WIDENING PARTICIPATION IN PRE-REGISTRATION NURSING PROGRAMMES

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This document provides SHA education commissioners, workforce planners, education providers, NHS human resource and training and development professionals, with a series of educational models of workforce development which provide pathways to support:

1. Widening participation into pre-registration nursing undergraduate courses for existing NHS employees in *Agenda for Change* bands 1-4.

2. Create effective workforce development opportunities for the nursing support workforce employed within bands 1-4.

3. Provide pathways into nursing for staff currently not employed in clinical support roles.

Five models are described, each of which builds on or develops existing support staff vocational learning such as National Vocational Qualifications and Foundation Degrees. They aim to provide meaningful and accessible progression routes for the nursing support staff workforce, as well as alternative routes for suitable candidates into the second year of nursing pre-registration courses.

The models allow employees to step on and off pathways at appropriate points while building their skills, knowledge and competencies.

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Foreword

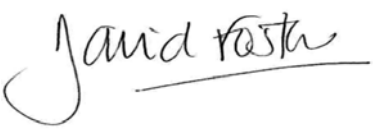
As Deputy Chief Nursing Officer and co-Chair of the Nursing and Midwifery Professional Advisory Body, I am delighted to commend this discussion document to you.

The document aims to describe ways of achieving two things: the first is to make sure there are wide-ranging and flexible ways for people with the right values and aptitude to access education and jobs with a caring focus in support of nurses. The second is to enable those who do not have academic educational qualifications to develop skills and gain experience which will enable them to access nurse education through schemes which build on, for example, apprenticeships and vocational qualifications. In doing this we can ensure that the capacity of nurses to nurse is strengthened and the opportunities for going on to access pre-registration nursing programmes and becoming a registered professional are widened.

We still need schemes like this today because, even though the complexities of giving care are so much greater and the health care system is more complicated, we need talented and skilful people from all backgrounds and diverse levels of educational achievement to work in health care. Nurses and the people they care for also need skilled and knowledgeable staff to support them. These support staff will have meaningful caring roles, they might wish to progress into nurse education but, if they chose not to, they will recognise that they are valued and valuable in the privileged position of caring for people whether they are helping to promote their health and well-being or supporting them when they are sick and vulnerable.

Nursing is an honourable profession and nurses and their support staff need to deliver exemplary, safe and effective care intelligently and consistently. The profession is transforming to prepare for the future to reflect changes in the provision of healthcare and changes in society. Consequently, there are many challenges to face and this document, in describing ways of building the capacity of the nursing workforce and effectively widening participation, stimulates the debate and offers models to help implement wide-ranging change.

I am sure the opportunities described in this document will enable talented people access to the privilege of caring for others in a way that is stimulating and fulfilling and, above all, of benefit to those who need our services.



Professor David Foster
Deputy Chief Nursing Officer

1 Introduction

This document describes a series of educational models and one employment model designed, firstly, to widen access for NHS support staff into the second year of nursing pre-registration degree courses and, secondly, to provide meaningful career pathways for current and potential employees who wish to remain in *Agenda for Change* band 1-4 roles or for students who are unable to progress beyond the first year of a nursing degree.

The models are designed to assist local employers invest effectively in their whole nursing and clinical support workforce, to maximise capacity to deliver safe and high quality care, to ensure their workforce represents the community it serves and to meet future skill shortages for nurses. For employees the models provide robust and flexible opportunities to progress their careers including, if appropriate, into pre-registration nursing programmes. People recruited to follow any of the models will need to demonstrate they have the values and attributes to care intelligently and compassionately.

These models will need to take into account the new standards of pre-registration education being consulted upon by the Nursing and Midwifery Council and how post-registration career pathways are being modernised and redesigned.

Following the creation of these study models, steering groups were established in order to comment and provide feedback. The steering groups were composed of organisations including the Nursing and Midwifery Council, Royal College of Nursing, Royal College of Midwifery, UNISON, NHS Employers, Skills for Health, DH Workforce and Chief Nursing officer directorates and two higher education institutes. Together these groups represented nursing and midwifery students, education staff and nursing and midwifery professionals, employers and public protection through regulation. The document was discussed at the Health Council of Deans Recruitment and Retention group, and was also circulated to SHA workforce leads. Finally, the document was then reviewed by the DH policy team responsible for support staff career and education framework. The results of all discussions with all organisations have been incorporated into the final document.

The Department of Health is carrying out a full Equality Impact Assessment in relation to this policy area. This will be available on the Department of Health website in due course. We will be undertaking further work in this area to specifically explore the barriers to participation on nursing degree programmes and the impact that different widening participation models have on different groups. We expect each Strategic Health Authority to undertake an Equalities Impact Assessment. Higher Education providers already have equality and diversity policies in place that apply to students. Higher Education providers are required by law under the Race Equality Duty (2005) and Disability Equality Duty (2005) and Gender Equality Duty (2007) to prepare specific schemes for race, disability and gender which set out how they will promote equality of opportunity and prevent discrimination. Strategic Health Authorities and Higher Education Institutions are encouraged to consult with service users when developing models locally.

WORKFORCE DEVELOPMENT AND PLANNING

NHS employees should have clearly defined roles and responsibilities linked to National Occupational Standards and core and specific dimensions of the Knowledge and Skills Framework (KSF). Workforce development ensures that employees have the right competencies, knowledge and attitudes to

provide safe and effective practice. Development Reviews and Personal Development Plans are the means that employees' learning needs are identified and recorded.

Development may take place in order to:

- Allow employees to maintain the necessary skills, knowledge and work-related behaviour to safely and effectively undertake their current role.
- Formally recognise current job-related skills, knowledge and behaviour, for example through completing a National Vocational Qualification.
- Develop new skills, knowledge and work-related behaviour within current roles.
- Support career progression through the NHS career framework.

The models in this paper can support each of these aims.

Workforce planning allows organisations to ensure they have the right numbers of staff with the right knowledge; skills and behaviours to meet organisational and health needs across care pathways to deliver safe and high quality care. Workforce planning may require a review of existing skill mixes and ways of working as well as sources of current and future labour supply. This will include developing and enhancing the roles of existing staff.

The models in this paper present opportunities for nursing (and other) support staff, local employers, commissioners of services and education commissioners to develop competent workforces to meet local health needs. Introducing the models may have implications for skills mix, patterns of education commissioning and workplace learning environments and infrastructures.

New robust Bridging Programmes

In order to ensure staff have the necessary skills and knowledge to transfer from the first year of a Foundation Degree or from a NVQ level 3 (Models A and C, below) to the branch programme of the pre-registration nursing degree new robust Bridging Programmes have been developed.

MODEL A:

Progression, via a Bridging Programme, from Foundation Degrees to the branch programme of the pre-registration nursing degree course.

MODEL B:

Transition from the foundation pre-registration nursing degree to a Foundation Degree.

MODEL C:

Progression from a NVQ level 3, via a Bridging Programme, to the branch programme of the pre-registration nursing degree course.

MODEL D:

NHS Adult Clinical Higher Apprenticeships. This model is predicated on progression from Agenda for Change band 2 into band 3 onto band 4 and, if appropriate, into pre-registration nursing programmes.

Four educational models and two employment models are described in this document. Each builds on and develops current support staff and external access learning including the health and social care Apprenticeship framework, National Vocational Qualifications (NVQs), Health Care Assistants (HCAs) secondment routes and NHS cadet schemes. Foundation Degrees comprise an important element of a number of the models presented in this document.

In all cases progression along each model's pathway is dependent on employee's demonstrating the necessary academic and performance requirements.

This document also discusses the potential employment arrangements as individual progress towards registration.

Widening Participation – Key Principles

The models and the overall workforce development strategy they promote are underpinned by the following key principles:

- The models ensure the maintenance of education standards and learning programme quality outcomes. They are based on the principle of meritocracy and achievement of specific learning and academics outcomes and standards.
- The models aim to support NHS workforce and service priorities.
- The proposals build on existing and established learning approaches familiar to NHS employers and employees, whilst also taking account of new developments such as the Qualifications and Credit Framework (see *Annex 1*).
- The outcomes of the models are transferable between employers.
- The models utilise the Knowledge Skills Framework and Skills for Health frameworks.
- The models are transparent and easily understood by employers, current employees, potential employees, and the general public
- The approaches are flexible, allowing their application to local circumstances and needs.
- Approaches should support the acquisition of essential skills such as numeracy ICT and literacy to *at least* to level 2[3].
- The approaches reflect the opportunities that a flexible career framework brings to individual career pathways.
- The models aim to promote equality of opportunity and promotion of diversity in the nursing workforce

3 Allowing employers to meet The Skills Pledge – ensuring that all staff are skilled and competent to at a minimum level 2 standard (equivalent to at least five good GCSEs). For further information please see: www.traintogain.gov.uk/skillspledge

Whilst presented as separate models, the approaches described provide local employers, commissioners and employees with a responsive, flexible and integrated educational framework through which they will be able to develop their existing and future nursing workforce. The framework supports the vision of a workforce that is patient centred, focused on quality, flexible, clinically driven and that values people and promotes life long learning.

Local workforce development should be guided by the principles of quality, innovation, productivity and prevention whether through the creation of new roles[1] or ensuring that existing staff have the necessary skills, knowledge and work-related behaviours to support innovative high quality and safe care.

While specifically addressing the nursing profession the models and approaches to workforce development, career progression and life long learning proposed in this document may be adapted for other health care professional groups[2].

1 Such as Assistant Practitioners in Critical Care or Acute Stroke Care, Diabetes Support Workers or higher level Maternity Support Workers.

2 In respect of midwifery the models presented cannot provide a means to shorten pre-registration training as midwifery students are governed by Standard 7 of the ***Standards of Proficiency for Pre-registration Education*** (NMC, 2004) that stipulates the length of time a student is required to study.

2 The need to widen participation in nursing

There have been several pieces of work that have looked at barriers in relation to the changes to pre and post registration nursing careers. Evidence from these pieces of work have been used to inform this paper. [4] [5] [6]

The four educational models presented in this paper seek to address issues of equity and efficiency – widening participation into pre-registration degree programmes for groups that may be under represented, whilst also addressing future labour supply shortages of nurses. The nursing profession, for instance, remains a predominantly female dominated occupation. Evidence suggests that the apprenticeship model presented below may prove an attractive route into nursing for potential male employees.[7] This paper proposes that widening access will lead to participation from a more diverse range of people, and produce a more balanced and productive workforce.

NURSING WORKFORCE SUPPLY AND DEMAND

The NHS needs a workforce where the talent and capability of all is realised to support the delivery of high-quality, consistent, sustainable and personalised care. The NHS quality and productivity challenge sets out the need to integrate quality, innovation, productivity and prevention into all activities including workforce development. Recruiting and retaining staff with the right skills and knowledge is critical to delivering this agenda. However the NHS faces a number of significant future workforce challenges (summarised on page 12). These will need to be addressed if the service is to meet future growing demands on health and social care. Crucially the NHS needs to maximise capacity by developing its whole nursing workforce particularly its support staff. Research suggests as many as a third of current HCAs aspire to become registered nurses.

THE IMPLICATIONS OF DEGREE LEVEL REGISTRATION IN NURSING

The introduction of all graduate entry to the nursing profession will place a number of demands on future students, not least requiring them to demonstrate high standards of accomplishment/achievement prior to entry to pre-registration nursing degree programmes.

Unless alternative entry routes are developed, attracting applicants from diverse social backgrounds and communities may remain difficult. For example, only 15% of students whose parents work in manual occupation enter higher education compared with 81% of students whose parents have professional backgrounds.[8]

4 Nursing and Midwifery Council. (2008) Review of Pre- Registration Nursing Programmes Equality Impact Assessment Accessed from http://www.nmc-uk.org/aArticle.aspx?ArticleID=2641. 29th March 2010.
5 Department of Health (2008) Equality Impact Assessment: Towards a framework for post registration nursing careers. Accessed online on 29th March 2010 from: http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_086465
6 Griifin, R. Sines, D. Blunt, C. Lovegrove, M. (2009) Healthcare Student Support Systems: A review of the literature. A report for the Department of Health. London South Bank University.
7 Clinton M, Robinson S. Murrells T (2004) Creating diversity in the healthcare workforce: the role of preregistrationeducation in the UK. *Journal of Health Organization and Management* 18 (1): 16-24.
8 Barr, N. (2004) Higher Education and Funding. Oxford Review of Economic Policy Policy, 20 (2) pp 264-283.

Requiring a degree for registration may deter some ethnic groups from entering a pre-registration programme, for example, we know that Bangladeshi and Pakistani populations are less likely to go into higher education generally. (Higher Education Statistics Agency 2006/7). The Nursing and Midwifery Applications Service in 2006 identified that 10% of diploma applicants were male compared to only 8.1% of applicants to degree programmes.

The Nursing and Midwifery Council conducted an equality impact assessment for the move to degree level registration. They identified that people with disabilities are less likely to take degree courses despite having the same aspirations at 16. (Joseph Rowntree Foundation 2005)

Clinton et al (2004) state that widening participation will impact on the diversity of the nursing workforce. The models presented in this document seek to address the structural and other barriers that rising entry requirements will create to help ensure that the profile of health

care staff is representative[9], while also ensuring entrants into nursing degree programmes meet necessary academic/performance requirements. It is argued that higher levels of staff from ethic minority groups do facilitate provision of culturally sensitive and responsive care.[10]

9 Including in terms of gender.

10 Chevannes, M. (2001) "An evaluation of the recruitment of black and ethnic minority ethnic students to pre-registration nursing" *Nursing Times Research*, Vol 6 No 2 pp 626- 635. Cited in Clinton, M., Robinson, S., Murrells, T. (2004). "Creating diversity in the healthcare workforce. The role of pre-registration nurse education in the UK". *Journal of Health Organization and Management*. Vol 18 No 1 pp 16-24

Future workforce challenges

AN AGEING WORKFORCE. Over three quarters of the current nursing workforce is now 40 years of age or over. In 1993 the figure was 47%. The number of nurses retiring will rise by 43% in the next few years representing a substantial outflow from the workforce. This will need to be met by new recruits.

INTERNATIONAL NURSING SKILLS SHORTAGES. Growing shortages of nurses have been reported internationally. Shortages have increased to 12 per cent in America, for example while Australia is predicting a shortfall of 40,000 nurses. This could mean an increased need for international recruitment.

INCREASED MOBILITY OF GRADUATE PROFESSIONS IN EUROPE. Recent European Commission changes via the Bologna Accord may increase the flow of newly qualified health care staff out of the UK.

PROJECTED DECLINE IN THE NUMBER OF YOUNG PEOPLE. By 2020 it is estimated that there will be 600,000 fewer 15-24 year olds in Britain.

Creating a transparent and systematic framework to widen participation in to pre-registration degree programmes will provide additional benefits beyond equality and diversity. For example, existing staff and potential recruits will be able to make employment in the NHS a choice for life, with effective learning pathways providing opportunities for advancement and progression throughout their careers. Workforce development strategies can:

- Reduce turnover and recruitment costs
- Improve workforce planning
- Increase employee commitment
- Assist new ways of working, including the development of new roles and the provision of the skill mixes necessary to deliver a world class NHS.

Good quality education is also a critical element in ensuring patient and client safety. Providing structured learning pathways will address, for example, the acquisition of proficiency in essential skills, workforce respect for patients and clients and the provision of effective and responsive patient support and the assurance of client safety. Robust education standards provide a basis for regulation itself, although account should also be taken of the working environment and context of the individual student practitioner and their support team.

Of the number of students currently working towards a qualification, research suggests that there are differences by ethnic group in the proportions of those working at 'A' level or equivalent: Black African students are less likely (eight percent) to be studying at 'A' level than White (21 percent), Indian (21 percent) or Pakistani (23 percent) students. However, black African students are more likely to be working towards a degree (36 percent) than White, Pakistani or Black Caribbean students. Students from a minority ethnic group are more likely than White students to have vocational than academic entry qualifications, strengthening the support for different entry models to pre-registration courses.

The percentage of those holding degree level qualifications also differs by ethnic group. Twenty percent of White people hold a first degree or equivalent compared to 21 percent of Black Africans and 21 percent of Indians, whereas only 12 percent of Pakistanis and seven percent of Bangladeshis do.

Class of degree varies significantly between minority ethnic groups: all minority ethnic groups are less successful than White students in obtaining a first or upper second class of degree. For first degree graduates (excluding medical students) in 1998/99, 53 percent of White graduates obtained a first or upper second class of degree compared to less than 30 percent of Black, and around 36 percent of Asian graduates. There was little difference in the attainment profile within the Black group, though Black Africans appear to do the worst. Within the Asian group, all do better than Black students, and Chinese do the best.[11]

11 Bhattacharyya et al (2002) Minority Ethnic Attainment and Participation in Education and Training: The Evidence. Research Topic Paper for DFES

3 The Workforce Development Models

One of the main challenges facing employees who have achieved success at, for example, NVQ studies, is often a lack of self-belief and confidence to develop further, both academically and professionally.[12] The following models place particular emphasis on building confidence, developing study skills, the on-going recognition of achievement and provision of self-motivation for future learning.

Effective workforce development requires the provision and maintenance of an appropriate learning infrastructure, including the provision of support for individual learners in the workplace, including time off, funding and, where appropriate, access to skilled and proficient assessors and supervisors. The majority of non-achieved NVQs are due to poor access to assessors and mentors.

12 Gorard S, Smith E, May H, Thomas L, Adnett N and Slack K (2006) Review of Widening Participation Research: addressing barriers to participation in higher education, HEFCE: Bristol

Model A

PROGRESSION FROM FOUNDATION DEGREES TO THE BRANCH PROGRAMME OF THE PRE-REGISTRATION NURSING DEGREE COURSE.

Model A is modelled against a typical Higher Education Institute (HEI) provided Foundation Degree programme. The model presents a progression pathway for high achieving students. Students who successfully complete both the first year of their Foundation Degree and a new Bridging Programme as described in the box below, and who demonstrate a sufficient level of achievement, could under specific circumstances transfer directly to the second year of the undergraduate pre-qualifying nursing degree.

Typically students who have successfully completed the first year of a Foundation Degree have achieved 105 credits at education level 4[13] and 15 credits at level 3. However, not all of these credits map against the required Nursing and Midwifery Council (NMC) outcomes for the first year of the pre-registration nursing programme (see *Annex 1*). To bridge this gap it is proposed that two additional learning modules be developed to form a new Bridging Programme. These would be taken either sequentially or concurrently over a maximum period of two years, but could be achieved in a very much shorter period of concentrated study time (12 weeks). Direct progression to the second year of the pre-qualifying nursing degree programme will be limited to those students who demonstrate, via the completion of both the first year of a Foundation Degree and the Bridging Programme:

- The acquisition of all learning outcomes prescribed by the NMC for progression to year two of the course including practical skill competencies (as defined by the NMC in their essential skills clusters) and who demonstrate appropriate "*professional attitudes and values*".
- They are in good academic standing and, most importantly, have demonstrated proficiency in all requisite clinical competencies and be considered to be credible with regard to potential application of safe practice standards that will be required of them for any pre-qualifying nursing programme.

13 There are eight educational levels linked to qualifications. Level 1: GCSE D-G and NVQ1. Level 2: GCSE A*-C, NVQ2. Level 3: A Levels, NVQ 3. Level 4: Certificates of Higher Education. Level 5: Foundation Degrees. Level 6: Bachelor Degrees. Level 7: Masters and Level 8: Doctorate level.

Bridging Programme

MODULE 1 – 60 CREDITS LEVEL 4:

This would be achieved primarily in the employee's place of work (or as a placement attachment if the student is not employed in the NHS, e.g. undertaking a programme of study in an FE College), with a minimal HEI attendance requirement. This module would focus on APEL claim processing and the completion of clinical skills competence verification to address any gaps in skills acquisition required by the NMC for Branch entry. This could be achieved over a minimum 6-week period.

MODULE 2 – 60 CREDITS LEVEL 4:

This would be achieved via a combination of face-to-face and online learning with level 2 functional skills (*Qualification and Curriculum Authority, 2007*) embedded within the programme. It would be delivered flexibly to meet the needs of the employee and employer with multiple start dates scheduled throughout the year, maximizing the use of teaching and learning technologies. This could be achieved in 12 weeks running concurrently with module 1, with a maximum of 60 face-to-face contact hours.

HEIs should consider redesigning, in close collaboration with local employers, their current Foundation Degrees to map more closely with the outcomes and competencies achieved in the first year of a nursing pre-registration degree (see *Annex 1*). While the shape of the pathway would be the same as above, module 2 (above) in particular would require fewer elements and therefore could be completed in a shorter period of time because students would be credited with a larger number of NMC competencies. This would allow smooth transition and application of rigorous Accreditation of Prior and Experiential Learning (APEL)[14] procedures to ensure students are fit for direct transfer to the pre-qualifying degree programme (and therefore able to evidence achievement of NMC learning outcomes and skills). This would further strengthen programmes and educational outcomes for nursing support staff that do not progress beyond band 4.

Individuals who do not undertake a Bridging Programme and progress instead to year two of their Foundation Degree and qualify as Assistant/Associate Practitioners could, at later date step onto a Bridging Programme to seek entry to the pre-qualifying nursing degree course. Such students and their employers would also benefit from strengthened learning outcomes.

14 APEL provisions in respect of nursing undergraduate degrees are currently under review but may increase up to 50% of programme.



Case Study

Nick is a band 3 HCA working in critical care has been employed in the NHS for ten years. His trust is modernising its critical care services. Using the Department of Health's *National Education Framework for Assistant Critical Care Practitioners* (2008) the trust is developing a number of Assistant Practitioner posts supported by Foundation Degrees delivered by its local HEI. Nick's employer supports his study on the Foundation Degree, which includes basic anatomy and physiology, communications, ethics and specific skills such as wound care and Venepuncture. Nick successfully completes the first year of his Foundation Degree. With the agreement of his employer he applies to and is accepted onto the Bridging Programme run by the HEI. Over a six month period through a combination of structured work based experience and skill development, written assignments, face to face learning and e-learning Nick completes the programme and acquires (with the knowledge he has gained through the Foundation Degree first year programme) the equivalent knowledge and competencies he would have acquired had he completed the Foundation programme of pre-registration nursing. The gaps the Bridging Programme addressed included study and essential skills and ethics and law for nursing. Nick is now in a position where he could complete his Foundation Degree or apply for the second year of a nursing undergraduate programme.

Model B

TRANSITION FROM THE UNDERGRADUATE PRE-QUALIFYING NURSING PROGRAMME TO THE FOUNDATION DEGREE

Model B presents an inverse progression model for those undergraduate pre-qualifying nursing students who do not meet the NMC or higher education institutions standard of achievement for progression at the end of year one of their undergraduate programme. *Model B* is for those students who demonstrate competence in clinical practice but who have failed academic components of the programme, but who are deemed to be suitable to continue a programme of study, but at a lower academic level.[15]

Model B proposes that such students should be offered the opportunity to transfer directly to year two of a relevant Foundation Degree programme. These students must be clinically credible and demonstrate appropriate professional values/attitudes. In such circumstances *Model B* would provide an opportunity for students to be retained in the NHS workforce, and, subject to the successful completion of the second year of a Foundation Degree, to enter the workforce as Assistant Practitioners.

15 It is recognised that appropriate steps need to continue to be taken to minimise attrition from pre-registration courses. When, however, students do not wish to or cannot continue their studies Model B provides an alternative route to progression and helps ensure that these students are not 'lost' to the NHS.

Model C

NATIONAL VOCATIONAL QUALIFICATIONS (NVQ) LEVEL 3: TRANSITION INTO PRE-QUALIFYING NURSING DEGREE PROGRAMMES

A substantial number of NHS clinical support staff have been supported to achieve NVQs most, recently via the Joint Investment Framework and *Train for Gain* programmes. Such employees represent a substantial pool of staff that could be attracted into the nursing profession. However transfer to a full time three-year pre-registration nursing can pose problems for NHS staff with a NVQ level 3:

- Whilst such employees may be clinically competent they may not possess the necessary academic knowledge and skills to study successfully at level 4 and above.
- Such staff may not currently have the self-confidence to progress to a higher academic level of study and/or practice.
- Employees who are currently employed in the NHS may not wish to commit initially to a fulltime course of study, with no inbuilt flexibility to manage their work-life balance.

Employees who have completed NVQ level 3 have no academic credit at level 4 and may have very limited achievement of the NMC outcomes to map against the first year of a nursing programme (see *Annex 2*). The Bridging Programme outlined below is designed to enhance existing NVQs and bridge the gap onto the nursing pre-registration degree course, ensuring that employee's attain the necessary practical and academic skills and standards prescribed by the NMC for progression to the Branch year.

The majority, (although not all), of NVQs currently require continuous work based assessment and have no taught elements. Enhancing NVQs to facilitate, through teaching and assignments the development of employee's knowledge, study and essential skills would reduce the length of time spent in a Bridging Programme as well as supporting the effective development of staff within their current roles.

This model can be applied to staff on nursing cadet schemes and traineeships, which lead to NVQ, level 3 qualifications. An appropriate learning infrastructure needs to be established and maintained by local employers to ensure access to, for example, mentors and assessors.

Model D

NHS CLINICAL HIGHER APPRENTICESHIPS

Model D builds on the existing health and social care Apprenticeship framework to create a new Higher (level 4) Apprenticeship role, as well as providing staff who pursue Apprenticeships within the NHS to progress into nursing degrees.

Apprentices are employees who combine work experience with structured on the job and classroom based learning and progress within specific career pathways. NHS Apprentices follow an agreed national framework[16], which, for example, set out qualification requirements. As NHS employees Apprentices have the status of 'trainee' under Annex U of *Agenda for Change Terms and Conditions Handbook*. Funding for training is available to employers through the Learning and Skills Council's *Train to Gain* Brokerage network. Young Apprenticeships are aimed at 16-24 year olds, while Adult Apprenticeships are aimed at employees over 25 years of age.

Full details of the overall framework and more information about Apprenticeships generally can be found in the documents and links highlighted below.

16 See Skills for Health for further details: www.skills-forhealth.org.uk . A number of profession specific frameworks have been developed.

HEALTH AND SOCIAL CARE APPRENTICESHIPS

1. *World Class Apprenticeships: unlocking talent, building skills for all* (DIUS, 2008).
2. *A Guide to Apprenticeships in Health and Social Care* (Skills for Health, **www.skillsforhealth.org.uk**)
3. *The Health and Social Care Apprenticeship Frameworks* (Skills for Health and Aim Higher, 2009)
4. Learning and Skills Council (**www.lsc.gov.uk**)
5. *National Apprenticeship Service* (**www.apprenticeships.org.uk**)

Two levels of Apprenticeships are common in the NHS – level 2 and level 3 (see *Table 1* below). *Model D* allows Apprentices to progress beyond level 3 to level 4 and into pre-registration programmes if they have the necessary skills, knowledge and attributes. This approach is likely to be attractive to a significant number of potential nursing employees and will provide them with:

- Hands-on practical experience.
- Insights into healthcare professions.
- Opportunities to expand their skills.
- Experience of professional values and performance standards.
- Recognised and transferable qualifications.
- Access into healthcare registered grades through non-traditional routes.

NHS CLINICAL HIGHER APPRENTICESHIPS

The box below highlights key features of the emerging health and social care Apprenticeship framework. These include that Apprenticeships need to be discreet roles with clear progression routes and entry requirements supported by a minimum number of *Guided Learning Hours*. Learning must comprises a mixture of practice and theory within the context of an appropriate learning infrastructure. The remainder of this section will describe how the model might work in practice at level 4 (Higher Apprenticeship) and facilitate potential progression in nursing pre-registration graduate programmes.

Table 1

SUMMARY NHS APPRENTICESHIP FRAMEWORK

Level	NQF Entry Level & Qualification	Completion Qualifications
Pre-entry and entry to employment (includes 16-18 Apprenticeships, 14-16 Young Apprenticeships, 14-19 Diplomas in Health and Social Care).	1: Entry to employment	(Progress to Apprentice)
Apprentice	2: Five GCSE A*-G including English and maths at level 1	NVQ level 2 or equivalent
Advance Apprentice	3: Five GCSE, A*-C including English and maths at level 2	NVQ 3 and/or equivalent
Higher Apprenticeship	4/5: Foundation Degree, Bridging Programme	Foundation Degree
Pre-registration Degree (Branch)	6	Degree
Band 5 employment		

Features of Adult Apprenticeship Schemes

- Apprenticeships will incorporate and complement existing qualification and progression routes and build on existing good practice, such as cadet schemes and NVQs.
- Apprenticeship posts can be established at level 2 (Apprentice), 3 (Advanced Apprentice) and 4 (Higher Apprentice).
- Apprentices are both 'learners' and 'workers'.
- NHS Adult Apprentices have clearly defined posts graded at the appropriate level taking account of entry and outcome requirements.
- Apprenticeship roles at each level have minimum entry requirements.
- Apprenticeship programmes include functional skills (KSF linked), applied skills, learning skills, attributes and values, are outcomes focused and meet National Apprenticeship Standards and relevant qualifications (such as NVQs and BTECs).
- The apprenticeship model includes a commitment to a minimum number of Guided Hours Learning.
- Clear descriptions of career progression are built into learning.
- The instruction and/or practical experience an apprentice must receive and the Personal Learning and Thinking Skills (PLTS) that they must demonstrate in order to meet outcome standards. Six skills must be achieved in: independent enquiry, creative thinking, reflective learning, team working, self-management, and effective participation.
- Apprenticeship programmes include clinical practice experience (including customer service, simulated learning and team working) and theoretical learning.

A benefit of the apprenticeship model is the ability to include additional employer specific units. These can be deployed to better facilitate progression directly into the second year of a nursing programme. *Model C*, cited earlier, suggests that the learning 'gap' between NVQ level 3 and the required entry standard to the nursing programme at academic levels (4/5) can be met by the creation of two additional modules of study.

Knowledge based learning is a compulsory element of the apprenticeship model. This is currently achieved via the completion of a *Technical Certificate in Health & Social Care* at Level 3. The content of this knowledge based element of the Apprenticeship programme could also be adapted to include specific competencies/knowledge to better support health care roles at level 4 including essential skills.

Under *Model D* it will be possible to include the learning requirements outlined in *Model C* within the two-year apprenticeship programme. The learning required could be provided as part of Additional Employer Units and Personal Learning and Thinking Skills (PLTS). These would need to be taught across the two years and assessed separately. A range of awarding bodies could accredit PLTS Units, including the Open College Network.

Alternatively, additional learning could be delivered as the second year of the Higher Apprenticeship programme, but with the content being derived from the first year of a Foundation Degree (or similar) programme. The content would be designed to cover all the learning outcomes prescribed by the NMC for progression to year two of the nursing degree course, as described in Model A.

This core element of the apprenticeship model can be used for health & safety and induction purposes. It can also be used for:

- Equal opportunities legislation training;

- Introduction to the organisation, workforce disciplines, culture and representative structures of the health care sector;

- The impact of public law and policies in the health sector.

Such learning could be used to meet some of the NMC competencies specified for the successful completion of the second and third years of undergraduate programmes.

PROGRESSION

Progression is a central and explicit tenet of the Apprenticeship model. *Model D* brings units with higher-level academic study into the lower level apprenticeship programme. For example, it proposes that the Advanced Apprenticeship at level 3 contains some units of study at academic level 4 in order to prepare students for direct entry to the nursing branch programme. The same method should be applied at all apprenticeships levels. If this were the case then some exemption of accredited prior (certificated) learning (APEL) would be useful to avoid duplication of learning when students progress to the first year of the higher apprenticeship framework. This modelling requires more detailed work.

This framework assumes that the learning needs identified in *Model C* above, which are considered to be necessary for learners to accomplish the transition from NVQ 3 into the nursing branch programme, remain substantially the same learning needs to be met by the Advanced Apprenticeship programme.

Not all NHS support staff will want to progress into pre-registration health care programmes. Many will be content to develop into an extended role, or higher Band 4 role, such as that of the Assistant/Associate practitioner, with perhaps the apprenticeship route providing a quality assured method of achieving that ambition. For others, the desire to progress further into pre registration health care programmes may increase incrementally, as students gain in confidence and knowledge. Apprenticeships therefore need to lead both to higher or extended career posts as an incentive for learning, as well as becoming a preferred widening participation route for progression into pre-qualifying programmes.

A Higher Apprenticeship programme studied at level 4/5 could underpin the band 4 role. A Foundation Degree could provide the theoretical knowledge required by the Higher Apprenticeship Framework. *More work needs to be undertaken to assess the feasibility of such a model, including whether it would be feasible to 'top up' the higher apprenticeship to a full (nursing) degree with either work based study or University based study, under a variant of the nurse secondment scheme*

For those Apprentices that do progress through the career structure it is anticipated that they would spend a **minimum** two years at the Apprentice, Advanced and Higher Apprentice levels, though some exceptional candidates may be able to complete the framework in less time.

DELIVERING HIGHER APPRENTICESHIPS IN HEALTH CARE

Any increase in Apprenticeships in the NHS needs to be accompanied by growth in the quality and quantity of learning provision and assessment available. Part of the solution in the health sector could be for health care organisations, with in-house NVQ Assessment Centres, to explore extending their remit to deliver apprenticeship frameworks. Employers who are currently able to support NVQ assessment should relatively easily be able to provide the necessary infrastructure to deliver quality apprenticeships[17]. Potentially, the funding available could flow direct to these organisations, which can then use the funds to provide a mixture of externally provided and in house provision, according to local need and on behalf of a health economy collaborating to mutual advantage. This approach has the potential to drive up the quality of organisational learning.

Expanding Apprenticeships will need to form part of overall workforce planning to ensure that the necessary posts are in place to deliver the programme. Growth can be achieved, at least partly, through converting appropriate existing posts into Apprenticeships and also considering the Apprenticeship model as the learning solution when developing new roles.

17 The apprenticeship model can incorporate, utilise and develop existing educational frameworks to facilitate progression such as the West Midlands Foundation Degree Scheme Framework.

EMPLOYMENT MODELS

DEVELOPING NHS STAFF

NHS staff will predominantly be employed and paid using the AfC job evaluation system, with a variety of arrangements for delivering the education and training. Under certain circumstances, however, employees will be employed as trainees, and their pay arrangements are covered by Annex U of the AfC agreement. Depending on the nature of their training, this may mean that for the period of their training they receive a percentage of the pay for qualified staff.

SECONDMENTS INTO HIGHER EDUCATION

HCAs on secondment currently comprise 18-20 per cent of new entrants into nursing degrees. Employees who pursue the secondment pathway have a substantially lower attrition rate and higher completion rate than other nursing student groups.[18] Following entry into the nursing profession ex-secondees have a high commitment to NHS employment and particularly retain employment with their current employer. These benefits provide a strong economic argument for retaining employed routes into and through nursing degrees.

Currently NHS support staff seconded to undertake pre-registration nursing programmes are committed to undertake a minimum three-year fulltime programme. These secondees, in the main, exit their programmes with a *Dip HE* qualification Any change to introduce a graduate exit nursing profession might well create barriers for such staff. As a result the seconded route should be retained for those staff who wish to pursue this course and be adjusted to provide options for those HCA's who wish to progress to become graduate nurses. Progression may be achieved by seconding interested and motivated support staff to follow one of the bridging programmes detailed in *Models A* and *C*.

18 UNISON (2008). A course out of crisis: a study of attrition and the changing nature of the nursing and midwifery workforce.

Maternity Support Worker (MSW) Apprenticeships

Sandra's trust has created a series of clearly defined MSW apprenticeship posts. Sandra is keen to develop her role and would like to become a qualified midwife. She applies for and takes up an Apprentice role receiving the necessary Guided Learning Hours and studying for a NVQ level 2 including communication and functional skills (level 2/3) and ICT (level 2). The training allows her, for example, to electronically store information and to communicate information to women on healthy diets. She is also taught personal learning and thinking skills such as creative thinking and reflective learning. She is also provided with practical experience and support. After two years she successfully completes the Apprentice role and progresses to the Advanced level where alongside appropriate functional skills, competencies and technical skills she is also taught occupation specific competencies such as knowledge of Venepuncture procedures. The employment rights element of the learning includes study of public law and health policies. Ethics and patient dignity issues remain part of the learning. Sandra completes after two years and moves to a Higher Apprenticeship role. After completing the Foundation Degree Sandra applies for an undergraduate course in midwifery.

At each level units would be built into to the learning programme at a higher level to allow progression. MSW Apprentices would carry a 'passport'/portfolio recording their development from Apprentice through to Higher Apprentice. An appropriate learning infrastructure would be created to support the Apprentices including mentoring and supervised practice.

Bridging Programme

MODULE 1 – 30 CREDITS LEVEL 4:

This would be achieved primarily in the employee's place of work (or as a placement attachment if the student is not employed in the NHS, e.g. undertaking a programme of study in an FE College), with a minimal HEI attendance requirement. This module would focus on APEL claim processing and the completion of clinical skills competence verification to address any gaps in skills acquisition required by the NMC for Branch entry. This could be achieved over a minimum 6-week period. In addition students could be encouraged to complete a challenge assignment that would award credit for previous experiential learning. This could potentially reduce credit requirements in module 2 and thereby shorten the pathway.

MODULE 2 – 90 CREDITS LEVEL 4:

This would be achieved via a combination of face-to-face and online learning with level 2 Functional skills embedded within the programme. It would be delivered flexibly to meet the needs of the employee and employer with multiple start dates scheduled throughout the year maximizing the use of teaching and learning technologies. This could be achieved in 24 weeks running concurrently with module 1 with a maximum of 90 face-to-face contact hours. The credits in this module are higher than in Model 1 because the NVQ 3 outcomes have a very limited match to the CFP outcomes (see Annex 1).

4 Conclusion

The four educational models described in this document and summarised in *Diagram 1* draw together and build on existing pathways for NHS support staff. This approach recognises the progress the NHS has made in investing in the development of staff in *Agenda for Change* bands 1-4. It also ensures continuity of standards and limits additional costs and other burdens on employers. Building on the current system will minimise new money costs – whether direct (course fees) or indirect (time release). The bridging elements are, however, new educational programmes, which it will be necessary for some staff to progress through before entering the programme. The cost these represent will be off set against the savings from employees being able to enter the second year of the pre-registration degree course.

WIDENING PARTICIPATION IN NURSING

Benefits	Issues
Minimises new money costs by building on current approaches	Need to develop and commission Bridging Programmes
Allows progression to year two of nursing pre-registration degree courses for suitably qualified staff	Potential need to commission further Foundation Degrees
Models support a stable workforce	HEIs required to review current Foundation Degrees and amend existing degrees, where appropriate, to map more closely with NMC standards
Addresses future labour and skills shortages through Grow Your Own strategies	Workforce planning processes need to incorporate the implications of the models
Builds the skills and competencies of nursing support staff at all levels	Models require to be supported by the appropriate learning infrastructures and environments
Supports the development of new roles including at band 4	New Higher Apprenticeship role to be created
Provides clear and supported progression routes for nursing support staff	
Addresses equality and diversity issues including ensuring local workforces reflect the communities they serve	
Improves organisational productivity	
Supports NHS quality and productivity challenge	

The models will allow the NHS to address future labour shortages, develop a more balanced and representative workforce profile and support the building of skills for NHS support staff to deliver high quality and safe health and social care. They will also allow the creation of clear, standardised and supported career development pathways that are transferable between employers and which provide employees with professional development opportunities, which will support the provision of safe high quality care to patients. However, it is recognised that there will be challenges to implementing such significant change and to providing effective clinical placements and mentor support.

The models together present a flexible framework that will allow local employers to map their current developmental pathways to ensure they are able to maximise the potential of their whole workforce through effective workforce planning. Failure to widen access into nursing programmes will create recruitment costs for the NHS in response to increase demand for newly qualified nurses as retirement numbers grow and international nursing skill shortages affect supply.

Around one in five student nurses may leave their courses before completion. This represents a substantial direct cost to the NHS but also the loss of potential employees. Staff entering nursing degree programmes from NHS support roles have substantially lower attrition rates than direct entry students. Such students are more confident on placement than other student nurses. This is because they have experience of the reality of nursing, have already developed a range of practical skills, have experience of health care work including shift work, unsociable hours and unpleasant tasks. They also have an understanding of the context and culture of clinical practice.

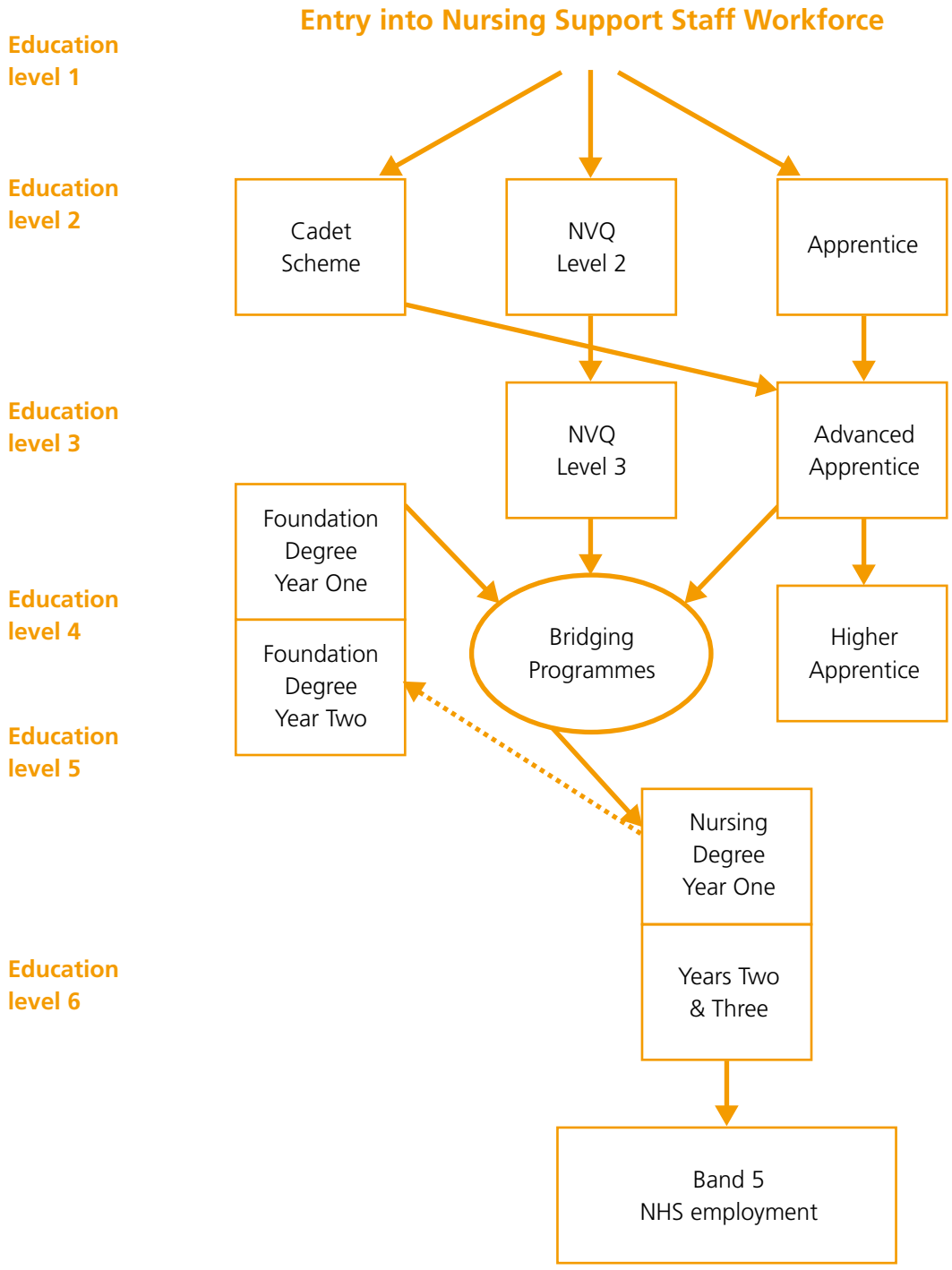
The models provide other, less immediately costable benefits. Investing in and building the skills of band 1-4 staff will provide a more productive and flexible workforce allowing local employers to review their skill mix particularly as Assistant/Associate Practitioner roles grow to complement professional staff. Ensuring the NHS workforce reflects the communities it serves will help provide more credible care as well as providing wider social benefits.

The approaches set out in this document require the service to address a number of issues including the need for workforce planning that allows appropriate developmental opportunities to be created. While Foundation Degrees are provided by a growing number of HEIs, further programmes may need to be commissioned to ensure sufficient support for the development of band 4 posts and also progression into pre-registration undergraduate nursing degrees.

Diagram 1

WIDENING PARTICIPATION PATHWAYS IN NURSING

The diagram below summarises the education pathways proposed in this document as they might apply to the nursing support staff workforce.



Annex 1

QUALIFICATION AND CREDIT FRAMEWORK

Credits are the means by which formal accredited learning achievement can be recognised. They also show that a learning programme has been assessed according to set and consistent criteria and quality assured. Credits from a variety of programmes can be accumulated and transferred

By the end of 2010 all vocational qualifications in England, Wales and Northern Ireland will comply with the regulatory requirements set out in a new framework – the Qualification and Credit Framework (QCF). The Regulatory Body responsible for regulating vocational qualifications is Ofqual.

Each unit and qualification within the framework will have a credit value with one credit equating to 10 hours learning. Credits will be ranged from entry level to level 8. There are three sizes of qualifications:

- Award = 1-12 credits;
- Certificate = 13 – 36 credits;
- Diploma = 37 credits+.

Qualifications are listed in the QCF with `rules of combination` that allow for flexibility but also guarantee a level of knowledge and skills development. The new QCF system enables the recognition and accreditation of in-house training within a national qualification framework. Provision has been made in the QCF for qualifications that use the term ` NVQ` in their title. The requirements will ensure that qualifications using this terminology are titled consistently and appropriately.

FOR MORE INFORMATION ABOUT THE QCF PLEASE SEE:

Qualifications and Curriculum Development Agency

www.qcda.gov.uk/8150.aspx

Office of Qualifications and Examinations Regulator

www.ofqual.gov.uk

National Open College Network

www.nocn.org.uk/Homepage

Annex 2

NMC COMPETENCIES FOR YEAR ONE NURSING DEGREE MAPPED TO EXISTING FOUNDATION DEGREE AND NVQ 3

This grid illustrates the common features shared between the common foundation programme for pre-registration nursing (along the top) the foundation degree (along the left) and the NVQ in health and social care (along the right)

Common Foundation Programme for Pre-registration Nursing

	Biology	**Applied biology**	**Individual & society**	**Models & frameworks**	**Engaging with vulnerable people**	**Ethics & law for nursing**	**Foundation skills for practice**	**Study skills**	
Foundation Degree for Assistant Practitioners Yr 1 (Δ)									*NVQ 3 Health & Social Care (√)*
Human anatomy & physiology	Δ						√		Effective communication for individuals (M)
Clinical Skills							Δ √		Health, safety & security in work environment (M)
Social Context of Health Care			Δ				√		Reflect on and develop your practice (M)
Health & wellbeing			Δ				√		Choice, wellbeing & protection of individuals (M)
Admission transfer & discharge							Δ √		Skin breakdown & risk assessment (O)
Learning for effective delivery							Δ √		Move & position individuals (O)
Study Skills							√	Δ	Undertake physiological measurements (O)

M = Mandatory unit O = Optional unit √ and Δ indicate where there is a match between CFP outcomes (shown by a Δ) and specific unit outcomes of NVQ 3 and Foundation degree year 1 (shown by a √).

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