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Supporting Nursing Associate and Assistant Practitioner apprenticeships in health and social care: a conceptual model to promote the understanding of apprenticeship provision.

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Introduction

This article presents a conceptual model to help support health and care apprentices within clinical practice and, those working in settings where apprenticeships have been a recent innovation. Emphasis is placed upon the role of the Nursing Associate (NA) and Assistant Practitioner (AP), which are two apprenticeship routes the authors have extensive experience of supporting within the National Health Service (NHS) and private health and care sectors. The model portrays important milestones of apprenticeship provision and represents the authors joint experience of supporting trainees within the workplace. It is likely to be applicable to other apprenticeship roles within health and care settings, and provides a visual representation using a familiar instrument - the forceps. It is envisaged that this will provide a useful aide-mémoire to help support the understanding of these roles within health and care settings, or for employers considering supporting trainees via apprenticeship routes.

Background to the development of the roles

According to the Nursing and Midwifery Council (NMC), the role of the NA is intended to bridge the gap between registered nurses and to build capability within the nursing workforce (NMC, 2023a). The role of the AP is not dissimilar, and APs were already well-established within our region prior to the conception of the NA role. In keeping with the role of the NA, the role of the AP was implemented over twenty years ago to enable care and practice normally carried out by registered professionals to fall within the remit of skilled support workers (Morris, 2024). NHS careers suggest that NAs and APs share the concept of professionals working across multi-professional boundaries and teams (NHS Careers, 2023).

Apprenticeship opportunities provide routes for progression for health and care support workers. The NMC now regulate the role of the NA, and the scope of the NA role is defined within the NMC's standards of proficiency (NMC, 2024). The role of the AP is not currently required to meet a regulatory standard in the same way as the NA. However, both roles also have a nationally agreed set of apprenticeship standards prescribed by the Institute for Apprenticeships and Technical Education (IFATE) (IFATE, 2018; IFATE, 2023). These important, interrelated standards underpin the knowledge, skills and behaviours (KSB's) that must be achieved upon completion of their apprenticeship programmes. The NHS Workforce Plan (NHS England, 2023) acknowledges there is a total of 4,600 NA's registered with the NMC. However, the plan predicts an increase to 7,000 apprenticeships a year by 2028/2029 and it is estimated that there will be in the region of 64,000 NAs in the NHS workforce by 2036/2037. Data relating to numbers of AP's is less tangible, perhaps owing to a lack of a central register and wide flexibility in the application of the role (Miller et al, 2015).

Higher education and apprenticeship provision

Higher Education (HE) is regulated by the Office for Students (OFS). Standards underpinning HE programmes are determined by the OFS (2022), and HE providers strive to ensure that:

- I. Learners have a high-quality academic experience.
- II. Support/resource is provided to ensure success in HE and beyond.
- III. Successful outcomes that are recognised and valued by employers.
- IV. Robust assessment standards and ensure the credibility of awards is maintained.
- V. Awards reflect standards of knowledge and skills needed by the sector.

Ensuring that awards meet the standards expected by industry is paramount to ensure validity and value within the workplace. In England, the Care Quality Commission (CQC) suggest that regulation 12 of The Health and Social Care Act (2014) makes clear that providers must ensure staff have the right qualifications, competence and level of skills required to fulfil their roles (CQC, 2022). Enabling learners to maintain engagement within higher education programmes is perhaps considered the mainstay of academic practice (Sharoff, 2019). In keeping with the principles promoted by the OFS, Ofsted are the body responsible for inspecting the quality of apprenticeships in England, to ensure programmes are of high quality and meet the needs of employers (Ofsted, 2024). Ofsted also ensure that accountability is maintained for courses funded with public funds. Hence, the relationship between the employer and education provider is formed, which together provide the basis of an apprenticeship programme that robustly meets these required standards.

The route to these apprenticeship programmes and social mobility

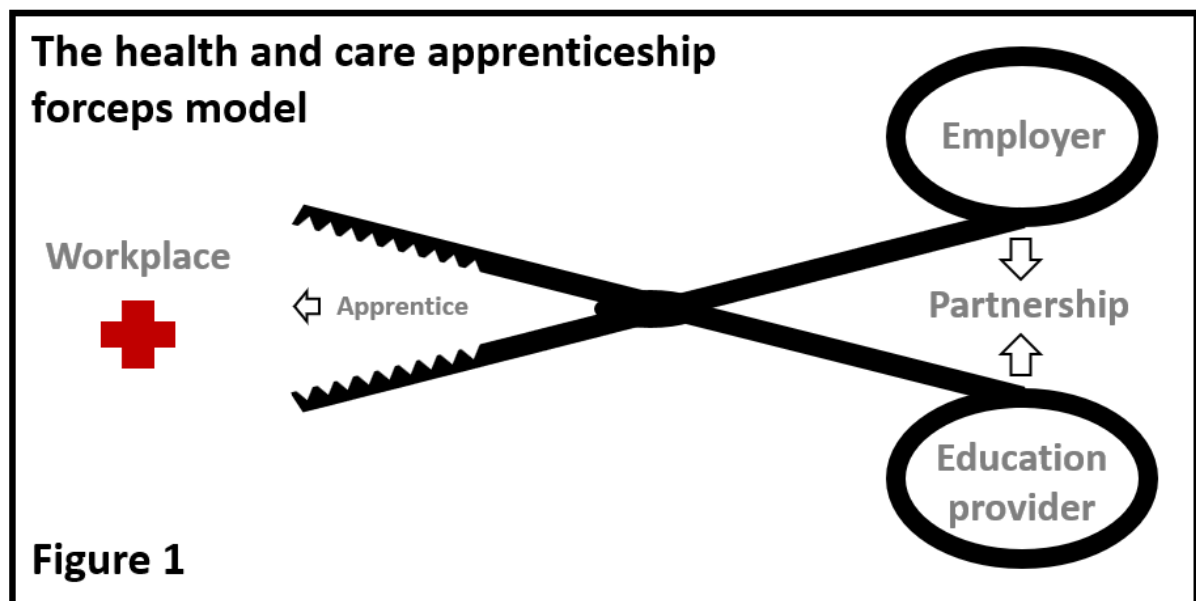
From the perspectives of stakeholders, there is great value in terms of investing in staff loyal to the host organisation and providing an opportunity to support progression via these valuable apprenticeship routes (Robertson et al, 2022). It is acknowledged that there are challenges, such as the lack of funding to cover the cost of employee backfill for time spent in placements and education (RCN, 2019). These apprenticeships also require dedication, which on the part of the trainee means the challenge of balancing family commitments, work obligations, and intensive study (Umeokafor et al, 2021). The NA route affords an opportunity for trainees to grow and prosper within their profession and offers a future route to work towards becoming a registered nurse (RN) (NMC, 2023b). Similarly, the AP may also be based within nursing teams, and may undertake further study to become an RN, or other speciality training routes (for example, those within radiography). Nurse leaders see potential in terms of promoting social mobility and the opportunity to develop their own local workforce (Lucas et al, 2020), providing employers with the ability to invest in the workforce and to '*grow their own*' nurses (Kessler et al, 2020).

Many of the trainees enrolled onto these programmes are often first-generation university students that may not have seen higher education as accessible (Taylor and Flaherty, 2020). This highlights the importance of having apprenticeship routes available, for continued development and growth, thus recognising the valuable contribution of our health and care workforce. Motivations for healthcare assistants wanting to progress to nursing (or other higher education programmes) is often based upon extrinsic motivation, with aspects such as wage, career and education perspectives being some of the main influential factors (Trede and Schweri, 2014). These valuable apprenticeship programmes also offer affordable local career development, and it is admirable that apprentices are often motivated by the desire to provide more support to nursing colleagues (King et al, 2020).

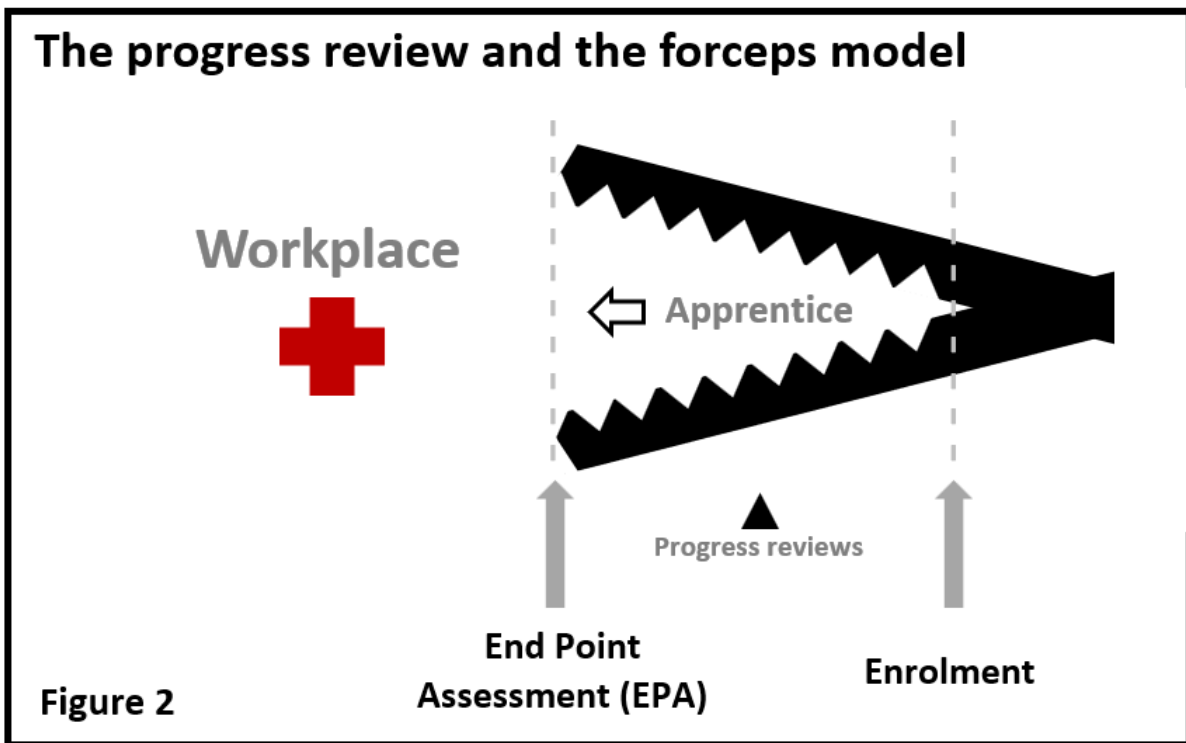
Working in partnership with employers

Fundamentally, all apprenticeship provision mandates that trainees must spend in the region of 20% of their time within a college, university or with an approved training provider (Department for Education, 2025). This partnership between employer and education establishment affords an opportunity for professional growth and development, whilst gaining hands-on experience within the workplace. Our experience has shown that support is perhaps the most valued aspect of training provision valued by learners (Dainty et al., 2021). In keeping

with the concepts portrayed within the above-mentioned apprenticeship standards, the model presented in figure.1 provides a visual representation of what the authors feel are the most pertinent aspects of apprenticeship provision and partnership.



Within this model, the handles of the forceps not only represent the partnership between employer and education provider, but the impact that this partnership potentially has upon the learner. Using this visual representation, the closer the partnership between these two entities, then the closer the level of support for the learner (resulting in the closing of the forceps). Figure.1 is what we have come to refer to as *'the forceps model'*. Figure.2 looks more closely at the benefits of this union, and how this influences the experience of the trainee and the milestones encountered during the apprenticeship.



The progress review and trainee support

According to The Department for Education, as part of the apprenticeship delivery, the HE provider oversees progress reviews to support essential development and learning within the workplace (Department for Education, 2023). Within progress reviews, the education provider, employer, and trainee review progress in keeping with the KSB's outlined within the apprenticeship standard (IFATE 2018, IFATE 2023). Apprenticeships such as the NA route also have a requirement to meet the standards outlined by the regulator (NMC, 2024) as well as the academic requirements of the award being studied. Although the AP is not currently regulated, trainees completing both the AP and NA programme work towards achieving a Foundation Degree in Science (otherwise known as the FdSc).

The forceps model outlines the importance of a close working relationship between the HE provider and employer outlined by the EFSA (2023). Furthermore, there are important roles essential for assessment within the workplace. For the trainee NA, assessment is undertaken by the practice assessor and academic assessor who are registered nurses, nursing associates, midwives or specialist community public health nurses, who must have appropriate experience within the student's area of practice (NMC, 2023c). Trainee APs must also be allocated a supervisor or mentor to fulfil support and assessment requirements and we consider it good practice to allocate an academic assessor in much the same way as we do for our trainee NAs. These assessors carry out objective assessments of conduct, proficiency and achievement based upon sources such as records, feedback, observations, and reflections. Progress reviews involving the trainee, practice assessor and academic assessor should be conducted at a minimum of three-monthly intervals, although additional progress reviews can be triggered by any party where additional review would be beneficial (Department for Education, 2025). Please see Figure.2 for how the eight teeth of the forceps represent the minimum number of progress reviews throughout the duration of the apprenticeship.

Readiness for practice and the end point assessment (EPA)

The literature relating to the NA and AP programmes, is limited but growing. However, the work of Ellis (2020) highlights the crucial need for education providers to afford support that is individualised and catered to meet the needs of the workplace. Therefore, as with any learner, support requirements and interventions need to be bespoke and tailored to the individual learner and much of which is captured during progress review. As the apprentice progresses, the employer and university facilitate increased levels of autonomy by allowing room for personal development and growth. This level of support reduces to allow appropriate room for increased levels of proficiency as the apprentice reaches EPA. With reference to the forceps model (see figure.2) this is represented by the gradual decrease in reliance upon support, thus the opening of the forceps marks progress towards, and the acquisition of occupational proficiency.

The EPA is designed to test the KSB's that an apprentice acquires throughout their training and this assessment is unique to each apprenticeship standard (Department for Education, 2022). The 'gateway' period takes place after academic modules have completed. This is a mandatory step where the education provider and employer ensure that the apprentice has met the minimum requirements outlined by their occupational standard. According to the Department for Education (2022), the NA or AP apprentice needs to have worked towards and achieved:

- occupational competency.
- all mandatory training.
- any qualifications set out in the relevant standard.
- the minimum duration for their apprenticeship.

In both NA and AP programmes, it is important to note that although the academic programme delivery length is typically 24 months, although contractual arrangements must allow adequate time after the academic programme to ensure trainees can complete gateway and EPA. The HE provider should be able to offer advice in relation to this timeframe. Once occupational competency is confirmed, and assessments are complete, the apprentice graduates both from their apprenticeship and their academic qualification.

Conclusion

The authors are hopeful that the model presented provides a useful and succinct representation to those who may be new to supporting apprenticeship programmes in practice. As apprenticeship provision becomes more prevalent within the health and care workplace, the model may serve as a mechanism to highlight some of the most fundamental aspects of partnership that in our experience, are essential for supporting trainees studying apprenticeship programmes within health and care settings.

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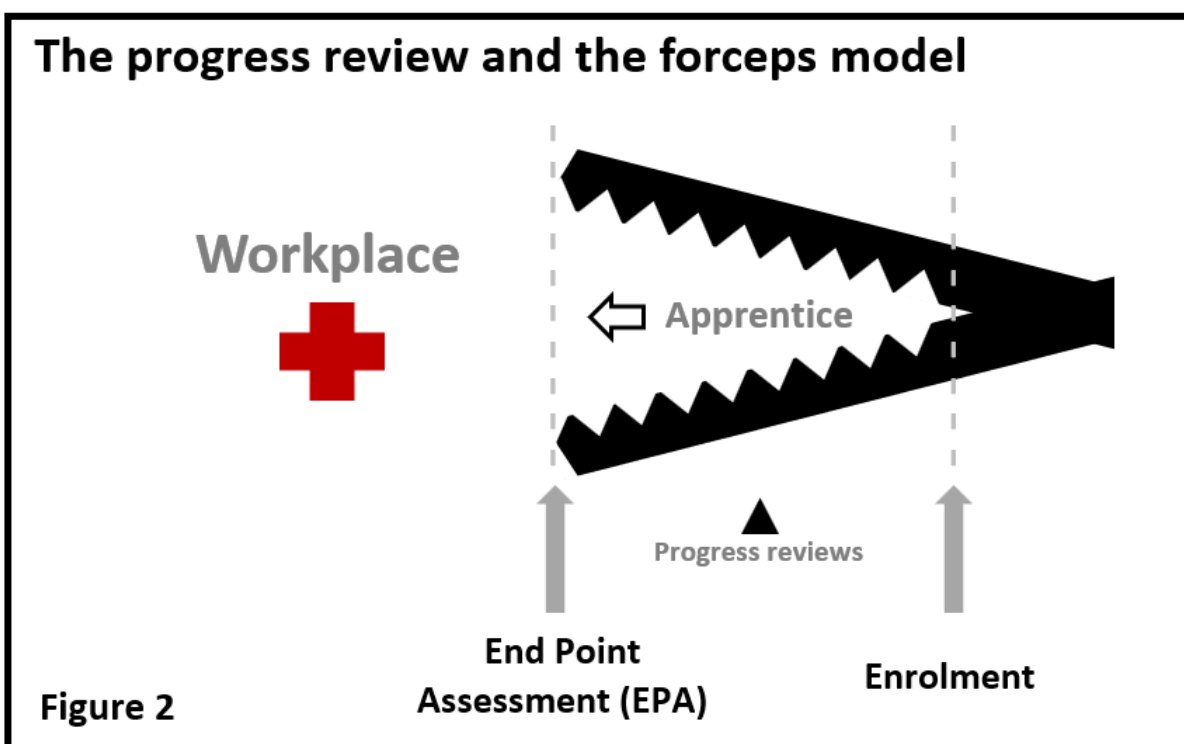
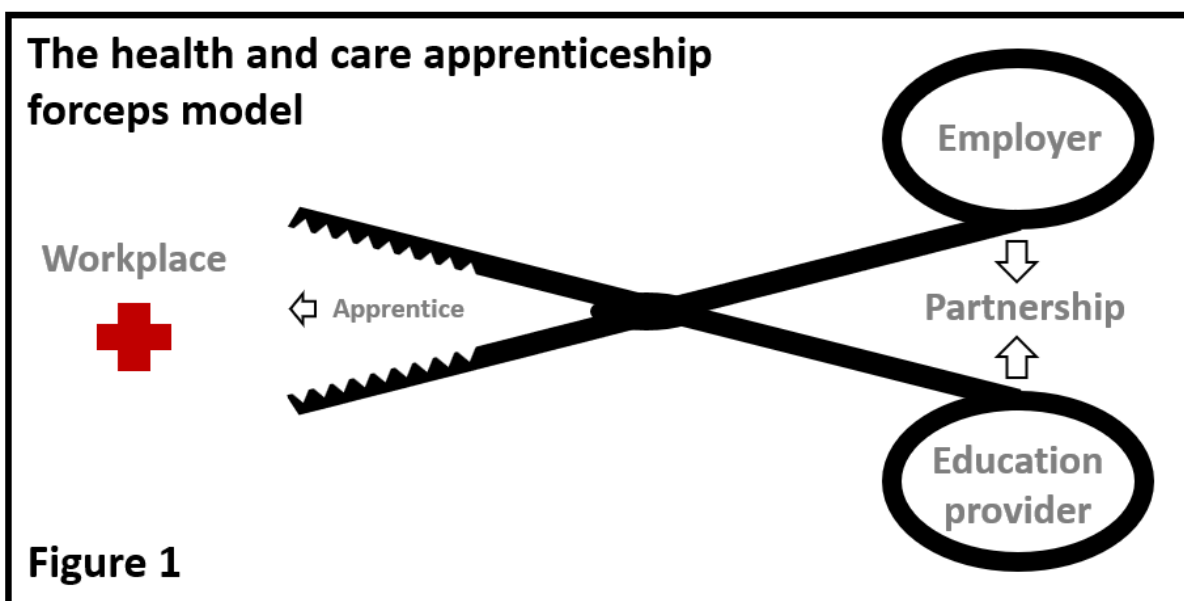
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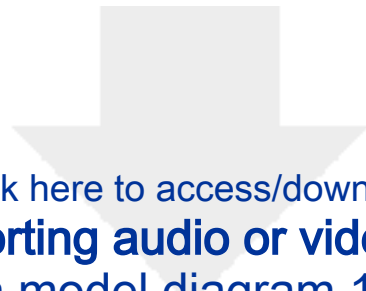
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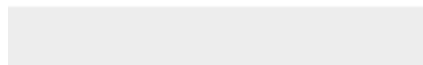
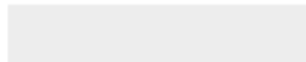
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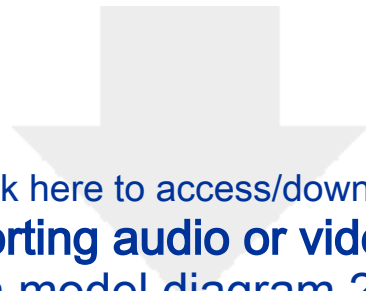




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