

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.

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 comprise 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 apprenticeships¹⁷. 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

HCA's 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.

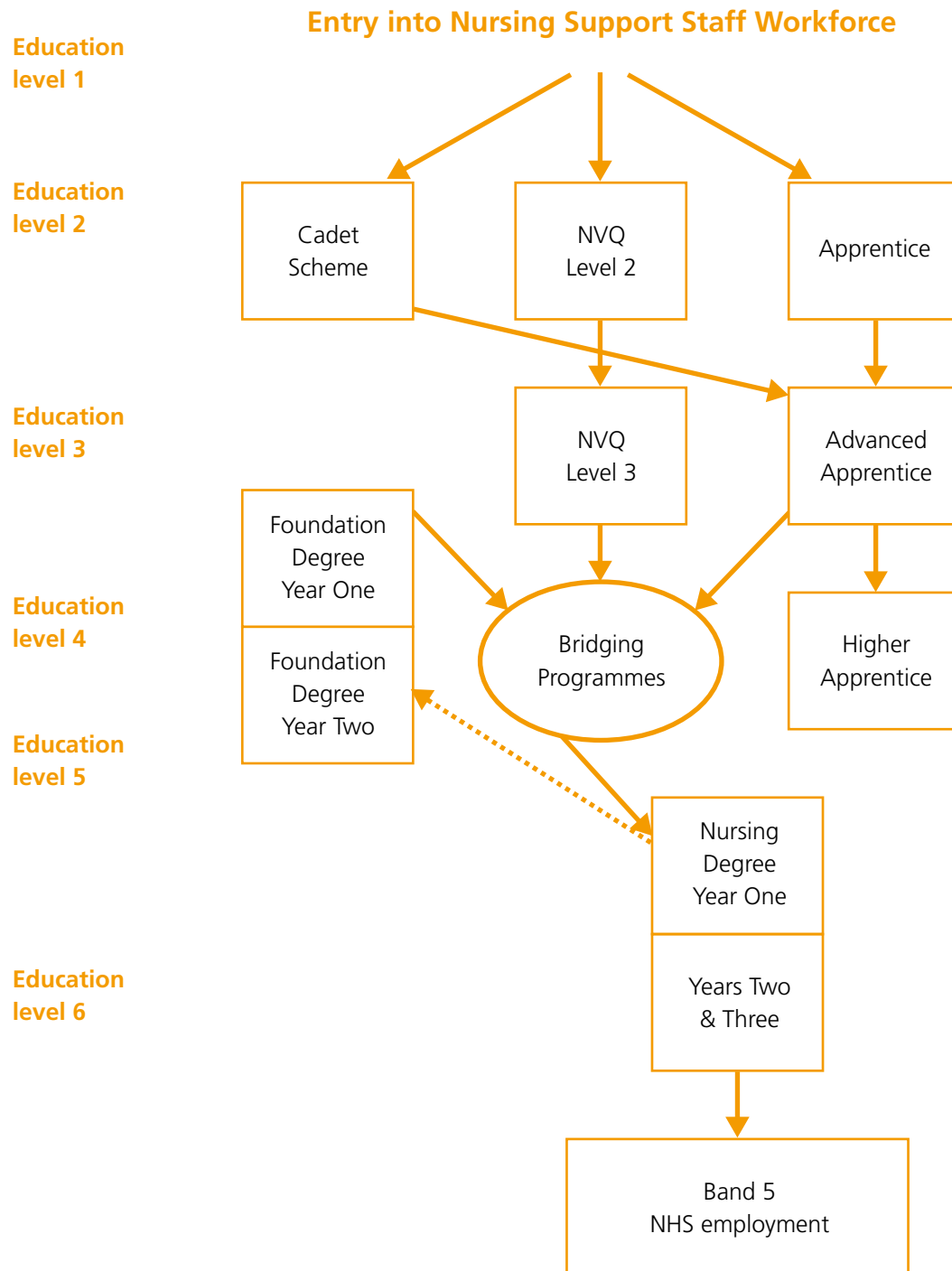
The models provide other, less immediately costable benefits. Investing in and building the skills of band 1-4 staff will provide a more productive and flexible workforce allowing local employers to review their skill mix particularly as Assistant/Associate Practitioner roles grow to complement professional 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	
<i>Foundation Degree for Assistant Practitioners Yr 1 (Δ)</i>									<i>NVQ 3 Health & Social Care (√)</i>
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)
							√		Special communication needs (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 √).

