A Student Evaluation of an Occupational Therapy Apprenticeship

Jamie Liddell [a], Eleanor Izzard[b], Sarah Elliott[c], & Georgia Loft[ad]

a: University of Brighton; b: Imperial College Healthcare NHS Trust; c: Health Education and Improvement Wales (HEIW); d: Cambridge University Hospitals

Abstract

Apprenticeships are becoming an increasingly popular means of training healthcare professionals, providing an opportunity to earn and study simultaneously in order to gain nationally recognised qualifications. However, there is currently a lack of evaluative data on the student experience of Occupational Therapy (OT) or Allied Health Professional (AHP) apprenticeship schemes. The aim of this study was to evaluate the perspectives of five apprentices who commenced the Kent Community Health NHS Foundation Trust (KCHFT) OT Apprenticeship in January 2020. A qualitative interpretive approach was utilised to analyse semi-structured interview data. Subsequent thematic analysis identified three key themes from the data: support (peer-support, support from employer, and applying theory to practice), organisation (University, time-management and learning needs), and communication (University, and stakeholder expectations). The findings from this study emphasise the importance of clear communication and the management of expectations between stakeholders, effective induction processes, and a commitment to supporting mentors and workplace teams within the clinical arena. Future evaluations should consider the perspectives of other stakeholders within apprenticeship programmes.

Keywords: *apprentice, apprenticeship, evaluation, occupational therapy*

Introduction

The introduction of the Apprenticeship Levy in April 2017 (Finance Act, 2016) gave organisations the potential for workforce expansion and alternative ways of training staff (Saraswat, 2016). Prior to apprenticeships, there was no clear career pathway for development within the healthcare professions (Goble, 2019). NHS Health Careers (2020) identify apprenticeships as a successful means of obtaining nationally recognised qualifications through 'structured training with an employer'. In 2015, the UK Government rolled out the degree apprenticeship programme, which was developed as part of the higher apprenticeship standard (Education and skills funding Agency, 2015). Within England, the removal of NHS bursary funding from August 2017 has meant that Occupational Therapy (OT) students have had to find alternative means of accessing training. The first OT apprenticeships were introduced in England in

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2019, with the number of programmes continuing to grow steadily (Royal College of Occupational Therapy [RCOT], 2021a). However, to date, there is limited evaluative data relating to Allied Health Professional (AHP) apprenticeships (Baker, 2019).

In 2020, a community NHS Trust within England established an OT Apprenticeship programme in collaboration with a consortium of other local Trusts. With retention rates for apprenticeship schemes in excess of 80% (UCAS, 2021a), the main focus was to increase the OT workforce within the Trust and local area and to provide an alternative route for training potential OT students. The scheme provided existing employees with the chance for career advancement from junior or assistant roles. It also supported greater diversity amongst applicants, compared to a traditional OT training course (National Apprenticeship Service, 2021). The programme started with an initial cohort of five internally recruited apprentices and is delivered in partnership with a local university provider. It is due to run for four years. Apprentices attend University two days and work three days per week at their allotted base during term-time. They also complete block practice placements across a range of different clinical settings. Each apprentice has a workplace mentor within the Trust and a personal tutor at the University. The Trust provides additional support via a newly created AHP Clinical Academy, which sits within the Education and Workforce Development Department. Upon completion of the programme, the apprentices will receive a degree-level qualification and are guaranteed employment as an OT within the employing organisation.

The intention of this study was to obtain the views of apprentices approximately nine months into their programme. Educational literature supports service evaluation as a proven method for improving delivery of programmes and student satisfaction (Hortsch, 2019; Mandal, 2019; Price et al., 2019; Richman et al., 2019; Winstone & Carless, 2019). Service evaluation contributes to a community of practice between apprentices, clinicians and teachers who are committed to building an evidence-based service improvement culture (Price et al., 2019). Active inclusion of stakeholders, particularly students, helps to make the most of feedback opportunities and increases 'feedback literacy' (Malecka et al., 2020). Hearing from students also helps foster trust and increases the likelihood that change will be engaged with (Vattøy et al., 2021).

Background

In England, apprenticeships are available to anyone who is 16 years or over and not in full time education. They combine practical training within a workplace with study and are available at intermediate, advanced, higher, or degree levels (UK Government, 2021). Aside from the healthcare sector, a diverse range of professions offer apprenticeship schemes, including the Engineering, Law, banking, and Media sectors (UCAS, 2021b).

RCOT (2021b) defines OT as 'a science degree-based, health and social care profession, regulated by the Health Care Professions Council'. Traditionally, an OT student would register for an approved pre-registration programme, either BSc or MSc, at a higher education institution. They would complete campus-based study as well as a minimum of 1,000 hours of practice placements (RCOT, 2021a) over the duration of their course. The main difference with apprenticeships is that students are employed within a service as an 'OT Apprentice' while simultaneously completing their studies and placements. Apprenticeships are described as a means of getting hands-on training whilst also putting new skills into practice (HM Government, 2021). Hay & Barab (2001, p286) describe how 'Apprentices work side by side with an expert in order to learn a specific task'. They also identify three key elements of an apprenticeship: development of learning contexts that model proficiency; provision of coaching and scaffolding as students become immersed in authentic activities; and independent practice that yields an appreciation of using 'domain-related principles' across multiple contexts (Hay & Barab, p318). In order for OTs to understand their professional identities, address their clients' needs, and establish effective interventions, they require a solid conceptual foundation (Kielhofner, 2009), as well as inter-personal skills, flexibility, creativity, and teamwork skills (Tétreault et al., 2020). A successful OT apprenticeship will aim to engender these aspects.

Learning 'in the field' has been identified as an effective pedagogic strategy within healthcare (Price et al., 2019). However, further research is needed to identify the most effective pedagogic practices to support OT apprentices in England (Hughes & Saieva, 2019). Student learning has evolved from a

process where an expert transfers knowledge into a more student-focused approach, whereby learning is an active process and the teaching role is that of facilitator (Mathieson, 2015). The role of mentorship has been identified as important in the education of apprentices, in terms of both facilitating learning and enabling apprentices to settle into their teams (Brand, 2020) Filice et al., (2020) discuss the importance of developing self-regulated learners and the need for teachers to be given the skills to facilitate this process. The development of the supervisor and learner relationship has been identified as an area for future research (Attenborough et al., 2019). Rowe et al., (2017) indicate that a focus upon effective, empowering mentorship and support strategies is required at a strategic level.

Successful completion of an apprenticeship relies on a comprehensive support system that is structured to the programme (Baker, 2019), and comes from a range of sources (Filliettaz, 2011), including managers (Bishop, 2017). Furthermore, strong workplace support and learning cultures are linked to apprenticeships being more effective in their goals (Attenborough et al., 2019; Hill & Dalley-Trim, 2008). Effective communication in relation to expectations of the role (Baker, 2019; Chan, 2016), as well as effective partnerships between employers and providers and the effective management of workplace learning by the provider and employer, are also considered best practices (Lester & Bravenboer, 2020). The research discussed here also highlights the value of enabling apprentices to take responsibility for putting their skills to use. Effective learning does not happen by accident but only when students are given the opportunity to 'rise to the challenges of participating in practice in welcoming, well-organized learning environments where clinicians share their expertise' (Dornan et al. ,2019, p1098).

Barriers to apprenticeship learning are also addressed within the literature. Nurse apprentices and their trainers reported insufficient access to welfare and educational facilities and a lack of cooperation among clinical teams (Hasanpour-Dehkordi & Shohani, 2016). In a study by Turbin et al., (2014), lack of role identity was identified amongst NHS apprentices and a variation in content was noted across health providers. More generally, a lack of appropriate challenge and learning structure have been reported in apprenticeships within the hospitality industry (Dagsland et al., 2015) and a Finnish study reported that many workplaces lack a 'training tradition', meaning apprentices are left to navigate their own way through learning (Rintala & Nokelainen, 2020). In their Sustainable Degree Apprenticeships document, Lester and Bravenboer (2020) also cite potential barriers as resourcing and time constraints; lack of knowledge about degree apprenticeships; and a need for providers to be more flexible and responsive to the needs of their apprentices. In a study assessing Nursing and AHP Apprentices, Attenborough et al., (2019) found that healthcare environments provided a rich variety of learning opportunities, yet both learners and supervisors experienced challenges in identifying, and therefore utilising, these. McNicoll's (2017) data from the social work profession also identified concerns that apprenticeships were often 'parochial' and that broader learning opportunities were overlooked because apprentices were ultimately being trained to work for their own employer. Thomas et al., (2012) suggest that apprentices are often seen as employees first and students second. This raises questions as to whether or not existing apprenticeship frameworks adequately prepare apprentices for higher educational study.

Although understanding stakeholder contexts is essential for the long-term sustainability of degree apprenticeships, apprentices' perspectives are rarely addressed in policy documents (Smith et al., 2020). Benefits of creating a reflective dialogue with students include improved teaching (Howson, 2015; Yang & Carless, 2013) and encouraging the self-regulation of student learning behaviours (Khoiriyah et al., 2015). Furthermore, the recent pandemic has resulted in changes to the ways in which learning and teaching are provided. Research is emerging which indicates that some aspects of remote learning, initially adopted as emergency provision, have been positively received by apprentices in the short term (Stone and Worsley, 2021). The aim of this study is to obtain evaluative feedback about an OT Apprenticeship programme with the purpose of contributing the apprentice voice and AHP apprenticeship data to the current body of research.

Methodology

The aim of this evaluation was to understand and make sense of the OT apprenticeship journey from the students' perspective. This cannot be objectively observed from the outside but must be observed through the direct experience of the participants. A qualitative interpretive approach was used. This method

focuses on the way participants interpret and make sense of their experiences (Nicholls, 2009). The project, according to the Medical Research Council & Health Research Authority, (2020) is not considered research but service evaluation so no further permissions or ethical approval were required although, guided by the declaration of Helsinki (World Medical Association, 2013), standard ethical and good research governance principles were followed, such as attending to data security. In order to avoid the risk of coercion (Trochim, 2006), all relevant contact with apprentices was conducted by members of the research team with whom they had no prior relationship.

Purposive sampling was utilised to recruit participants (Patton, 2000). The five apprentices of the 2020 OT programme cohort were invited to attend an interview via email. The individual interview is a common method of data collection for an interpretive qualitative approach (Kvale, 1996) as it allows a 'conversation' to take place, gaining a comprehensive account of the person's experience (Moustakas, 1994). Interviews are also particularly useful for gaining a description of the experiences, and a semi-structured approach allows the interviewer to pursue the meanings and in-depth information around the topic that could not be achieved via a questionnaire (McNamara, 1999). The participants were asked to read an information sheet and sign a consent form in which they agreed to participate in a semi-structured interview to discuss their experiences of the apprenticeship to date. This approach was used in order to allow participants to begin to interpret their own account of the phenomena from generalised experiences (Smythe, 2011). Due to the restrictions of the COVID-19 pandemic, it was not possible to conduct face-to-face interviews. Instead, the interviews were carried out via an online platform, which also allowed for recording of the sessions. Jowett (2020) acknowledges that this method is a close substitute for in-person interviewing so long as the interviewer and interviewee are both familiar with the system used. For this project, Microsoft Teams was utilised. This was an ideal substitute for face-to-face contact as this platform had been used by NHS staff throughout the pandemic.

An interview guide was developed (Appendix 1) in which the questions were open-ended to stimulate dialogue (Dicicco-Bloom & Crabtree, 2006). This was used across the interviews to ensure coherence between the aims and interview questions. The interviewer supplemented the conversation with prompts, probes and comments (Dicicco-Bloom & Crabtree, 2006) to gain clarification, further reflections, and understanding. The follow-up questions and prompts naturally differed for each individual.

The interviews were conducted at a time convenient to the participant and were recorded using the inbuilt software on Microsoft teams. The interviews were transcribed verbatim by a professional transcription service and cross–referenced by the research team to ensure accuracy.

Data Analysis

Polit and Beck (2010) suggest that qualitative data analysis typically starts by seeking to establish recurrent themes, using a framework. In this instance, thematic analysis was chosen due to its flexibility. Braun and Clark (2006) describe thematic analysis phases, as shown in Table 1. The research team initially completed analysis as an independent, manual process before collectively reviewing, refining and agreeing the core themes (see Table 1).

Table 1:

Table depicting thematic analysis process.

| Stage	Method	Outcome
Stage 1: Familiarising ourselves with the data	Reading and rereading the data in order to ensure we understood it and could generate initial ideas from the data.	Developed an understanding of the data.
Stage 2: Generating initial codes	Initial codes were generated for each data set. The codes were then compared across data sets and then the codes were reviewed.	Initial codes created.

Stage 3: Searching for themes	The reviewed codes were used to generate initial themes from the data. The initial themes were accounts, concepts or phrases that were identified to be common across the data set. The initial themes each of us had found were then brought to a meeting in order for them to be discussed.	From this meeting the following themes were identified: • Communication • Organisation • Support- peer and mentor • Support - University • Expectations/assumptions • Transition of theory to practice
Stage 4: Review themes	These themes were then reviewed in order to check if the themes worked in relation to the coded extracts as well as when compared to the entire data set.	From this review the themes were slightly altered and sub-themes were considered. • University: communication, feedback. • Support Network: apprentices, collaboration, sharing knowledge. • Separation of University and work: University and work days, time-management. • Awareness of apprenticeship backgrounds: not academic, different learning styles. • Practical application of learning: Employing Trust good at facilitating development, placements, transition of theory to practice. • Organisation: no induction, late notice of placements, lectures uploaded late.
Stage 4: Review themes; further analysis	The themes were then reviewed further in order to reduce the number of main themes.	• Communication (to now include expectations) -practice educator, feedback, academy, University • Support Network- funding, University, peers/cohort, practice educator, work, mentors, academy • Organisation - University, time-management, induction. • Learning experience - learning styles, learning needs, transition of theory to practice, impact of Covid-19.
Stage 5: Defining and naming themes		• Support: Peer support, University support. Employer support and Theory into practice. • Communication: University and Stakeholder expectations. • Organisation: University induction, time-management and Learning needs.

Findings and Discussion

Three main themes were identified within the data: support, communication, and organisation. These were divided into sub-themes (see Figure 1). Each of these themes and sub-themes have been explored using quotations from the five interviews and references to relevant literature. Fictitious names have been used to anonymised the interview data. To maintain authenticity, quotations have been faithfully represented although, occasionally, syntax has been altered for clarity.

Figure 1:

Thematic diagram of themes and sub-themes.
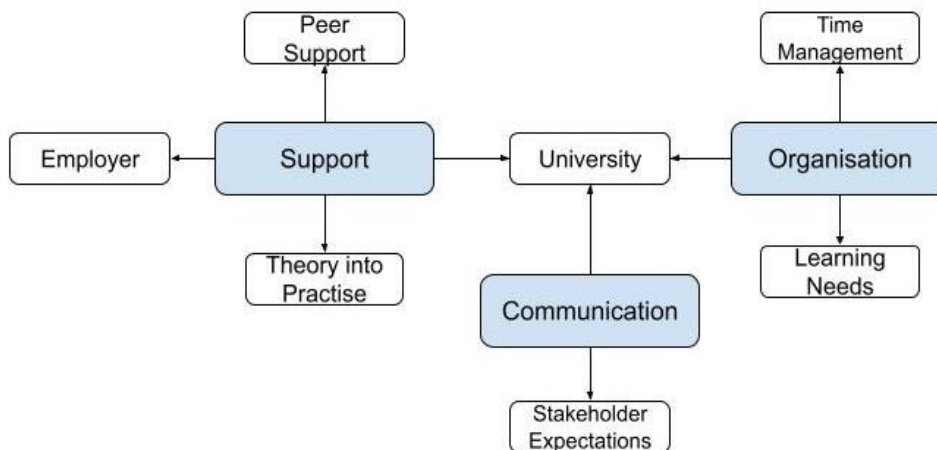
Support

Peer-support

Due to COVID-19, teaching was delivered virtually from March 2020 and this was perceived to have delayed group bonding, with one participant (Emma) reflecting that it "kind of happens naturally when you're with somebody in person" whilst achieving this remotely relies on "being more forthcoming" with thoughts and feelings. Despite this, the positives of peer support from the apprenticeship cohort were highlighted: "really nice to have that contact of someone else to be like, 'how did you find this', or 'am I doing this right?'" (Amrit). Additionally, the participants reflected that their differing backgrounds and experience supplemented the support they could offer each other. This was in terms of the "varied knowledge of the different settings" and the "sharing of different opinions and different perspectives in relation to OT" (Amrit). This resulted in "feeling more at ease when faced with the unknown" (Alice), particularly in relation to understanding lecture materials and experiencing practice placements.

The fact that all the apprentices had some previous knowledge of Occupational Therapy, exposure to patients and the clinical settings allowed for a mutual understanding: "although the jobs are very different, we can all kind of relate because we're all doing an Occupational Therapy type job already" (Emma). This indicates that a sense of common identity has been a vital factor in bonding the group. Furthermore, the peer support network is effective because apprentices have all identified with their new roles, bonding them together with shared experience: "we all have that 'I don't know' understanding...and it's been really lovely" (Alan). Since research has indicated that a lack of role identity has a negative impact on NHS apprentices (Turbin et al., 2014), methods to foster this group identity could prove useful in encouraging the formation of strong peer-support networks within apprenticeship cohorts.

Employer-support

The employer role (the Trust, including the AHP Academy) was revealed to be a sustaining influence for apprentices. Eighty percent of respondents expressed appreciation for the AHP Learning Environment Lead, a position created to support the programme: "the Trust having their own person that looks after the apprenticeship has been fantastic" (Molly) and they also liked that there was "not just the University as a go-to for contact" (Amrit).

Effective Mentors are known to improve workplace learning, especially for skills such as resilience (Metso & Kianto, 2014; Kao et al., 2014), and encourage a sense of belonging (Brand, 2020). However, mentors need to be trained to develop the skills necessary to support apprentices effectively (Filice et al., 2020). The Trust and the University provided mentors with training and it appears that this enhanced the support network for the students: "we've gone on the journey together of learn ing and finding what's right and what's wrong together" (Amrit) and mentors have "taken time to listen and give me different ideas and different opportunities to develop learning" (Molly).

The role of the wider team was also addressed. Work colleagues were described as encouraging the apprentices to thrive and develop by "questioning me 'what do you think about that?'" (Emma) and "accommodat(ing) me like you wouldn't believe" (Alan). A study by Curtis (2017) identified that 57% of apprentices who did not complete their programme cited insufficient employer support as a key reason for leaving, whereas Dagsland et al., (2015) identified that becoming an active and valued member of the team was linked to a positive apprenticeship experience. Within this cohort, strong relationships with the work-based teams provided an additional level of support for learning and development, making the balance between study and work easier to maintain.

Taken in combination, these findings align with previous research on the value of multiple sources of strong workplace support (Filliettaz, 2011). In addition, the support for apprentices in terms of integrating their academic and practical work, challenges previous assumptions about apprentices being "employees first and students second" (Thomas et al., 2012).

Theory into Practice

One of the defining factors of an apprenticeship is being able to translate learning into working practice with the support of a subject expert (Hay & Barab, 2001; Mathieson, 2015). One of the aspects of support most valued by the apprentices in this study was being enabled to translate academic learning into daily practice: "being employed alongside studying 'gives you more exposure to occupational therapy" (Amrit) and "(e)verything makes more sense when I can physically see it and make sense of it" (Alan). This demonstrates how an apprenticeship programme may have an advantage over a more traditional undergraduate degree and aligns with previous evaluations of apprentice experience, where researchers suggest that increased engagement with the real-world applications of the theory is beneficial (Smith et al., 2020), perhaps due to the combination of repeated reconsolidation of information with workplace feedback. The apprentices reflected that their learning was enhanced "by getting to apply some of that theory as soon as possible, rather than waiting for placements that may occur weeks after the initial learning" (Molly) and "learning how to do it better next time" (Emma).

Finally, the placement practice educators supported the development of the apprentices. Low quality placement and fieldwork experiences have been shown to impact negatively upon students (Drynan et al., 2018). However, in this sample most apprentices reported positive experiences and felt that they were being encouraged to develop at an appropriate pace: "my educator was really understanding and helped me through it all" (Alice) and "(t)here's no expectation that 'you should know' or 'you should be doing that'" (Alan). The Trust has a long-standing tradition of offering Occupational Therapy placements and so it is unsurprising that practice educators felt confident and competent in providing placement support.

University

Whilst formal support was available in the form of marking grids or catch-up sessions, some of the apprentices expressed concerns with the support provided by the University: "it's been a little bit sketchy" (Emma) and "I don't think they've gone above or beyond" (Alan). Compared to the support provided by other stakeholders, the University was seen as lacking: "you're quite lucky that there's a lot of people out of the University that you can get that support from" (Amrit). Further discussion regarding these support structures is considered in the subsequent sections of this study.

As might be expected when discussing the support provided by the University, responses reflected a variety of teaching styles. Molly stated that "lecturers had been very different and had a different style", but there were also similarities in their overall approaches: "they've given us lots of opportunities to send work over (for) feedback or have questions and answer sessions" (Molly). In addition, Molly gave

positive comments regarding the additional work provided by lecturers; "when I have wanted to do sort of further reading or further research I have always been pointed in the right direction". This suggests that University staff have encouraged apprentices to independently develop their knowledge.

Communication

University

Communication from the University was frequently mentioned by apprentices. They asserted that responses to correspondence were not timely, if provided at all: "when we email someone, we might not even hear from them," (Alice). Apprentices then reached the point where they would "expect things to be delayed" (Amrit). Lack of communication arguably impacts more significantly on apprentices, compared to traditional undergraduate students, since they have to balance studies with their working week:

> "I do think sometimes University forgets that, because they might not upload certain documents or tell us certain things until very late in the day or very late in the week and you're like, well, my time's passed now, like I'm dedicating my Mondays and Tuesdays to my studies" (Amrit).

Apprentices reported that initial attempts to provide feedback did not lead to change: "we've even gone to our leads in the Trusts and they've...spoke to all the different people involved, and still nothing gets done" (Alice). However, whilst clear issues with communication were highlighted, apprentices later mentioned "signs that they are listening and they are trying to improve our experience" (Molly) - such as the formation of an enhanced apprenticeship management team. The University thus appears to have recognised the importance of reflective conversations between the two groups and this has reportedly improved teaching and learning (Howson, 2015; Khoiriyah et al., 2015). Continued use of this technique may allow further improvement of the programme in future.

Stakeholder Expectations

Throughout the interviews, apprentices indicated that there was disparity between themselves, the Trust (both at organisational and direct team level), and the University, regarding expectations of the apprentices and the programme. There was a perceived lack of effective communication between stakeholders, who were seen not to have specific roles set out. Whilst apprentices appreciated the support of the clinical academy, there was some conflicting communication: "I don't think sometimes the Uni, the academy are on the same page because one time the academy would tell you something and then the Uni would tell you something (else)" (Alan).

Research shows that effective apprenticeships require clear organisational structure (Baker, 2019) and lack of clarity has been identified as a factor that could negatively impact apprenticeship success (Baker, 2019; Chan, 2016). In this case, difficulties could relate to this cohort being the first to complete the apprenticeship programme, whereby some 'teething problems' may be anticipated: "(it) felt like they took on these apprentices...but then didn't really think about the extra work that it would involve" (Emma).

When considering the academic side of the apprenticeship, lecturers and tutors were not used to tailoring learning for apprentices compared to traditional undergraduates students;

> "the Uni has assumed and your tutors assume that you know what...they're talking about and you don't. And sometimes it's been the opposite actually, where they assume that you don't know, like an undergrad would, when actually you do" (Alan)

This was also reflected within the apprentice's clinical teams, where occasional tensions were reported: "we knocked heads a few times...I was being told one thing by the academy and the University, but then obviously he'd got a different interpretation" (Amrit). This linked to a lack of understanding on how best to integrate the apprentices into the working teams: "initially my boss very much just didn't know what to do, sadly, because it was all new to him as well as the Trust" (Amrit). Since unrealistic employer expectations of apprentices is linked to poor mental health outcomes (Einboden et al., 2020), this could be especially problematic in the long term.

Organisation

University Induction

Most of the cohort had not previously studied within higher education and they reported not knowing how to access University facilities or basic academic writing support: "Referencing. I'd never referenced anything in my life, and it was like, 'don't forget your referencing' and I was like, 'what's a reference?'" (Alan). The apprentices frequently mentioned the perceived lack of organisation within the University with Emma stating, "there wasn't really much of an induction". This was felt to have caused unnecessary stress in the programme's initial months.

Left unresolved, previous research suggests this increased stress could impact course retention (Cvetkovski et al., 2018) and the mental health of the apprentices. Furthermore, research has shown that increased anxiety and stress are not conducive to an effective work environment (Powers and Watt, 2021). Alan felt "really overwhelmed and (I) actually came home and said to my husband 'I'm going to quit'" whereas Amrit felt they were like "rabbits in the headlights as to what to expect". There is a risk that the combination of academic study and workload can result in increased individual stress levels and this needs to be carefully considered in future planning.

Research shows that good inductions or pre-apprenticeship programmes can result in increased readiness at programme onset, as well as yielding an understanding of the academic level and commitment required to undertake the apprenticeship (Stone & Worsley, 2021). In particular, Stone and Worsley (2021) argue that pre-apprenticeship programmes encourage the formation of a clear and more fluid learning agreement, and for organisation and expectations to be established between apprentices and the University from the onset. In future, more positive induction experiences could reduce the initial stress felt by some of the apprentices. Looking at the structure and information provided in the induction would also improve the readiness of the apprentices for the increased workload and additional academic pressures and ultimately reduce the general consensus that the induction was 'a little bit sink or swim' (Alan).

Time-management

Opinions varied regarding whose responsibility it was to ensure good time-management of workload. Some believed it was their own responsibility: "As long as you're on top of the work, you've got no problem" (Molly). Others felt the University could have provided more support: "because we've got an assignment over this placement, so I just haven't got the time...but it's all this kind of thing that if we were aware before, we'd have more time to actually do it" (Alice).

Time-management is considered a key skill in achieving results in higher education (Krause & Coates, 2008), but the additional difficulties for apprentices may not have been fully appreciated or accounted for in the development and rollout of programmes. Indeed, time constraints are one of the main barriers for apprentices in terms of completing their course (Lester & Bravenboer, 2020). In particular, having to balance work, study, and family life, puts more pressure on their ability to time-manage effectively (Christiansen et al., 2019).

Apprentices reported that as the course progressed, organisation improved and the University began amending deadlines or allowing for extra time to get to lectures to incorporate the apprentices' needs; 'I think the timings are more manageable, I think that everyone's mindful that not everyone lives local to the Uni…to allow people to travel' (Alan). This demonstrates an improved efficiency in the University's response to feedback and their ability to act in a flexible manner when required - aiding in the removal of barriers such as time constraints or resourcing, providing a better, more rounded education (Lester & Bravenboer, 2020).

Learning Needs

Effective organisation is essential for apprentices to receive appropriate funding and high quality support for their learning needs in a timely manner (Caterall, 2020; Dornan et al., 2019). Learning needs and styles vary between people and between cohorts (Mon et al., 2014). It is important, therefore, to

understand that it is not 'one size fits all' when it comes to the apprentices' learning. Due to the vocational nature of apprenticeships, it is thought that the number of people with additional learning needs is greater than that of traditional academic programmes (Catterall, 2020). Taken together, it is unsurprising that some apprentices within this programme required dyslexia support. Two of the apprentices highlighted their need for support and felt the University's organisation of this was lacking. Emma said, "nobody was really sure how it would work because we're apprentices and funding would be different" and Alice commented "we never have the lectures before we get them on the day...it takes me a while to process it anyway, so with that added it causes more stress and anxiety".

Due to the changeable nature of learning during COVID-19, the need for high quality organisation became increasingly important. Making small changes in the organisation and structure of the course would have allowed room for improved time-management and better course outcomes. However, positive comments were made in regard to the improvements the University has now made in terms of dyslexia support: "recently there's been a new scheme, apprentice learning support scheme, where they've given us learning support plans and offered us sessions" (Emma). The University had clearly taken the feedback from the apprentices, engaging with the effective dialogue created to implement positive changes, which should allow for better teaching and course outcomes (Howson, 2015).

Limitations

It is acknowledged that the findings of this study are limited to the perspectives of the apprentices on one programme. Further research could incorporate all stakeholder voices and incorporate different course providers. It would also be valuable to compare the apprentice experiences with those of the undergraduates studying at the same University.

Conclusion

This study has emphasised that apprenticeship cohorts need to be distinguished from traditional learners in terms of the support provided. In particular, greater emphasis should be placed upon induction processes, timely communication and support in navigating the demands of higher education and academic study. Apprentices were prepared to be proactive but sometimes felt that too much of the burden sat with them in terms of managing their learning.

The Occupational Therapy apprenticeship programme provides an ideal opportunity for Trust employees to gain a nationally recognised qualification whilst continuing to work and earn. However, within this programme, work is still needed to foster improved communication and organisation between stakeholders, particularly in relation to the expectations of apprentices and the application of learning. This could be achieved by building aspects of this into learning contracts or commitment statements that are regularly reviewed and updated in order to create clear guidelines on what can be expected from all involved parties. Further consideration could also be given to the implementation of 'pre-apprenticeship' training whereby the new cohort are introduced to all aspects of the programme before they start. This could involve previous cohorts sharing experiences of the programme with new apprentices, which could promote realistic expectations within the cohort. With any new programme it seems inevitable that some 'teething problems' might be experienced and, whilst the apprentices voiced some frustrations at the very start of their course, improvements were also acknowledged in terms of communication and organisation.

Ethical approval

The NHS Trust Research and Ethics Department, and the University of Brighton approved this project.

ORCID

Jamie Liddell   https://orcid.org/0000-0002-5068-5189
Sarah Elliott   https://orcid.org/0000-0002-3085-6622

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Appendix:

Interview Guide

1) Can you tell me what you think has worked well for you in terms of the apprenticeship? (We want to know the factors that have supported the participant to succeed and why they have been important to them)

Possible prompts:

- In terms of how you learn / teach?
- The practical aspects?
- The people you are working / learning alongside?
- The support you are receiving?
- The expertise of those around you?
- Work life balance / time-management?

2) What has not worked well for you in terms of the apprenticeship? (We want to know the challenges faced by the participant and the impact of these)

Possible prompts:

- In terms of how you learn / teach?
- The practical aspects?
- The people you are working / learning alongside?
- The support you are receiving?
- The expertise of those around you?

- Work life balance / time-management?

3) What would say is the most important thing you have learned in your time on the apprenticeship so far? (This could be something relating to them as an individual, a new clinical skill / theory, or about Occupational Therapy / Apprenticeships in general).

4) Is there anything else that you would like to add?