Building a flexible framework for Health & Social Care

Report of an audit of learning providers and employers to identify provision that meets local workforce development needs on behalf of the West Yorkshire Lifelong Learning Network

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Contents

Executive Summary 2
Introduction and Context 5
Methodology 10
Terminology 11
Findings 12
Employer Requirements 12
Current Higher Education provision 19
Conclusions 28
Recommendations 32
Appendix 1, Participants in the research 33

Executive Summary

- The West Yorkshire Lifelong Learning Network (WYLLN) Health Social Care and Early Years (HSCEY) Sector Group has allocated substantial curriculum development funding to develop a flexible framework for higher level learning and development across Health and Social Care. This project report investigates the opportunities for and potential of developing and piloting a model for flexible higher education (HE) provision, based on role competencies, which might be adopted across the region.

- The project involved a detailed audit of flexible HE provision across West Yorkshire in Health (and Social Care) with reference to regional and national developments. At the same time, local NHS Trust employers asked to identify their workforce needs in response to emerging requirements for a more flexible/transferable workforce within the health sector in line with these national and regional agendas.

- Throughout the report, reference is made to the Assistant Practitioner (AP) role as defined by Skills for Health:

  'An assistant practitioner is a worker who competently delivers health and/or social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The assistant practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The assistant practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and more importantly, the

people they serve. The job description of the assistant practitioner should equate to Level 4 on the career framework' (www.skillsforhealth.org.uk, 2010*)*

- In terms of employer requirements, the local demand for new roles at the Assistant Practitioner level reflect the requirements that have been identified nationally and are driven my demographic trends, the economic context and an efficiency drive, as well as the need to provide more effective services for patients. The AP role could be designed to up-skill some roles in order to deliver a more appropriate service based on local health needs or to bridge a gap in the existing workforce.

- Most AP developments appear to be at Band 4. However feedback suggests that developing the AP role to be fit for purpose is more important than hooking it to a level, and it may well be that fitness for purpose can be achieved at Level 3. Employers were asked to consider the content and size of the learning required to support AP developments. Flexibility, and accessibility are seen to be crucial elements and of equal importance to the content of learning. There is evidence of demand for cross-specialism learning that could be accessed by a variety of staff using a "pick and mix" approach.

- Employers across the region work with a range of providers and also deliver their own accredited and non-accredited training. There are areas of unaccredited in-house provision that may be worth seeking accreditation for. The range and extent of existing relationships is striking. There are also examples of flexible arrangements in particular professional domains, as well as existing mentoring and supervision arrangements which could be opened out to cover new roles.

- There is a definite need for the AP role but as yet, this has not been clearly articulated. However a regional learning framework can facilitate understanding of the learning offers and bring staff into the programmes that suit both employers and education provider needs.

- In terms of education, there is a wide range of provision including undergraduate and post graduate degrees, Foundation degrees, diplomas, certificates and 60 credit certificates. Examples of using flexible approaches to assessment/learning outcomes to support employers were identified. However institutions vary in their ability to be flexible in terms of delivery modes and some tend to recruit a more "traditional" student, while others have a large CPD portfolio. Observations made by education providers are quite convergent about the current issues driving their provision and centre on funding issues

- It is important to develop a sufficiently precise and detailed specification to get the required content, learning outcomes, delivery mode and costing of any new development. This would enable education providers to review provision to assess what they can offer against the level of demand. However much of the required learning may already exist as part of other learning provision. There is a need for further work to ensure partners engage with the idea of a regional framework. An

agreement on the use and transference of credit within the partnership is integral to the success of a regional framework

- There is need to ensure progression pathways for learners undertaking AP role development. It is important to ensure appropriate access to mentors and supervisors to support learner achievement.

- Sometimes the focus for this type of development involves more than one contact point/unit within an education institution. It is recommended that a database of contacts is drawn up that clearly identifies one contact for each of the WYLLN partners who had authority to disseminate any requests from employers to appropriate personnel within each institution

- To take forward this project it is recommended that timescales and the original project specification are revised to take into account the need to focus on the extent to which costs or efficiency savings will be a driver, and to develop collaborative processes which will achieve economies of scale

- It is recommended that the next stage of development is to establish a small number of demonstrator projects and bring these to a workshop to explore the learning demands of different competence sets, examples of existing flexible offerings and alternative models of funding.

Introduction and Context

The Project Brief

The West Yorkshire Lifelong Learning Network (WYLLN) Health Social Care and Early Years (HSCEY) Sector Group has allocated substantial curriculum development funding to develop a flexible framework for higher level learning and development across Health and Social Care. This is in response to feedback from employers, strategic bodies and sector skills councils (SSCs) representing these sectors that a more flexible Higher Education offer is needed to address workforce development and transformation needs.

This report is the outcome of two strands of research with the aim of developing clarity of opportunities to develop and pilot a model for flexible HE provision, based on role competencies which has the potential to be adopted across the region. The report presents a review of West Yorkshire institutions/employers that have expressed an active interest in this development to accommodate the needs of the health and social care sector, and have indicated an interest in working alongside Escalate to shape the shell framework currently being developed within the University of Bradford, and with University of Huddersfield's CPD framework. It focuses on the emerging assistant practitioner and advanced practitioner roles but does explore opportunities for building pathways at all levels. A key element will be the development of progression pathways by exploring credit transfer arrangements between the HE providers involved to enable vertical and lateral skill development.

The research had two main aims: Firstly, a detailed audit of flexible HE provision across West Yorkshire in Health (and Social Care) was undertaken with reference to regional and national developments. The aim here was to identify:

- how HE providers currently offer 'flexible' provision;
- what it consists of;
- the use of accreditation of in-house learning;
- bite size chunks of *accredited* learning;
- flexible learning outcomes/assessment;
- areas of specialism;
- APEL and credit transfer arrangement

Secondly, local NHS Trust employers were contacted with the aim of identifying their workforce needs in response to emerging requirements for a more flexible/transferable workforce within the health sector in line with national and regional agendas. The aim was to identify

- which regional development needs are not currently being met through existing provision;
- what training may be needed for mentors in the workplace to support a more flexible work-based provision;
- where there is no pathway to develop individuals according to service need without repeating learning which has been undertaken in a different context or undergoing learning which is not relevant to their role;

- what in-house employer training could be accredited to support roles identified
- what employer or SSC initiatives are available to support learner progression e.g. Skills for Health 'Skills Passport'

Context

National

The aim of the project is to identify learning and development opportunities available across the sub-region that will provide that required by employers to provide a more flexible workforce to meet the health needs of local populations. There is a need to provide services that are more responsive, flexible and efficient. This requirement fits with national strategies for health and social care services that are efficient, effective and provide users with a quality service. The aim, as outlined in the 2006 White Paper *Our Health, Our Care, Our Say* (Doha 2006) is towards developing personalised care and choice with a focus on health and well-being and community services.as well as illness. In order to provide these services healthcare providers and their workforces should have the skills, competences, learning and qualifications required to meet service user need.

The Darzi report 'High Quality Care for All' (DOH 2007) set out a ten-year plan to provide the highest quality of care and service for patients in England. Darzi was asked to conduct the review on health services in England and consulted with strategic health authorities and clinical pathway working groups to set future priorities. It focussed on review focused on three over-arching themes: quality and safety; access; reducing inequalities.

Darzi suggested that while the NHS was two thirds of the way through its modernisation programme- as set out in the NHS Plan (DOH 2000)- further steps were needed. While the health service had increased capacity and driven down waiting times, quality and outcomes needed to be improved. Other aims of the review included ensuring that services were more effectively coordinated joined up, care was more accessible and integrated, and services provided more patient control, choice and local accountability. There was also a drive to put clinical decision making at the centre of the reforms and also recognizing the technological developments that can impact on the service. The final report *High Quality Care For All - NHS Next State Review Final Report* was published in June 2008 (DOH 2008) was co-produced with the NHS during a year-long process involving more than 2,000 clinicians and 60,000 NHS staff, patients, stakeholders and members of the public.It set out how the NHS should move from centrally driven, target based management to one of empowered local services focused on quality as well as activity.

There was recognition that the workforce needs to respond to these changes and an additional detailed report outlined these. (DoH 2008a). The report noted that sixty per cent of the staff that will deliver NHS services in ten years time are already working in healthcare. There is a need to support their development so that they have the skills and knowledge to deliver high quality, safe care and are enabled to meet the changing needs of patients and local communities, including the ability to work in new clinical settings that provide care closer to home. Some key features of that report that have resonance with this project included the need to:

- provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals
- provide all staff with personal development, access to appropriate training for their jobs and line management support, ongoing learning, increasing skills and CPD to succeed and progress through the career framework to fulfil their individual potential
- give greater clarity of accountability, roles and responsibilities at all levels that will lead to better workforce planning and education commissioning. It must be based on a clear clinical vision and on clinical pathways which are determined locally to ensure that people can access the best possible care tailored to their personal needs
- support employers, as providers of the services that people need, to be responsible for determining plans to develop the right workforce
- to ensure Strategic Health Authorities (SHAs) continue to be responsible for ensuring effective systems for workforce planning, education commissioning and quality assurance of health education in their regions.

Regional

Strategic Health Authorities (SHA) were an integral part of the Darzi review and determined local need based on the 8 patient pathways Darzi identified as crucial for NHS care from the cradle to the grave, namely:

- Maternity and Newborn Care
- Children's Services
- Staying Healthy
- Long Term Conditions
- Acute Care
- Planned Care
- Mental Health
- End of Life

The aim was to ensure services are locally "fit for purpose" and accountable. The Yorkshire and Humber Strategic Health Authority set out the outcome of the work in a report 'Healthy Ambitions' (DoH, 2008b) The report outlines the work and recommendations of eight Clinical Pathway Groups (CPGs), who were each asked to look at how improvements could be made across the pathways. An aspect of the review considered the workforce requirements to meet new ambitions for local health improvement. This included:

- Changes at regional or national level to curriculum of training programmes
- Changes in leadership and management for service improvement and change
- Investments in education and training and continuous workforce development and learning.
- Effective workforce planning at organisational, health community and regional level

In particular the need to extend hours, develop new/different patterns of work and align skills to deliver pathways across organisational boundaries will require increasing flexibility.

Skills for Health

An element of the need for better workforce development is to consider workforce reform in particular the roles and requirements of staff at pay Bands 1-4. Darzi, recognised that these healthcare workers were crucial in providing support for patients and a national project 'Growing your Own' (Skills for Health 2009) has been developed with the support of Skills for Health (SfH) which makes some practical suggestions based on practice for developing this level of staff. Further a leading project that identifies how these roles can be utilised more effectively is the Nationally Transferable Roles project that has developed common templates and a methodology for developing a more flexible workforce in those services needing the most work to reduce waiting times. The roles covered in this project include: Assistant practitioner; Advanced practitioner; Administration; Cross-cutting roles. Skills for Health have led on the development of this national project. Of interest to the WYLLN project is the developments relating to the role of Assistant Practitioner. The template for developing the role also provides an opportunity for employers to consider how the new roles can support other elements of their service requirements not least to be able to provide a service and staff with appropriate competences to meet local service user health needs.

Nationally there have been a number of developments to introduce the assistant practitioner role and these are summarised by Skills for Health (see SfH website Nationally Transferable Roles). A review of the role development was commissioned by Skills for Health (Mackinnon and Kearney 2009) which identified that the roles have been developed by different employers for different contexts but there was some commonality in the role. Further there was a need to define what the role was, where it fits within the workforce and to acknowledge the value of the role. Staff engaged in the role need to feel that they have a place between those working as support workers and professionals and that there are progression pathways identified with associated learning to ensure the role has a more comfortable place on the Skills and Knowledge Framework.

Skills for Health recognise the place of NOS as key to underpinning any development with the AP role. National Occupational Standards (NOS) form the basis of any learning and development associated with all skills areas but in this case in health and social care sectors. The NOS define the competences which apply to job roles or occupations in the form of statements of performance, knowledge and the evidence required to confirm competence. They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter. They are used by workforce planners as the basis for determining the ways the service can be provided to meet service user need. In some cases as identified for local employers below they are used as a core for service delivery following the stages identified with: assessing user need and the patients' journey; the skills and competences associated with meeting those needs; the identification of existing staff with the competences required; the identification of gaps in skills and competences and how these can be delivered through up-skilling existing staff and/or developing new roles and job opportunities. An example of how such a process can be undertaken is that developed within the Clinical Therapy and Rehabilitation Directorate of Calderdale and Huddersfield Foundation Trust to assess skill mix of staff, known as the Calderdale Framework.

Any developments around new roles should fit in the NHS Knowledge and Skills framework which is designed to identify the knowledge and skills that individuals need to apply in their post, help guide the development of individuals, provide a fair and objective framework on which to base review and development for all staff and provide the basis of pay progression in the service. This is a key aspect of the NHS Agenda for Change programme which provides recognition and associated pay for health workers roles. As such any developments around the AP role would need to be formally recognised by an employer's Agenda for Change review panel.

In considering the learning and development associated with the role it is important to consider the full range of learning opportunities provided to the employee in carrying out the role. This may be related to learning associated with the development of core competences, equally there may be specific and specialised competences required which may need supporting with additional learning. Of the AP roles that have been developed nationally this learning may be provided at different levels and of different sizes thus a Level 3 BTEC programme has been used, equally bite-sized HE credit possibly up to HE Certificate (120 Level 4 HE credits) or Foundation degree (240 Level 5) but the learning should be appropriate and not led by what already exists. Of relevance is that the learning needs to be appropriate to the needs of the role, the context and the individual involved.

Some examples of how learning has been developed by HEIs to support this development are that provided by Edgehill University (development of a self-evaluation skills tool), Teesside University (development of individualised learning pathways approach through a Leadership and Management degree) and Liverpool John Moores University (development of 5 credit bite size units. It is noted that the AP role is one that need not be confined to the public sector. There is a demand for the role amongst service providers in the private and independent sectors especially in those services that are commissioned by the local NHS Trusts. The same demands are placed on these providers to be efficient, effective, responding to services user needs, provision of a quality service underpinned by NOS, recruitment and retention of staff, demographic changes including an ageing workforce and small pool of younger people to recruit from. Thus there may be an opportunity for learning providers to widen their student recruitment beyond the initiating organization for the AP developments.

Skills for Health have a broader ambition to develop a Learning Elements Bank which will be a repository for learning provision on offer across the country which identifies learning pathways for health care workers. The Learning Elements Bank would identify learning opportunities associated with job roles, the competences associated with the role, the level of learning, the credit (if relevant) that can be achieved, the syllabus covered by the learning in support of the role. Education providers will identify the learning they offer that meets the requirements for job roles and deposit their learning in the elements bank. The learning identified will provide a syllabus but not the full curriculum and other providers could deliver similar learning in their own regional area but would have to develop their own curriculum. The ambition for a WYLLN Learning framework to support the emerging AP roles would fit within the Learning Element Bank.

Education providers

The ambitions of this project fits with other strategies in the education field for enhancing progression opportunities for vocational and work-based learners, for widening participation and addressing Fair Access to HE and also in relation to the wider national skills strategy to increase the number of people with higher level skills and education as outlined in the Leitch report *Prosperity for all in the global economy - world class skills* (2006).

A recent UK Commission for Employment and Skills report *Towards ambition 2020*: *Skills, Jobs, Growth* (UKCES, 2009), noted that there is a need for more people with skills at the intermediate technician, associate professional and skilled occupation Levels 4/5 which are critical to many of the industries/public services of the future. (see also UKCES, 2008: *Working Futures 2007-2017*). The recent White Paper outlining the National Skills Strategy, *Skills for Growth* (BIS 2009) reiterates this ambition. One aim which has an association with this project is to ensure the skills systems begin to 'mesh' more closely with higher education in such a way that there is a clear vocational route from apprenticeship to technician to foundation degree and beyond.

The government announced its new framework for higher education, *Higher Ambitions* (BIS, 2009), at the same time as the skills strategy. This report reinforced the need to widen participation in Higher Education for reasons of social justice and to support the needs of the UK economy that globalisation and a knowledge economy demands. The report suggested there was a need for 'stronger ladders' of opportunity through vocational and work-based routes into Foundation Degrees, including advanced apprenticeships and new technician qualifications. It identified the need for changes in HE for more part-time study, more vocationally-based foundation degrees, more work-based study and increased flexibility in the HE curriculum and mode of delivery.

The National Skills Strategy refers to the recommendations of an additional report of the Panel on Fair Access to the Professions, *Unleashing Aspiration* (Cabinet Office 2009) which highlighted that the UK's professions have become more, not less, socially exclusive over time and that routes through apprenticeships and vocational learning should support more entry into professional programmes in HE. Consequently any developments that provide learners from work-based study to progress into, and through, other roles whilst being supported in their learning and development and with the opportunity to progress into professional programmes, will fit within these national strategies for Higher Education. The development of the Assistant Practitioner role would fit into this category.

Local higher education and further education providers have a broad spectrum of links with local health and social care service providers. More detail of these is outlined from our survey results.

Methodology

Education providers who are members of the WYLLN Health and Social Care and Early Years (HSCEY) sector group and local employers who have either expressed interest in this development or may potentially have an interest were contacted for this research. The initial aim was to review both health and social care and possibly Early Years requirements for this

development but after an initial scoping it was agreed that at this stage the focus should be on health sector employers and their needs.

A total of 13 employer organisations were contacted and asked if they would be prepared to discuss their workforce development needs, with a particular focus on the AP role. A total of 5 organisations responded.

A total of 12 Higher and Further Education institutions were contacted and 11 responded. Some of those interviewed were representatives of one institution or one part of an institution e.g. lead of a faculty within a university or lead of a centre in a newly merged college. In some cases more than one representative of a college/HEI was interviewed. In addition the SHA and Skills for Health, the Sector Skills Council were interviewed

Contact was made initially via email and interviews were conducted with named individuals either over telephone or face to face. An interview schedule was drawn up and used as an outline prompt in discussions with individuals. Responses were written up and these have been collated and key themes identified and commented on.

Terminology

Throughout the report we refer to the Assistant Practitioner role and for the purpose of this project we have used the Skills for Health definition of the role:

> *'An assistant practitioner is a worker who competently delivers health and/or social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The assistant practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The assistant practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and more importantly, the people they serve. The job description of the assistant practitioner should equate to Level 4 on the career framework'* *(*Skills for Health website, 2010*)*

The job roles are referred to in relation to Bands. These are part of the National Health Service Knowledge and Skills Framework (NHS KSF) which is the career and pay progression strand of the NHS pay system, Agenda for Change (AfC). The KSF defines and describes the knowledge and skills that staff need to apply in their work, to deliver quality services; provides a single consistent, comprehensive and explicit framework for staff reviews and development; allows the operation of the AfC pay progression system; is a generic competency framework developed from existing best practice. In this report the AP role is considered as working at Bands 3-4 although this may vary across service providers although for any developing roles in the services, the KSF is applied by identifying the knowledge and skill requirements for each post.

Levels of learning are frequently referred to. This relates to the level of difficulty of a programme of study as identified on the Qualifications and Credit Framework (QCF). Every

unit and qualification in the framework has a credit value (one credit represents 10 hours, showing how much time it takes to complete) and a level between Entry level and level 8 (showing how difficult it is). Most Further Education learning takes place at Levels 1-3 with Higher Education learning starting at Level 4. For example, a Foundation Degree (FD) starts at Level 4 and is completed at Level 5 with a similar level of achievement for an Advanced Diploma in Nursing. A full undergraduate honours degree is completed a Level 6 with post-graduate studies at levels 7-8.

Whilst levels of learning do not equate directly with levels on the KSF nevertheless there is some correlation between the two. Therefore for the purposes of this report it is assumed that KSF Band 3-4 workers would require learning between QCF levels 3-5.

Findings

This section provides a summary of the findings from interviews with employers and education providers.

Employer Requirements

How the Assistant Practitioner (AP) role could support work place needs

At both a strategic and regional level, the development of the AP role is significant. There is some evidence that the developments around assistant practitioners (AP) have been occurring at Department of Health, Sector Skills Council and regional level but there has been a lack of coordination (There has been a development in AP roles in the North West and learning from this may indicate there is a need for similar in Yorkshire and Humber but at a reduced level of cost). Locally the demand for new roles at the Assistant Practitioner level reflect the requirements as identified nationally namely:

- changing patient need;
- better more effective services for patients;
- providing localised, focussed sensitive services;
- demographics -particularly the ageing workforce and the shrinking pool of younger workers;
- the requirements financially to make better and more efficient use of existing staff;
- changing local provision and business need (health and social care boundaries for some community health providers);
- the need to ensure a career framework for staff;
- the shift to making nursing a graduate profession, leaving gaps in provision at intermediate levels.

There is some evidence that a substantial proportion of the workforce has professional registered status but is being expected to undertake duties that could be carried out by less qualified people. Thus an imperative for the Strategic Health Authority is to develop a more flexible skill mix of employees throughout the sector but with an increasing focus on the acute and primary care Trusts. The developments fit within the wider changes within the NHS associated with the national Agenda for Change strategy. Thus any new roles developed will be required to go through internal developments related to the current Agenda for Change (AfC) process. This includes ensuring job descriptions encompass

competences, knowledge and skills associated with the role. The process for developing any new role is considered by an AfC panel and where the role fits within the Skills and Knowledge Framework is dependent on a range of issues not least the skills and competences required for meeting service user needs within the context of development. This may result in the role being assessed at Band 3 or 4. Roles in development may vary and could act as a progression opportunity or as an entry point into the workplace thus the role may support existing staff to undertake tasks that currently are undertaken by more "expensive" professionally qualified staff, or the role may be to support entry into the sector and progression such as for Apprentices.

The qualifications/learning practitioners might usually have

One PCT reviewed had carried out an extensive support staff survey which reflected that their roles are varied and that the people in those roles have a wide variety of experience and qualifications on entry. Some see the role as a stepping stone to move to a career in nursing and that may skew the picture of what the requirements actually are. Some respondents were very focused on getting into the mindset of this group of staff and noted that it is important to remember that in the main they are low-paid, sometimes more temporary staff and have less structured lives. Issues of equity and acknowledging diversity were fundamental. Another felt that current training provision, other than NVQ, is far too biased towards Pre-Registration while NVQ isn't the answer to meeting all needs. One Trust was keen to point out that they are driven by the requirements for health services that meet the health needs of their local population. They are using the competences required to provide the services for patients as central to their planning. The AP role could be designed to up-skill some roles in order to deliver a more appropriate service or to bridge a gap in the existing workforce. It was clear that although an initial focus should be on developing learning that builds on the existing qualifications of staff (usually NVQ 3) there was a need to ensure learning pathways were developed that support individual progression pathways. It was also recognised that staff varied in their prior educational achievements and some were well qualified (indeed the AP role may be appropriate for some graduates wanting to progress within the service e.g. specialised route through forensic mental health for psychology graduates) where others may need support for Functional Skills development in order to cope with higher education learning. One NHS Trust already has three individuals who have been developed in the AP role in specialised areas who have undertaken the FD in Health and Social Care at University of Bradford. The areas are quite specialised where they are working. Two are senior support workers in the acute medical care team and the third is a plaster technician.

The issue of selection and who could undertake the AP role was explored further. It was considered that the AP role is not appropriate as an entry point for Apprentices, as there needs to be a level of maturity and experience in the workplace for undertaking the AP role and those working at NVQ L2 would require more experience and NVQ 3 competences. However Advanced Apprentices and Adult Apprentices could progress into the role once they have demonstrated competences at Level 3.

The workforce development needs around Band 1-4 workers

It was suggested that an ideal is a workforce that provides quality patient care with all employees understanding the level and boundaries around their roles (including patients having access to that information). Developments should provide a clear vision of progression and flow but in reality this is dependent on the availability of the workforce, the qualifications available and the funding to support this. The roles are there for a purpose, the level of comprehension/analysis/technical level is different for the people working in different pay bands, and it is important to avoid the danger of individuals being confused about their job roles, feeling threatened and not confident about the expectation for the roles (e.g. "that's not my job"). Any development must be absolutely explicit about what the roles are for. In other words, the vision of the service needs to be in place before it is possible to decide what the staff development or learning needs are.

Most AP developments appear to be at Band 4. However feedback suggested that developing the AP role to be fit for purpose is more important than hooking it to a level, and it may well be that fitness for purpose can be achieved at Level 3.

Learning requirements to support development needs

Employers were asked to consider the content and size of the learning required to support AP developments. The discussion about level and fitness for purposes has suggested that a Foundation Degree may not be the overarching solution, but accessing the crucial staff development is more important and initiatives such as the **Calderdale framework** and the **shell framework** may be more relevant**.** One respondent did feel that the Band 4 role would require an FD so anyone with the FD Health and Social Care could enter into the AP role even from social care it is considered they would have transferable skills). Further delineation of competence required for the job would be developed. The areas of accountability and personal responsibility are important aspects of the role and need careful consideration. The Skills for Health framework is helping with this.

However access to learning can be as important as the nature of that learning. For example, supporting learning for APs who work in GP practices where there are barriers to their development including finance, physical access to courses, and access to technology to support on-line learning is problematic.

There was a preference for local and accessible provision, reinforcing that these lower paid staff don't want to travel far, and indeed learning would be delivered ideally as a combination of Work-based Learning (WBL), taught (with attendance at HEI) and on-line. This would be more adaptable, and would be better delivered as half days rather than full days, even if in 2 half days. Certainly learning need not take place in an HEI, and it would be financially more attractive if learning could take place in the workplace. The main features that are required in a scheme like this are:

- Portability
- Recognition of learning by other providers
- Easy for learners to understand what is available
- Shorter, bite sized courses: 8 week courses are too long
- More reflective or on-line learning

- Incentivising for GPs
- More flexible timing
- Accept that it can be 2 – 3 years altogether

Training Requirements

A broad range of training is needed. There was a general feeling that it is not appropriate to be too prescriptive about the qualifications; there are “different ways to crack a nut”. It is likely that clinical support staff would also be required to do NVQ3. Real flexibility would enable staff to “pick and mix”, to do modules in the area that they are working in, and in other words be flexible. There was a strong feeling in favour of integrated learning opportunities where learning for professional (pre-registration) courses could be accessed by other employees. Examples of demand for cross-specialism learning that could be accessed by a variety of staff include:

- diabetes care
- comprehensive assessment
- mental health (forensic, social inclusion, psychology services, learning disability)
- health visiting
- podiatry
- speech & language therapy
- district nurse
- practice nurse
- cardio support
- planned services e.g. heart failure

Also small developments such as
  - how to do insulin injections
  - catheterisation
  - basic practical skills e.g. taking blood pressure
  - understanding blood results so they can alert the right people
  - Rehab support workers Band 1-4 e.g. how to train people to use bed levers, walking sticks
  - OT skills
  - verification of death (although this is above Band 4)

Overall there was a feeling that some of the content required for different AP roles may already be in place across the region with much of this learning within full-time largely professionally accredited provision. There is a need to identify where and when this learning is delivered and assess whether it could be opened up to other service providers across the region. It is suggested that the learning outcomes could be written at different more accessible levels of learning to support the AP role requirements. This would then allow staff to fit into existing provision and perhaps ameliorate the HE caution around the requirements for capacity before delivering these programmes.

The issue of training versus education was raised. There needs to be acceptance that the learning is to support the development of competences of staff to ensure a full skill mix in

which to deliver appropriate and required services. This needs reflection in the way any learning is developed and approved with education providers.

There are concerns that the use of language about levels of learning and the use of credit sometimes causes of confusion so there is a need for a common framework understood by all.

Accrediting Existing Learning

The researchers found evidence of unaccredited learning across the region. For example one employer delivers a Preceptorship module for which accreditation is being sought. Much of the in-house training that is not accredited is that which is delivered in response to national guidance to ensure good standard of service delivery, for example immunisation training and underpinning knowledge. There was a feeling expressed that there were pros and cons in getting this type of learning accredited. Sometimes the learning is simply a quick update on current policy or procedure, in other words disseminating information and may not be appropriate for accreditation. However there are areas of unaccredited in-house provision that may be worth seeking accreditation for that could assist a worker accumulating credit for use in developing a larger more portable qualification, but the benefits might be outweighed by the disadvantages (e.g time and cost)

The availability of appropriate learning in the region

Employers across the region work with a range of providers and also deliver their own accredited training. With respect to their own learning and development they operate libraries and have links to other NHS libraries to provide access to the latest evidence, and to respond to workforce development needs. Some have income-generating education programmes and provide national training for example in cardio, gynaecology, diabetes, muscular-skeletal topics as well as public health and dental nurses. They facilitate these, they bring in trainers and they are accredited through HEIs, for example, Bradford and Airedale PCT accredits this provision through Bradford University. Other training is done through the OCN including, for example, community activist programmes and "Pathways" to professions.

Some undertake shared learning arrangements with local education providers for example with FE colleges in providing and assessing NVQs. These vary but the Trusts commission learning when they have large numbers going through the training.

In addition they develop relationships with education providers to deliver more bespoke learning e.g. one Trust developed a programme as part of the "Support, Time and Recovery programme" mental health services involving Band 3 staff undergoing development. Here those with NVQ level 3 are supported with additional learning, a mental health certificate at level 3.

Existing relationships with colleges and universities to support AP role

Service providers were asked to highlight their existing relationships with education providers and the range and extent of existing relationships was striking. There are too many to list but some flexible arrangements in particular professional domains are worth noting.

- For audiologists, there is an arrangement with Leeds University where the AP programme of learning is delivered through a Certificate of Higher Education. This course, for Band 4 APs gives 70% of the credit to progress to level 6 study
- Dietetics learning is provided within a 50 credit programme delivered by Leeds Met, over a 12 month period. Only 30% of learning is delivered in the university, so the focus is on work-based learning. The role is at Band 3
- Leeds Met is also involved in developing learning provision for Maternity support workers, Mental Health workers, Nutritional Health and Primary Care.
- Band 3-4 provision for theatre operatives, technicians and apprentices is under development with Sheffield Hallam, Huddersfield and Hull
- Bradford University has just accredited a Certificate in Reablement which is partly made up of accredited in company training.
- Leeds City College, York St John University, Open University and Bradford College are also providers of learning across the region which may have links with new roles.

The potential barriers for developing AP learning and development

For some service providers there are many favourable conditions that support AP development. For example the demand for a well qualified workforce, that staff like working in the region, and in general the workforce is stable and many staff want to progress in their jobs/careers. However there are barriers. In Bradford in particular the demographics show low educational attainment and high levels of poverty, so there are real equality and diversity issues but particularly with respect to financial constraints. One Trust was interested in this development but felt that a major challenge was that the organisation is undergoing a huge change process in terms of provision of services and general managers are uncertain if further change can be tolerated in terms of changing training and learning approaches.

It was also pointed out that some of the older workforce who need the learning have not had a good experience previously and some of them have failed on courses designed to support their development. An example was given whereby a Level 3 programme had been developed for support workers and there was inflexibility within the learning such that those less competent in literacy failed the assessment. This has led to a lack of motivation and demoralised staff. It will be important therefore to ensure appropriate transition support is developed and accessible to meet individual learner need. An example was given of a college providing a transition module for some workers and one university indicated that from their Pre-HE courses many learners progressed to health and social care courses. It was also noted that the study skills module as part of the FD was considered adequate for the requirements (this may reflect decisions made at the selection process of those who apply for the role development).

One issue that came up was whether staff would be released from their workplace in order to undertake study. It was acknowledged by one Trust that sometimes staff cannot attend get time off for study generally because managers not understanding the opportunities available for their staff to be able to access learning. Consequently learning is inconsistent

and can lead to non-completion. However there are also concerns that in some places low staffing levels act as a real barrier to colleagues being able to get time off for study.

Training required for mentoring & assessing workers learning in the workplace

As the programme for developing APs progresses, so will the need for developing mentors and assessors. There is already support and learning in practice for nurses, there is no reason why this should not be extended to unqualified staff. Employers already have NVQ assessors and one Trust works with a college providing mentoring development. Many staff are familiar with assessing competences – there are internal mentoring programmes and training for mentors in place. Similar developments could occur to support the AP role. These may be unaccredited internal mentoring and coaching programmes although more detail needs to be identified for what is required. Existing qualified staff are fully capable of doing assessment perhaps given some training and support from the HEI. Such staff should be given the opportunity for achieving credit for this role. One respondent confirmed that mentoring has been provided as a requirement for the University of Bradford FD. Mentors are those that have undertaken the SLIP and support training nurses. This has not been problematic and is seen as appropriate.

Funding issues

The funding for the learning should follow the learners from the SHA pot. In other words the learning will be commissioned by the SHA- they act as brokers for the Trusts. Most training is done through the specific staff development fund as long as needs are identified in the preceding year, put into action plans and then costed. So it might be rationed, and combining that with the need for equity makes it an unpredictable process

Demand for the AP role

There needs to be an overarching regional development to enable accessibility of learning locally for any of the workers. While employers don't want their workers having to travel across the region for their learning there is a feeling that employers will go for a single provider if what they appear to offer is the best. The **progression agreement** for transferring credit regionally is important: this will be influenced by the commissioning role of the SHA.

There is some enthusiasm from the Bradford District Care Trust for this development. They have already spent considerable time assessing population health needs and cross-referencing this with competences. Like the Calderdale Framework they can identify gaps and requirements for development. They recognise that capacity can be an issue in that numbers wanting the development may be small. This is why it is important to really understand what is on offer from the education providers. The Trust is keen to see a regional learning framework which can facilitate understanding of the learning offers and bring staff into the programmes that suit both employers and education provider needs. As outlined above the learning required to assist the development of new roles may already exist as part of a fuller HE programme (modules/certificate, etc). Unless employers know what is on offer they cannot use the learning. Thus the idea of a Regional Framework populated with details of learning available across all education providers has its attractions.

Current Higher Education provision

The researchers explored provision with the learning providers and asked respondents to discuss their existing programmes, the learners, progression opportunities and any possible opportunities for building provision to support the AP role. This section addresses some of the key points covered. It is important to sound a health warning here on the limitations of the information gathered as the size and complexity of the institutions does mean that other departments will have provision that is not captured in the review. Where individual institutions are referred to it should be acknowledged that the views obtained may only provide a partial picture.

How and when programmes are delivered.

There is a plethora of provision and many different sets of relationships operating between providers and employers at different levels. It is beyond the scope of this report, and indeed not practical to provide very specific details of each institution's provision, so we have made some summary comments about individual differences and specific contexts.

It is evident that in terms of building on the existing WYLLN map of provision, the rapidly changing context means it is difficult to remain up-to-date. One omission from the current map is that the Open University, a major provider, is not represented. This may be because it is a national provider, however it has a regional centre and needs to be included.

There is a wide range of provision including undergraduate and post graduate degrees, Foundation degrees, diplomas, certificates and 60 credit certificates.

Institutions varied in their ability to be flexible in terms of delivery modes and some tended to recruit a more "traditional" student, while others had a large CPD portfolio.

We gathered a significant amount of material relating to provision generally and it will be possible to report on this and make it more widely available. However for this brief, in order to produce meaningful material for consideration, we have had to restrict our commentary to responses from providers relating to development and supporting the AP role

The current offer from colleges and universities with areas of specialism and appropriateness for AP roles highlighted

What follows is a summary of the provision in the region that the steering group will need to reflect on. Not all institutions were aware of, or directly involved in, the delivery of learning for APs. Most institutions, though, had provision that was directly related to the range of work carried out by APs or were already working with employers delivering subject-specific learning.

Bradford University has already had involvement with the development of the AP role, through the support of the Calderdale Framework (a facilitation tool for development of a flexible and competent workforce) with a focus on reablement, and of direct relevance/part of

the AP remit. The respondent acknowledged that the Calderdale Trust had already started their framework for developing the AP role before involving the University – however it has been a long process- there has been a need for the employers to map out the competences in developing the role and understanding the learning required. The outcome has been a Cert HE validated by University of Bradford. The programme includes AP(E)L (existing training plus evidence of competences in the workplace in areas of rehabilitation, orthopaedic discharge- using existing portfolios to demonstrate reflective practice) plus learning and teaching, using existing FD modules provided in a range of Schools. A further area of interest for the University is the development of a Mentor's course – training the trainers, and there are possibly other opportunities working with employers using the model and expertise in the School – e.g. dementia care, speech and language therapy support.

The university already delivers learning in social care/mental health/childcare, and through its ALPs project it has identified the involvement of 17 disciplines and there are now common assessments for students on placement, practice assessment, practice teachers – employers

Huddersfield University has a range of nursing and allied health professional programmes on offer, both general full-time and a large CPD provision. This university reports no demand for learning provision to support the AP role although there are some internal discussions happening that will consider this role as well as other skill mix demands in NHS and associated learning need. The university works formally with employers and has a named SHA link person who leads on commissioning. Many relationships are built around mutual benefit; for example the provision of placements for trainee professionals and the supply of graduates. Partnerships include local Trusts- Huddersfield, Kirklees, Calderdale, and also independent sector and Local Authorities especially for placements. The university has an internal School of Health Education Partnership which includes directors of all schools, deputies and heads of departments. This meets three times a year to discuss horizon scanning. The AP agenda would come under their remit.One example of where there are uncertain relationships with SHA requirements and employers is around the potential development of technicians to support OPD. The education providers are not convinced there is a need for the role in the workplace despite SHA pushing for the role, so there may be misunderstandings here.

The current provision has been reviewed in line with the 8 clinic pathways as identified by the Darzi review of the NHS. This has provided a responsive approach for the local Trusts and the SHA. There are some concerns about how the roles are being developed and then uncertainty as to how/where they fit within the workforce.

The Faculty provides up of 72,000 hours of CPD learning all commissioned by the SHA. These are programmes of various credit sizes, and approved by managers in NHS trusts. They also deliver CPD for private providers and PCTs. This is one of the strengths of this provider in that they have extensive experience of developing CPD provision of variable size and could possibly replicate this at lower levels of learning.

It does not have collaborative provision with local colleges and is not interested in this route. Issues about relationships with employers being collaborative would need to be carefully thought through.

Leeds Metropolitan University Faculty of Health is working with Ian Wragg and others at the SHA on developing appropriate provision. They have found that Certificate in Higher Education (Level 4) courses are far more effective than Foundation Degrees and so do not deliver FDs in Health but will continue to develop Cert HE courses. Foundation Degrees are delivered through the Regional University Network (RUN) of local FE Colleges. The Faculty of Health offers FD top-ups, with varying success, as well as the Dip HE Health Care Studies. It caters for Bands 2 and 3, mainly those in workplace, via a WBL course, a Certificate of Higher Education in:

- Nutritional Health (have to be in work)
- Maternity Support Worker (have to be in work)
- Primary Care (have to be in work)
- Mental Health Studies (don't necessarily have to be in work)

Leeds Met also deliver a new Support for Learning in Practice (SLIP) course in mentoring the development of which was driven by the SHA. This is a joint development with Leeds Metropolitan University, University of Bradford and University of Huddersfield. In addition, student mentors from both Leeds Metropolitan University and University of Leeds will be assessed through the same assessment strategy. Modules include Support for Learning in Practice at Levels 2 and 3 for registered healthcare professionals with a minimum of 12 months relevant experience and certificated evidence, and similar at Level M with this new module particularly suitable for graduate nurses, midwives, radiographers and other graduate healthcare professionals. The modules each carry 30 credits, with both Level 2 and Level 3 modules running concurrently.

Leeds Trinity University College's provision is focused on children, young people and families and therefore the respondent was unsure what could be offered right now, although is interested in the development. The development of the Integrated Qualifications Framework being developed by CWDC has some overlaps with this work. They do have some existing modules that may be of interest – 20 credit modules such as: Health, nutrition and physical activity; Drugs and medicines – use and misuse

The School of Health Care, University of Leeds offers a lot of CPD modules studied individually by health care practitioners (mainly nurses) and with a WBL element but these may disappear because stand-alone modules are not financially viable unless they are at least 30 credits and recruit well.

The University is very familiar with the AP role. A Generic Assistant Practitioner Award is - being developed with Ian Wragg and Chris Holroyd at SHA. This will probably be a Cert HE with a lower exit award. Local Trusts will determine who access the course. The programme involves 70 credits of taught modules and 50 credits Work based learning. The WBL will be competence driven and the employers will set the competencies and assess them. The assessors will be trained and the University will internally verify. There are 5 Cert HEs, which will all stand as discrete programmes but learners cannot choose to do some bits and not others:

- Cert HE Mammography FT (120 credits at Level 1, 3 NVQs within that.
- Cert HE in Addiction Studies By Distance Learning
- Cert HE in Community Treatment of Substance Misuse
- Cert HE Basic Audiological Practice
- Cert HE Diagnostic Imaging Studies
- Cert Counselling Skills and Theory
- Dip HE in Addiction Studies By Distance Learning

Eventually these Cert HEs will come under the umbrella of the Generic Assistant Practitioner Award.

The School of Health Care at the University of Leeds does not currently offer Foundation Degrees although there are Foundation Degrees in Social Care through the Lifelong Learning Centre. The School of Health Care however, will allow health modules to be fed into FDs and there are possibilities for developing more responsive provision.

The Lifelong Learning Unit, University of Leeds has WYLLN, Aimhigher and European Social Funds funding with the aim of creating opportunities for adults to access HE, widen participation and provide learning that is preparation for HE. The students in the Centre are often looking for part-time learning, and are “non-traditional”, so the centre would be willing to offer flexibility for employees. There are some existing unaccredited taster modules that might be of interest to employers as well as Foundation degrees.

The Open University is a key provider, and has a worker supported by WYLLN to develop provision in this area. Part of the remit is IAG and she is working with individuals who want HSCEY related courses, many of whom have not studied for a long time. The OU run an “openings” module 4 times a year which are 10 credit point courses to get people up to speed with academic skills at level 4 and many want to progress to other courses. Foundation Degrees provides a workplace mentor and there is training and support for these.

The OU has responded to demands for more postgraduate provision and are developing provision with smaller credit ratings. Responsiveness is dependent on having the time and money to develop courses but it is perfectly possible to develop regional programmes. In this area they have a project worker and are working with children’s centres in Leeds, Hull and Bradford via Parent Involvement Officers, this is targeting parents and volunteers as much as workers. They are also providing IAG to Early Years coordinators and children’s centres. A lot of childminders are doing the FD in Early Years. There are examples of innovation in courses for paramedics, around obesity and cardio-vascular diseases.

Bradford College, School of Health and Social Care has a range of Foundation Degrees in Health, Early Years and social care and progression agreements are in place for BTECs to these. Some FDs are linked to work force development requests from the independent sector but there are issues of capacity as numbers are not high. Potential students see this as a route for entry to employment. Some small cohorts have been successful with palliative care as an exemplar. The college is offering a range of provision with the local Care Trust.

The college offer CPD and have twilight and weekend provision e.g. an education Inset programme when teaching staff put in their own time to complete these courses.

Leeds City College (Park Lane College, Keighley College, Leeds College of Technology, Thomas Danby College) Health and Social Care is delivered by all 3 Colleges of LCC and is on all campuses including Horsforth & Keighley. Modules are delivered on behalf of the University of Leeds, School of Health Studies, for technician roles e.g. Instrumentation and Signal Processing- for Hospital technicians (1 semester); Maths & Stats; Physics & physiological measurement

At the Thomas Danby Centre, there are LSC funded NVQ Level 2&3 Health & Social Care courses, Level 3 Health & Social Care- Children & Young People Option, and Level 4. These are delivered at full cost although Level 4 is charged at full cost which can be offset by Training Strategy Innovation Funding from Skills for Care (TSI).

The Park Lane part of Leeds City College has a range of relevant provision, including Level 2/3 courses as well as FD Managing for Social Care and FD Children's Care Learning Development (15 credit modules). All provision is modular, and there is a flexible range of delivery times. Specialism includes a Neuro-science module, described as "brain based studies" with contemporary learning outcomes. Park Lane gets a lot of repeat business e.g. staff from the private schools and assume that this is an indication that need is being met.

Leeds City College, College of Technology works with hospitals in W, N and S Yorkshire including St James, LGI, Halifax, Bradford Royal, and Scarborough and has students from as far as Newcastle. It is felt that the College has a good reputation and is well networked in the sector. The college has its details on the Skills for Care network and it is part of the Leeds Care Association. Currently the 'employer journey' is being looked at. The experiences within individual centres in responding to employers for this provision may vary at the moment but a more coherent approach will emerge as the college merger takes shape.

Kirklees College are currently developing health apprenticeship and advanced apprenticeship programmes with Calderdale and Huddersfield PCT. The college will deliver the Technical certificates- C&G programme at level 2 and 3 in Health. The aim is to develop progression agreements for these possibly into a Diploma at Bradford University. Currently the college is reviewing its HE provision and may develop a FD HSC in next two years, probably with Leeds Met. The college has a developing employer engagement unit and the staff involved there would be interested in any development with local Trusts. A key issue for the college is the staffing resource. In order to respond to employer needs and providing small chunks of learning there is a requirement for more flexible staff but staff have a large number of global hours that need allocating at the beginning of the academic year and allocating smaller hours for delivery is difficult. They prefer not to use part-timers on innovative programmes as they feel their fulltime staff have better skills in working with employers. They have NVQ programmes and understand the learners. They are keen to highlight the issues around workforce requirements for competence and academic study.

Shipley College works with Bradford District Care Trust to deliver NVQs on Trusts premises, in terms of providing underpinning knowledge and through the train and assess

model. This approach can cover more cohorts together, and they work in Resource centres and deliver in college at times to suit the Trust. The NVQ for the Registered Managers Award is delivered flexibly. Many of these students already have professional qualifications. An emerging agenda is the requirement for supporting Apprentice programmes with Bradford and Airedale CHT.

Wakefield College had little knowledge about the AP initiative but recognised there is a need for considering new markets. It has been involved in FD development and links with WYLLN. The college uses the APL/APEL system through Leeds Met but it is rarely used. Its main focus is employee development in the Early Years and care sectors. There is also some work for Early Years (EY) Advanced Practitioners with Leeds Met. They deliver top up to BA EYs to achieve EY practitioner status with Huddersfield- which provides a good example of WBL with external assessment provided by Childrens workforce Development Council(CWDC).

Emerging trends/policies/ internal strategies influencing current provision,

Observations made by the HEIs were in the main quite convergent about the current issues driving their provision:

- Future emphasis may increasingly focus on post graduate provision
- Funding restrictions are a key issue. The current evidence suggests that financial drivers will make some HEIs less flexible due to internal funding systems. This may reduce the viability of "bite-size" or stand-alone modules. There were suggestions from some respondents that modules are not financially viable unless they carry at least 30 credits and are well attended.
- More generally, learning provided needs to fit within the university strategy overall and not just in relation to the health contract so developments need to bring appropriate numbers, quality issues, meet KPIs for universities as a whole
- It is also important that any new or flexible provision does not have a potential or unintended negative effect on the overall mission of the institution which could effect national student survey and league tables outcomes, etc. These are some of the priority issues driving institutions. Equally graduate outcomes and graduate employment issues are very relevant.
- For institutions to enter this market place will require them to measure risks to their overall reputation and status in the sector whilst being responsive to local requirements. Employers want projects to be based on a requirement of the workplace, in other words, something that supports the business. So there is the need to negotiate the balance between satisfying student learning needs while also meeting employer needs. Risk and perceived risk are crucial, and with this type of provision it is important to ensure a cost benefit analysis and understand the issue of risk.
- Working with employer groups is time-consuming, and there are staff development issues. Staff enthusiasm and commitment are needed to make employer responsive provision work. There is a tension between practice versus academic input/scholarly activity, and the differing values of staff in relation to this

- For some the FD route was a risk, the 2 year commitment is too long, and there is too much attrition. The Cert HE or more bite-size is seen to incur much less attrition and more success on completion. Professional Bodies don't accredit very much learning in these areas so it may be better to use Cert HE route. This may contradict the more strategic university policy and strategy
- It is important to work with service managers, and to keep alert to training and educational needs around WP especially in the career areas where people are working without being trained. Focusing development on low paid support roles is seen as good.

Colleges experienced similar broad issues:

- In Leeds City College everyone is heavily affected by the LCC merger and rationalisation of provision between sites. Respondents were not totally certain what trends, policies etc will influence LCC senior management decisions. Similar issues are occurring in Kirklees.
- In terms of academic HE provision, there are concerns how modules that have different credit levels across the region will influence a framework: there is a need for portability of learning across the region and understanding the needs of AP role. There was a desire that the framework should accommodate HE in FE and validation constraints by the HEI should not constrain or determine where learning is provided
- Funding is a main issue. For FECs, they only get funding from LSC for a full qualification so although they could and would deliver bite-size etc it could not be funded under the present arrangements. Funding bodies are the block to flexibility as currently study has to be done in chunks of a certain size. It is hoped that the new QCF Framework will make it more flexible.
- The level of funding for employer work has been drastically reduced. Colleges now have to predict a year ahead what the demand will be. This means doing NVQs in 9 months instead of a year. They have to enrol a certain number each month thus it is not employer responsive and employers don't like it. Up until recently it was far more flexible.
- An important development is Apprenticeships development within Trusts, fuelled by the government drive influencing new relationships with colleges. The Apprenticeship Bill 2009 has however affected some Trusts strategy on using Apprenticeships; the withdrawal of programme-led Apprenticeships mean they must be employed status (and paid as such) from day one increasing the cost to the employer, whereas previously they would claim EMA for the first year.

Flexible provision

Examples of using flexible approaches to assessment/learning outcomes to support employers were identified and education providers were asked about the process employers would go through to access flexible provision for specific roles. This was linked to an exploration of the issues in relation to Accreditation of Prior Experiential Learning/Accreditation of Prior Learning APEL/APL and how portable credit is in relation to developing and receiving credit from other HEIs.

The nature of **Open University** provision means that all assignments are standard across the country, so there is a level of inflexibility in assessment, although an individual can tailor it to their own circumstances. APEL is used but it cannot be claimed at Level 6 9if it was presented at level 6 it would be awarded at level 5).

Leeds University claims to "jump through hoops for employers" but all delivery has to be provided within the University structure. The School of Lifelong Learning will try to validate modules for employers. Within the School of Healthcare all Pre-reg courses are accessed through UCAS. Everything else – Cert HE, Top ups- are accessed by the employer and the learner has to have employer approval for SHA funding. Sometimes PCT/ Trusts will go to SHA and then SHA will refer on to Leeds University via a provision section on SHA website.

APEL is currently encouraged in the School of Healthcare. (However, it may be more difficult in future as the University probably won't allow them to offer stand-alone modules.) They have a very rigorous APEL process and they monitor learners who APEL. They find that APEL learners do as well as traditional entrants; there is no increased attrition due to APEL. Last year they only turned down 2 applicants for non- standard entry across all courses.

For the new Generic Assistant Practitioner Award- being developed with SHA -the majority of applicants won't meet the minimum university entry requirements of 3 Cs at A level so they are looking at APEL processes for this. Learners can use APEL credits up to one third of the course they are transferring into. An FD from another institution can be used as qualification for a top-up BA at Leeds University. The APEL application needs to map fairly closely against the curriculum, and portability is an issue generally.

AP(E)L is in place at **Huddersfield University** but concerns were expressed about levels of learning and links with competence and performance in the workplace and the associated link with academic assessment. Students need to understand the links between knowledge in practice and academic knowledge which is subject to academic scrutiny. Sometimes this is unclear to work-based learners especially in relation to links with evidence based practice.

Leeds Trinity has been working with WYLLN on the APEL pilot project and finding a way through the specific and generic credit problem. It has taken a new policy to academic board but there are some issues still about the costs of this and about external examiners being brought into this project but there is willingness for it to happen.

At **Leeds Met** it is viewed as a key issue that learners have the opportunity for credit for training and that it's portable. The only major issues appears to be the step up from FD to Honours top-up, these students need a lot of support. The university considers itself to be flexible, and has for many years included employers in the writing of its academic modules and creating learning outcomes. Employers also provide support with marking.

The FE providers had a different perspective here. **Leeds City College** appears to be the only one using APEL regularly, on the FD programme. Although positive about its use, there was a feeling that it imposed a bureaucratic burden.

Internal processes/procedures for developing flexible provision

Respondents were asked about internal processes/procedures to support the development of flexible, bite-sized learning and how flexible current provision is in meeting local employer needs

The **Open University** highlighted a lack of flexibility in start dates of larger courses, twice a year only at the moment. Smaller units/introductory modules can be accessed more often. Key relationships are with Royal College of Nursing and the NHS too. In this area they have a project worker and are working with children's centres in Leeds, Hull and Bradford via Parent Involvement Officers.

Bradford University The Escalate Employer Engagement Programme, is leading the development of a more flexible and responsive approach to curriculum design, including accreditation of in-company training, a 'shell' award framework for work-based learning, short courses, blended learning, and flexible start dates.

Leeds Met appears to be very flexible, whereas **Leeds University** could well be moving away from smaller units of credit. The University of Leeds School of Healthcare certainly cannot develop shell frameworks at the moment as it is currently not possible to get these through University procedures, although it is possible with individual modules. The Lifelong Learning Centre appears to be able to offer more flexible provision in responding to employee learning needs.

Huddersfield University does have some complete WBL routes in other departments and these could provide a model if there was a need for any such developments to support the health agenda. The CPD framework also provides evidence of flexibility and responsiveness. AP development could be seen as a continuing development route and not part of the professional development/learning route.

Wakefield College has a quality mark for employer responsiveness (FE QA system now) and are keen on working with employers. Provision does however rely on working with Leeds Met for HE validation so any developments will need their approval. They have a range of leadership and management modules that may be of interest, also PDP and WBL modules for FDs developed with Leeds Met.

Colleges in general are hampered by funding arrangements to be responsive in delivering flexible bite-sized provision but they have a willingness and experience of delivering larger programmes more flexibly

There is competition between institutions, and major differences in institutions (and within institutions) procedures and processes particularly with reference to the regulatory framework. For example in one HEI an important potential development is under the umbrella of "Enterprise Knowledge Transfer" in which delivery would be via study days , conferences etc but University regulations say everything must be assessed if it is to be credited and there are questions on who will fund the assessment.

The support for Learning in Practice (SLIP) course in Nursing, SHA driven – is delivered at 3 HEIs, and commonality is difficult. Different criteria are applied at approval events

Accreditation of in-house learning

Enquiries were made about the existence of specific/internal employer networks that inform current provision and where there are examples of accrediting existing provision

Leeds University will not accredit in-house learning at the moment. However, they attempt to be as flexible as possible. The Leeds Teaching Trust wanted training for minor injuries so they validated the Trust's training as a Leeds University module. The university does not validate training provided by a third party thus could not entertain credit-rating employer's in-company provision. It could not award credit for attendance at a conference, for concurrent experiential learning or for situations "where 'work' defines the curriculum.

Leeds Met works with Trusts and has accredited employer provision in for example Infection Control, and the Gold Standards Framework –End of Life Care. Leeds Met staff are external examiners to maintain quality. Such developments are usually done via tender processing through the trusts. They do have close liaison with employers, and meet service managers twice monthly so they know them well.

Conclusions

From the research to date it can be concluded that there is an opportunity available within the sub-region to support the development of Assistant Practitioner roles with associated learning and development. Indeed there is evidence that in some cases the development is already happening and these models provide a good basis on which to build for other partnerships. However there remain some key issues that need to be addressed in order to make the development happen on a sub-regional-wide basis.

Skills for Health have developed guidance for employers for developing staff in NHS organisations: Growing your own: A practical guide to growing your own professionals for the new NHS (Skills for Health 2009). The guide noted the importance of learning providers such as Universities, Further Education Colleges, independent, or in-house providers, to clearly understand the context for the learning and related qualifications, and understand exactly what is required. This research has drawn on the SfH guidance to identify the distance the WYLLN partnership may still need to journey in order to make this development happen.

Identifying the demand for the learning

There is currently only limited evidence that employers have articulated their development needs around this new role to education providers. There is some evidence that the SHA has approached a number of WYLLN partners to develop provision that supports emerging Assistant Practitioner roles and developments with the Calderdale and Huddersfield NHS Trust e.g Leeds Met and University of Leeds, Huddersfield, Bradford but for most of the local FECs and some HEIs there is concern that demand for the new role and associated learning has not been identified. However there is a willingness amongst providers to respond to any such developments from the perspective of being kept informed right through to being willing to play an active role.

The issues of demand and supply, capacity, risks to a university were raised regularly. Most have experience of working flexibly and if commissioning was in place then most would respond but with caution. There is a willingness to engage but a need for convincing that there is a demand.

Detailing the learning and development content

Achieving a sufficiently precise and detailed specification to get the required content, learning outcomes, delivery mode and costing is one of the significant barriers to this development. At the moment the detail required to progress the discussions is not available. Some employers are currently redesigning their workforce based on a cross service assessment of patient needs and the competences available within the existing workforce to meet those needs. It has been suggested that once the requirements relating to competence development are identified then education providers can review their existing provision to see if they have any content, learning outcomes and so on that meet these needs. There is a need to take this development to this next stage

Identification pre-existing modules and developing learning fit for purpose

It is clear that many of the partners involved in with this development assume much of the required learning may already exist as part of other more ‘traditional’ learning provision e.g within full-time pre-registration or professional programmes. Providers will be able to consider their existing provision to see if it meets the requirements of employers once the demand is made clear.

The approach to learning and development is different in different sectors and there is a need to be aware of this. For example, the NHS will want competency learning for skills and competencies focussed to their job, with some underpinning theory. The advantage of the Shell Framework, which the employers can see is beneficial, is that Learning Outcomes are written generically and as such can become specialised or made personal to meet cohorts or individuals employed in the AP roles. To meet new roles HE providers can look outside their primary provision for appropriate provision. For example work-based learning modules such as those used by the Calderdale/ University of Bradford development was taken from other Faculties/dept. Similar developments could be identified by the University of Huddersfield from social work courses. Common to all is the need for leadership and management modules at different levels of learning as appropriate to the responsibility of the role.

Arrangements for supporting learners as they move to higher level study including assessment and support for Skills for Life

A key consideration for this type of development is to make learning accessible in a form, mode and at a time and place that suits workers/learners. Most providers now prefer a blended learning approach and there are some key concerns for health staff not being able to access e-learning. In general there are concerns for staff not being able to get time off for study and this would have to be a requirement for any learning to support an AP role. This needs clear negotiation and a guarantee that the learning required could be accessed. An

issue was raised about learners' access to resources in the workplace and this would be an important issue to discuss with education providers.

Both HEIs and FECs have experience of delivering work-based learning. Some HEIs have more experience with FD development than others and as such have work-based learning modules that would be helpful to this development. The examples of HE Certificate development in Leeds Met and University of Bradford provide a model for utilising work based learning as part of the programme of study. There is a need to ensure a clear agreement is drawn up between partners however to ensure that learners are given time off work to study and that learning would be delivered at appropriate times and modes to suit individual and/or groups of employees.

Any development would need to be sensitive to learner needs Students may not have the academic skills to move from lower levels to Level 3 and then from Level 3 to higher levels so there is a need for bridging courses. There is a WYLLN funded 2 week bridging programme but people are not really ready to make the step. This was mentioned regularly by both FECs and HEIs. There may need to be agreement about how learner Skills for Life are assessed prior to entry to programmes. Some HEIs are familiar with ensuring learner preparation particularly where they have had a long-standing support system for widening participation. FECs have considerable experience in providing NVQ assessment to support workers and are familiar with their learning needs both in the colleges and out in the workplace and therefore have established procedures for assessing learning needs and putting in appropriate support.

An important element that was raised by both service and education providers is the need to ensure progression pathways for learners undertaking AP role development. It is acknowledged that some people may not want to progress and want to remain in the AP role but for others it is important that they can identify progression routes perhaps through to a full qualification and/or perhaps professional registration. It is important to consider the range of learners with differing ability who might be encouraged into the AP role and beyond.

It is important to ensure appropriate access to mentors and supervisors to support larner achievement. As noted earlier there are experiences both within employer training units and in education providers of using mentors to support learning. This should be a feature of the support offered to learners on these programmes and be part of any agreement developed

Establishing agreements around funding and costings

Although funding is always an issue, providers in the main are eager to work in partnership. Some have already collaborated with each other and a range of employers. WYLLN partners in general are willing to share their good practice and there are many strengths in the current offer that may support cross-boundary working. But there are a number of caveats including that HEIs are facing massive cuts in resources. Stand-alone modules may not be financially viable unless worth at least 30 credits so provision may get **less** flexible.

Some HEIs were unable to respond to issues around funding as there are internal arrangements and contracts with employers, the Strategic Health authority (SHA) and so on

which are managed within different parts of the university. Issues around difference in SHA funding, HEFCE funding and concerns about the HEFCE withdrawal of funding for equivalent or lower qualifications (ELQs) were raised and are unresolved here but may require more thought as partners get into detailed discussions/specifications.

For the FECs there is concern how any HE provision will be funded. In principle FECs agreed that the role development was one they supported however there are concerns about the funding system and how it can be a stumbling block to progress. Many FECs rely on HE providers to validate their HE provision under collaborative agreements. Learning at lower levels with be through the new funding system and will need to fit on the QCF.

It was expressed that the universities and FE colleges have created a competitive market and there is a danger that end user needs (portability and simplicity) are lost although there was a common feeling expressed that each provider could build on their strengths and this could strengthen the opportunities rather than act as barriers.

Teaching staff experience and knowledge in working with the AP (Band 3-4) roles

Skills for Health advise that there is a need for teaching staff to be sympathetic to and familiar with the level of staff progressing into the AP role. From this research it is not anticipated that there would be a problem with the experience of staff to deliver a required programme. In FECs however there is a problem for staff with respect to delivering short programmes as identified earlier. The issue of the academic learning year versus the need for workforce provision across the year could be problematic. Some HEIs have extensive experience of delivering CPD so delivering similar provision at different levels of learning should not be a problem.

An issue of relevance here is the use of AP(e)L systems. Some providers have challenged their own systems in recent months working with the LLN and as such could provide an opportunity for recognising prior learning and experience in a sympathetic manner. The new developments provide models for approaching assessment of learning in relation to competence development. This is an area that requires thoughtful development particularly in relation to internal QA requirements.

To conclude, there is a willingness to make this development work but as identified there are still a number of hurdles to jump over before progress can be made. Not insignificant is a level of cynicism amongst some on both sides that the development will happen in that some have a strong sense of déjà-vu; this kind of thing has been discussed at various times before. Furthermore success is dependent on the region being able to influence the funding bodies and their strategies. There is a need to avoid going round in circles. These concerns are tempered with the benefits identified from the WYLLN progression agreements

Recommendations

1. It is important for employers to develop a sufficiently precise and detailed specification to get the required content, learning outcomes, delivery mode and costing of any new development. This would enable education providers to review provision to assess what they can offer against the level of demand. An example is the vision of Bradford Care who have identified competences and may invite education providers to identify the learning that would meet the competences. The Skills for Health templates provide a basis for stimulating these developments with the aim of developing several Demonstrator projects

2. It is recommended that the next stage of development is to establish a small number of demonstrator projects and bring these to a workshop to explore the learning demands of different competence sets, examples of existing flexible offerings and alternative models of funding.

3. There is a need for further work to explore how partners engage with the idea of a regional framework. An agreement on the use and transference of credit within the partnership is integral to the success of a regional framework. This needs more clarification and exploration and perhaps should articulate with the Skills for Health proposal for a Learning Elements Bank. A suggestion would be to run staff development workshops to explore the issues in more detail.

4. It would be helpful if discussions could take place with HEI quality & standards and regulatory departments to clarify whether current restrictions need to remain in place in this changing world of demand.

5. It would be helpful if funding providers could be approached to provide more clarity about funding restrictions and how partnership working can enhance the opportunities.

6. It is recommended that a parallel development includes scoping out the existing transition learning available in the Network to ensure a common transition programme is in place to support those employees who have appropriate levels of competence but may require refreshment or development of academic study skills .

7. Sometimes the focus for this type of development involves more than one contact point/unit within an education institution. It is recommended that a database of contacts is drawn up that clearly identifies one contact for each of the WYLLN partners who had authority to disseminate any requests from employers to appropriate personnel within each institution.

8. To take forward this project it is recommended that timescales and the original project specification are revised to take into account the need to focus on the extent to which costs or efficiency savings will be a driver, and to develop collaborative processes which will achieve economies of scale

Appendix 1, Participants in the research

Individuals who responded to the survey

Employers

Airedale NHS Trust	Sharon Ray
Bradford & Airedale CHS	Phillipa Hubbard
Bradford and Airedale PCT	Christina Holloway
	Sarah Lockyer
	Joanne Somers
Bradford District Care Trust	Ruth Warden
	Rosie Hawley
Calderdale &Huddersfield	Jayne Duffy
NHS Foundation Trust	RachaelSmith
South West Yorkshire Trust	Jackie Davies
Yorkshire and Humberside SHA	Ian Wragg

Providers

Bradford College	Lesley Hannah
	Carol Wood
Huddersfield University	Catherine O'Halloran
	Val Ely
Kirklees College	Julie Pearson
Leeds City College	Dave Haworth
	Lesley Dove
	Sylvia Ryan
	Linda Cawthorne
Leeds Metropolitan University	Lavinia Norton
Leeds Trinity University College	Pat Millner
Open University	Anne Milne
Shipley College	Stephanie Tinsley
University of Bradford	Jane Priestley
	Pat Wilkinson
University of Leeds	Ian Goulden
	Olivia Garvey
	Tony Ellis
Wakefield College	Lesley McNamara
	Mike Cuthbert

(Email correspondence took place with Sheila Lucciarini of Joseph Priestley College and Carol Heptonstall of Kirklees College

Sector Skills Council

Skills for Health	Sandra Rowan
Skills for Care	Barbara Mitchell

The following employers were approached but did not respond to the request for assistance

- NHS Kirklees
- Wakefield District PCT
- NHS Leeds
- Mid-Yorkshire NHS