

# 'Growing Your Own'

## A Practical Guide to Growing Your Own Professionals for the New NHS



better **skills**  
better **jobs**  
better **health**



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# 1. Introduction

‘Growing Your Own’ is a practical guide to developing staff for NHS organisations in England. The guide is designed primarily with healthcare employers in mind but is relevant to Strategic Health Authorities as well. It will be useful to a wide range of people with an interest in enabling staff in pay bands 1 to 4 to have better access to learning and development opportunities, so they can play a fuller role in improving healthcare services for patients and service users.

This guide has been produced for:

- People directly involved in education commissioning, design, and delivery
- People involved in service redesign and workforce planning
- Trade unions and professional bodies interested in the learning and progression of staff in pay bands 1 to 4
- Learning providers such as Universities and Further Education Colleges working in healthcare
- Funding agencies such as the Learning & Skills Council
- Lifelong Learning Networks supporting the provision of quality learning in healthcare

## How can this guide help?

There’s greater recognition that in order for healthcare services to develop in line with patient needs, all who are part of healthcare teams must have an opportunity to develop and learn new skills.

*“The wider healthcare team is essential both to the modernisation of professional career frameworks and to the quality of patient experience. They have continual and regular contact with patients and provide essential support to multi-disciplinary teams in the delivery of care. We need to engage these staff and demonstrate more clearly that we value their contribution to the multi-disciplinary team and to patient care and experience.”*

Lord Darzi, A High Quality Workforce (2008)

This guide offers ideas and practical suggestions for those involved in learning and development for healthcare employees in bands 1 to 4. It has been developed with input from the healthcare sector and education partners. You will find information to support strategic development, links to sources of funding to support learning and development, and case studies which show how others have been able to ‘grow their own’ workforce.

We would like to thank everyone who participated in the Guide’s development and hope it is helpful to you and your organisation.

## 2. Background and Context

This practical guide has emerged from a Department for Innovation, Universities and Skills (DIUS) funded project called ‘*Growing Our Own Professionals for the New NHS*’. The project work took place in the Thames Gateway, drawing on good practice from across the country. It was led by the former Widening Participation in Learning Strategy Unit at the Department of Health before its migration into Skills for Health.

The collaborative project involved a wide ranging group of stakeholders in its governance, including NHS employers, trade unions, professional and regulatory bodies, the Department of Health (England), the Learning & Skills Council, Skills for Health, the Thames Gateway, Foundation Degree Forward and a number of learning providers, including Professor David Sines formerly of London South Bank University – the project’s lead academic partner.

The project’s aim was to provide an integrated model of progression for healthcare employers to use, which would set out how individuals in Agenda for Change pay bands 1 to 4 could be supported through learning and career interventions to progress into the various professions.

A full report containing the integrated model is available at [www.skillsforhealth.org.uk/gateway/report](http://www.skillsforhealth.org.uk/gateway/report) and this guide is distilled from the recommendations of the project stakeholders. The integrated model itself was created from the findings of the seven supporting sub projects listed below:

- E-Learner Support system (led by the Open Learning Partnership) and available at [www.skillsforhealth.org.uk/gateway/elearner](http://www.skillsforhealth.org.uk/gateway/elearner)
- E-Mentoring Programme (led by the Brightside Trust) with the report available at [www.skillsforhealth.org.uk/gateway/ementoring](http://www.skillsforhealth.org.uk/gateway/ementoring) and the e-mentoring website at [www.gatewaytoprogression.otherworks.com](http://www.gatewaytoprogression.otherworks.com)
- A Good Practice Guide on negotiated curriculum design and co-delivery, National Vocational Qualifications and Foundation Degrees (led by London South Bank University and Newham University Hospital Trust) and available at [www.skillsforhealth.org.uk/gateway/curriculum](http://www.skillsforhealth.org.uk/gateway/curriculum)
- Patient and Public Involvement (led by Benedict Taylor Associates) and available at [www.skillsforhealth.org.uk/gateway/ppi](http://www.skillsforhealth.org.uk/gateway/ppi)
- Workplace Learning Report, the Checklist and Business Case (led by Jan Walmsley Associates) and available at [www.skillsforhealth.org.uk/gateway/workplacelearning](http://www.skillsforhealth.org.uk/gateway/workplacelearning)  
[www.skillsforhealth.org.uk/gateway/workplacelearning/businesscase](http://www.skillsforhealth.org.uk/gateway/workplacelearning/businesscase)  
[www.skillsforhealth.org.uk/workplacelearning/checklist](http://www.skillsforhealth.org.uk/workplacelearning/checklist)
- Careers Information and Advice – the Report and Framework (led by Anne.L.Sabine Associates) and available at [www.skillsforhealth.org.uk/gateway/careers](http://www.skillsforhealth.org.uk/gateway/careers)
- Utilising Credit and Qualifications Frameworks to support learning and career progression (led by Canterbury Christ Church University) and available at [www.skillsforhealth.org.uk/gateway/cqfs](http://www.skillsforhealth.org.uk/gateway/cqfs)

Each of these sub project reports are rich in evidence supporting the advice in this Guide as well as providing useful assistance to those engaged in the commissioning, designing and delivering of workforce development and learning constructed around patient pathways.

'*The Growing Our Own Professionals for the New NHS*' project aligns with messages in the High Quality Workforce Report<sup>1</sup> produced by Lord Darzi in 2008 as part of the Next Stage Review. It also builds on the findings of Professor Bob Fryer's 2006 report 'Learning for a Change in Healthcare'<sup>2</sup> It supports health employers tasked with meeting the actions required under the Skills Pledge<sup>3</sup>, proposed by Lord Sandy Leitch as part of his review of UK skills<sup>4</sup>. It provides some ideas about how the learning 'offer' funded by Joint Investment Framework could be more deliberately focused to include support for progression into new roles and the professions<sup>5</sup>.

For further information about the project and the reports please email Kathy Tyler, Skills for Health London Regional Director at **[kathy.tyler@skillsforhealth.org.uk](mailto:kathy.tyler@skillsforhealth.org.uk)**

<sup>1</sup> Department of Health A High Quality Workforce: NHS Next Stage Review (2008)

<sup>2</sup> Fryer RH, Learning for a Change in Healthcare (2006)

<sup>3</sup> Skills for Health Skills Pledge Guidance for Health Sector Employers in England (2008)

<sup>4</sup> HM Treasury. Leitch Review of Skills: Prosperity for all in the global economy – world class skills. Final Report (2006)

<sup>5</sup> More information on the Joint Investment Framework (JIF) can be found at **<http://www.skillsforhealth.org.uk/page/joint-investment-framework>**

### 3. Getting the Learning and Qualifications we need

Qualifications are the bedrock upon which the professions within the healthcare sector are built. They indicate a core level of knowledge, a consistency in professionalism and an agreed basis for continuing professional development, leading to high quality care and public safety. Achieving the right qualifications for pay bands 1 to 4 is important to underpin progression into the professions and enable transferability and recognition of individuals' learning and competence across different employers.

#### Workforce Learning and Development Strategy

Effective planning is vital when developing the workforce, and learning and development solutions and qualifications should be rooted in service need. This means bringing clinicians who are leading service redesign around patient pathways together with workforce planning and education and training teams.

Our stakeholders recommend that you set up a multi-disciplinary project team to explore the following questions:

- How will you identify workforce development needs at an early stage in the learning design process and ensure these are incorporated in it?
- Is the learning curriculum appropriate to service need?
- Are the qualifications the right ones?
- Is the learning delivered effectively and should you measure it for impact on service quality?
- What do you need to do to ensure that the project is well managed by the team from initial concept to implementation? Bearing in mind it could take anywhere from one to three years.
- How will you ensure that both higher level and first line managers are aware of and supportive of the project?
- How can you involve staff (the potential learners) from the outset in the design and delivery of the curriculum underpinning the qualifications?
- Should you draw up a learning agreement to support staff learning in the workplace in partnership with staff side unions?
- Should you establish a learning committee as a mechanism for the practical involvement of union learning representatives in support of your learning and development strategy?

Skills for Health learning design principles will be helpful in underpinning your learning strategy and these are available at <http://www.skillsforhealth.org.uk/page/awards-and-qualifications>

In addition there are a range of very helpful workforce planning tools available at <http://www.healthcareworkforce.nhs.uk>

## Role Design and Team Working

An important element for achieving flexible teams is to make sure staff have the right skills and competences, in new and enhanced roles. Introducing new roles at pay band level 4, or introducing new tasks for staff at level 3, will have implications for the wider team.

To get the best out of role design and maximise the impact from reconfigured team working, our stakeholders suggest you consider the following questions:

- Have you assessed the impact of new roles on skill mixes?
- By what means can you recognise staff achievement and reward them for progressing in their learning and careers?
- What is the best way to review the existing workload of the team with a view to reallocating roles and tasks?
- Will you adjust job descriptions of staff taking on new roles to reflect any changes and ensure they are re-evaluated against Agenda for Change so they are appropriately banded?
- Should you ensure that trade unions are engaged in this process from the outset, probably as part of the multi-disciplinary project team?
- Have you briefed first line supervisors on the whole project at an early stage, so they understand how it will affect their staff, what the added value is for them, and how they need to support staff in learning?

Case study: Reshaping the Workforce to meet 18 week waiting time target  
[http://www.skillsforhealth.org.uk/js/uploaded/NW\\_case\\_study\\_flexible\\_workforce.pdf](http://www.skillsforhealth.org.uk/js/uploaded/NW_case_study_flexible_workforce.pdf)

## Working with professionals

Registered professionals often manage or mentor staff who are progressing into new roles. The learning and qualifications being undertaken by support staff, such as Foundation Degrees, NVQs or increasingly Apprenticeships, will ideally dovetail with pre-qualifying learning programmes to facilitate seamless progression.

To ensure professional staff are able to facilitate skills development of support staff so they emerge competent and adhere to necessary professional codes of conduct, our stakeholders suggest you consider the following questions:

- Should you involve appropriate professional staff in the project at an early stage?
- How could you ensure that all professionals mentoring or supervising staff undertaking learning and new tasks are fully aware of the curriculum? At which point they will need to be supervising staff ready to use these new skills in practice?
- How can you make sure that job descriptions are written to ensure that the boundaries between the new role (scope of practice) and clinical decision making are clearly defined and understood by all? Note, this will help clarify professional and individual accountabilities.
- Do potential learners know and understand how protocol driven and quality assured care result in better service user outcomes?
- Are there mechanisms for translating the strategy into clear and consistent messages from the Board about how the emergence of new roles for support staff is to be viewed and handled across the organisation?

Case Study: Developing a Foundation Degree in Continuing Care

<http://www.skillsforhealth.org.uk/uploads/page/98/uploadablefile3.pdf>

## Working with Learning Providers

Close partnership working will support your activities around learning and development, and can eliminate duplication of effort. These points will be familiar to many learning and development staff but not necessarily to clinicians and other colleagues involved in designing learning.

It is important that learning providers such as Universities, Further Education colleges, independent, or in-house providers, clearly understand the context for the learning and related qualifications, and exactly what it is you want to commission. To do this our stakeholders suggest the following questions:

- Have you invited different learning providers to tender for the learning programme to be commissioned?
- Is the specification to be used in the tendering process sufficiently precise and detailed to get the content, learning outcomes, delivery mode and costing that you need?
- Would it be useful to invite shortlisted providers to present their proposals to a panel which includes potential learners and service users? This can help to clarify any points.
- Are pre-existing modules fit for your purpose?
- Are arrangements for supporting learners as they move to higher level study detailed, adequate and appropriate?
- Is there sensitive skills for life assessment? Is this then followed up by personalised skills for life support, should learners need it?
- Have you agreed costs up front and do providers give good value for money?
- Are the programme's teaching staff occupationally knowledgeable and empathetic with this group of staff?
- Is it clear that some of the (formal) learning provision will take place on site and at times to suit your learners working patterns, and that off site learning will be within easy travel distance for your learners?
- Is the role of mentors and/or supervising managers clear within the providers' proposal? Is it clear how the provider will brief and support them?

Case study: NHS Highland and the University of Highlands and Islands Millennium Institute (UHI) pioneer training programme to improve diabetes care

<http://www.skillsforhealth.org.uk/uploads/page/98/uploadablefile8.pdf>

## Involving Patients and the Public

Patients and the public expect to have a greater say in what healthcare services look like. There is a legal duty under Section 242(1B) of the NHS Act 2006 for healthcare employers to involve service users in the planning and delivery of health services, and this duty extends to designing training activities that impact on service delivery. Added to this, there is huge value in involving patients in the design, delivery and evaluation of learning and qualifications. It helps learners understand the patient's point of view and ensures that learning is effective.

In *A High Quality Workforce*,<sup>6</sup> Lord Darzi emphasises that a patient centred approach to care provision should be incorporated into education and training programmes wherever possible; and that the most effective way of doing this is by involving service users and carers in the design, delivery and evaluation of education and training programmes. The NHS Constitution underlines the fact that public and users have a right to be involved in the planning and provision of healthcare services, and in decisions affecting the operation of those services.

To achieve a greater level of involvement from patients and the public our stakeholders suggest you do this by asking the following questions:

- Should you review commissioning practice to require learning providers to demonstrate how they incorporate patient and public involvement into the design and delivery of their education provision?
- Do you let providers know that tenders will be scored higher according to the extent that patient and public involvement is addressed?
- Do you have creative ways of involving service users and carers in the design, planning and delivery of education programmes underpinning qualifications and considering commissioning dedicated support from people with experience of this area? The Chain network Public and Patient Involvement sub-group will help you with this and can be contacted at [enquiries@chain-network.org.uk](mailto:enquiries@chain-network.org.uk)
- How can you ensure that service users involved are representative of the communities served?
- Do you have a system of expenses and honoraria available to support service users who incur costs to help you with your involvement process?
- What can you do to treat users and carers that you involve as equal partners?  
Are you ensuring you remove any barriers to access, such as the use of unexplained jargon?
- Are you ready to provide training to service users and carers to support their participation?

<sup>6</sup> Ibid page 5

## Accessing Funding

There are several routes for organisations to access funding for learning and development of staff in bands 1 to 4. The Joint Investment Framework (JIF), brokered by Skills for Health, which is the co-funding arrangement between the Learning & Skills Council and each Strategic Health Authority, provides healthcare employers with additional funds to support the learning and acquisition of qualifications by staff in bands 1 to 4.

To access sufficient and long term funding for staff in bands 1 to 4 our stakeholders suggest you consider the following questions:

- Is your organisation accessing JIF funding – if currently eligible? Check your eligibility with your regional JIF lead if in doubt
- Have you explored making your NVQ assessment centre (if you have one) an LSC approved supplier of qualifications such as NVQs and Apprenticeships? This will bring in income and help you control quality. Ideally, you can work in partnership with your local Further Education College, to mutual advantage.
- Are you in contact with your local JIF leads, who should be able to advise you about any additional funded help available to introduce, or grow, apprenticeships in your organisation?
- Have you made contact with your Lifelong Learning Networks (LLN) for possible funding to support learner progression into higher education qualifications like Foundation Degrees?
- Have you approached your Strategic Health Authority to fund backfill or the fees charged for qualifications, such as Foundation Degrees, which often underpin new Associate Practitioner roles at pay band 4?
- Have you made the business case to persuade your organisation to invest more of its own resources in pay bands 1 to 4 learning and progression?

Skills for Health Funding Guide for Employers

[http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/IAG\\_Funding\\_Employers.ashx](http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/IAG_Funding_Employers.ashx)

Skills for Health Funding Guide for Individuals

[http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/IAG\\_Funding\\_Individuals.ashx](http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/IAG_Funding_Individuals.ashx)

## Realising the Benefits

Very few healthcare organisations evaluate the learning undertaken by pay bands 1 to 4, either in terms of financial benefits or the impact on quality of care. Yet this is the information that underpins the case for continuing investment in the learning and development of this group of staff.

It also often happens that learning to underpin new roles is provided and paid for by organisations, but with no post or extended role available into which staff can introduce their new skills and knowledge into their practice, either during the course or on completion.

To realise the benefits of learning and development our stakeholders ask you to consider the following questions:

- Will there be Associate Practitioner, or other extended or higher banded posts, available for staff to apply for on completion of the relevant learning programme?
- Will the new skills learned be applied in practice under appropriate supervision to maintain competence, as the learner proceeds through the programme? Do you ensure that this competence is recognised and utilised by all supervising staff?
- Are evaluation results (see below) communicated effectively to the Board and from the Board to relevant managers and staff across the Trust?

Case study: Up skilling Healthcare Assistants to Associate Practitioner level  
<http://www.skillsforhealth.org.uk/uploads/page/98/uploadablefile14.pdf>

## 4. Effective Workplace Learning

Workplace learning can include a wide range of delivery methods:

- In-house training events
- Formal learning delivered in the workplace
- Critical incident review work
- Shadowing
- Assessment based learning
- Reflective practice
- Mentoring
- Coaching
- Team based network learning using web based technologies.

Workplace learning is defined by the project as:

*'learning that is organised in or by the workplace, and that supports employment role and progression'.*

Workplace learning can be used to support four main objectives:

- Facilitate recruitment by offering work based learning experience to those currently not in work or seeking to move to a new role
- Improve retention by offering career progression to unqualified staff
- Improve performance in an existing role by providing learning in support of Continuing Personal and Professional Development (CPPD)
- Facilitate progression to extended or more senior roles, including professional status.

Associate Practitioner roles, together with other extended roles, are increasing in variety and number because their generic content tends to more accurately support the patient pathway. This is in comparison with more traditional roles which tend to derive their content more from the way the professions have emerged over the years, than from the needs of the patient.

Workplace learning is critical to delivering more Associate Practitioner and extended roles, improving the performance of whole teams, and underpinning the confidence and competence of support staff who are increasingly being asked to take on new and enhanced tasks.

Workplace learning is already widespread and there are tremendous benefits to be gained from enhancing the quality of workplace learning, especially if curricula integrate the lived reality of learners' everyday working practice with taught theory and underpinning knowledge.

## Getting Board support

Lord Darzi proposes in 'A High Quality Workforce: Next Stage Review' that a named Board member is identified to support education and development.

Our stakeholders suggest extending the remit of the Board member to:

- Champion the learning and progression of staff in Bands 1 to 4 in particular
- Encourage the implementation of the Skills Pledge
- Support the expansion of new Associate Practitioner roles and apprenticeships to deliver better service user outcomes, within a skills escalator progression framework
- Send clear and consistent messages from the Board to staff and supervisors across the organisation about the higher level of priority to be given to the implementation of the learning strategy for the wider workforce.

Skills Pledge for Healthcare Employers: Why do it? See case study on page 8 of the Skills for Health Guide for Employers.

<http://ln.skillsforhealth.org.uk/page/resources/hot-topics/skills-pledge-guidance-for-health-sector-employers-in-england>

## Building the Business Case

Learning for the wider workforce is often not seen as a key area for investment and workplace learning can be undervalued. It is therefore important to build a strong business case to demonstrate how such learning will enable delivery of service improvements and workforce development objectives.

To build an effective business case our stakeholders ask you to consider:

- How you can use workplace learning to enable learners to deploy new skills and knowledge while undertaking their learning, to the early advantage of work teams and service users?
- How can you engage qualified professionals to influence the learning programme, help to shape new roles and set their position within the team, so that boundaries are clearly defined and understood by all?
- Are you evaluating the learning for impact across a range of elements? These could include:
  - **Quality of care**(e.g. improved patient survey results, reduction in complaints, reduced rates of infection)
  - **Level of employee satisfaction** (e.g. reduced levels of absenteeism and increase retention rates, lower litigation levels, better staff survey results)
  - **Level of employee effectiveness**(e.g. increased staff flexibility, greater willingness to take on new roles, enhanced discretionary effort, improved team capabilities, enabling qualified staff to focus on direct care)
  - **Level of HR and financial effectiveness**(reduced NHA insurance premia), reduced agency and recruitment costs, improved appraisal rates and KSF implementation through personal development plans, skill mix savings, avoiding skills gaps, less attrition compared with formal learning, more effective spend on learning outcomes).

To read more on this go to Outline Business Case for Workplace Learning at [www.skillsforhealth.org.uk/gateway/workplacelearning/businesscase](http://www.skillsforhealth.org.uk/gateway/workplacelearning/businesscase)

## Supporting practice based learning

To support learning programmes which incorporate large elements of workplace practice such as Foundation Degrees, NVQs and Apprenticeships, the practice element must be embedded in a robust, standards driven workplace practice learning framework.

Our stakeholders suggest you think about introducing a standards driven framework and to ask the following questions:

- Do your quality assurance processes ensure consistency in the use of competences?
- Are there clear links between learning outcomes and the requirements of professional bodies?
- Is there a direct connection between the learning and service improvement objectives?
- Are there direct links between the learning outcomes and the KSF which are outlined in Personal Development Plans?
- Is the learning founded upon national workforce competences and national occupational standards ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)) and accredited?
- Do you have mentor training and mentor guidelines about their role?

## Developing consistent role profiles

As Associate Practitioner roles become more widespread, there needs to be standardisation of core elements of these roles to support progression into the professions, to enhance public protection, to underpin regulation and enable staff to transfer to new departments and employers.

To develop consistent role profiles, our stakeholders suggest you consider the following questions:

- Could you standardise the core elements of Associate Practitioner roles as part of your organisation wide policy covering the use and introduction of such roles?
- Could you use these core elements, identified as generic for all band 4 roles, as the basis of your learning curriculum and then add additional specialist modules as necessary?
- Could you then build the core elements into Associate Practitioner Job Descriptions, using National Workforce Competences, National Occupational Standards and mapping to KSF core dimensions

See examples of new Associate Practitioner roles and new ways of working  
<http://newwaysofworking.skillsforhealth.org.uk/index.php/page/>

## Clearly articulating progression routes

It will help staff commit to learning if they can visualise the progression route. This can in turn encourage their conviction about the value of restarting learning and identifying new career destinations. There needs to be a tangible outcome to their learning and development activities.

To develop better outcomes for learners, our stakeholders suggest you think about the following:

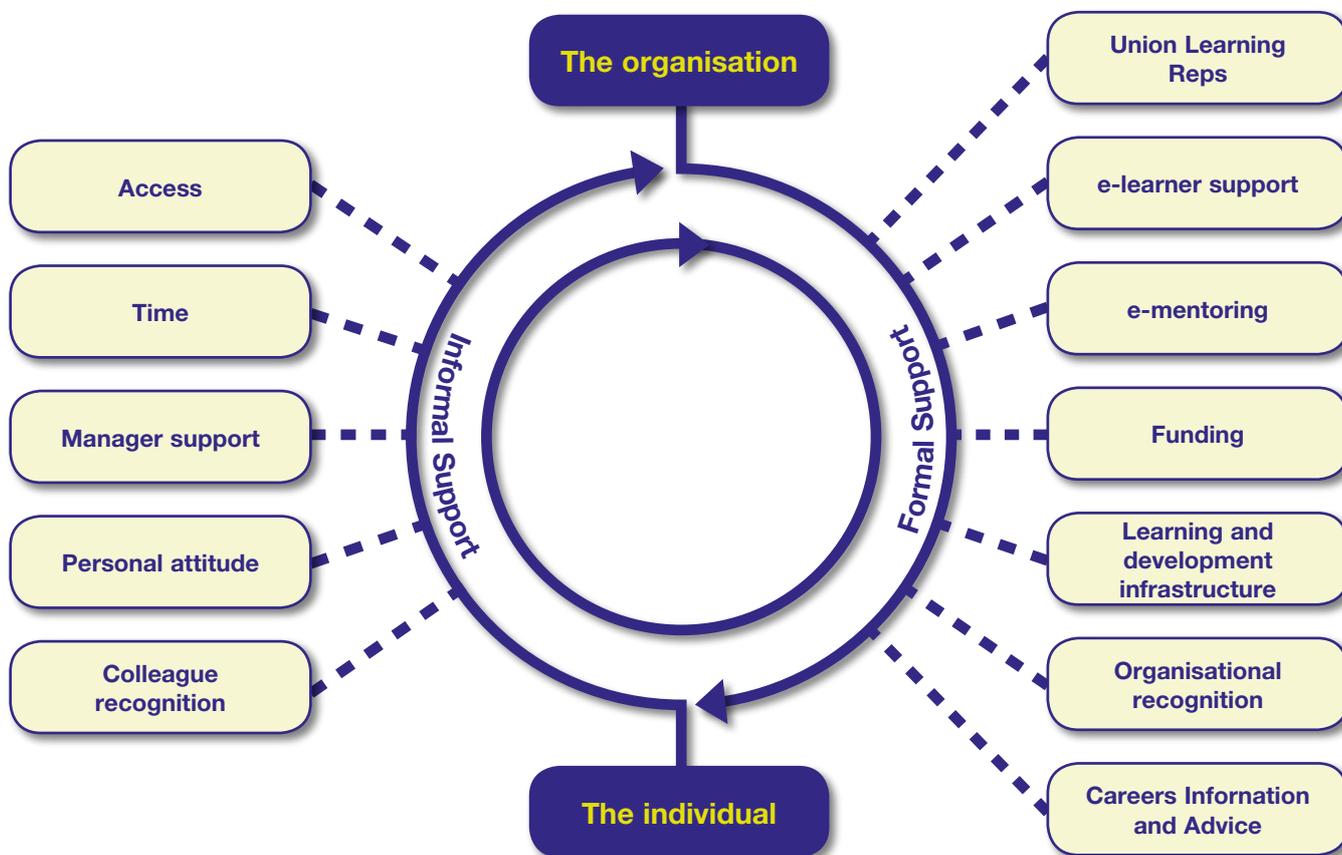
- Can you show staff a progression route which avoids gaps, randomness, dead ends and glass ceilings?
- Can you demonstrate a progression route which enables both horizontal as well as vertical progression, with a range of stepping on and stepping off points?
- How can you encourage staff with skills for life needs to begin on their progression journey? How can you enable them at a later stage, if they so wish, to enter pre-registration training without duplication of learning and with study skills support?
- How can you make sure that Union Learning Representatives, your careers advice staff, your education and training staff and your line managers are familiar with the progression route, so they can confidently present and discuss options with staff and union members?
- Are progression routes highlighted as a key part of your organisation's overall learning and development strategy and are achievements reported upon regularly by the Board level champion?

Case study: Unlocking staff potential and encouraging progression

[http://ln.skillsforhealth.org.uk/uploads/LLN\\_CaseStudies\\_Eve%20Daniels\\_190608.pdf](http://ln.skillsforhealth.org.uk/uploads/LLN_CaseStudies_Eve%20Daniels_190608.pdf)

## 5. Support for the Learner

Staff in pay bands 1 to 4 may have had a poor experience of formal education, with many having no recent experience of formal learning. They may therefore be reluctant to return to the 'classroom'. Finding new ways of building confidence in their learning ability and supporting staff throughout is therefore vital. There is often a lack of attention given by healthcare employers to the formal and informal mechanisms to enable these learners to be successful. These are illustrated in the diagram below.

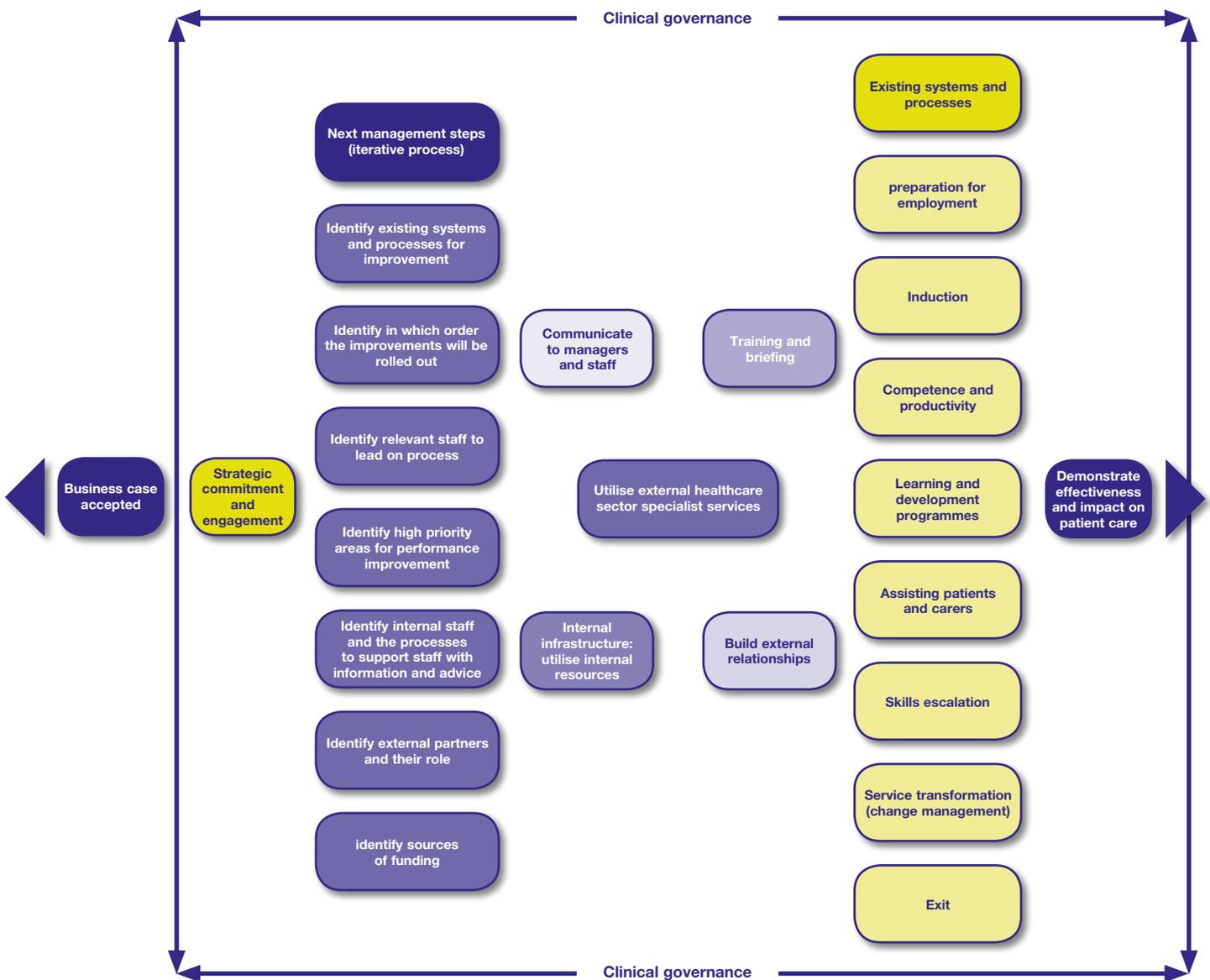


The impact will be greater if each of these elements is addressed within an integrated approach.

## Developing a Careers Information and Advice Framework

Many employers are now seeing Careers, Information and Advice as an essential part of workforce planning and learning delivery. Healthcare employers are encouraged by our stakeholders to think about introducing bespoke Careers Information and Advice services framework into workplaces. The generic components of such a framework are indicated in the diagram below.

### The Components of the Framework



Although this Framework encapsulates the processes to be undertaken in order to reach the goal of career and learning information and advice support for all NHS staff in pay bands 1 to 4, it may also be used as a framework for all staff across the sector, including professionals and clinicians.

The report 'A Framework for Success' available at [www.skillsforhealth.org.uk/gateway/careers](http://www.skillsforhealth.org.uk/gateway/careers) has detailed advice about how to design your own Careers, Information and Advice services, including the business case and costings. In addition, the Health Learning and Skills Advice line is available at [www.careers-advice.org/hlas](http://www.careers-advice.org/hlas) or on 08000 150 850.

Our stakeholders suggest using your bespoke Careers Information and Advice services to help resolve the following:

- How can you add value to the KSF and personal development review process, making them more than a 'tick box exercise'?
- How can you improve access to skills escalation opportunities?
- Should you introduce pre-employment or employability programmes?
- Should you be collecting additional labour market information to inform future workforce planning?
- Can your Careers Information and Advice services support improved skills development, changing skill mix and increased transferability?
- Would enhanced Careers Information and Advice services help retain more staff by directing them to roles/careers that better suit their ambitions?
- Do your Careers Information and Advice services increase awareness of progression routes and new qualifications available throughout the organisation?

## Personal Support Network

In addition to the formal elements of a Careers, Information, and Advice system, learners could also have a personal network of support. These relatively low cost methods can be used to support the learner towards successful completion.

Our stakeholders suggest you use support networks to help learners towards successful completion by asking the following questions:

- How could you raise the numbers and profile of Union Learning Representatives, ensure that they have the time and resources to do their job, and create a supportive culture in the workplace to sustain and motivate them?
- Could you better address the needs that line managers have to enable their support for individual staff members undertaking learning, since such support is a critical success factor?
- How could you ensure that staff in HR and Learning and Development Teams are able to provide learners with the necessary support and information and to link them into a quality KSF appraisal process?
- Are recognition and support from colleagues taken into account when designing and delivering learning programmes? For example by explaining what the learning is about and its added value, and the possibility of acting as mentors and coaches.
- Are workplace mentors who offer invaluable advice and support from the point of view of the experienced professional, properly briefed and do they have protected time to undertake the role?
- Would external learning advisors (e.g. skills brokers, Health Learning and Skills Advice Line, the Brightside Trust) be useful? These can provide advice about broader careers and learning opportunities. Some are linked to funders, such as the skills brokers, who are part of the Joint Investment Framework, and could potentially fund elements of your Careers, Information and Advice service.

## Accessing e-learner support and e-mentoring

Healthcare employers need to urgently address how to widen access to e-learner support for pay bands 1 to 4 because of the increasing centrality of electronic communications for all staff. For example greater use of e-KSF, the Electronic Staff Record, Choose and Book, and the Electronic Patient Record. Web based adaptive and open source technologies (e.g. moodle) are being increasingly used to support learners in healthcare in a variety of interesting and low cost ways.

Our stakeholders suggest you grow your own e-learning capacity by thinking about the following questions:

- Should you be introducing rapid authoring of standards based e-learning materials to address specific problems identified by the organisation? E.g. to support areas such as infection control, Mental Capacity Act 2005, induction, patient safety etc? The skills to do this can be quickly learned by staff using open source adaptive web based technologies, like Moodle. For more information about how to do this go to <http://tinyurl.com/olpmfh>
- Would using online access to key policy documentation help improve learning?
- Could you use online peer to peer networking to support learning and build knowledge?
- Would supporting NVQ assessors and learners through electronic portfolio building, evidence collation and submission be helpful?
- Could you use e-learner support to improve communications between individuals and within teams working in increasingly dispersed locations?
- Would it be helpful to share online calendars for learning events across a health economy or large organisation?
- Would accessing Careers Information and Advice services be easier for staff?
- How would building in-house capacity to use ICT as an everyday part of a blended learning approach within the organisation improve your ownership of learning content? And its responsiveness?
- Would providing a flexible and comprehensive e-mentoring service enable busy professional staff to more easily act as mentors to support staff undertaking learning progression? For more on e-mentoring go to [www.gatewaytoprogression.otherworks.com/](http://www.gatewaytoprogression.otherworks.com/)

## Accessing computers and the IT infrastructure

It is possible that some staff struggle to gain access to computers both at work and at home. Many staff in pay bands 1 to 4 do not have work e-mail addresses which they can use and are therefore excluded from much internal communication. In busy workplaces, the computers available are often being used for work purposes and are not available for learning.

Trusts also tend to have an IT infrastructure designed around security and not around learning needs. Security arrangements often prevent the use of learning software, such as Flash, and block access to external web sites rich with information for learners. Whilst security is understandably a high priority for healthcare organisations, evidence reveals that security is not necessarily compromised by opening up access to learning. Security is often a policy determined locally by the IT department and policies and practice vary widely from Trust to Trust.

To enhance access to computers and IT systems our stakeholders suggest you address the following questions:

- Would engaging your ICT department at the outset so they are aware of and in accord with the project and its objectives be helpful?
- What could you do to ensure that everybody in the Trust has an e-mail address and the ability to access computers either in the learning centre, or to computers dedicated for learning and located at accessible points around workplaces? One Trust has received funding from the JIF for such learning work stations.
- Should you review IT security policy to make the network more supportive of learning both at work and remotely?
- Should you consider adding an Open Source facet to your e-learning strategy?

## 6. Making Learning for Progression Transferable

Learning which supports progression should be nationally recognised and portable, enabling competences and knowledge to be transferable across employers. Staff in pay bands 1 to 4 have a healthcare role which, though often supported by a National Vocational Qualification (NVQ), is not normally underpinned by clusters of specific formal learning outcomes, competences and essential skills. Rarely is there professional or regulatory body involvement in their learning, accreditation or regulation. In the absence of any national regulatory and learning frameworks, employers have developed a range of training programmes, some leading to qualifications that meet local needs. This may mean that:

- The value of the qualification and learning is limited to the individual's current job and current employer
- A Trust designed programme or Foundation Degree which meets highly specific local and possibly short term needs, might limit the wider development potential of the individual and limit their access to higher pre-qualifying programmes
- The qualification might rapidly go out of date
- Other potential employers might make inaccurate assumptions about capability or breadth of experience based on the qualification.

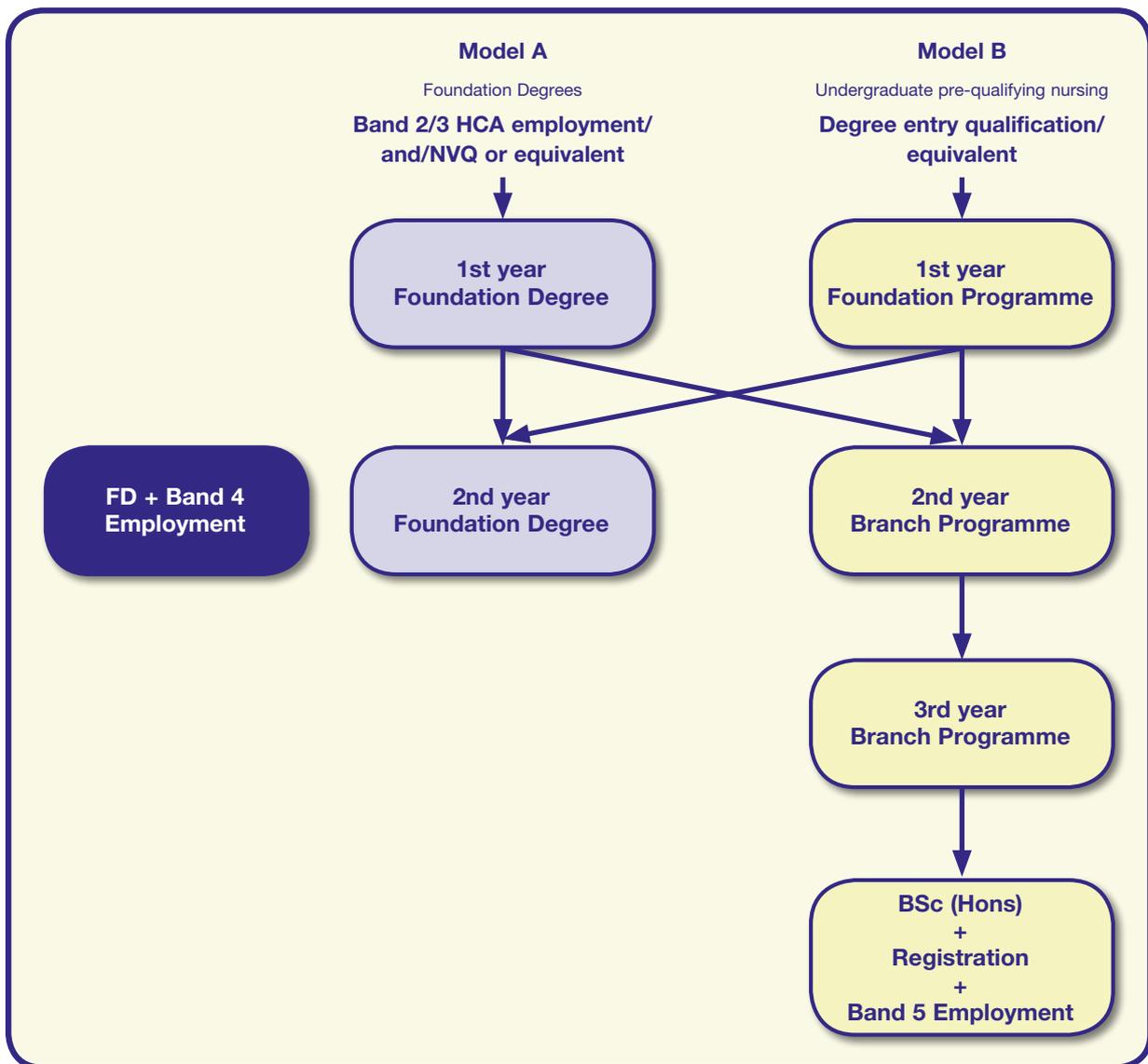
Employers need to get into the driving seat regarding learning and qualification design. Ideally they need to act within a national learning and regulatory framework to cover new roles and both vertical and horizontal career and learning progression and recognition of units of learning.

### Mapping the relationships between qualifications

- Are you clear about how the learning content and assessment methodology of Diplomas, Apprenticeships, NVQs, and Foundation Degrees support progression into pre-qualifying programmes?
- Have you articulated a '**bridging**' programme – containing both study skills and content as necessary – to facilitate progression with exemption into the second year of pre-qualifying programmes and can you identify how these are to be funded? An example of how this model might look for nursing follows.
- Have you clarified how these issues will be addressed by your preferred HEIs before commissioning the programme?

## A specific case – nursing model

This is an example of using prior experiential learning (AP(E)L) to enable prospective students, who have evidence of having acquired specific prior learning and practice experience, to accelerate their entry onto the professional programme<sup>7</sup>. The following diagram illustrates how this could apply within a degree level nursing programme.



<sup>7</sup> Most Professional Regulatory Bodies permit students to AP(E)L up to 33% of their prior learning and practical experience towards their professional programme of study, reducing the length of the course by up to one year.

Model A suggests that students who successfully complete the first year of their Foundation Degree, and who demonstrate a benchmark level of achievement at the progression point between years one and two, could under specific circumstances transfer directly to the branch programme (year two) of the undergraduate pre-qualifying nursing degree. A key determinant of such transfer would be the student's ability to provide evidence of prior achievement of the NMC prescribed learning outcomes, skills requirements and demonstration of professional-specific values for entry to the second year of the pre-qualifying nursing programme. An associated bridging programme might also be provided to enhance student acquisition of requisite skills and knowledge to enable students to meet threshold competence standards for entry to the branch programme.

In Model B students who demonstrate competence in clinical practice and who have failed academic components of the pre-qualifying nursing programme, but who are deemed to be suitable by their employer to continue a programme of study, but at a lower academic level, can transfer to year two of the Foundation Degree. In this way such students would be retained in the health service and be enabled to make a purposeful contribution to the workforce, albeit at a lower level within the NHS career framework continuum.

For both Models to apply there needs to be a consistent and nationally recognised qualification framework and progressional criteria negotiated and agreed with the relevant professional regulatory body.

Apprenticeships also need to be factored into these models. In autumn 2008, the Department of Health commissioned Skills for Health to lead the development of an apprenticeship strategy for the NHS via a social partnership Apprenticeship Steering Group. In order to build the case for increasing take up of apprenticeships in the health sector, there is a pressing need for the partners to reach agreement with professional and regulatory bodies about how level 2 and 3 apprenticeships could lead seamlessly to entry into pre-registration training, perhaps via bridging programmes similar to those suggested above.

## **Maximising Accreditation of Prior (experiential) Learning (APeL)**

Maximising the use of AP(e)L will enable such staff to demonstrate their learning and knowledge and have it recognised. It will also enable staff to gain academic credit and exemption to help shorten their learning journey, avoid duplication of learning as well as making the learning cheaper. The application of AP(e)L is a significant enabler for these staff. It moves beyond the recognition of certificated formal learning and recognises workplace learning and experience. To do this our stakeholders suggest asking your HEIs how they propose to maximise AP(e)L.

## Standardising academic entry requirements

Learning providers have very different entry criteria to pre-qualifying programmes with some insisting on the traditional three 'A' levels, while others accept a range of other qualifications such as NVQs at levels 2 and 3, BTECs, and QAA recognised access courses. Clearly, wider entry requirements will help staff in pay bands 1 to 4 to progress and succeed so long as there is an excellent programme of primarily academic study skills support in place.

To support wider entry our stakeholders suggest you ask the following:

- Have you challenged your local learning providers to broaden, and be more flexible with, their entry requirements?
- Have you asked your learning providers to describe a detailed and high quality learner support service before commissioning?

## Building frameworks to support transferability

A national regulatory framework is needed for Associate Practitioner roles and this could be partly achieved by identifying and agreeing a consistent generic core of skills, knowledge and capabilities. This generic core of elements could be used as the basis for the regulation of this group, as well as provide the core learning modules for Foundation Degrees, onto which additional specialist modules can be added according to need. The professional regulatory bodies have a key role to play in this task but our stakeholders suggest that you think about:

- lobbying for a national approach to providing transferable qualifications at bands 1 to 4 with your Strategic Health Authority and via your learning networks.

## Devising a 'new roles' policy in the workplace

At the workplace there is often a lack of consistency in the role, recognition and remuneration of Associate Practitioners both within and between Trusts and other employers. To help address this our stakeholders suggest you ask whether it would be helpful to set up a project group to devise a comprehensive organisation wide 'new roles' policy?

The group could address the key issues of pay, learner support, manager awareness, business case, productivity, skill mix, curriculum design, progression routes, recruitment and selection, impact on learning, delegation, accountability, robust competence based job descriptions and strategic workforce planning.

## 7. Suggested next steps

These are taken from the Growing Our Own Professionals for the New NHS full report recommendations, and summarise next steps which might be helpful.

### **Learning should be driven by service and workforce planning requirements**

- Ensure service redesign, workforce planning and learning functions are closely interconnected at employer level
- Develop a Board owned plan with supporting business case addressing how bands 1 to 4 learning and progression can fill emerging workforce skills gaps and shortages
- Identify which Trust, JIF and other resources will be found to fund the learning plan
- Ensure SHA education and training commissioning practice reflects this integrated framework and encourages progression for pay bands 1 to 4.

### **Create a clear link between qualifications and progression**

- Creation of a robust framework for workplace learning
- Map the qualifications and workplace learning onto the Knowledge and Skills Framework
- Ensure service users and staff are involved in the design and delivery of curricula
- Provide clarity on where your organisation can input local requirements into the qualification
- Maximise the use of AP(e)L to support rapid progression into pre-registration training; and ensure the standardisation of entry requirements into pre-registration training.

### **Support the learner at every stage of their learning journey**

- Introduce a range of learning tools to support the learners including e-mentoring and web based open source tools
- Find ways of ensuring that pay bands 1 to 4 have access to e-learning and web based peer network learning
- Review Trust IT policy and practice to ensure that these support flexible and open access to e-learning
- Introduce a local Careers, Information and Advice Service
- Build manager knowledge and capability to support the individual in their learning journey
- Consciously resource and develop the role of union learning representatives
- Be clear on how achievement of a qualification will be recognised within the Trust.

### **Embed learning in the operations of the healthcare employer**

- Identify a Board level sponsor for this population and their progression within the organisation
- Ensure the personal development review/appraisal process clearly supports progression
- Ensure sufficient staff and other resources to support an expansion of learning and progression for pay bands 1 to 4
- Develop whole team learning and development which incorporates the acquisition of new skills and reflects the introduction of Assistant/Associate Practitioner roles
- Ensure that the design of new services includes a learning plan.





Skills for Health  
1st & 2nd Floor  
Goldsmiths House  
Broad Plain  
Bristol  
BS2 0JP

Tel: 0117 922 1155  
Fax: 0117 925 1800  
E-mail: [office@skillsforhealth.org.uk](mailto:office@skillsforhealth.org.uk)  
[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)



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