



## Beyond the Levy: Future-Proofing NHS Workforce Pipelines

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Attending the Council of Deans of Health Autumn Conference 2025 left me both motivated and unsettled. The collective commitment to the NHS workforce agenda was clear, yet the discussions revealed a deep uncertainty around the practical delivery of the ambitions set out in the Government's new 10-Year Health Plan. As colleagues reflected, policy and planning still feel disconnected, and without a clear, funded workforce plan, universities and NHS employers alike cannot plan the sustainable training pipelines the system depends upon.

#### Policy Context: The 10-Year Health Plan and Workforce Uncertainty

The new NHS 10-Year Health Plan sets out an ambitious agenda built around three defining shifts, from hospital to community, from analogue to digital, and from sickness to prevention. Consensus at the conference seemed to see these as the right priorities, but to make them real, the NHS needs a skilled, adaptable, and consistently replenished workforce. The Government's recent call for evidence on the forthcoming 10-Year Workforce Plan, based on these same three shifts, represents a vital opportunity to bring clarity and realism to workforce development and funding policy.

As **Universities UK (2025)** notes, universities already educate and train the majority of the future NHS workforce and have rapidly expanded degree-apprenticeship routes to meet national demand — but continued growth depends on clear policy signals and sustainable investment.

*"Universities are ready to play their full part in training the next generation of NHS staff, but they need stability in funding and clarity over future workforce plans." (Universities UK, 2025)*

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At the conference, discussion repeatedly returned to one theme: Government policy isn't joined up. One department is removing Level 7 apprenticeship funding for adults (over 21), while another is launching new plans that depend on advanced clinical and community skills. Without synchronised decision-making, the ambition of the Health Plan will continue to outpace the system's capacity to deliver it.

## Funding Reforms and Uncertainty: A New Skills White Paper, Level 7 Mitigation Model and Modular Learning Approach

At UVAC, we've consistently raised concerns about the decision to restrict funding for higher-level apprenticeships. From our perspective — and that of university and NHS colleagues I spoke with at the conference — it risks undermining national workforce planning and the NHS's ability to develop and retain advanced practitioners.

These concerns aren't new. Through the *Skills for the Future: Apprenticeships and Training* inquiry (House of Commons, 2024), evidence was already presented the Committee warning that limiting funding flexibility at higher levels would damage workforce supply. Much of that evidence came from universities and employers who could see the impact coming — particularly in healthcare, where trusts already face significant financial and backfill pressures.

Those fears have since been echoed in the Select Committee's latest *Further Education and Skills* report (House of Commons, 2025), which described the response to the defunding of Level 7 apprenticeships as “overwhelmingly opposed.” The Committee has now called for the reintroduction of levy funding for all ages in growth-driving sectors, including healthcare - warning that the current policy will “exacerbate workforce shortages in key professions such as nursing and advanced practice.” It's a view that very much reflects UVAC's own, that these changes risk pulling apart one of the few policy levers that actually works for the NHS.

The new NHS England and Department of Health and Social Care Level 7 Mitigation Fund is a welcome gesture — but a temporary one. Running from 2026 to 2029, it supports just five professions: Advanced Clinical Practitioner, Specialist Community Public Health Nurse, District Nurse, Clinical Associate in Psychology, and Population Health Intelligence Specialist. This funding replaces what would previously have been covered by the apprenticeship levy for apprentices aged 22 and over, but it is capped, short-term, and narrowly focused.

Colleagues at the conference highlighted that while the mitigation fund sustains some core programmes, the uncertainty surrounding its long-term replacement — and the absence of detailed guidance on allocations and bidding, make forward planning almost impossible. Universities are already seeing dropping numbers in key pathways such as Advanced Clinical Practice and District Nursing, as NHS trusts struggle to fund backfill, release time and fundamentally the additional headcount for these roles.

The recent Post-16 Education and Skills White Paper supports the argument that funding reform and modular learning are essential to workforce sustainability. It calls for employer-led, flexible programmes, mirroring both the uncertainty and opportunity described here:

*“Providers will need to deliver modular, flexible learning that enables lifelong access to training for adults, not just initial preparation.” (White Paper, p. 17)*

*“Employer-led design of education and training ensures programmes are responsive to current and future labour market needs.” (White Paper, p. 22)*

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This all goes to underline that without joined-up, long-term funding models, the NHS cannot build or maintain the skilled apprenticeship pipeline it needs.

Both the Lifelong Learning Entitlement (LLE) and ‘Apprenticeship Units’ (funded via the new Apprenticeship and Skills Levy from April 2026) offer potential mechanisms for modular and flexible provision. In principle, it could

help universities deliver shorter, targeted learning aligned to NHS workforce needs and continuing professional development.

When reading the White Paper there's perhaps a level of assumption that the short course approach offered by the 'new levy', will apply at higher levels and serve as some kind of compensation for the loss of level 7 apprenticeships.

*“Technical and higher technical routes up to Level 7 will become more flexible and accessible, with clearer progression into leadership and skilled employment.” (White Paper, p. 30)*

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However, with limited detail available on eligible courses/sectors, funding flows, and implementation timelines, both these options currently represent areas of uncertainty that constrains long-term university planning and investment in flexible learning infrastructure

### University and Employer Challenges

Conversations at the conference reflected a growing tension between short-term fixes and long-term strategy. Some providers are chasing 'bums-on-seats' to meet near-term funding deadlines for L7s, while others are holding off new intakes entirely due to uncertainty over programme viability. As one delegate observed, this risks undermining the workforce pipeline just when demand for advanced roles is greatest.

Delegates also discussed duplication of provision and competition for placements - for example where additional universities seek to launch similar health programmes in a region where requirements are already filled by existing providers - and without sufficient employer support or local placement capacity. Regulators such as the NMC could play a stronger role by updating and strengthening validation processes to ensure new programmes reflect genuine workforce need and available placements. Involving employers and PRSBs more closely in programme validations and approvals could help ensure sustainability.

This is supported by a joint report by University Alliance and the University of Derby (2025) which identified fragmented funding, inconsistent regional planning and limited employer-HE collaboration as the biggest barriers to expanding healthcare degree apprenticeships – commenting:

*“Without coordinated long-term planning between employers and higher education providers, the NHS risks losing vital training capacity.”*

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Patricia Marquis, RCN Executive Director for England, supports this position from a nursing perspective, noting that while apprenticeships can open routes into nursing for those unable to take on debt, the current system lacks sustainable funding and sufficient clinical placement capacity, which she says leaves NHS England unable to meet its own targets.

### The UVAC Perspective: Aligning Ambition and Investment

UVAC has long argued that the UK needs a funding and regulatory framework that recognises the interconnected nature of policy, workforce and education. Degree and higher apprenticeships remain one of the most powerful tools for developing the future NHS workforce, but the system can only function if universities and employers have the confidence to invest.

A joined-up workforce plan requires a joined-up funding plan — one that enables universities to design, deliver and sustain programmes aligned to long-term NHS priorities. The Russell Group (2025) has similarly argued that universities' ability to meet NHS workforce targets depends on coherent long-term policy alignment across education and health, highlighting that short-term funding cycles deter investment in clinical education infrastructure and facilities, a message reflected by many sector colleagues:

*The only certainty is NHS Workforce development funding uncertainty. We are well placed to co-produce programmes of study with employer partners that will meet the demands for the three shifts set out in the NHS Long Term Plan, but we require a commitment to sustainable funding.* Paul Mackreth, Course Director, Leeds Beckett University.

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## Call to Action

The current consultation on the NHS 10-Year Workforce Plan provides a rare opportunity to bridge the gap between policy and practice. It is essential that universities, employers, and other stakeholders contribute evidence that reflects operational reality — particularly around sustainable funding, backfill pressures, and long-term workforce modelling. Only then can the NHS and its education partners deliver on the promise of the 10-Year Health Plan.

*"If degree apprenticeships are to remain central to the NHS workforce plan, we must align funding policy with workforce need — not the other way around."*

*"The policy case for apprenticeships has never been stronger — but the funding model risks pulling the plug on workforce growth just when it's needed most." - Tammie Harwin, UVAC Associate*

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## **For those interested here are my references and some further reading:**

- House of Commons Education Committee (2024). [\*Skills for the Future: Apprenticeships and Training – Inquiry Evidence and Publications\*](#).
- House of Commons Education Select Committee (September 2025). [\*Further Education and Skills report\*](#)
- Universities UK (June 2025). [\*How are universities delivering the future NHS workforce?\*](#)
- University Alliance & University of Derby (February 2025). [\*An exploration of barriers and enablers to the expansion of healthcare degree apprenticeships\*](#). -
- Royal College of Nursing (February 2025). [\*Barriers to healthcare degree apprenticeships must be removed to meet NHS workforce targets and Full report\*](#)
- Russell Group (February 2025). [\*Educating our future NHS workforce briefing\*](#)
- King's College London Policy Institute (June 2025). [\*An NHS fit for the future\*](#)
- Higher Education Policy Institute (February 2023). [\*When it comes to the NHS workforce, universities are an untapped resource\*](#). (Earlier but valuable perspective on HE's role in workforce planning and strategic partnership)
- Department for Education (2025). [\*Post-16 Education and Skills White Paper\*](#).
- Wonkhe (2025). [\*Apprenticeship Units and the Lifelong Learning Entitlement\*](#).