from universities that had approved the programme but had not been able to engage sufficient interest from employers to run it or who had not yet commenced the programme.

Evidence was found that suggests the Registered Midwife Degree Apprenticeship is boosting workforce supply through:

- very low attrition rates (mostly zero).
- the ready transition of apprentices into work after qualification.
- the commitment of apprentices to remain working for their host employers.

Academically no difference was found between apprentices and fee-paying students. A further benefit of the apprenticeship route is that apprentices contribute to service delivery while on the programme, performing a range of tasks within their scope of practice as a trainee, including breast-feeding support and observations.

The evaluation found that the apprenticeship delivers wider benefits including strong partnership working between employers and that it supports diversity, allowing, particularly, mature apprentices, including those with caring responsibilities, to access the profession. Recruiting from the existing maternity support workforce means that the apprentices, in addition to being more representative of their local communities, have direct experience of the realities of work, resulting in higher resilience (which may contribute to the low attrition rates).

"I was able to [study] while I've got a family...It gave me the opportunity to do this degree when I thought I would never be able to, ever. If I was going to do a degree, I would literally need to leave everything but doing the apprenticeship gave me the opportunity to work as a band 3 and fulfil the dream to be a midwife." - Apprentice

This evaluation found that employers supported the Registered Midwife Degree Apprenticeship because they wished to increase career progression opportunities for their existing support workforce, and to address recruitment and retention, often as part of a wider 'Grow Your Own' workforce strategy.

There are direct and indirect costs associated with delivery of the Registered Degree Apprenticeship, such as the course fees, which employers pay through the Apprenticeship Levy, and backfill for when apprentices are at university. However, these costs had not inhibited engagement with the apprenticeship programmes that are running; indeed, the evaluation found that employer demand from established programmes was growing (albeit from a low base), with existing partners continuing to support cohorts and new employers coming on board. Employers would appear to have assessed that the benefits of the apprenticeship outweigh its costs. The issue of backfill costs was, however, raised as a factor inhibiting wider engagement with the programme. This had appeared to have prevented some services from recruiting staff to the route (as had a lack of understanding of the apprenticeship system more generally).

"I would say to other employers or services – do it! I would love to put all my support workers through the programme if that's what they wanted to do". - Employer

Research of non-healthcare Degree Apprenticeships in the United Kingdom has identified specific issues associated with this route, in addition to costs. These issues are:

- parity of esteem between the apprenticeship and the traditional fee-paying route.
- growing drop-out rates from apprenticeships.
- the academic proficiency of apprentices.
- the challenges apprentices can face balancing work and study.

This evaluation, however, found no evidence that these issues were associated, currently, with the Registered Midwife Degree Apprenticeship. This may reflect the history of the NHS supporting students in the workplace through clinical placements, the commitment and partnership working between employers and universities and the fact that apprentices have been recruited largely from the existing workforce.

For those universities that had not secured sufficient demand to operationalise their programme, the most significant barriers identified were:

- the level of awareness and understanding of Degree Apprenticeships among maternity services; and concerns about backfill costs.

Wider research suggests there remains a need, more generally, to raise awareness of the value of apprenticeships across the NHS so that services can maximise the benefits of the Apprenticeship Levy.

The findings of this evaluation suggest that Registered Midwife Degree Apprenticeships could, if expanded, provide a sustainable and cost-effective way of growing the midwifery workforce. A quarter of the existing NHS maternity support workforce would like to become registered professionals. This represents a significant talent pool. The Registered Midwife Degree Apprenticeship will help ensure the workforce is diverse and representative of the communities it serves.

1. Currently fewer than 1% of those studying to be midwives are apprentices.



Introduction

There is a shortage of midwives in England. This shortage has been caused by a variety of factors including the impact of the COVID-19 pandemic, the age profile of the existing workforce, and relatively high attrition from traditional midwifery degrees. Furthermore, there has been a fall in the number of applicants to midwifery degrees. While demand for course places still exceeds supply, the fall is particularly marked from more mature individuals.

This report sets out the findings of an evaluation of a workforce intervention that has not yet been extensively implemented across maternity services in the NHS, an intervention that has the potential to increase the supply of labour in a sustainable way: the Registered Midwife Degree Apprenticeship.

Degree Apprenticeships, which exist for many private and public sector occupations, allow individuals to study for a degree through a combination of work-based learning and classroom study at a university.

Apprentices are employees who earn while they study. The cost of a Degree Apprenticeship is funded by an employer from their Apprenticeship Levy, rather than the student. The Levy is an amount paid at a rate of 0.5% of an employer's annual pay bill (if that pay bill is more than £3 million per annum). Those completing the Registered Midwife Degree Apprenticeship acquire the same qualification as people following the traditional midwifery undergraduate degree route. Apprentices must also meet the Nursing and Midwifery Council's (NMC) standards of proficiency.

Degree Apprenticeships, of which there are currently 29 available for NHS staff, were introduced by the Westminster Government in 2017 as a means of addressing employer skill gaps and also to support social mobility through widening participation into higher education. The Royal College of Midwives (RCM) has advocated and promoted the Registered Midwife Degree Apprenticeship standard since its inception in 2018 and actively supports the universities that have approved the programme with the NMC.

The Three-Year Delivery Plan for Maternity and Neonatal Services, published in March 2023, points to the need for maternity services to make greater use of apprenticeships as a means of boosting workforce supply. The findings of this evaluation suggest the apprenticeship route is already delivering significant benefits and, if scaled up, could make a substantial and sustainable contribution to closing workforce gaps. It could also provide other advantages including a more diverse workforce that will deliver culturally responsive care.

Methodology and methods

A mixed methods evaluation was undertaken between November 2022 and April 2023 to identify any benefits, costs, or issues that could be solely attributed to implementation of the Registered Midwife Degree Apprenticeship. This section sets out the approach adopted in this analysis and the methods used.

Literature review

Although Degree Apprenticeships, in their current form, were only introduced in England as recently as 2017, there is a growing body of research investigating the route. A literature review was undertaken to identify peer reviewed studies. The initial search identified 156 documents. These were each reviewed to assess their relevance and quality. In total 20 were identified. These were then critically analysed and evaluated. Issues, along with any evidence of costs and benefits were recorded and synthesized.² Non-peer-reviewed reports judged to be relevant to the study were also identified. The findings of the literature review were used as a framework to assess whether similar issues, costs and benefits were identifiable in respect of midwifery. In order not to limit insights from participants, it was ensured that they were able to raise any points they wanted to, for example through free text questions in the survey.

Data gathering

Data were gathered through the utilisation of:

- Semi-structured interviews.
- An online survey of apprentices.
- Data provided by participating universities.

Interviews were undertaken via Microsoft Teams and, with the participants' permission, recorded. Interviews were conducted with representatives from the universities and employers. Universities that

had not yet started the programme were included to understand why they had decided to deliver the Degree Apprenticeship and, where relevant, why they had not as yet been able to secure sufficient engagement to run the apprenticeship. Thematic analysis was utilised to identify common themes, although all issues raised were noted.

The literature review findings were used to design a survey, which was distributed by the universities to their apprentices. All responses were anonymised. Initial themes and findings were shared with the RCM's Registered Midwife Degree Apprenticeship group which comprises all universities with an interest in the apprenticeship. This allowed for feedback and further insights to be obtained.

Ethics

Ethical clearance was sought and obtained from King's College London and the university's research protocols were followed throughout.

Limitations

A feature of this evaluation was a strong set of common themes and consensus about the value of the apprenticeship route. However, the numbers of apprentices, universities and service users involved with the programmes, while growing, is still small. As a result, caution is needed in generalising the findings. The majority of apprentices currently studying to be midwives, for example, have been recruited from the existing support workforce. This may change in the future, which in turn might impact on, among other things, the composition of the cohorts and the extent to which this route continues to contribute to workforce diversity. It was also outside the scope of the evaluation to gather views of non-apprenticeship students or the maternity staff that apprentices worked alongside. There are other operational issues that fell outside of the remit of this study, for example, consideration of the fact that many support workers in maternity services are employed part time, which might limit access to the apprenticeship if scaled. Finally, it was not possible to directly gather views from employers who had decided not to support an apprenticeship route, although indirect insights on the reasons for this were gathered from the universities who had sought to recruit.

². Appendix 1 sets out the full findings of the review and the themes that emerged.



Setting the scene

This section places the evaluation in context. It briefly summarises the midwifery workforce in the NHS, the development of Degree Apprenticeships generally in England, including the Government's rationale for their introduction, and the extent to which the NHS more generally is using apprenticeships including at degree level. Finally, it considers, in detail, the Registered Midwife Degree Apprenticeship.

The maternity workforce

The workforce shortages that maternity services face, along with the impact of those shortages, are well documented. The Three-Year Delivery Plan for Maternity and Neonatal Services (hereafter 'the Plan'), published in March 2023, sets out NHS England's ambition:

"...for workforce capacity to grow as quickly as possible to meet local needs" (page 17).

Among several workforce interventions, including those aimed at improving retention, the Plan highlights the role that apprenticeships could play in building the future supply of midwives. Research has shown that the maternity support workforce, (defined as those unregistered staff working under the supervision of a registered midwife who provide direct care to women and their families who are employed in Agenda for Change pay bands 3 and 4), is an aspirant one. Almost one in five (19%) of maternity support workers wish to train to become registered midwives and a further 5% aspire to be nurses.³ Lack of work-based routes into the pre-registration midwifery degree, compounded by the removal of the bursary, has acted as a significant

barrier to progression for these staff (ibid). This is particularly significant as the support workforce tends to be more mature, have responsibilities such as childcare and often work part time (ibid).

The Plan's focus on developing apprenticeships comes at the same time as the number of people applying for traditional midwifery undergraduate degrees has declined by 22%, (although there remains no shortage of students commencing midwifery degrees) and attrition rates on undergraduate courses remains relatively high, with over half of students studying midwifery stating that they have considered leaving their course in 2021. There has also been a decline in the number of more mature individuals studying to become registered midwives. Based on case studies, a recent report found among participating universities offering the midwifery degree that the proportion of applicants to midwifery degrees that were mature in 2015/16 was 52%. This fell to 47% in 2017/18.⁴

There is also a need to provide more support for newly qualified midwives to retain them in the NHS in the early stages of their career.

Degree Apprenticeships in England

Traditional approaches to building the capacity and capability of the maternity workforce, such as international recruitment, have not addressed workforce gaps, with consequences for existing staff and service users. Degree Apprenticeships represent an alternative means of developing the future workforce. Appendix 1 contains the results of this evaluation's literature review, which sought to gather insights into the potential costs and benefits of Degree Apprenticeships and any specific issues associated with this route. The purpose of this section is to provide a brief overview of Degree Apprenticeships generally and what is known about their implementation in England.

Degree Apprenticeships were launched in 2017 by the Government as a means to address employer skills gaps and boost social mobility and widening participation.⁵

3. Griffin 2018. 4. Universities UK 2017, Fabian et al 2022.

Degree Apprenticeships are common in many sectors including aerospace, construction, defence, financial services, management, social work, and surveying. They are also available in many clinical and non-clinical healthcare occupations. Academically, individuals completing a Degree Apprenticeship acquire the same undergraduate qualification as someone who follows a traditional route. The key differences between the two routes are:

- The apprenticeship is funded through employer's Apprenticeship Levy which all NHS Trusts have paid since April 2017. In 2022 just over half of NHS Trusts paid between £1 million and £3 million towards the Levy each year, 40% paid less than £1 million and 8% more than £3 million.⁶
- Apprentices are paid employees who spend the majority of their time in a workplace where they acquire occupationally relevant knowledge, skills, and behaviours as well as contributing to service delivery. In the context of the NHS, apprentices are paid by their NHS Trust and placed on staffing rotas as part of their service's team. This is not the case for nursing and midwifery apprentices who are supernumerary in training in accordance with NMC requirements.
- Apprentices study part-time at their university and spend the majority of their time in the workplace.

According to the Department for Education (2022) take up of Degree Apprenticeships across industry is growing. While in 2018/19 they represented just 2% of all apprenticeships, by 2021 one in 10 of all apprenticeships were at degree-level. Apprentices studying on the degree route are the most satisfied (91%) of all apprentices⁷ and 80% of them continue to work for the same employer when they complete their apprenticeship.⁸ According to the Department for Education,⁹ degree-level apprentices tended to be older than apprentices on other programmes; with over half (53%) aged 25 years old or above. The main reasons for people choosing to study on a Degree Apprenticeships were to gain a degree (23%) and to avoid student debt (14%).¹⁰

A comprehensive review of apprenticeships in England by The Sutton Trust, published in December 2022,¹¹ found that compared to 2015 there had been an overall move away from Level 2 apprenticeships (those equivalent to GCSEs) towards higher level ones,

including Degree Apprenticeships. This is significant because an aim of the Government in introducing the Degree Apprenticeship route was to support social mobility. The Sutton Trust found only limited evidence that this aspiration was being met through the degree route. The proportion of individuals studying on Degree Apprenticeships in 2019 that identified as white British were 74%, compared to 77% of the population as a whole; however, while apprenticeships:

"...used to be relatively more common in the most deprived areas...this is no longer the case...more prosperous areas have benefited disproportionately from the experience of Degree Apprenticeships." (page 35).

This suggests Degree Apprenticeships, in the economy as a whole, are currently only having a limited impact on social mobility and socio-economic inequality. Over half of individuals studying Degree Apprenticeships have qualifications at the top end of GCSEs as well as A Levels. In contrast only 36% have vocational qualifications.¹²

While specific data relating to Degree Apprenticeships was not available The Sutton Trust¹³ did find across apprenticeships at other levels, a general achievement rate of between 63–71%. This represented a fall in completions. An increase in attrition rates was also recorded with the authors noting that "non-achievement and early drop out is a big concern" (page 36).

5. Universities UK 2017, Smith et al 2021, Fabian et al 2022. 6. BPP 2023. 7. They are, though, slightly less satisfied with the learning they receive from their university (or other training provider) compared with other apprentices (Department for Education, 2022). 8. Ibid. 9. Ibid. 10. Stone and Worsley (2022) found a similar set of factors motivated social work degree apprentices. 11. Cavaglia et al 2022. 12. Ibid. 13. Cavaglia et al 2022.

Apprenticeships in the NHS

To date there has been little direct investigation into the experience of delivering Degree Apprenticeships in the NHS; however in 2018 the House of Commons Education Select Committee undertook a review of Registered Nurse Degree Apprenticeships which identified, at that point, several barriers to their wide scale implementation. These included:

- The resource implications for employers supporting the learning of apprentices.
- The lack of flexibility in the way that Apprenticeship Levy funds could be spent.
- The cost of backfill.

The Committee called for the provision of Registered Nurse Degree Apprenticeships to be expanded and for there to be greater planning between Government and services to enable that.

¹⁴ <https://www.bpp.com/insights/nhs-apprenticeship-levy-study-2022>. ¹⁵ For a full list of relevant apprenticeships for healthcare staff, see here.

A survey of NHS Trusts undertaken for Health Education England in 2023 by BPP¹⁴ found that, compared to a similar survey conducted in 2018, there has been a substantial growth in the utilisation of the Apprenticeship Levy by NHS Trusts and that the range of apprenticeship standards delivered in the NHS had grown. In fact, the survey recorded 196 different standards being used by NHS Trusts.¹⁵ BPP found that NHS employers saw apprenticeships as a means to improve workforce “diversity, equality and inclusion” (page 3). Employers also saw apprenticeships as a way of addressing skills gaps. Despite growth, BPP found that respondents felt:

“...that their trusts still needed education about the differences between apprenticeships and traditional professional qualifications programmes and the benefits of apprenticeships” (page 5).

The increased use of the Degree Apprenticeship route in the NHS was identified. Of the ‘Top Twenty’ Apprenticeships used by NHS Trusts, five were at degree level.

The Midwifery Degree Apprenticeship

In July 2018 an employer-led Trailblazer group was set up to develop the Registered Midwife Degree Apprenticeship¹⁶ standard which was approved in December 2018. A year later the standard was aligned with the new 2019 standards¹⁷ of proficiency for midwives set by the NMC.



Jan 2020 marked the commencement of the first Registered Midwife Degree Apprenticeship programme.



11 approved Registered Midwife Degree apprenticeship programmes following piloting there at these universities.



50% of programmes do not have apprentices at present



- 1 University of Bedfordshire (three-year and shortened programme) – these programmes run in September each year. The three-year programme is integrated with the fee-paying programme.
- 2 University of Birmingham (shortened programme) – this programme is approved but not currently running.
- 3 University of Central Lancashire (three-year programme) – this programme is approved but not currently running.
- 4 University of Cumbria (three-year programme) – this programme is integrated with the fee-paying programme and runs in September each year.
- 5 University of East London (three-year programme) – this programme is approved but not currently running.
- 6 University of Greenwich (three-year programme) – this programme is integrated with the fee-paying programme and runs in September and January each year.
- 7 University of Huddersfield (three-year programme) – this programme is approved but not currently running.
- 8 University of West of England (three-year programme) – this programme is approved but not currently running.
- 9 University of West London (three-year programme) – this programme is integrated with the fee-paying programme and runs in September and April each year.
- 10 University of Winchester – approved September 2023
- 11 University of Wolverhampton (three-year programme) – this programme is integrated with the fee-paying programme and runs in September each year.

¹⁶ <https://www.instituteofapprenticeships.org/apprenticeship-standards/midwife-2019-nmc-standards-integrated-degree-v1-1>. ¹⁷ <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>.



10 Registered Midwife Degree Apprenticeship evaluation

11 Registered Midwife Degree Apprenticeship evaluation

What are the benefits of implementing the Registered Midwife Degree Apprenticeship?

This evaluation's literature review¹⁸ identified potential costs and benefits that might be attributed to Degree Apprenticeships, i.e., those that arise solely because individuals are training to be registered midwives through this route. This section sets out the evidence found for whether these benefits were present through delivery of the Registered Midwife Degree Apprenticeship. Costs are discussed in the next section.

Findings of the literature review

Table 1 below summarises the findings of the literature review in respect of benefits that can reasonably be attributable to Degree Apprenticeships.

Table 1: Benefits arising from Degree Apprenticeships

| Benefit | Examples |
|---|---|
| 1. Degree Apprenticeships boost future supply of the workforce in a sustainable way. | <ul style="list-style-type: none"> Retention on courses (low attrition). Post qualification employment with 'host' employer (Grow Your Own). Apprentices transition to work more readily post qualification. |
| 2. Supports widening participation and social mobility. | <ul style="list-style-type: none"> Degree apprentices are more mature. Degree apprentices are ethnically more diverse than the population as a whole. |
| 3. Apprentices contribute productively while on their programme when employed in the workplace. | <ul style="list-style-type: none"> Apprentices are employees performing tasks and responsibilities while in the workplace. |
| 4. Spillover benefits | <ul style="list-style-type: none"> Increase in morale of the workforce as a whole (not just apprentices). Increase in productivity. Partnership working. |

18. See Appendix 1

Does implementation of the Registered Midwife Degree Apprenticeship deliver the expected benefits?

Each of the potential benefits identified in Table 1 will be explored in this section, along with the evidence that they are present through the Registered Midwife Degree Apprenticeship route.

Benefit 1:

Degree Apprenticeships boost the supply of the workforce in a sustainable way.

Higgs (2022), discussing social work, notes that one of the benefits of running Degree Apprenticeships is that they -

"...support existing staff to train and qualify, potentially improving strategic workforce planning and thus targeting at a local level high vacancy rate..." (page 663, emphasis added).

Developing work-based routes into pre-registration degrees is one means of addressing workforce shortages, particularly if apprentices are more likely to finish their course and remain working for their host NHS Trust compared to students on the traditional degree route, as appears to be the case (see below). It is known that around a quarter of existing maternity support workers (MSWs) would like to become registered midwives or nurses.¹⁹ Current Registered Midwife Degree Apprenticeship cohorts are drawn primarily from the existing NHS support workforce, mainly, but not exclusively, MSWs. Evidence was gathered to see if the Registered Midwife Degree Apprenticeship does, in fact, increase workforce supply and capacity. Three facets of this were explored:

- Course attrition rate.
- Transition into work.
- Intention to stay with the host employer and to commit to a career in the NHS.

19. Griffin 2018

Attrition rates

Two of the pilot universities reported zero attrition rates; and another that just one person had left the apprenticeship programme, which represented a 4% attrition rate. Two other universities that participated in the evaluation also reported zero attrition. Asked why attrition rates were so low, participants pointed to specific features of Degree Apprenticeships:

"Is it [low attrition] because they know the job, that they are really committed to wanting to do it, is it because they have lots of experience prior, is it because of being financially supported...they aren't accruing debt, is it because they know the people they are working with and are comfortable in that environment?". [University]

Another participating university pointed to the motivation of the apprentices:

"They [apprentices] seem from the very 'get go' really motivated and really committed and determined". (University)

A further factor, unique to the apprenticeship route, that all the university participants felt contributed to the low attrition rates, was the fact that the apprentices' engagement with the programme, such as attendance on campus or shifts, was formally documented. This had in the words of one:

"...increased the attendance, commitment, motivation and progression [of apprentices]" (University)

Another advantage deriving from the unique structure of the apprenticeship, particularly the necessary close partnership between employers and universities, was that any issues that might arise could, participants reported, be identified, and dealt with quickly. Furthermore, there was a view that the apprentices were particularly committed to the programme because they knew that their employer was paying for their training. The potential significance of prior work experience as a reason for low attrition is discussed below.

Transition to work (recruitment and retention)

All the survey respondents said that they intended to remain working in the NHS for the remainder of their careers. The majority of apprentices also felt that they had a better understanding of the realities of work than students on the traditional route. This point was also made by interviewees. So-called 'transition shock' has been shown to be a factor contributing to quit rates among newly qualified healthcare professionals.²⁰ It is reasonable to assume that, given apprentices have previously worked in the NHS, along with the vocational nature of the Registered Midwife Degree Apprenticeship, that early career quit rates among this group will be low. This assumption is reinforced by the finding reported below in respect of resilience. The opportunity to 'Grow Your Own' registered midwives was a major motivation of employers for supporting the apprenticeship, reflecting an expectation that apprentices would finish the programme and continue working with the NHS Trust that employed them:

"It is more likely that the people who are doing [the apprenticeship] will remain here because they are already employees and feel loyal to the Trust...they are likely to get a job here and stay here for longer because they already live in the area." (Employer)

"If we can have some more homegrown midwives who will stay here, that's great" (Employer).

"Once they qualify as midwives they stay and as retention is such a big issue in midwifery, we think it's a huge advantage." (RCM)

"...we know that the [apprenticeship] would be a career pathway for our MSWs and that they are more likely to stay in the area and are more established, they have commitments with family and employment." (University)

²⁰ Reducing Pre-registration Attrition and Improving Retention | Health Education England (hee.nhs.uk) ²¹ One service reported, however, that all their apprentices were White British (probably reflecting the demographics of their local community) and in their 20s.

Benefit 2:

The Registered Midwife Degree Apprenticeship supports widening participation and social mobility.

The survey explored the characteristics of the apprentices. The results suggest that the Registered Midwife Degree Apprenticeship does currently support both widening participation and social mobility, although numbers of apprentices remain low²⁵:

- Over half of the apprentices responding to the survey said that their parents had not attended a university.
- A quarter stated that they were the sole or main income earner in their household.
- All were aged 22 years old or over and two respondents stated that they were aged between 51-60 years old.
- Nearly a third identified that they were from Black/Black British communities.

Apprentices, employers, and universities all articulated that, without the Registered Midwife Degree Apprenticeship, many of those learning would not have been able to have the opportunity to become registered midwives particularly given the removal of the bursary and secondments:

"I was able to do this while I've got a family...It gave me the opportunity to do this degree, when I thought I would never be able to, ever. If I was going to do a degree I would literally need to leave everything but doing the apprenticeship gave me the opportunity to work and fulfil the dream of being a midwife." (Apprentice)

"The bursary disappeared a few years back and some people just cannot afford to do their training [through the traditional route] so it's just another route to be able to get in and to be supported financially." (Employer)

"It's another route into being a midwife. A lot of people maybe would have started as a care assistant and hadn't even thought of midwifery and then when they see it [the apprenticeship], thought 'I'd really like to do that'. I think it has enabled people to apply whose finances wouldn't have allowed them to do the course" (Employer)

Although the attitude of other staff towards the apprentices was not explored, one participant reported that registered midwives in her service were very positive about the programme:

"They like to see their colleagues progress." (Employer)

Benefit 3:

Apprentices contribute productively while on their programme when employed in the workplace.

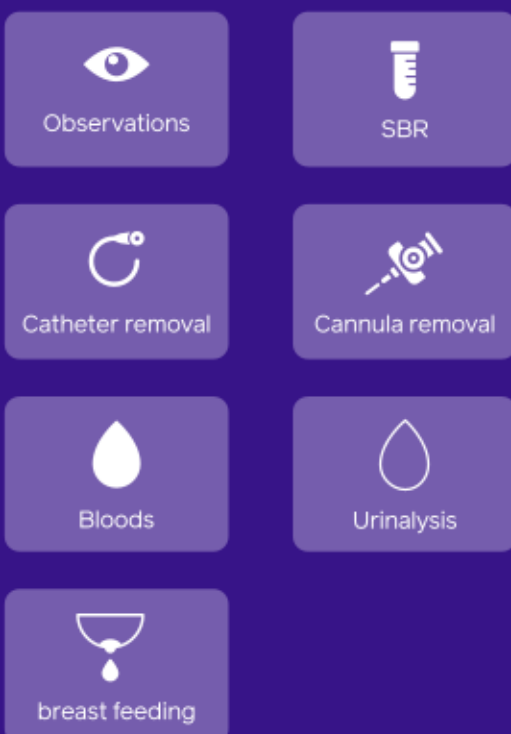
The apprentices were mostly drawn from the existing maternity support workforce and therefore has already acquired work-related knowledge and skills which allowed them to make a contribution to service delivery while training. Employers recognised the contribution that their apprentices were able to make to service delivery due to their previous role as an MSW:

"A lot of them already have a lot of skills so they are doing observations, taking bloods, some of them can already put in cannulas, they are doing SBRs on babies, they are helping with breast feeding – so they have so many clinical skills already which is such a big advantage." (Employer)

In the survey the apprentices were asked to provide examples of the tasks they performed when they were in their workplace. Box 1 summarises the findings and shows that the apprentices were making a contribution to service delivery. The degree of that contribution grows as the apprentice continues their study and acquires greater competence.

Examples of tasks that apprentices are able to provide from the onset of training

Box 1: All midwifery care under direct supervision



Other benefits

The Registered Midwife Degree Apprenticeship strengthens partnership working

Apprenticeship regulations require close working between employers and education providers.²² In the NHS other partners may also have a role to play supporting delivery such as Talent for Care Team and NHS England Apprenticeship Relationship Managers, creating a skills eco-system. Participants were clear, in this evaluation, about the importance of partnership working and how organising the Registered Midwife Degree Apprenticeship had strengthened relationships:

"It strengthens the partnership because we are working so closely together and partners are so invested in it, they are more committed, they want to make sure that things are done well." (University)

"I think because they [apprentices] are employed it does strengthen the relationship and from a university perspective...it makes things easier because the employer has an element of responsibility." (University)

Partnership working commenced at the design stage of the programme in many cases and this included employers who did not initially intend to send staff on the apprenticeship but were interested in the route for the future.

Development of the Registered Midwife Degree Apprenticeship had also strengthened collaboration not just between employers and universities but also between the universities themselves. Examples of support and collaboration between universities included established providers of the apprenticeship providing advice and guidance to universities developing the programme, or through supporting with expert panels.

Improvements in workforce morale

Asked in the survey whether they thought the presence of the apprentices improved staff morale and engagement more generally, as Nightingale and Sevens (2019) found was the case in radiography, half thought that it did, with the remainder unsure.

²². Delivery of the Registered Midwife Degree Apprenticeship also expanded university's partnerships. NHS trusts that had not previously worked with a university explicitly approached them because they wished to support apprentices from their service and knew the university delivered this route.



Conclusion

On the basis of the findings of this evaluation there is evidence to suggest that the benefits identified in the wider literature associated with Degree Apprenticeships are also present when Degree Apprenticeships are delivered in midwifery. Those benefits mean that the Registered Midwife Degree Apprenticeship has the potential to increase workforce capacity to a greater extent than traditional degrees, while also allowing employers and other staff to benefit from the contribution of the apprentices while they study.

While data was not gathered in the evaluation on whether the apprentices lived near their host employer, it is generally known that support workers

are predominantly recruited from local labour markets, (Griffin 2023) with many having previously attended schools close to where they now work (Kessler & Heron 2010). There is evidence²³ that the healthcare workforces that reflect their local community can provide more culturally appropriate care that improves patient safety, reduces health inequalities, and reduces organisational costs.

²³. Nurse workforce diversity and reduced risk of severe adverse maternal outcomes Jean Guglieminotti MD, PhD 1, Goleen Samari PhD, MPH 2, Alexander M. Friedman MD, MPH 3, Allison Lee MD, MS 1, Ruth Landau MD 1, Guohua Li MD, DrPH 14.

What costs are associated with Degree Apprenticeships?

While this evaluation found that benefits can reasonably be attributed to Degree Apprenticeships, as discussed in the previous section, costs are also associated with the programme.

These costs are distinct from those arising from supporting traditional fee-paying midwifery students and are set out in Box 2 below. These are framed from the perspective of an employer, although, as discussed below, universities also experience discrete and unique costs. Costs, both direct (like fees) and indirect (like the loss of the Education and Training Tariff), were identified through the literature review and through the participant interviews. Each is discussed in turn below.

Box 2: Employer costs associated with Degree Apprenticeship programmes

- £ Apprenticeship fees.
- £ Loss of the NHS Education and Training Tariff.
- £ Resources associated with work-based learning including practice supervision and assessment.
- £ Backfill costs and employment costs.
- £ Administrative and organisation costs.

Apprenticeship Fees

The total direct cost of commissioning the Registered Midwife Degree Apprenticeship is £26,000 per apprentice. Like all apprenticeships this cost is funded by employers through their Apprenticeship Levy, which is collected from all NHS Trusts. While this is a cost, the Levy is collected regardless of whether apprenticeships are commissioned or not. Unspent Levy is returned to the Treasury after two years. Underutilisation of the Levy has been a feature of apprenticeship delivery in the NHS. BPP²⁴ found that just 51% of NHS Trusts report that they will use between 75-100% of their Levy in 2023. The direct cost of the Registered Midwife Degree Apprenticeship was not raised as an issue either among the employers who have supported the programme, or, significantly, the universities that had not yet been able to secure sufficient demand to run the programme. It is possible to argue that operationalising the apprenticeship route is actually a benefit as it allows NHS Trusts to maximise the benefits afforded from the Levy and ensure that there is no underspend.

Loss of the NHS Education and Training Tariff

Employers face an opportunity cost when implementing Degree Apprenticeships. Unlike their support for traditional healthcare students on clinical placement, employers do not receive the Healthcare Education and Training Tariff²⁵ for supporting apprentices. In 2022/23 this was worth £5,000 per student. This, though, has not proved to be a barrier to implementation for those services that had decided to introduce the apprenticeship²⁶ at present, although it was felt that it may be a disincentive for others and might become an issue for NHS Trusts if the number of apprentices grew substantially.

24. The NHS Apprenticeship Levy Study: 2022| Insights | BPP.
25. Healthcare education and training tariff: 2022 to 2023 - GOV. UK (www.gov.uk). 26. It was reported that even where maternity services were supporting clinical placements, they did not always directly receive the Tariff as it was used to support education capacity overall in their trust.

Resources associated with the delivery of the apprenticeship

Perhaps due to the long-term experience maternity services have of supporting students on clinical placement, in contrast to findings in the literature review of employers more generally, supporting apprentice learners in healthcare was not seen as a 'burden' by employers -

"They are not really any different to the other students." (Employer)

Supporting apprentices did, however, create additional administrative activities not associated with fee-paying students. These were identified by participants as:

- Recruitment and selection.
- Regular tripartite meetings between employers and universities.
- Appraisals.
- Organising statutory and mandatory training.

These activities were not, however, seen as onerous, with participants identifying positives from them. For example, and as already mentioned, the regular meetings between employers and universities to discuss progress were seen as an opportunity to address any issues that might arise in a timely fashion.

27. Alma Economics 2018. 28. One of these universities reported that although they had not secured the interest of employers, they had received a considerable number of enquiries from individuals who were interested to know whether they would be running the Registered Midwife Degree Apprenticeship as they wanted to join it (the university ran Degree Apprenticeships in other subjects including other healthcare ones).

Back fill costs and employment costs

Apprentices are employees who spend the majority of their time working. The survey suggests that apprentices on the Registered Midwife Degree Apprenticeship were paid at either Agenda for Change band 2 or 3, although a range of approaches seem to be used by NHS Trusts to pay apprentices including spot pay.²⁷ Employers, then, can face two direct costs:

- Employment costs, including National Insurance.
- Backfill costs for the time apprentices are not in the workplace.

Again, these costs were not perceived as a barrier for those NHS Trusts who were supporting the programme (many of whom had recruited a second cohort or more), although services did see backfill costs as a challenge. Backfill was explicitly raised by the universities that had been unable to garner sufficient interest from employers²⁸ as one reason why employers were hesitant to support the programme, although general lack of awareness of apprenticeships and understanding of what was involved was also significant. A university that ran an established and expanding apprenticeship programme felt that despite the growing interest, that perceptions about the cost of backfill was limiting overall demand.

"I think there would be a lot more interest from Trusts." (University)

It was not within the scope of this evaluation to talk directly to employers who had decided not to support the Registered Midwife Degree Apprenticeship so as to ascertain the reasons why they were not operationalising this route. It would, though, appear that backfill costs were a barrier. Employers who were supporting the route (and addressing backfill) were taking what one employer participant called a "a bigger picture" to this cost, seeing the route as part of their wider Grow Your Own workforce development strategy although-

"You do lose an assistant because we are taking one from wherever they are working so they have another space to fill." (Employer)

While backfill was raised as an issue, salary costs appear not to be. It is noticeable that while some employers had a significant number of staff studying on the Degree Apprenticeship (in one case six individuals in a single cohort), the issue of salary costs was not raised. An advantage of recruiting apprentices from the existing support workforce, as has been the case with the Registered Midwife Degree Apprenticeship, is that their posts will already be part of Funded Establishment.

One participant reported that there can often be relatively short notice as to when someone would join a programme, which can mean that rotas have already been set:

"...yes, you are losing one staff member [when they are on campus] but then you gain a staff member, we are losing so many midwives so that is a really big thing." (Employer)

Administrative and organisational costs for universities

While all universities interviewed were very supportive of Degree Apprenticeships, they did report that the programme created additional workload.²⁹

"Apprenticeships bring with it quite a lot of regulations and restrictions which can be time consuming...there are added layers that you have to have in place: we have to monitor [apprentices] attendance so there's got to be someone to record that...we have to make sure that meetings take place...it can be a lot of extra work for a course already regulated [by the NMC]." (University)

The participating universities were, however, able to draw on their institution's wider expertise in respect of apprenticeship delivery to assist, for example, with arranging End Point Assessment or preparing for Ofsted inspections. Most had invested in new systems and extra staff to support the programme. One participant noted that universities faced risks if apprentices left the programme as Levy funding quickly ends. The low current attrition rates mean that has not been an issue but could be in the future.

Conclusion

There is no question that the Degree Apprenticeship route brings with it specific direct and indirect costs for both employers and universities.³⁰ It would seem, however, from the evidence gathered from this evaluation that participants did not see these costs as onerous, and also that they were offset by the benefits discussed in the previous section. Participants were able to articulate the overall positives of the apprenticeship route -

"If life was different this would be the only route into healthcare" (University)

Fees, however, are a cost utilisation of the Registered Midwife Degree Apprenticeship, allowing NHS Trusts, and maternity services in particular, the opportunity to maximise the benefits of the Levy, something that is not currently always the case.

While direct evidence was not possible to obtain, participants did suggest that costs associated with backfill, were a potential disincentive to those employers who had not yet embraced Degree Apprenticeships and that support for employers for this would increase demand. Backfill costs have been identified more generally as a barrier to apprenticeship growth.³¹

²⁹. In at least one case the administration duties had led a university to pause commencing a programme. ³⁰. The only 'cost' identified by apprentices was the fact that they had shorter holidays than fee-paying students. This though was seen as a potential benefit as it allowed them additional time to acquire competences. ³¹. Dickinson & Hogarth 2021



What other issues are associated with the Registered Midwife Degree Apprenticeship?

The evaluation's literature review identified several issues that might be expected to arise as the result of implementing the Registered Midwife Degree Apprenticeship. These were:

- The apprentice's proficiency with academic study.
- Whether apprentices felt a sense of belonging with their university.
- Perceptions of parity of esteem between the apprenticeship and traditional degree routes.
- Tension between employers and universities about who 'owns' apprentices.

This section considers whether evidence was found for these issues to be associated with the delivery of the Registered Midwife Degree Apprenticeship in the NHS, as well as a series of other issues that were identified through data gathering.

Academic study

The issue of whether apprentices struggle more with academic study than fee-paying students was explored in the interviews and through the survey. In the survey no one reported that they struggled to balance work and study although when asked in an open question what the biggest challenge they faced was, the most frequently mentioned was "academic work". The view of all the university interviewees was that the apprentices did not find study any harder than students on the traditional route, although this was acknowledged by some to have been an initial concern -

"We were slightly worried about academic achievement... [but their] achievement is no different." (University)

"We do find that they seem to be able to work well in practice...meet their proficiencies and requirements very well...they are more confident." (University)

This is confirmed by the low attrition rate and high completions. A number of the universities reported that apprentices achieved high attainment. Others noted that while apprentices might report that study was hard, traditional route students also reported this. As already mentioned, the need to regularly report attendance and completion of assignments meant that universities were able to report much greater engagement with the education process among apprentices. It was also felt that apprentices' prior integration into the workplace was an advantage in terms of the support they could seek with their study and practice.

"[They] are more used to the environment and know the people to get support from". (University)

Three-quarters of survey respondents felt that their colleagues understood the nature of being an apprentice, although one apprentice reported that her team sometimes struggled to understand that for some of the time she was working as an MSW, and others she was a student.

Apprentices' sense of belonging with their university

There was no evidence that the apprentices felt that they did not have a strong sense of belonging with their university, which can be the case for Degree Apprenticeship apprentices³² and which can impact on learning outcomes.³³ Despite studying only part time at their university, 83% of survey respondents said they felt no different to other students. This was also the perception of the university participants in the evaluation. Universities reported that they were not aware of this issue arising even though apprentices were trained alongside fee-paying students.

"On a day-to-day basis in the classroom, you wouldn't necessarily know who an apprentice is and who isn't. They are very well integrated into the cohort." (University)

Parity of esteem

A number of studies³⁴ have suggested that Degree Apprenticeships can be perceived as being of less value than those achieved through the traditional route, perhaps because there is a lack of awareness of the apprenticeship route and what it involves. Although this was explicitly explored in the evaluation, no evidence of it was found in respect of the Registered Midwife Degree Apprenticeship. In the survey three-quarters of respondents said that they felt apprenticeships were understood in their workplace.

"It was wonderful. I was very well supported in the workplace." (Apprentice)

While not directly explored in this evaluation, it may be the case that the need for the programmes and apprentices to meet NMC standards explains at least to some extent why the issue of parity of esteem did not arise in this evaluation.

"This [the apprenticeship] opens opportunities for widening access, but of course they [apprentices] will absolutely need to meet our standards of proficiency to join our register." (NMC representative)

Tension between employers and universities about who 'owns' apprentices.

The literature review found that there could sometimes be tensions between employers and universities over who 'owns' apprentices.³⁵ Participants recognised that there was a different relationship between apprentices and universities compared to fee-paying students because apprentices were employees and their fees paid for by employers, however there was no evidence that this was an issue. As the discussion about partnership above shows this relationship was, in fact, seen as a positive. The reason these tensions were not found in the evaluation of Registered Midwifery Degree Apprentices may be because of the close working relationship between universities and Trusts to support students through placement.

32. Fabian et al 2022. 33. Mulkeen et al 2017, Fabian et al 2022.

34. for example Ryan & Lőrinc 2018, Stone & Worsley 2022

35. Mulkeen et al 2017.

Other issues

In addition to exploring whether the issues identified in the wider literature were also present with the Registered Midwife Degree Apprenticeship, participants had the opportunity to raise any other issues they had identified. The motivation of partners to support the apprenticeship route is also explored.

Resilience

The fact that the apprentices had previous, sometimes long-standing, experience of working in the NHS and were continuing to provide support to women in the workplace for the majority of the time they were on the programme was seen as a distinct advantage of the apprenticeship route.

"The advantage of being an apprentice was that I had been at the Trust for 10 years prior to starting this, I was familiar with the building, I was familiar with the clinical areas, I was familiar with maternity care to a degree, ...and I was familiar with my colleagues". (Apprentice)

"...I already knew my way round the ward, it was easier to adjust". (Apprentice)

"I already had the experience of being a MSW coming into the apprenticeship so...it was very easy to adjust, how to manage on the ward." (Apprentice)

Understanding the reality of working in the NHS, including feeling part of the maternity team, means that the apprentices are likely to have more resilience than traditional students and therefore be more able to deal with the demands of service delivery, a point recognised by both employers and universities -

"...the advantage of educating students this way is that they come with no preconceptions about the NHS. They work in the NHS, they see the day in, day out struggles, the work demands and things like that. They almost hit the floor running." (Employer)

"They have a much better understanding of what happens in maternity compared to people who are just coming in brand new and have never worked in health care before." (Employer)

"We could see the benefit of ... having our own staff actually do the training...they come from a background of having worked in the NHS." (Employer)

"...they've seen and worked alongside midwives, they've had connection with women and families, they've had experience of shift work, they know how the NHS works, they are fully integrated into the work environment...they have a realistic view of how things are going to be." (University)

One university participant noted that previous experience of working in maternity was "really helpful for their initial induction" as an apprentice. This is significant as the early stages of a student's 'life cycle' are particularly important for their orientation and socialisation into courses. Although the reasons why students may leave degrees are complex, for midwifery, resilience appears to be an issue.³⁶ Although not explored in this evaluation, it is possible that the apprentices experience of work and consequent resilience,³⁷ is a factor explaining low attrition rates.

36. British Journal Of Midwifery - An exploration of the development of resilience in student midwives (1), Stone & Worsley 2022.

37. An exploration of the development of resilience in student midwives | British Journal of Midwifery (magonlineibrary.com).

The motivation of employers to support, and apprentices to join and universities to run the Registered Midwife Degree Apprenticeship

Employers

Concerns about recruitment and retention were a major reason for employers to support the programme. Employers were motivated to support their existing staff through the Registered Midwife Degree Apprenticeship so as to ensure that there was a comprehensive career development structure available for their support staff and, explicitly, as a means of 'Growing Their Own' registered midwives.

"It's not a lot of work for progressing you own staff and hopefully these could be midwives that stay for 10 years plus, all their families are here, they are settled here, they have a whole career here." (University)

"I found the fact that there wasn't a career development pathway for our MSWs really frustrating." (Employer)

"We have been looking at people skills and people development and we thought it was a way forward really in terms of investing and in terms of just progression planning for our MSWs." (Employer)

"...we have a problem with recruitment." (Employer)

"[They] see apprenticeships as part of their workforce strategy, how they can grow their own and provide opportunities to progress." (University)

Universities explicitly reported that the demand for the route was employer-led -

"It came from the trusts because [in this area] it is hard to recruit to, they [Heads of Midwifery] wanted a Grow Your Own approach because they have maternity support workers who they knew were interested in doing midwifery, but hadn't done it possibly because they did not have the right qualifications but more because of the financial implications of it." (University)

"It came from the Directors of Midwifery, they said 'could you put on a Degree Apprenticeship.'" (University)

One service was solely using the Registered Midwife Degree Apprenticeship programme to train their future registered workforce.

Apprentices

The survey respondents were asked to state why they had chosen to study on the Registered Midwife Degree Apprenticeship route. Overwhelmingly, and perhaps not surprisingly given that apprentices have been recruited mainly from the existing MSW workforce which is known to be career aspirant,³⁸ apprentices felt the route enabled them to fulfil a long-standing aspiration to be a registered midwife.

"I have always wanted to be a midwife...at the time I worked in the Obs and Gynae department at my local hospital and saw that they were offering the midwifery apprenticeship and it felt it was too good an opportunity not to take". (Apprentice)

"I was able to [study] while I've got a family...It gave me the opportunity to do this degree when I thought I would never be able to, ever. If I was going to do a degree, I would literally need to leave everything but doing the apprenticeship gave me the opportunity to work as a band 3 and fulfil the dream to be a midwife." (Apprentice)

38. Griffin 2018.

Universities

As already noted, universities had responded to employer demand when deciding to run the programme.³⁹ One participant did note that the apprenticeship also allowed them to respond positively to the reduction in traditional and mature individuals applying through the fee-paying route. All the universities delivering the Registered Midwife Degree Apprenticeship had experience of widening participation in healthcare. Most, for example, had previously delivered healthcare foundation degrees and their universities had a portfolio of Degree Apprenticeships across subjects beyond healthcare. This, significantly, meant that they were able to draw on that wider expertise and support to, for example, prepare for Ofsted inspections. For the universities that had introduced the Registered Midwife Degree Apprenticeship it was, as one interviewee said -

"... a natural progression...it seemed like a natural thing to do." (University)

This experience with less traditional healthcare students⁴⁰ might be one reason for their success in running the programmes. Not all universities have similar experience with widening participation and apprenticeships in healthcare, although the implications of this, if any, could not be explored in this evaluation.

Future demand

While the issue of future demand for the apprenticeship programme was not explicitly investigated in the evaluation, as already noted, it was felt that lack of awareness and understanding of the route was dampening demand to a degree. Although the number of universities delivering the route and cohorts are growing, total apprenticeship numbers are still low - less than 1% of the total number of students studying midwifery degrees. This low volume can create challenges for universities in respect of the resources needed to support apprentices and, indeed, acted as a barrier to running the apprenticeship as a standalone programme outside of the traditional degree. It was felt that raising awareness and addressing backfill costs would boost demand along with the attractiveness of a route that meant the apprentice was not accruing debt -

"I think it will grow because of people's finances." (University)

Conclusion

In terms of the participants in this evaluation, no evidence was found that the issues identified in the wider literature associated with Degree Apprenticeships were associated with delivery of the Registered Midwife Degree Apprenticeship in the NHS. This most likely reflects the partnerships developed between employers and universities and the commitment of partners to supporting apprentices as well as the long experience maternity services have of clinical placements. The primary reason employers supported the route was as a means to 'Grow Their Own' midwives, alongside addressing truncated career pathways for their MSWs. For apprentices the route enabled them to overcome financial barriers to study. Finally, there was a perception that demand for the route could continue to grow, however there were factors inhibiting that growth, not least awareness of the route.

39. This continues: One university approved a programme during the course of this evaluation. Their decision to run the apprenticeship was in response to local employer demand. This university also had previous and wider experience of apprenticeships and widening participation. 40. Bateson et al 2018.

Discussion and recommendations

“There are so many MSWs I have worked with that are so passionate about looking after women, are so passionate about the midwifery degree, but they didn't get the chance because they can't do it financially, so through the apprenticeship I think it's just a brilliant way to get more midwives that are so passionate about their jobs.” (Apprentice)

There are longstanding and substantial shortages of registered midwives, a situation exacerbated by existing staff leaving NHS employment, the age profile of the workforce, attrition rates on midwifery degrees and retention in early career. Existing approaches to address vacancies, such as international recruitment, have not solved the problem. While no single workforce or human resource intervention alone is likely to ensure sufficient numbers of staff, the evidence from this evaluation suggests that the Registered Midwife Degree Apprenticeship presents an opportunity to grow the midwifery workforce in a stable and

sustainable way; and in a way that supports diversity. Around a quarter of the existing maternity support workforce, in the words of one apprentice participant in this evaluation, “dream” to become a registered professional. Degree Apprenticeships provide work-based routes into pre-registration degrees that, in the absence of a bursary or secondments, allows such staff who tend to be more mature than traditional students, who often work part time and have caring responsibilities, to access higher education while still earning.

The Registered Midwife Degree Apprenticeship is not just, however, to quote another participant, “a wonderful opportunity” for existing support staff to progress their careers; it also provides potentially substantial benefits to employers and consequently the NHS as a whole. This evaluation found that the Registered Midwife Degree Apprenticeship boosts workforce supply and capacity because -

1. Apprentices may contribute to services while on the programme.
2. Attrition rates are very low.
3. Apprentices are likely to remain employed with their host employer once they have graduated.
4. Apprentices are likely to quickly transition to work in the early stages of their careers.

It is not surprising, then, that the NHS Trusts who have recruited to the apprenticeship have employed all the apprentices that have graduated. It is quite possible that many of these apprentices will continue to work locally for most, if not all their career. Drawn from their local communities, they are reflective of those communities. Apprentices, to date, have been recruited from the existing support workforce, mainly, but not exclusively, MSWs. This has meant that they enter the programmes with an understanding of NHS and maternity services. In the words of one employer, they “hit the floor running”. This is likely to be one reason why attrition rates are so low and why apprentices have been able to adjust with their teams to their new role as employee and learner.

There are costs for employers and universities associated, specifically, with running Degree Apprenticeships, such as additional administrative requirements and backfill. These appear to be offset by the benefits. It is notable that among the original pilot programmes, interest from the NHS Trusts who first supported the route has been maintained (and frequently increased) but also that other NHS Trusts have expressed interest in commissioning the programme. During the course of this evaluation a new university had organised implementation of the route solely in response to local employer demand.

Employers supporting the programme took a long view of workforce planning, stressing, in particular, the importance of investing in the existing workforce through Grow Your Own workforce interventions, such as the apprenticeship. As one employer said, the Registered Midwife Degree Apprenticeship is “an investment in the future”. The apprenticeship was a means of building workforce capacity. This evaluation also found evidence of other indirect benefits, such as stronger collaboration between universities and employers.

Table 3 seeks to bring together, from the perspective of a single NHS Trust, the costs and benefits identified through this evaluation that can be associated with the Registered Midwife Degree Apprenticeship programme and compare them with the traditional undergraduate route pursued by fee-paying students.

Positive as the results of this evaluation are, it needs to be borne in mind that at the time of writing the vast majority of maternity services in England do

not currently engage with the Registered Midwife Degree Apprenticeship, although this may change following publication of the Three-Year Delivery Plan for Maternity and Neonatal Services.⁴¹ This evaluation suggested that there may be three reasons for this-

- The cost of backfill.
- The loss of the Education and Training Tariff.
- A general lack of understanding about apprenticeships among maternity services and some universities.

One of the findings of the BPP 2023⁴² survey of apprenticeships in the NHS quoted earlier suggested that there was still a need to raise awareness of apprenticeships and, where there was awareness, what delivery actually requires. This was a theme also identified in this evaluation.

“There isn't always quite an understanding of what it involves.” (University)

“It [the Midwifery Degree Apprenticeship] is a very positive thing...it has opened up opportunities for people...there is an opportunity to raise the knowledge about it: this is what it is, this is what it means...I am not sure many people know a lot about it”. (University)

⁴¹ The NHS Long Term Workforce Plan was published by NHS England after the evaluation was completed. The Plan stresses the importance of apprenticeships as a means of boosting workforce supply and sets a target to increase their use so that 5% of all midwifery students are on this route. ⁴² The NHS Apprenticeship Levy Study: 2022 | Insights | BPP.

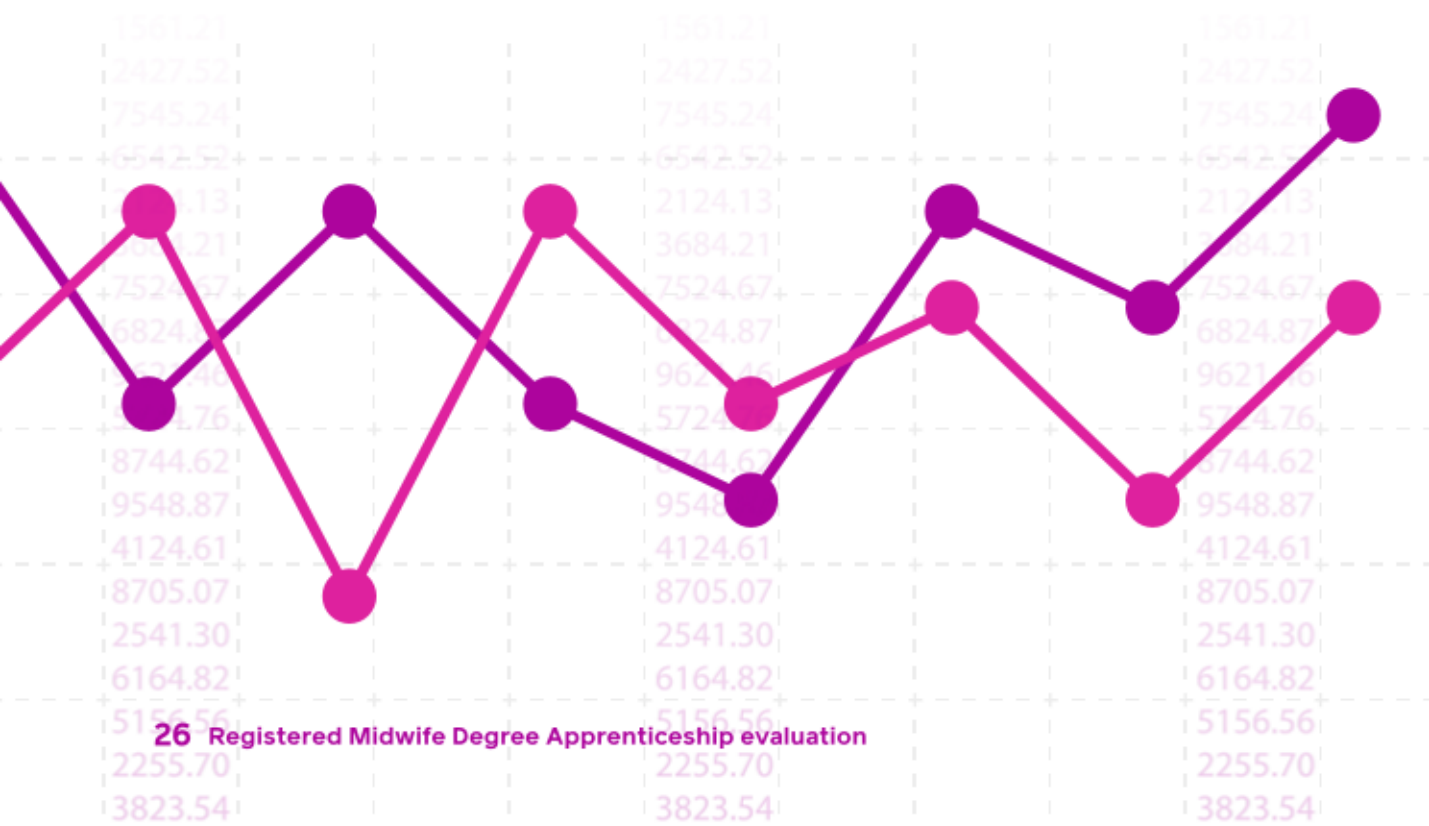


Table 3: Cost and benefits of the apprenticeship and traditional route

| Item | Midwifery Degree Apprenticeship | Traditional route (Student fee-paying) |
|--|---|--|
| Demand | <ul style="list-style-type: none"> Low from employers but growing demand from apprentices potentially high. | <ul style="list-style-type: none"> High but some decline. |
| Course fees | <ul style="list-style-type: none"> Paid for by Levy | <ul style="list-style-type: none"> Paid for by student. |
| Wages and employment costs | <ul style="list-style-type: none"> Cost to employer (band 2 or 3) if new post (no new cost if existing post). Backfill. | <ul style="list-style-type: none"> Zero employer cost. |
| Supervision, and other costs | <ul style="list-style-type: none"> Cost to employer. | <ul style="list-style-type: none"> Zero employer cost (assume covered by Tariff). |
| Attrition | <ul style="list-style-type: none"> 0-4% | <ul style="list-style-type: none"> Average 13% |
| Direct Productive Contribution | <ul style="list-style-type: none"> Apprentices will contribute to productivity from day one while they are in the workplace. | <ul style="list-style-type: none"> Zero or minimal benefit to employer. |
| Wider spillover benefits during training | <ul style="list-style-type: none"> Increased motivation of existing support staff and general rise in productivity. Partnership working. | <ul style="list-style-type: none"> Zero or minimal benefit to employer. |
| Early career | <ul style="list-style-type: none"> Apprentices are 'work ready' and readily transition to substantive employment. More reflective of their local community Likely to remain employed in their host employer (retention and reduced recruitment, selection and onboarding costs). | <ul style="list-style-type: none"> May leave following qualification ('transition shock'). May not reflect local community. May not remain with host trust. |

There is a pressing need to ensure that maternity services have the right numbers of staff, deployed at the right time, with the right skills to deliver safe and effective care. No single workforce or human resource intervention on its own will achieve this, however the evidence gathered through this evaluation suggests that Registered Midwife Degree Apprenticeships have the potential to boost the supply of a more diverse, skilled and productive registered workforce that is committed to working locally (thereby reducing employer recruitment and onboarding costs) and is more representative of the community it serves. Evidence suggests that implementation of the route may have wider workforce benefits, for instance through increasing the morale and engagement of existing MSWs, which, in turn will deliver organisational and service benefits.

Planning and delivery of the Registered Midwife Degree Apprenticeship should not, however, be considered either nationally or locally in isolation to other related workforce interventions. It should, instead, form part of comprehensive 'end-to-end' Grow Your Own maternity workforce strategy that includes recruitment from local labour and skills systems (for example Technical Level students), optimisation of the existing support workforce including greater use of apprenticeships in maternity at all levels including for MSWs, and clear progression pathways and scope of practice based on the Maternity support worker Competency, Education and Career Development Framework⁴³ and associated resources. In saying this, awareness and use of Grow Your Own interventions in the NHS remains partial,⁴⁴ an issue that partners will need to address.

A striking feature of this evaluation was the enthusiasm all participants expressed about the Registered Midwife Degree Apprenticeship. Some issues and some challenges were raised, but participants saw the benefits as outweighing these -

"I have not heard anything negative about it...I am really positive about the apprenticeship...everyone is really positive about it". (Employer)

The Government introduced Degree Apprenticeships in 2017 with two aims in mind: to help employers address skill gaps and to promote inclusion and social mobility. The results of this evaluation suggest that the

work of employers and universities, with partners like the RCM, to deliver the Registered Midwife Degree Apprenticeship, is achieving both those aims - and more. The challenge now is to increase engagement with this route.

Recommendations

Based on the findings of this evaluation a number of recommendations are suggested:

National and regional level

Demand for midwives will continue to grow reflecting an expected increase in birth rates and a higher complexity of need. The NHS Long Term Workforce Plan (NHS LTWP), published in July 2023, sets a goal to increase the supply of midwives through increased education and training in order to build workforce capacity to meet local need. The NHS LTWP includes an ambition that 5% of midwives are trained through the Registered Midwife Degree Apprenticeship (RMDA) route.

1. There remains a need to raise awareness of the Registered Midwife Degree Apprenticeship among maternity services including the benefits of the route. The apprentices, employers and universities that are delivering, supporting, and participating in the current programmes should be asked to assist with this, supported by national partners.
2. Partners nationally, including the RCM, NHS Employers, the Council of Deans (Health), and NHS England should consider how they might enable a scaling of provision including encouraging commissioning and/or collaboration across LMNSs as part of a Grow Your Own approach to workforce planning. This needs to be aligned with local ICS workforce strategies.

⁴³. Maternity support workers | Health Education England (hee.nhs.uk). ⁴⁴. Griffin 2023.

3. The cost of backfill and the loss of the Education and Training Tariff when NHS Trusts did support the Registered Midwife Degree Apprenticeship was seen as a disincentive to employers to support the programme. Consideration needs to be given to more this can be addressed, in particular whether the support provided to grow apprenticeships in nursing could be applied to maternity.
4. The Registered Midwife Degree Apprenticeship group established by the RCM was highly regarded by its members and seen as extremely beneficial as a network that could share information, advice, and guidance particularly to universities planning to launch the apprenticeship. This group should continue, and consideration given by partners as to how it could be developed into a more formal network. Consideration should also be given to networking employers in a similar way.⁴⁵

LMNS and employer level

5. Registered Midwife Degree Apprenticeships should be one element of Grow Your Own workforce plans and strategies, which includes the maternity support worker Competency, Education and Career Development Framework and allows in-work progression including into higher education. Grounding the Registered Midwife Degree Apprenticeship in this approach will also help ensure the route continues to support diversity and widening access. Given the numbers of MSWs wishing to progress, the Registered Midwife Degree Apprenticeship should provide a significant boost in supply; however, a wider Grow Your Own approach will also, for example, allow progression to be developed for students in colleges studying Technical (T) Levels.

Research

6. Longitudinal research should be undertaken to –
 - a. assess whether the findings of this evaluation hold as more programmes are delivered and more apprentices trained.
 - b. investigate the extent midwives trained through the Registered Midwife Degree Apprenticeship remain employed in their original Trust and the NHS more generally.
 - c. explore the apprentice's experience of being a midwife, including their transition to work following qualification.
 - d. to explore the attitudes of midwives working alongside apprentices to the approach.

45. Given that the Registered Midwife Degree Apprenticeship is in its infancy for the immediate future there is value in bringing partners together nationally; however, there is also value in LMNS's working with the ICBs particularly in respect of designing and operationalising a Grow Your Own approach. The issues identified in this report are likely to apply to other healthcare Degree Apprenticeships.



Appendix 1: Literature review findings

Search strategy

King's College London's library database was searched on 24 November 2022 using the following term: "Degree Apprenticeships" and inclusion criteria -

- Peer reviewed articles.
- Published since 2017.⁴⁶
- Published in English.

The initial search identified 156 documents. These were then reviewed to assess their relevance to the evaluation. Extracted documents were not restricted to those addressing apprenticeships in healthcare. In total 20 were selected. A 'snowball' approach was also adopted: articles referenced in the extracted documents that were judged to be relevant to the evaluation question were also reviewed. The remainder of this Appendix sets out the findings of the review.

Benefits

Antcliff and colleagues (2016) found that employers felt that Degree Apprenticeships represented 'good value for money' due to the productive contribution apprentices made to their business. In their study of the Management Degree Apprenticeship, Rowe and colleagues (2017) found that employers saw the route as an opportunity to bring in 'fresh talent', that might have a different outlook to traditional students.

Smith, Morse and Marson (2018) noted that the nurse degree apprentices on their programme were able to directly contribute to care and Stone and Worsley (2022) found that social work degree apprentices, the majority of whom had previously worked as social care support workers, found a "positive change in their day-to-day practice" (page 682). Rowe and colleagues (2017) recorded that the employers they studied reported that Degree Apprenticeship students performed "beyond expectations" (page 20).

Nightingale and Sevens (2019), based on their review of the literature, suggested the following two benefits might arise from implementing Degree Apprenticeships - improved retention and providing a foundation for Grow Your Own workforce strategies. They also suggested that Degree Apprenticeships would provide a further 'spillover' benefit by demonstrating to existing NHS support workers that they could progress their careers. Baker (2018) suggested that Degree

Apprenticeships could improve retention, as did Higgs (2022) for social work.

Rowe and colleagues (2017), based on a review of the literature, suggested that people who complete a Degree Apprenticeship should possess more work-relevant skills than traditional students. One employer in their study reported that the apprenticeship allowed them to judge the proficiency of candidates not just on the outcome of their academic study, but also through assessing how they 'fitted' into their business. The authors speculated that employer engagement with higher education that was required to implement Degree Apprenticeships might, more widely, encourage a greater emphasis on employers being a 'learning organisation'.

Although not assessing Degree Apprenticeships a cost benefit evaluation of a level 3 apprenticeship introduced in North West London for MSWs by Griffin (2020) included a review of the literature, including evidence of the wider return on investment of apprenticeships, and interviews with local maternity stakeholders, including Heads of Midwifery, that sought to identify the benefits (and costs) the apprenticeship would deliver. Excluding those that were MSW specific,⁴⁷ the following were identified -

- A more skilled and productive workforce.
- Improved safety.
- Increased supply of labour.
- Better organisational fit.
- Improved retention and, consequently, reduced recruitment costs.
- A more diverse workforce.

A Government objective of Degree Apprenticeships was that they should support widening access to Higher education, something the expansion of university places more generally has not achieved (Smith et al 2021, Fabian et al 2022). This, in turn, would support a more diverse workforce (Higgs 2022). Kirby (2015) described Degree Apprenticeships as having "the potential to be a major engine of social mobility"

⁴⁶. This is the date when Degree Apprenticeship standards were first introduced in England. ⁴⁷. MSW specific benefits largely focused on responsibilities such as breastfeeding support, increased capability on postnatal wards (for instance identifying deterioration) and supporting smoking cessation.

(page 1) and, for social work, Higgs (2022) comments they "could be an important means of widening access to the profession" (page 663). Nightingale and Sevens (2019) reported from the perspective of the NHS, that Degree Apprenticeships can support widening participation particularly for more mature students.

The evidence to date, albeit based on a handful of small-scale case studies, of the impact of Degree Apprenticeships on widening access is mixed. In a study of six higher education institutions (HEIs) in Scotland delivering computing Degree Apprenticeships, Smith and colleagues (2021) found that the young people recruited to the Degree Apprenticeships "were disproportionately from more privileged groups" (page 488). The study did, though, find that Degree Apprenticeships supported more mature learners who were likely to have family commitments which acted as a barrier to accessing traditional degrees. Smith, Morse and Marson (2018) describe the nursing degree apprentices on their programme as 'mature'. Stone and Worsley (2022) in their study of the first cohort of 81 social work degree apprentices found that the majority were drawn from the existing social care support workforce. The cohort was also, on average, older than the social care workforce nationally. Higgs (2022) noted the potential value of Degree Apprenticeships to support Grow Your Own workforce strategies by supporting "existing staff to train and qualify, potentially improving strategic workforce planning and thus targeting at a local level high vacancy rate in the sector" (page 660). Barriers to widening access for underrepresented learners included a concern that their (typically) 'long route' to higher education, which was "more likely to include lengthy periods of work experience and/or lower-level college and apprenticeship study", would mean that they were 'stigmatised' or would experience 'imposter syndrome' (ibid., 499).

In their review of legal Degree Apprenticeships, based on 23 interviews, Casey and Wakeling (2022) found that 'disadvantaged' students perceived the apprenticeship route as "too risky" (page 40); due to its newness and the fact that employers might see it as lower status compared to traditional routes. Interestingly they also found that what they classified as 'middle class' students, were more likely to see the value of the apprenticeship route into law.

Costs

A key factor driving the success, or otherwise, of Degree Apprenticeships, studies suggested, was partnership working between HEIs and employers (Mulkeen et al 2017, Baker 2018). Partnership included a recognition of the importance of, and support for, work-based learning (Rowe et al 2016) and the fact that "support for individual apprentices is a shared responsibility shared by universities and employers" (Fabian et al 2022:1407). Degree Apprenticeships gave employers a bigger role in workforce development at this academic level (Mulkeen et al 2017, Higgs 2022).

Mulkeen and colleagues (2017) in their investigation of the perspectives of different stakeholders involved in the delivery of level 4-7 apprenticeships, including Degree Apprenticeships, found "tensions" (page 7) could arise in respect of who 'owns' apprenticeships. The same study also found that employers could be "anxious" (page 8) about delivery of, particularly, Degree Apprenticeships because they had not previously any experience of direct involvement supporting learning at degree level. Employers, Mulkeen, and colleagues (2017) found were further concerned about - the potential administrative burden of running Degree Apprenticeships (an issue also raised by Baker (2018)), capacity required to support apprentices, such as employing and training mentors, and the building and sustaining of work-based learning resources. Rowe and colleagues (2017) pointed to the importance of workplace mentors but found evidence that many did not feel confident or fully trained for their role. Nightingale and Sevens (2019) noted, "employment sectors who have introduced Degree Apprenticeships... have experienced significant challenges, as apprentices place a far greater expectation on employers" (page 2). Rowe and colleagues (2017) delineated these challenges as the need for employers to:

"...support and manage colleagues as they progress through degree programmes combining higher-level work-related study with full time employment" (page 5).

This quote points to another tension apprentices may face - the need to balance work and study, something that Rowe and colleagues (2017) found also Baker,

(2018)), along with a lack of a sense of belonging to their HEI. This resulted in higher attrition rates among apprentices studying for a degree in management. Baker (2018) considered that apprentices “may not suit everyone” particularly those who prefer a “more prescribed learning journey” (page 9). Apprentices, she further pointed out, are required to structure both their work and study. Watkinson-Miley and colleagues (2021) found rescheduling, for example, class times was particularly challenging for apprentices trying to plan work, study, and their personal life. More positively the same study (of 30 policing degree apprentices), highlighted the positives of work-based learning, with apprentices describing their non apprentice co-workers as “subject experts” (page 124). One apprentice explained that learning as an employee and as part of a team:

“...helps us going forward, because then we can learn from their experience and put into practice when we go over the tutor-constable phase” (page 125-126).

Fabian and colleagues (2022) explored the experience of 35 computing degree apprentices including the relationship between study and employment which they found to be positive-

“...study was supportive, enjoyable, valuable (in terms of learning), useful both in making new contacts and the anticipation of a successful future, and the source of a sense of belonging” (page 1407).

Stone and Worsley (2022) found that social work degree apprentices felt that they could balance work, study, and their personal lives.

Issues

Parity of esteem

Several studies reported a perception that Degree Apprenticeships were perceived as being of a lesser value than degrees achieved through the traditional route (Mulkeen et al 2017, Baker 2018, Ryan & Lőrinc 2018, Nightingale & Sevens 2019), although a minority found this not to be the case (Smith et al 2021). Nightingale and Sevens' (2019) study suggested any perceived disparity may dissipate over time, with 'home grown' apprentices being favoured over traditional students in the future (page 13). One study also found a perception of what the authors describe as 'the one-day apprenticeship'; the view that apprentices are only really learning when they are at university. The authors making the point that “...programs need to foster the view that one is an apprentice five days a week” (Stone & Worsley 2022:685). It is possible this misunderstanding of the nature of learning through the Degree Apprenticeship might explain why the route could be seen as less prestigious, although that has not been explored in the literature.

Improved career opportunities

Some researchers raised the issue of 'parity of opportunity' (Mulkeen et al 2017) - whether the employment and career opportunities of apprentices were better, worse, or different to traditional students. Fabian and colleagues (2022), as quoted above, found that degree apprentices perceived the route as beneficial in terms of their future career,

as did Nightingale and Sevens (2019). Nightingale and Sevens (2019) also reported that apprentices may be able to transition more quickly from being a learner to being a registered healthcare professional “as they are already familiar with the department” (page 10).

Baker (2018), building on Chan's (2013) work, suggests that the workplace experiences of “the realities of their future rather than the ‘imagining’” of that future... should result in improved retention” of apprentices (page 8).⁴⁸ Baker (2018) also quotes Hyde's (2015) study of traditional radiography students commencing clinical placements and notes that their greatest concerns were - working with other clinical staff, interacting with very ill patients and moving around different parts of service. Apprentices' engagement with the realities of work from the start of their apprenticeship should alleviate such fears and help address so-called 'transition shock' when healthcare learners become newly qualified healthcare professionals (Griffin 2023).

A sense of belonging

Apprentices are employees studying a degree. This can mean, studies suggest, that they do not feel as strong a sense of belonging with their HEI as students on the traditional route, who are on campus full time, do (Fabian et al 2022). Rowe and colleagues (2017) note that apprentices:

“...have less regular opportunities...to access university networks, students and academic support teams, peer and social networks which can holistically inform skills development” (page 8).

The extent to which learners feel engaged with their HEI can impact on learning outcomes (Mulkeen et al 2017, Fabian et al 2022). The study of Degree Apprenticeships in policing (Watkinson-Miley et al 2021) in which all training, including that delivered by university staff, took place on police premises found the lack of campus contact was an issue, in as much as it meant that existing police culture, which focused more on practical learning than academic professionalism, was less challenged.

Nightingale and Sevens (2019) identified a different element to 'belonging'; one that emerges from an apprentice's situation in the workplace as an employee.⁴⁹ This was the extent to which healthcare apprentices have a reinforced sense of professional



identity. Smith, Morse and Marson (2018) discussing a nursing degree apprenticeship, articulated a further benefit arising from apprentices being employees:

“...apprentices become embedded in a team, [they] explore multifaceted types of care and understand how they are connected, building important relationships as they learn” (page 22).

The authors provide the example of apprentices being able to follow a patient throughout their (hospital) journey, building the apprentices understanding of patient experience.

Other issues

Watkinson-Miley and colleagues' (2021) research found that those apprentices who did not have previous experience of academic study required additional support to acquire study and research skills. They also reported that apprentices could, on occasions, find it difficult to translate academic learning into policing practice; an issue that was not raised in any of the other studies reviewed and one that may reflect the changes in policing. For NHS employers the cost of backfill has been identified as a barrier to the implementation of Degree Apprenticeships (House of Commons Education Select Committee 2018, Smith et al 2018).

⁴⁸ Chan (2013) called this 'proximal participation'. ⁴⁹ Baker (2018) suggests alternatively that apprentices might not in fact feel a sense of belonging in their workplace.

Discussion

Degree Apprenticeships are in “their infancy” (Nightingale & Sevens 2019:5). Much of the currently small body of research about them reflects that. In fact, Smith and colleagues (2021) go as far to say that “little is known” about Degree Apprenticeships (page 488) and indeed as this literature review shows, what little study has taken place is frequently small scale, tentative and speculative. A consequence of this is that several issues, good or bad, that may be attributed to the route are unresolved. There are mixed findings, for example, on whether Degree Apprenticeships are perceived as being of lower status than traditional degrees or whether they will enable social mobility.

A rationale for the Government’s introduction of Degree Apprenticeships was to support social mobility (Smith et al 2021). The extent to which this is achieved will be determined by employers, not HEI recruitment and admission policies as it is employers who employ apprentices. From the perspective of the NHS, there are several benefits that can accrue from recruiting a more diverse and representative workforce either by engaging with local labour markets or enabling existing support staff to access Degree Apprenticeships, including improved health outcomes (Griffin 2023). Smith and colleagues’ (2021) findings suggest, however, that it cannot be taken for granted that the Degree Apprenticeship will automatically enable social mobility, and general issues that mean some groups have for long been underrepresented in Higher education, including on degrees, remain with Degree Apprenticeships (Bateson et al 2016). A point also made by Higgs (2022) and one that seems to be borne out by the recent analysis of The Sutton Trust (Cavaglia et al 2022).

This review of the emerging research on Degree Apprenticeships does though suggest that there are other potential benefits that can be contributed to the route, as well as costs. These benefits include the potential to increase workforce capacity, address skill gaps and ensuring new recruits are a good organisational fit. The growth in employer support for this route suggests that employers believe that they will accrue a return on investment by utilising Degree Apprenticeships.



Notes

A large, empty rectangular box with a thin purple border, intended for taking notes.

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Royal College
of Midwives



England

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