

Skills for Health Qualification Design Criteria

Context

Throughout an extended period of change in the qualifications landscape, Skills for Health has continued to enjoy collaborative working arrangements with Awarding Organisations and employers to ensure that vocational and vocationally related qualifications available to the health sector are fit for purpose. On behalf of employers in the sector, this is an approach that Skills for Health wishes to maintain and further develop.

Offering support required for accreditation of regulated qualifications has been a service that Skills for Health has been pleased to provide. We believe that setting out publicly the criteria by which we offer support will help to strengthen the value in this service, making the criteria accessible not only to Awarding Organisations but also to employers and other stakeholders.

In return for seeking and securing Skills for Health support, Awarding Organisations will be permitted to use the Skills for Health logo on materials associated with the qualification for which support has been given. Alongside the Skills for Health logo the strapline 'Meets Skills for Health Qualification Design Criteria' will be displayed for customers to see.

Skills for Health does not charge a fee for this service.

The following definitions have been used in the Design Criteria:

Initial Vocational Education and Training (IVET):

General or vocational education and training carried out in the initial education system, usually before entering working life.

(Cedefop 2008)

Continuing Vocational Education and Training (CVET):

Education or training after initial education and training – or after entry into working life aimed at helping individuals to

- improve or update their knowledge and/or skills;*
- acquire new skills for a career move or retraining;*
- continue their personal or professional development.*

(Cedefop 2004)



Qualification Design Criteria

The Qualification Design Criteria are aligned to the Skills for Health Learning Design Principles (2006, refreshed in 2011 and updated in 2015) which have successfully supported the shift from provider-led to employer-led design.

Throughout this document the term *unit* is used for simplicity but this can mean module or any other similar term.

Learning Design Principle	Qualification Design Criteria	Examples of evidence
<p>Principle 1</p> <p><i>The commissioner and designer must together understand the purpose of the learning</i></p>	<p><i>A clear rationale for workforce and educational need for the qualification should be given</i></p> <p><i>Evidence of demand from employers relevant to the country, or countries, in which the qualification will be used should be given</i></p>	<p><i>Letters of support from employers from the relevant country/countries</i></p>
<p>Principle 2</p> <p><i>The employer should be able to describe the functions required by the role using National Occupational Standards</i></p>	<p><i>CVET qualifications should be based on a role expressed in National Occupational Standards/ Skills for Health Competences</i></p>	<p><i>NOS mapping/identification submitted with the request for support</i></p>
<p>Principle 3</p> <p><i>The content of the learning output should reflect the requirements of / or be informed by the NOS</i></p>	<p><i>Learning outcomes in CVET qualifications should reflect the requirements of National Occupational Standards/ Skills for Health Competences</i></p> <p><i>Learning outcomes in IVET qualifications should be informed by National</i></p>	<p><i>NOS mapping/identification submitted with the request for support</i></p>



	<i>Occupational Standards/Skills for Health Competences</i>	
<p>Principle 4</p> <p><i>The design process should define the size and level of learning and total qualification time before packaging units/ modules into qualifications</i></p>	<p><i>Where qualifications are shared, qualification structure should be shared between Awarding Organisations</i></p> <p><i>Where qualifications have shared structure, the qualification titling convention should also be shared between Awarding Organisations</i></p> <p><i>CVET qualifications should comprise of units that are credit bearing. Where the qualification is not unit and credit based Skills for Health would expect to see evidence that the rationale for this has been agreed with employers</i></p>	<p><i>Letters of support from employers from the relevant country/countries</i></p>
<p>Principle 5</p> <p><i>The design process should define the transferability of credit and progression opportunities</i></p>	<p><i>IVET qualifications should offer opportunity for progression into CVET or higher education</i></p> <p><i>CVET qualifications may offer opportunity for progression into higher level CVET or higher education</i></p>	<p><i>Examples of progression pathways</i></p>
<p>Principle 6</p> <p><i>When learning outputs are packaged into qualifications which confer</i></p>	<p><i>CVET qualifications that confirm occupational competence should be</i></p>	



<i>occupational competence, they should be assessed in the real work environment</i>	<i>assessed in line with the Skills for Health Assessment Principles</i>	
<p>Principle 7</p> <p><i>The learning outputs should be subject to rigorous quality enhancement</i></p>	<p><i>The AO will be able to describe how they will actively participate in collaborative qualification review processes</i></p>	<p><i>Membership of SSC Awarding Organisation Forums, Awarding Organisation quality groups and unit review groups</i></p>

