Apprenticeship and Progression in the Healthcare Sector: Can labour market theory illuminate barriers and opportunities in contrasting occupations?

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There is political consensus in England that government-supported apprenticeship programmes should provide a platform for educational and career progression in different occupational sectors. At the same time, there is concern that progression to Higher Education (HE) from the apprenticeship route is weak. In a recent paper, we have suggested that ideas associated with labour market theory can shed light on why some apprenticeship frameworks are better able to facilitate access to HE and professional roles than others.

The concept of a segmented labour market (one where barriers make it difficult for groups of workers to move from one segment to another) can shed light on the (lack of) opportunities for career progression experienced by healthcare apprentices. The central characteristic of an ‘occupational labour market’ is the ability of workers in the same occupation to move between employers on the basis that they have acquired widely recognised and certified occupational skills. By contrast, the central characteristic of an ‘internal labour market’ is the ability for employees to change jobs within the same firm on the basis of their in-house training (Eyraud, Marsden and Silvestre 1990).

To explore the usefulness of a segmented labour market perspective, the paper focuses on our case study research in contrasting occupations in the healthcare sector. The ‘Clinical Healthcare Support’ Apprenticeship for Clinical Support Workers (CSWs) provides an example which reflects features of an internal labour market. The apprenticeship has an employer rather than an occupational focus to the training, where the emphasis is on learning tasks for a specific, locally defined job role. The training and associated qualifications only provide weak currency for educational and career progression. The Pharmacy Services apprenticeship provides a framework for the training of Pharmacy Technicians (PTs) that complies with the requirements of a national training programme. It prepares apprentices for entry to the statutory register of PTs as the training programme and certification meet the standards laid down by the relevant national regulator. The qualifications also carry credit which is recognised for entry to HE. Consequently, the opportunities for educational progression and career mobility are strong for those that successfully complete this apprenticeship.

The variation between the Clinical Healthcare Support and Pharmacy Services apprenticeship frameworks reflects key differences between the two occupations (CSW and PT) with which they are associated. The former apprenticeship seems to have developed in response to employer-led requirements around the non-standardised design and status of a job role in
particular workplaces. The latter reflects the externally regulated and standardised nature of the PT occupation.

Identifying wider labour market dimensions such as job regulation and qualifications, illuminates the differential kinds of progression opportunities available to healthcare apprentices in contrasting occupational areas. Drawing on insights relating to the concepts of occupational and internal labour markets helps explain the contested positioning, perception and value of apprenticeships in these two occupations as well as in other areas of healthcare. Going beyond the healthcare sector, our analysis suggests that apprenticeship provides a stronger platform for educational and career progression where it is located within a strong occupational labour market and is constructed as an integral education, training, and entry route to skilled occupations. We conclude that labour market theory has the potential to provide a useful conceptual and analytical lens for understanding the variation in the ability of apprenticeships to support educational and career progression across the economy.

References

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