

Opinion

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Ofsted’s tunnel vision on apprenticeships – behold, the blind leading the blind



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A wholly inadequate inspection process has cost us our provision and will cost the NHS and its eyecare patients dearly, says Rosalind Harrison

The Association of Health Professions in Ophthalmology (AHPO) is a small educational charity. Since the apprenticeship reforms, we have been working to develop and deliver accredited training programmes for staff who perform the various diagnostic tests used for our clinical decision making – skilled staff who are in short supply and vital to the NHS.

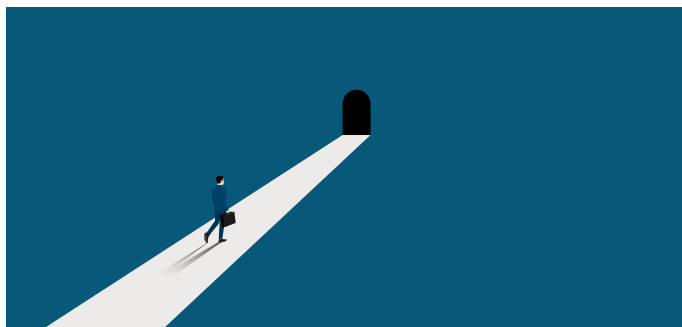
This year, Ofsted put an end to this work.

We participated in healthcare science trailblazer groups and the preparation of course specifications, and in 2018 became a main provider for the level 4 healthcare science apprenticeship with BTEC diploma.

Collectively, we have in-depth knowledge of the field and decades of experience in delivering work-based training. We deliver by blended learning with detailed and timetabled assessment plans and we provide bespoke resources, weekly feedback on coursework and regular work-based assessments.

The purpose of the apprenticeship is to train new staff or upskill existing staff from levels 2 and 3, where they work under direct and indirect supervision, to level 4, where they work with minimal supervision and are responsible for training junior staff and the quality assurance of diagnostic test results.

Quality assurance requires in-



depth knowledge of the structures and functions under investigation, and how to adapt the procedure and equipment parameters to avoid errors. One-third of the BTEC covers anatomy, physiology and pathophysiology.

We have had very positive feedback from learners, first-attempt success with all end-point assessments, and excellent reports from the awarding body, Pearson.

And yet, after a full inspection, we were graded ‘inadequate’.

Inspectors criticised our lack of face-to-face teaching, although the apprenticeship funding rules includes the option of self-directed distance learning.

They did not visit a single workplace, instead phoning apprentices and their mentors; I was the only teaching staff member with whom they had any direct interaction.

Worse, they had no knowledge or expertise of ophthalmology nor, it seems, of the knowledge, skills and behaviours required for the different levels of healthcare science practice that are clearly stated in the apprenticeship standards.

That’s the only conclusion I can come to when I read the report.

“Although apprentices

are successful at end-point assessment,” it says, “this is due to their extensive experience prior to them starting the apprenticeship”. And further: “Apprentices do not develop substantial new knowledge, skills and behaviours as many have worked in the sector as ophthalmic technicians for more than five years. The knowledge that they do acquire is not sufficient to claim public funds [...]”

“Inspectors had no knowledge or expertise of ophthalmology”

But the truth is that staff do not acquire level 4 knowledge and skills simply by doing the job at a lower level; if this were possible there would be no need for apprenticeships.

Our impression, corroborated by comments from others, is that inspection is disproportionately focused, not on what you do and what your learners achieve, but on how you do it. If your delivery methods do not meet their expectations, your outcomes must

be at fault.

We were surprised too that the inspectors asked apprentices questions such as “What did you learn in an eBook?” and “What do you know about anatomy?” If learners were unable to answer, inspectors said this proved they had learned little from us.

There would be uproar from university students if their education and career prospects were determined by such methods. It also completely contradicts their other conclusion, that our learners already had the required knowledge, skills and behaviours before starting the apprenticeship.

The focus of Ofsted inspections on process over results, and the confusion that arises if they attempt to determine outcomes, is perhaps inevitable if inspectors are not required to have knowledge of the area they are inspecting.

This is problematic enough for schools, where skills required for ensuring children learn to read and write are very different for those needed in secondary schools, but for inspecting the wide variety of apprenticeships it is surely impossible.

Upskilling the ophthalmic technical workforce is an effective measure to tackle an outpatient backlog that is already causing patients to lose their sight because of delays. Sadly, the outcome of our inspection will likely make this worse; it is unlikely that other providers will step up if they, too, will be only accused of wasting public money by people ill-equipped to make that judgment.