

**Responding to the NHS and social care workforce crisis:  
the enhancement of opportunities through collaborative  
partnerships**

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**Responding to the NHS and social care workforce crisis:**

**the enhancement of opportunities through**

**collaborative partnerships.**

**Purpose:** This paper will describe and analyse the development of a higher apprenticeship route which enables learners to access both higher education and health and social care professional programmes. The underpinning rationale is the urgent workforce crisis in health and social care services.

**Design/methodology/approach:** We will review the multiple drivers which stimulated course development and the creation of a community of practice to ensure quality management. A student case study illustrates the potential of an apprenticeship to enable both personal and professional development.

**Findings:** The paper provides insight into working with a number of further education colleges, how to ensure consistency in delivery and assessment and the strategies which contribute to quality assurance. This case study illustrates the potential of work based learning to transform lives and to provide the workforce required by our public services.

**Practical Implications:** This paper explores the lessons learnt from setting up a new system and the processes that need to be in place for success, when higher and further education collaborate to meet employer needs.

**Social Implications:** The paper discusses the potential of widening access into higher education, the positive impact on recruitment to professional courses and the long term effect on the public service workforce.

**Value of the paper:** The government is committed to expansion of apprenticeship learning in health and social care. This paper shares our experience of working with a range of employers and education providers, the challenges and successes and recommendations for development.

**Key words:** health and social care; workforce development

**Article type:** Case study

## Background

### Key Drivers

It has been widely reported for many years that as a result of an enlarging and ageing population the demands on the health and social care services in the UK are increasing year on year. It is also widely accepted that due to multiple factors it is unlikely that sufficient additional funds could be found to increase national spending on health and social care services to keep pace with the expected increased demands. The Kings Fund (2017) recently reported that NHS spending would need to rise by £30 billion between 2017 and 2022 in order to keep pace. However current spending plans allow for a £5 billion increase. Many reports between 2010 and 2015 highlighted significant issues with providing a workforce fit for purpose to address the challenges in the health and social care sector.

These included the following:

- Health Education England (2014) Strategic Framework 2014 -2029: highlighting the changing demographics of patients and staff; the increasing population size and age profile with a resulting increasing demand on services.
- Centre for Workforce Intelligence (2015) study, The Public health Knowledge and Intelligence workforce: identified that due to the nature of patients' needs and the financial constraints on health & social care economies, the demand for a lower skilled workforce (e.g. bands 1-4) will significantly outstrip that of higher skill levels i.e. degree level health and social care practitioners.

In response to the increasing demands being placed on the UK's health and social care system, George Osborne announced in his spending review and autumn statement speech in November 2015, four objectives for the country. The first of these was *"to develop a modern, integrated, health and social care system that supports people at every stage of their lives"*. The statement included *"modernising the way we fund students of healthcare"*. This meant for nursing, midwifery and allied health students that they would no longer receive grants and bursaries to fund their studies and instead, for courses commencing after 1<sup>st</sup> August 2017, they would need to apply for student loans. The Chancellor claimed that this would help increase the number of students completing nursing, midwifery and allied health professional degrees which would help address the shortages in staff. The rationale being that this would remove the cap on places on health profession courses and so encourage universities to train larger numbers and more cohorts.

Many involved in, or responsible for, the education and training of student nurses, midwives and allied health professionals could not understand how asking students to fund their own education at £9,000+ a year for three years, along with having to take on additional loans to cover costs that were previously funded by bursaries, in a period of austerity, would lead to an increase in the number of students applying or the number of placements available in practice.

The Royal College of Nursing's (RCN) response on the proposed changes to student nurse bursaries, in their Policy and International Department Policy Briefing, made clear that they believed the changes would have "*a disproportionate adverse effect and act as a disincentive for those from lower income backgrounds, women, mature students, people with dependants and BME students*" (2015. p4.).

At Sheffield Hallam University (SHU) the consensus was that we would see a reduction in both UCAS applications to our Nursing, Midwifery and Allied Health Portfolio of courses and that it would represent a significant barrier to those students who would normally undertake an access to Higher Education (HE) course, particularly within those groups identified by the RCN. Sheffield Hallam has traditionally recruited a significant number of students from the local area and through regional Further Education (FE) colleges, many of whom would identify as mature, BME, women and carers. At subsequent meetings of the University's Health and Social Care College and School Liaison group, partner colleges were quick to update on the significant reduction in applications from mature students and those with caring responsibilities to their access courses.

In December 2015 the government announced a refresh of nursing and support workers career pathways. Both announcements '*Creating a modern nursing workforce*' by Ben Gummer and '*Nursing associate role offers new route into nursing*' by the Department of Health & Social Care highlighted that unregistered support workers would have development opportunities under the Apprenticeship and Higher Apprenticeship Framework.

These latter announcements built on the recommendations of Willis (RCN 2012), Francis (2013), Cavendish (2013), Keogh (2013) and Willis (2015) who recommended a generic practitioner (assistant practitioner) that could work across Health and Social Care roles with the potential to fast track to professional undergraduate programmes via the Recognition of Prior Learning (RPL) process.

## Developing Higher and Degree Apprenticeships

In a Department of Health & Social Care press release on 25<sup>th</sup> January 2016 the Government clarified its intentions and promised to create in the NHS, "*100,000 apprenticeship opportunities for young people to work in the Health Sector*". These opportunities would be in a variety of roles including: IT, estates and facilities, domestic and housekeeping services, business administration and accounting as well as nursing and healthcare assistants.

This announcement followed the December 17<sup>th</sup> 2015 one in which Health Minister Ben Gummer (2015) announced a planned new role to "*work alongside healthcare support workers and fully qualified nurses*" and focus on patient care. These new workers would be called Nursing Associates and would be trained through an apprenticeship leading to a foundation degree.

An HM Revenue & Customs policy paper in February 2016 on the Apprenticeship Levy made clear that the proposed changes to funding apprenticeships would affect employers in all sectors. The Levy would only be paid on annual pay bills in excess of £3 million, and so less than 2% of UK employers would pay it. However, as most NHS Trusts have pay bills over £3m, most would be required to pay the levy. A report 'The Apprenticeship Levy Study: NHS Trusts' commissioned by BPP University in partnership with Education & Skills Funding Agency and Health Education England (2018 p5.) found that "*Virtually all NHS Trusts are levy payers (97%) and plan to use it (95%)*".

The levy of 0.5% of the Trust's pay bill is paid each month and each contribution expires after 24 months if not used by the employer to fund apprenticeships. Unsurprisingly, many of the University's partner Trusts made clear their intentions to try and ensure that they spent all of their levy payments on apprenticeships to aid with workforce planning and staff development.

The problem for NHS Trusts was that at this point there were very few suitable apprenticeships approved for delivery by the Institute for Apprenticeships (IFA) and on top of this where there were apprenticeship frameworks approved some would be superseded by apprenticeship standards in development or draft. This complexity did not help Trusts attempting workforce planning in an uncertain and austere climate.

A significant uncertainty that was apparent in early 2016 was the EU referendum vote on 23<sup>rd</sup> June 2016. There were many reports in the press in the run up to the referendum about the potential benefits and threats to the NHS. One such report in May 2016 on the BBC was an interview with Sir Simon Stevens (Chief Executive of NHS England), who had highlighted his view that the NHS had "*benefited enormously*" from doctors, nurses and care workers from the EU working within the

health service. He predicted that there would be a negative impact on NHS services if any of those 130,000 staff chose to leave because of uncertainty over work visas.

Post the Brexit referendum it is clear that the uncertainty and 'hostile environment' (Kirkup and Winnett. 2012) created by the Government has meant many EU nationals working in the NHS, as nurses and health visitors, has reduced from 7.4% to 6.8% (Baker, 2018). In addition the number of new registrants from the EU has dramatically reduced. A recent report (March 2018a p4) by the Nursing and Midwifery Council (NMC) highlighted that Steven's concern around a reduction of EU workers due to uncertainty over Brexit had come true with a significant impact on EU nurses registered in the UK. *"In 2017/18 25,577 fewer people from the EEA joined our register than in 2016/2017 (a drop of 87 percent) and 881 more people left it (an increase of 29 percent)"*.

On top of the drop in EU health care workers other recent articles highlight the increase in recruitment problems faced by the NHS over the last few years. A January 2018 Guardian newspaper article by Denis Campbell reported that the NHS Digital quarterly update showed that *"one in 10 nurses leave the NHS in England each year"* and that *"across England as a whole, only one in seven of all empty nursing posts were filled"*. This fall in numbers seems to be due to both Brexit and to an increased dissatisfaction with employment in the NHS, particularly by registrants. In addition the falling birth-rate during the early millennium and the increasing numbers retiring has impacted on the number of staff employed by the NHS (NHS Digital. 2018).

### **Sheffield Hallam University Strategy**

Against the backdrop of great uncertainty regarding traditional school leaver nursing, midwifery and allied health profession students opting to study at University, the University was reviewing its overarching strategy and direction with the arrival in January 2016 of a new Vice Chancellor, Professor Sir Chris Husbands.

The previous University strategy already had a focus on 'expanding horizons' which had encouraged 'developing pathways and partnerships' as well as 'shaping the professional workforce of the future through partnership with business, the professions and employers'. In March 2016 the University strategy refresh did not alter these aspects and in fact increased the priority on applied courses and partner engagement.

In late 2015 the Faculty of Health and Well Being received a number of requests from both potential and existing university partner colleges for new developments in health and social care courses as

many were either unhappy with their existing course provision or they wished to progress their existing levels 2 and 3 health and social care offer to levels 4 and 5.

Discussions took place in late 2015 about how best to respond to all of the previously identified drivers along with how to provide a suitable award that would benefit colleges, provide a vehicle for the expected developments in apprenticeships and maximise the opportunities for students.

## **Course Design and Approval**

The outcome of the further deliberations between the three departments of Nursing and Midwifery, Allied Health Professions and Social Work, Social Care and Community Studies was to create a multi-disciplinary cross department planning team to design a suitable Foundation Degree that would maximise the progression opportunities to a range of health and social care professional degrees and also a level 6 top up award BSc (Hons) in Health and Social Care. The University's Apprenticeship and Work Based Learning Standing Panel would be used to ensure key principles of apprenticeships and work based learning were appropriately incorporated into the award.

The Foundation Degree's design needed to address a number of potentially conflicting requirements, these were, to:

- map against the existing Health (Assistant Practitioner) higher apprenticeship framework
- map against the draft Assistant Practitioner (Health) higher apprenticeship standard
- allow for expected developments in Nursing Associate apprenticeship and role
- allow as wide as possible entry into the FdSc to help address widening participation agendas at the University and in the colleges
- provide progression opportunities to as many professional courses as possible.

In early discussion it was also decided to:

- incorporate into the course the Care Certificate, that had been developed by Health Education England, Skills for Care and Skills for Health to meet the requirements set out in the Cavendish Review
- employ an appropriate assessment strategy that took into account the learners' backgrounds and previous academic study. This required utilising a wide range of assessments and scaffolding them to build learners' confidence and skills
- allow for students to step off after year one with a complete award - this would enable those students wishing to pursue a career as a midwife to join year one of the

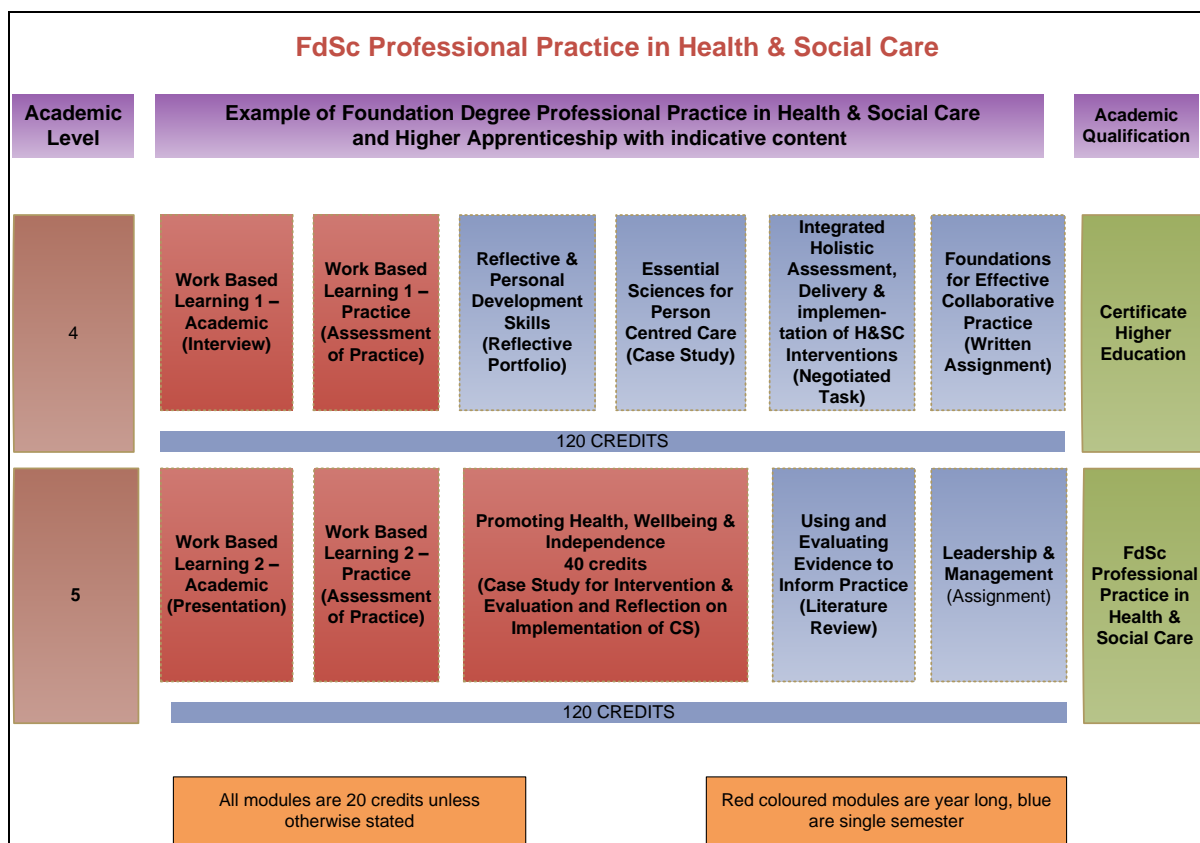
professional midwifery course (This was required as it is not possible to join a midwifery degree at level 5 from a FdSc, due to NMC standards)

- provide students exiting at the end of year 1 (level 4) with a certificated award, rather than just a transcript. This was achieved by designing a Certificate in Higher Education Health and Social Care (Cert HE HSC)
- include multiple routes and modes of delivery in order to widen access and respond to both employee and employer requirements

In order to facilitate the requests from partner colleges for a September 2016 enrolment, a very tight set of project milestones were set and actively managed. The first course planning team meeting was in January 2016 and the design of the course was carried out alongside the required internal approval processes. In February 2016 the senior management teams in each of the three departments approved the development and the Faculty approved the business case on 4<sup>th</sup> March 2016 by which time most of the course had been designed, written and mapped against the apprenticeship framework and draft apprenticeship standard as well as the Care Certificate.

The resultant award FdSc Professional Practice in Health and Social Care (FdSc PPHSC) was validated by the University's Work Based Learning Standing Panel on 12<sup>th</sup> May 2016 and then approved via individual college based events for franchise to five colleges (University Campus Barnsley (May), Sheffield College (May), North Lindsey College (June), Dearne Valley College (June) and Chesterfield College (July). SHU staff supported the college staff through the recruitment for September and across the five colleges the numbers enrolling in September 2016 were 104 full time students.





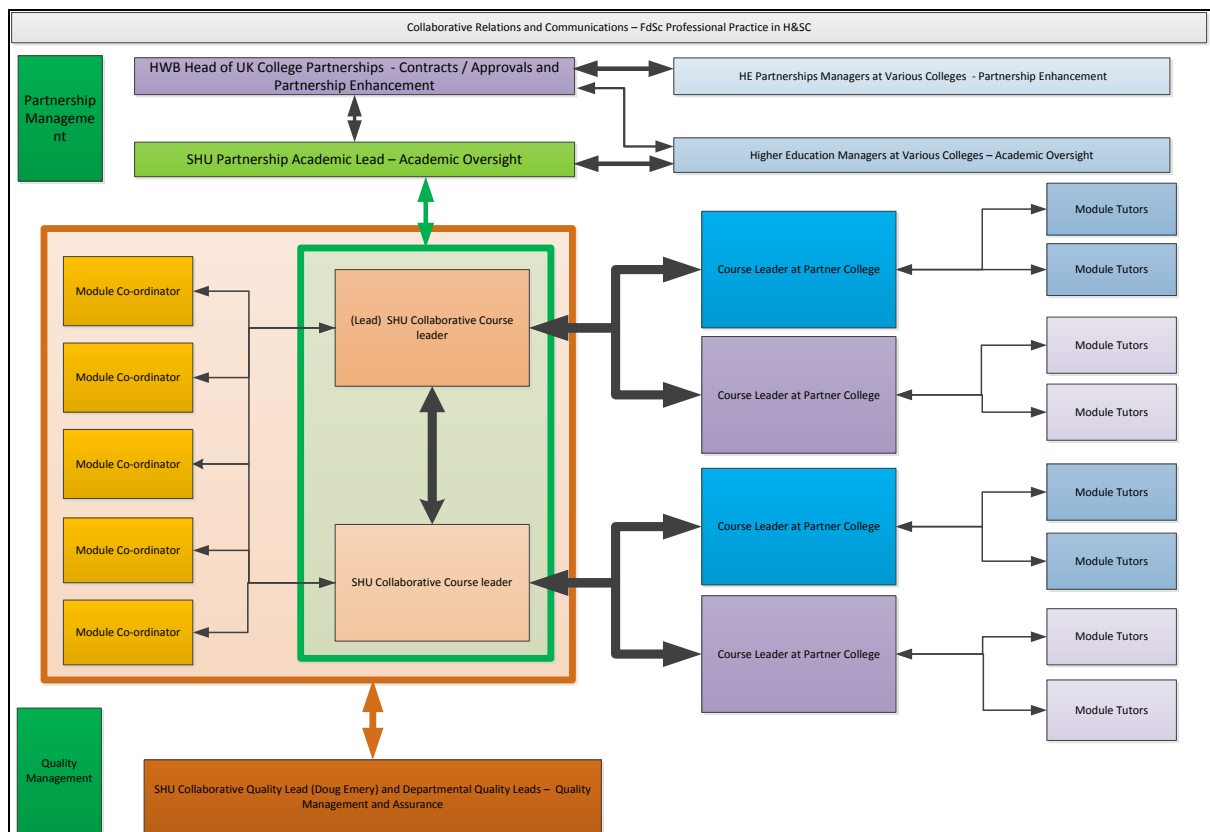
**Figure 1. FdSc Professional Practice Health and Social Care - Course Structure**

## Management of College Partnerships

Although the University and Faculty already had many partnerships including franchise and external validation arrangements, it was clear that if a single award was to be franchised to a number of colleges there would need to be a robust management and oversight provision ensuring that all students, regardless of where they studied, had a comparable experience and that FdSc awards would be the same, regardless of where students had studied.

The proposal that was approved by the Faculty was to create a new management role for this development; a Partnership Academic Lead (PAL). This person would liaise with senior staff at each of the colleges and support the Collaborative Course Leaders (CCL) appointed at SHU. To further support the CCLs, Module Coordinators (MCs) were also appointed to create assignments, liaise with module staff in colleges and to moderate the marked assignments. As the course had been a development across three departments and the FdSc was to provide a 'ladder of opportunity' enabling completing students to access a wide range of professional awards, it was decided to create

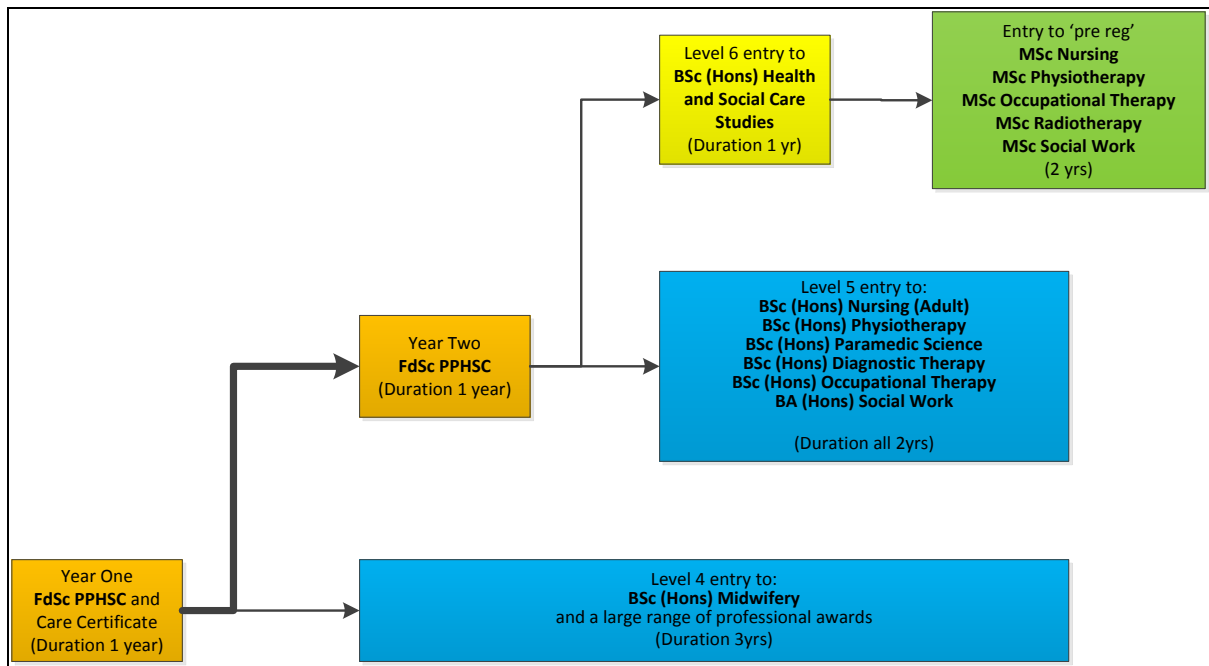
the course team from all three departments. To facilitate a range of options including Higher Apprenticeship status the University decided to act in a quality capacity, rather than claim the apprenticeships as their own through engaging in delivery. This strategy also respected the employer relationships held by each college with their locally based Trust, to comply with apprenticeship funding rules.



**Figure 2 - Communication Flows Between University and Partners**

## Ladders of Opportunity and Progression

During design of the course multiple ladders of opportunity were in-built through careful consideration of the various requirements of each profession, the relevant professional body standards and achievable milestones for the students.



**Figure 3. Progression Ladders for FdSc Students**

As can be seen from the above diagram students who commence the FdSc can:

1. step off after 1 year on the FdSc and undertake a range of health and social care professional awards.
2. complete the FdSc and choose to either:
  - continue to level 5 (year 2) of one of 6 professional awards at SHU or
  - continue to a BSc (Hons) Health and Social Care award which allows them to complete a BSc (Hons) in three years from commencing the FdSc. Students completing the BSc who then wish to join a professional register can choose to join a pre-registration MSc in five key disciplines.

In 2017/18 work was undertaken to validate a route for Nursing Associates (NA) utilising the framework of the FdSc and a number of existing modules. The NA Apprenticeship Standard was mapped against the existing foundation degree and where shortfalls were identified the required changes were incorporated into a new 40 credit module at level 5. The recent publication of the draft NMC standards for proficiency (NMC, 2018b) has resulted in further mapping and modifications to this route.

## Maintaining and Enhancing Quality

As the interdisciplinary planning group had been such a success and the course design so integrated, it was obvious to the course team that establishing a Community of Practice with all relevant staff at the colleges was a natural progression to ensure operational consistency and quality monitoring across the partnership.

A key factor for the University when considering the franchise of an award to a partner institution is that all students should have a learning experience that is comparable to that delivered at the University. Another key aspect is to ensure that academic standards in delivery, marking and feedback are at the right level and consistent with the University's expectations. A particular challenge for the course team at Sheffield Hallam, with initially five and then seven colleges all delivering the course, was ensuring that a piece of work marked as 68% at one college would receive the same mark at all the other colleges. At the University there is a robust assessment and marking verification process and it is a requirement that a similar process is established with franchised awards. This was achieved for the FdSc by buddying the colleges for moderation of marking and feedback. College A was responsible for initial moderation of College B's marking and College C was responsible for College A's marking. Once this first moderation tier was complete the University course team staff would subsequently moderate across all the colleges, thereby ensuring the comparability of all marks and facilitating a robust ecosystem of skills development.

At the first Community of Practice event the University course team led the first round table moderation event. Feedback from the college staff, who had never had their marking moderated by others outside of their own institution, was extremely positive. This positive response to unfamiliar and potentially challenging experiences by the college teams is one key factor in the success of the Community of Practice. Over time an atmosphere of trust and mutual respect has been cultivated. The outcome is effective and open communication from both university and college partners with a collaborative approach to problem solving (Shepherd, 2018).

The Community of Practice events occur monthly throughout the year with a different focus and agenda each time. Examples of the activities and agendas of the various meetings over the last two years are:

- Service providers invited to join discussions
- Scheduling assessment hand in and return of marks and feedback
- Sharing of teaching material
- Marking and moderation workshops

- Meeting with administrative, technical and library staff to confirm communication strategies, SHU quality processes and availability of appropriate resources
- Meeting with marketing staff to ensure parity of information provided to all applicants and students
- Collaborative student status, entitlement and access to resources
- Students Union
- Sheffield Hallam Learning Centre Inductions
- Virtual Learning Environment demonstrations and Q&A
- Formal module evaluations
- Staff/student committee meetings
- Monitoring of placement provision
- Management of WBL & Supervision
- Module handbooks and Assessment briefs
- Assessment criteria and feedback
- Assessment regulations
- IT & Blackboard training
- Plagiarism, academic misconduct and Turnitin

In addition to these formal events a number of more informal and enhancement events have taken place. Examples of these are inviting college staff and students to existing and bespoke sessions at Sheffield Hallam University:

- Annual Death Café
- FdSc PPHSC Celebration Event / Wellbeing Conference
- FdSc PPHSC Progression Event.

Death Café was an event which was part of Dying Matters Awareness week (14th - 18th May 2018). Sheffield Hallam Palliative and End of Life Care Interest Group ran an event to enable students and staff to think about and talk more openly about death, dying and bereavement.

The purpose of the Celebration /Wellbeing Conference was to inform and raise the expectations and aspirations of the students as well as to celebrate that so many were achieving and progressing. This event proved to be a great success, in total 34 students attended along with 7 college staff from 4 of the colleges. The event was evaluated via a feedback sheet and provided very positive feedback.

Student feedback comments:	College tutors' feedback:
<ul style="list-style-type: none"> <li>• I enjoyed attending</li> <li>• It's been very nice and learnt loads</li> <li>• It was a really good and helpful event</li> <li>• Thank you, its been great</li> <li>• Very well run, organised day. enjoyed the event</li> <li>• Really insightful workshops. Enjoyed it!</li> <li>• I would say it was very educative and eye opening</li> <li>• Good day, interesting workshops</li> <li>• Interesting workshops</li> <li>• Excellent!</li> <li>• Great recognition for all our hard work. Thank you for a lovely day</li> <li>• Thoroughly enjoyed. Activities were interesting</li> <li>• Really enjoyable</li> <li>• Really enjoyed the day. Very informative</li> <li>• Fab!</li> </ul>	<ul style="list-style-type: none"> <li>• Loved the celebration part at the end. Good to share in the successes of the students</li> <li>• The students say that it was a really positive experience</li> <li>• Fun, inspirational and memorable</li> <li>• Great workshops, good for students to meet from different colleges. Inspirational.</li> <li>• Loved the day!</li> </ul>

**Figure 4. Feedback from Celebration Event**

The Progression event was held only a couple of weeks later on 6<sup>th</sup> June 2018 - the purpose of this day was to address any issues that the second year students had about progressing to University from the FdSc. As with the earlier event, feedback was sought from the students in order to refine the event for future cohorts.




Again very positive feedback was provided by the attendees on the day along with comments that students would like more guidance on the types of placement they should undertake on the FdSc.

Attendees feedback comments:	
<b>Positive:</b> <ul style="list-style-type: none"> <li>• Fantastic</li> <li>• Useful</li> <li>• Informative</li> <li>• Covered everything I wanted to know</li> <li>• Brilliant</li> <li>• Five star</li> </ul>	<b>Developmental:</b> <ul style="list-style-type: none"> <li>• Some more detail such as how to get a good placement that is accredited</li> <li>• [Information on] how things work in terms of placements</li> </ul>

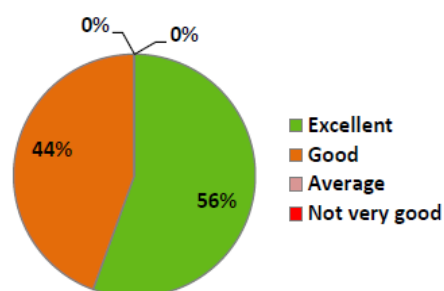
<ul style="list-style-type: none"> <li>• Excellent</li> <li>• Cleared up concerns and questions I have</li> </ul>	
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**Figure 5. Feedback Comments from Progression Event**

It was particularly satisfying to the team that so many students reported that they were now more positive about going to university, which had been a key focus of the day.

Compared with before the session - how do you feel...	More Positive 	The Same 	More Negative 
About going to university in the future	16	2	-
About your options post school/college	13	3	-

**Overall impression of the event**



**Figure 6. Feedback on Progression Event**

In addition to all the above the course team at Sheffield Hallam regularly visit each college to meet with students and staff and to listen to the student voice and feedback 'you said, we did' actions.

During the 17/18 academic year three of the colleges that have been running the FdSc underwent collaborative partner reviews as part of the University's quality assurance processes. At two of these the Community of Practice was 'commended' by the University panel. In addition during the approval of the three additional colleges for the FdSc HSC and other college approvals involving the Faculty, the Community of Practice was identified as 'best practice' and once again 'commended'.

## Growth and Expansion

As mentioned above, 104 full time (FT) students enrolled on the first intake in September 2016.

Along with the partner colleges the course team and senior staff in the Faculty had been in discussion with a number of local NHS Trusts and other HSC providers about course development and workforce needs and higher apprenticeship routes.

The first cohort of higher apprentices started in May 2017 with additional cohorts at multiple colleges in Jan 2018.

During the first year of operation we were approached by two other colleges who requested to run the FdSc. The approval of these colleges took place in the academic year 2016/17 ready for enrolment in Sept 2017.

The second intake in September 2017 across the college partnership was 209 new FT students into year 1 and almost a hundred FT students continuing into year 2.

This meant that in 2017/18 there were 339 students in total enrolled on the programme including 50 higher apprentices across the colleges.

The numbers expected to be enrolled on the award across the colleges in 2018/19 is around 400 FT students and 100 higher apprentices.

### **Progression to BSc/BA (Hons) and Retention**

The retention on the FdSc in its first two years of operation has been very high and in Sept 2018 the progression onto both the professional awards at level 5 and the level 6 top up BSc (Hons) has far exceeded expectations.

Of the 104 that commenced the FdSc in Sept 2016, 80 entered year 2 of the FdSc. Of the twenty four who did not progress to the second year, five were accepted onto level 4 of professional awards at SHU and two others are known to have used their first year to gain access to professional awards at another University. As progression to professional awards from level 4 was an aim of the programme the total progression rate is 84% (87 of 104). Anecdotal evidence from the colleges of students being offered employment in health or social care accounts for more than half of those 'lost'.

Throughout the first two years of operation the course management team at SHU have closely liaised with their counterparts in the colleges to inform and record the intentions of the students with regards to further study. It has become clear that although many students start the FdSc with a clear focus on what they see as their future career, the placement experiences that they have on the FdSc often make them aware of roles and professions that were previously unknown to them. This is felt, by the course team, to be a very positive aspect of the course. It is thought that exposure and awareness of the range of roles available in the NHS and the corresponding desire to gain employment in less well known and hard to recruit roles will assist with workforce shortages in the NHS.

As part of the collaborative approach demonstrated above in the Community of Practice created across the partnerships, Sheffield Hallam University have hosted tailored open days for the FdSc



students to explain the requirements for all of the awards available for progression at SHU. On these days the course leaders and admission tutors for the various awards have been available to give profession specific advice. In addition work has been carried out by the course team and other colleagues at SHU to prepare the students for their chosen careers and courses including interview preparation, help with personal statements and UCAS applications.

As at 1<sup>st</sup> October 2018 the number of unconditional offers accepted by graduates from the first cohort of the FdSc totals 54 and these are split across the range of courses as indicated below:

Course	Number of Unconditional Firms
BSc (Hons) Nursing (Adult)	22
BA (Hons) Social Work	3
BSc (Hons) Diagnostic Radiography	1
BSc (Hons) Paramedic Science	2
BSc (Hons) Occupational Therapy	2
BSc (Hons) Health & Social Studies (top -up )	24
<b>Total</b>	<b>54</b>

**Figure 7. Number and Destination Courses of Progressing FdSc Students**

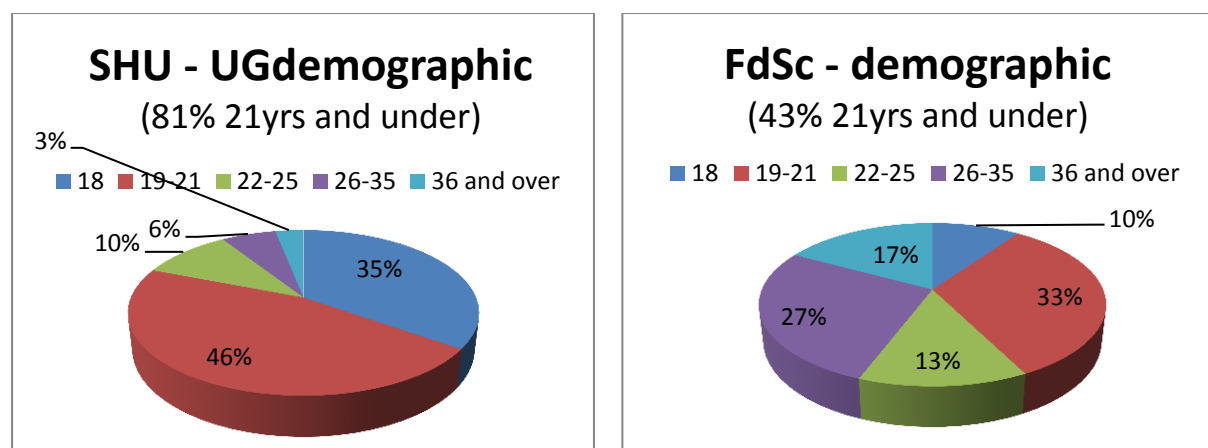
As 80 students have completed the FdSc, the above 54 students represents a progression rate of 67.5% which far exceeds the expected progression rate from a Foundation degree to a 'full' degree particularly considering the geographical spread and distance of some of the colleges involved. This data will provide positive reporting material for the college apprenticeship OfSTED inspections.

## Examples of Students on the FdSc

One of our students is a 40 year old woman from Rotherham who left school with no recordable qualifications. This woman has been accessing the free maths and English tuition at her local FE college and has been supported to gain these qualifications. Her experience as a healthcare practitioner for 20 years was assessed through a verbal interview and a short writing piece rather than through UCAS points. She is now able to consider progressing to a BSc (Hons) professional health or social care course, such as adult nursing. Since beginning the Higher Apprenticeship route, this woman has been awarded Apprentice of the Year.

Another example is a student who completed the FdSc and secured a place on level 5 of the SHU Radiography course. During the summer she has attended radiography placements to ensure she

has had appropriate placement experiences. The course team received excellent reports of her progress and she has just commenced the BSc (Hons) Diagnostic Radiography. This achievement has been facilitated through a collaborative approach to securing the placement and the monitoring of quality. The demographic of the students studying the FdSc is quite different to the overall demographic of undergraduate students at SHU. As shown in the table below 81% of the SHU UG population are 21 years old and under whereas for the FdSc only 43% are 21 and under with a corresponding much higher percentage of mature students. Moreover the gender split differs in that there is a higher percentage (20%) of males undertaking the FdSc compared to 14% health and social care UG university students. Thus demonstrating a positive contribution to both life-long learning and widening participation in the sector.



**Figure 8. Student Demographic Comparison**

There is a similar marked difference when the entry qualifications are considered. Typically the UG population at SHU comprises 40% who studied A levels compared to 6.5% on the FdSc. There is a very similar percentage of 2.5% on the FdSc and SHU UG awards who completed an access course before commencing their studies but a very significant difference in the 'other qualification' category which accounts for 45% of all FdSc students in marked contrast to the 6% for the UG population at large.

The fact that so many of these students are successfully completing their apprenticeship and /or a FdSc and that a significant percentage are progressing to professional awards and level 6 study is testament to the design of the award, the excellent partnership oversight and the dedication of the staff and students.

## Summary

The development of a foundation degree with both full time and higher apprenticeship routes in partner colleges has far exceeded initial aspirations. The course has proved popular with both students and employers and has led to high progression onto university based professional health and social care courses after just one full delivery, again providing the partners with very positive positions to report to OfSTED in this area. This has been achieved through a true partnership approach to all aspects of development and delivery and through robust quality frameworks and mechanisms. We have worked together to ensure mutual respect is paramount and that each profession is seen as of equal value. Differences are valued, opinions encouraged and heard. Decisions may take some time to emerge but are more likely to be taken with shared responsibility and ownership. Each member brings unique professional knowledge and educational expertise. This supportive network enables each college partner to own and develop their apprenticeship provision and relationships with the local employers that matter to them.

It is early days when assessing the impact on the NHS workforce and on the individual lives of these students but early indications are that this initiative will enable 'non-traditional' students and those from lower participation groups to access higher education and to contribute to the future health and care of the population.

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