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CHLORINE FREE PAPER



*‘Working Together –
Learning Together’*

A Framework for Lifelong Learning
for the NHS

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Learning Together’*

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for the NHS

Foreword by the Secretary of State

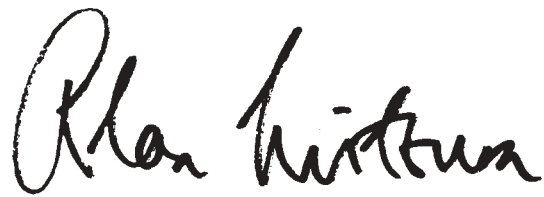
Learning and development are key to delivering the Government's vision of patient centred care in the NHS. Lifelong learning is about growth and opportunity, about making sure that our staff, the teams and organisations they relate to, and work in, can acquire new knowledge and skills, both to realise their potential and to help shape and change things for the better. Lifelong learning is inextricably linked with the wider agenda for building, rewarding and supporting the NHS workforce for the future.

Right across the NHS and related health care services, people work and learn together every day, but the value and application of this learning to improvements in patient care is not always recognised, or as systematic as it could be. Equally, the NHS is full of people who can help others learn to look after themselves and to improve and maintain their health. We need to harness this potential, using it to better match improvements in patient access to services and knowledge.

As well as more informal local work-based learning, the NHS invests over £2.5 billion in education and training every year. This is a massive investment in our staff and their skills. We need to ensure it is used effectively. This strategic framework sets out for the first time a co-ordinated approach to lifelong learning in health care. It sets the direction for delivering new, more systematic development for all NHS staff. We will support this work by establishing the NHS University (NHSU), from 2003.

Our commitment is for the NHSU to enable all staff to benefit from a range of lifelong learning opportunities. It will work in partnership with other stakeholders including education providers to make learning more accessible and flexible for people at work and in their homes and to make a lasting impact on the modernisation of services. We are already drawing on the excellent work that exists across the NHS, in health and social care settings and elsewhere, to shape the development of the NHSU and we will work with our partners to continue this process. Good practice has also influenced this lifelong learning strategy - there are many examples of innovation highlighted here.

'Working Together-Learning Together' is fundamental to delivery of the NHS Plan, it is aimed at those with responsibility for lifelong learning within NHS and Primary Care Trusts and other NHS organisations, Workforce Development Confederations, regulatory and professional bodies, trades unions and education and training providers. It sets out what staff can expect from employers who really embrace the concept of lifelong learning. The challenge now is to ensure that all employers put these principles into practice.

A handwritten signature in black ink, reading "Alan Turing". The signature is written in a cursive, flowing style with a large initial 'A'.

Foreword

by Andrew Foster

This lifelong learning framework is a first for the NHS in England. It sets out a vision and a comprehensive strategy for lifelong learning as one of the four central elements supporting our drive to develop a workforce fit for the future - a workforce focused on delivering patient centred care and the service improvements set out in the NHS Plan. Lifelong learning is about ensuring our staff are:

- equipped with the skills and knowledge to work flexibly in support of patients;
- supported to grow, develop and realise their potential.

Alongside lifelong learning, there are three other key elements of HR modernisation:

Growing the NHS workforce so that we have the right number of staff, with the right skills in the right place and at the right time by modernising workforce development, education and training; increasing training places and widening access to training; developing substantial recruitment and retention and return to practice programmes; continuing action to improve the working lives of staff and helping NHS organisations to re-design jobs, career pathways and work roles so that staff can use their skills more flexibly;

Modernising pay and contracts to ensure staff have better, fairer rewards, particularly where they take on new skills and responsibilities at the frontline of health care;

Developing a modern regulatory framework, to ensure enhanced public protection whilst being responsive to changes in the way staff work.

The workforce taskforce which I lead is currently preparing a long-term strategy for the NHS workforce which will set out clearly how this lifelong learning strategy fits with our range of initiatives to develop and make best use of the skills of all NHS staff to improve patient care.

We are investing significantly in staff education, training and development but more needs to be done to ensure the NHS becomes renowned nationally and internationally for its commitment to unlocking staff potential and enabling staff to progress their skills and careers through lifelong learning and development. This will help make a reality of the concept of the '*Golden Trust*' – an organisation which recruits, retains and sustains the morale and productivity of its staff, with measurable benefits to patients, their carers and families. *Working Together - Learning Together* sets out the context, vision, direction and actions to ensure that lifelong learning, alongside other key aspects of HR modernisation, plays a key role in ensuring we get there.

A handwritten signature in black ink, appearing to be 'Andrew King', written in a cursive style.

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Executive Summary

‘Working Together – Learning Together’ : A Framework for Lifelong Learning for the NHS

Introduction

Lifelong Learning and development are key to delivering the Government’s vision of patient centred care in the NHS. Our main aim is to ensure that the NHS, working with its partners and related sectors, develops and equips staff with the skills they need to:

- *support changes and improvements in patient care;*
- *take advantage of wider career opportunities; and*
- *realise their potential.*

This is not simply a good thing in itself. There is increasing evidence that lifelong learning, as part of good employment practice, lies at the heart of effective organisational performance.

Who is it for?

The framework is directed at those responsible for making lifelong learning happen - NHS organisations, managers and supervisors, education providers, the professions, Workforce Development Confederations and staff themselves. It is wide in scope, touching on many aspects of learning and development - ranging from induction through to continuing personal and professional development and leadership and management. It sets out the characteristics of an effective learning organisation. It also emphasises that staff need to take responsibility to develop and to participate in lifelong learning. We expect the framework to form the basis of further national and local guidance and local support to NHS staff, on the ground, in the months and years ahead.

The Vision

In 2000, the NHS Plan put forward a radical agenda for modernising education, training and development. Since then, a great deal of activity has been underway to realise these commitments - we highlight much of this work within the framework. At its core is a vision for lifelong learning, which we believe, can and should be realised over the next five years.

Fundamentally, we want to ensure the NHS builds on good practice in learning and development already underway, working more proactively with partners to become a consistent, high commitment, learning organisation. The framework sets out the vision, principles and actions to ensure this becomes a reality, right across the NHS.

The context, core values and skills

Chapter one sets out the context, vision, core values and skills that form the basis of the strategic framework for lifelong learning. It highlights relevant policies and sets out a number of core skills derived from the values underpinning the NHS Plan. Core skills, common to all staff include communicating effectively with patients and colleagues, using information effectively and sensitively; understanding how the NHS and their local organisation works; working effectively in teams; keeping skills and competence up to date.

This chapter also sets out our rationale for developing and designing the future NHS University (NHSU) to support the linkage between lifelong learning for all staff and service modernisation.

The NHS as an effective learning organisation

Chapter two describes some of the characteristics essential to ensuring the NHS develops effective approaches to lifelong learning for all staff. This links with ensuring organisations are able to recruit and retain more of their staff through high quality employment practices such as achieving 'Improving Working Lives' and 'Investors in People' accreditation, demonstrable achievement of equal opportunities policies and ensuring all staff have regular appraisal and personal development plans in place.

We recognise this will take time to realise, but the agenda is achievable and essential. Workforce Development Confederations and the future NHSU will play major roles in supporting implementation of the framework. New Strategic Health Authorities will monitor and support progress as part of the mainstream NHS performance management and assessment process.

Opening up Learning Opportunities

Chapter three focuses on staff who do not have professional qualifications. We set out how NHS Learning Accounts, National Vocational Qualifications and other learning opportunities are supporting our goal that all such staff, if they wish to, should have opportunities to obtain a relevant qualification and progress their careers through a *skills escalator* approach. These will support the development of new roles and ways of working and help deliver improvements in service quality.

Pre Registration Education - change and flexibility

Pre-registration education represents the foundation for professional practice. Chapter four puts forward a set of common principles which we believe should govern all pre-registration education. We describe what is already happening to develop educational curricula in the context of NHS Plan commitments.

Maintaining and Extending Skills and Careers

Chapter five builds on previous principles and focuses on post-registration education and continuing professional development. The main emphasis is on stakeholders working more collaboratively in the future to promote consistency in the standards, quality and accreditation of post registration education and CPD – with a greater emphasis on work-based and team learning.

Leading and Managing Health Care

This chapter outlines the vital importance of leadership and management development to improving the patient's care, treatment and experience; enhancing the public reputation of the NHS; and motivating, developing and empowering staff. It majors on the new approaches to leadership and management being taken forward by the new Leadership Centre for Health – part of the NHS Modernisation Agency. We describe programmes covering a wide range of managers and professionals, increasingly being delivered on a multi-disciplinary basis.

Building the Infrastructure for Lifelong Learning

Chapter seven recognises that lifelong learning in the NHS is highly dependent on building, investing in and sustaining the environment and infrastructure for knowledge and learning. The NHS and related sectors represent a huge learning resource and we need to develop and maintain the infrastructure comprising skilled mentors and supervisors, multiple knowledge and learning sources, technical and other resources, partnerships and effective investment.

The development of e-learning capacity alongside other more conventional forms of learning is already happening and in future, the NHSU will help to ensure that access to learning and development is available 24 hours a day, and 365 days a year, to every member of staff.

Conclusion – what needs to be done to realise lifelong learning

The framework concludes with an action agenda for key stakeholders, setting out what needs to be done, year on year, over the next five years, to realise the vision for lifelong learning.

Chapter 1

Lifelong Learning: the context - core values and skills

Key points

The NHS Plan sets out a radical agenda for modernising education and training

NHS values, principles and core skills should be supported by lifelong learning

Staff are entitled to work in effective learning organisations, which value and develop their skills to deliver patient centred services – a new NHS University (NHSU) will help to support this

Introduction – the central importance of learning and development.

1. This framework is about recognising, valuing and realising lifelong learning as an essential element of successful individual, team and organisational performance. In the fast changing world of health care, investing in the skills and potential of people who aspire to, or already work in the NHS, and in related sectors, is central to modernising and re-shaping services around patients. Lifelong learning is primarily about growth and opportunity, about making sure staff are supported to acquire new skills and realise their potential to help change things for the better.
2. The aim is to ensure that patients and their families benefit from a better qualified and motivated workforce, wherever services are delivered and many of the principles and policies apply equally to other parts of the health care sector and to social care. The framework provides direction for those with responsibility for ensuring that lifelong learning develops and gives clarity to staff about what they can expect from their employer to ensure their potential is fully realised.
3. The framework also provides the basis for further local guidance and support to help and inform staff. There is much good practice and progress already underway and we want to build on this to ensure the NHS achieves a uniformly excellent standard in developing people:

'An organisation which puts lifelong learning at the heart of improving patient care'.

4. This is an ambitious undertaking, not least because the NHS workforce is large, diverse and expanding. Across England, some 1 million people work in the NHS. The workforce is predominantly female; highly professionalised (about 50% have a health professional or scientific qualification and there are other professionally qualified staff in, for example, the areas of finance and human resources). Increased flexibility in employment practices means that many staff are part-time.

Scope

5. The framework covers all aspects of learning and development for health care staff from basic induction, adult literacy and numeracy skills and vocational training, through to pre and post registration education, continuing personal and professional development, management and leadership development. Education, training and development form a continuum and comprise a wide range of formal and informal learning activities - everything from private study to workplace learning to electronic forms of learning (e learning) and to formal academic courses. Lifelong learning is not just concerned with learning related to work. As the then Secretary of State for Education and Employment, David Blunkett, said in the foreword to the Green Paper "The Learning Age"¹:

"Learning helps makes ours a civilised society, develops the spiritual side of our lives and promotes active citizenship. Learning enables people to play a full part in their community. It strengthens the family, the neighbourhood and consequently the nation. It helps us fulfil our potential and opens doors to a love of music, art and literature. That is why we value learning for its own sake as well as for the equality of opportunity it brings".

Context

6. A number of influences have driven the development of this framework:
 - changes to the wider world of work, the diversity of people's lifestyles and cultures and their changing expectations about work and learning;

¹ *The Learning Age – a renaissance for a new Britain* Department for Education and Employment, London 1998.

- changing patterns of healthcare delivery;
- overall Government policy on lifelong learning, including the opportunities offered by new technologies to harness and share knowledge and know-how through increasing access to learning in the workplace;
- specific NHS policy, particularly as set out in the NHS Plan and subsequently in *Investment and Reform for NHS Staff – Taking Forward the NHS Plan*²; and
- the Government’s commitment to ensuring equality of opportunity and valuing diversity – with the NHS playing a full role in the economic, educational and social life of the communities it serves.

7. **Changes to the wider world of work, expectations about learning and changes to health care delivery** are obvious to us all. Anyone over the age of 40 will remember a working environment with no personal computers, mobile phones or e-mail, where hand-written records were kept in filing cabinets, where many manual and office processes were not automated, and fax machines and electric typewriters were rarities. The knowledge and skills required simply to manage a modern working environment are substantially more demanding than in most of the last century, let alone the demands for new learning resulting from the global economy. Within health care itself, change is accelerating as a result of:

- advances in health technologies and interventions, increased availability of research-based knowledge, the rise of empowered, knowledgeable consumers and their increasing expectations of health care;
- continuing shifts in the boundaries between primary, secondary and continuing care combined with new ways of delivering care, new standards for care, as set out in National Service Frameworks and other documents, and the re-shaping of processes and pathways to support care that is truly patient-centred;
- continual modifications to, and extensions of, job roles to improve the quality of patient care;

² *Investment and Reform for NHS Staff – Taking Forward the NHS Plan*, Department of Health, London 2001.

- a more diverse workforce entering NHS careers from a wider variety of backgrounds, cultures and ages, with different learning and development styles and needs;
 - a greater emphasis on team working and on developing partnership working between organisations to deliver care for whole communities;
 - an emphasis on ease of patient access to services (NHS Direct, one-stop 'walk-in' centres);
 - a major programme of cultural and structural change in the way the NHS works – '*Shifting the Balance of Power*' to devolve responsibility, empower and support front line staff to make decisions locally and use their skills to deliver service improvements³.
8. Learning in the NHS is also increasingly influenced by **general Government policy** on lifelong learning. Much of this is set out in the White Paper "Learning to Succeed"⁴. As a major employer, the NHS and related sectors have a significant part to play in supporting and realising this agenda.
9. Over the past two years, there have been major developments in **NHS policy** on education, training and development. "Working Together"⁵, (now being updated and extended by the National Workforce Taskforce), the 'Improving Working Lives' standard and The Vital Connection⁶ – the equalities framework for the NHS - collectively constitute the foundation for human resources management in the NHS. Strategies have been published which set out plans for developing and strengthening education for nurses and midwives⁷, allied health professions⁸, health care scientists and technicians⁹, pharmacy¹⁰, dentistry, and finance staff¹¹. Undergraduate and postgraduate medical education is also undergoing significant change.

³ *Shifting the balance of power within the NHS – Securing Delivery*, Department of Health, London 2001.

⁴ *Learning to Succeed – a new framework for post-16 learning*, the Stationery Office, London 1999.

⁵ *Working Together – securing a quality workforce for the NHS*, Department of Health, London, 1998.

⁶ *The Vital Connection – An equalities framework for the NHS*, Department of Health, London 2000.

⁷ *Making a Difference – strengthening the nursing, midwifery and health visiting contribution to health care*, Department of Health. London. 1999.

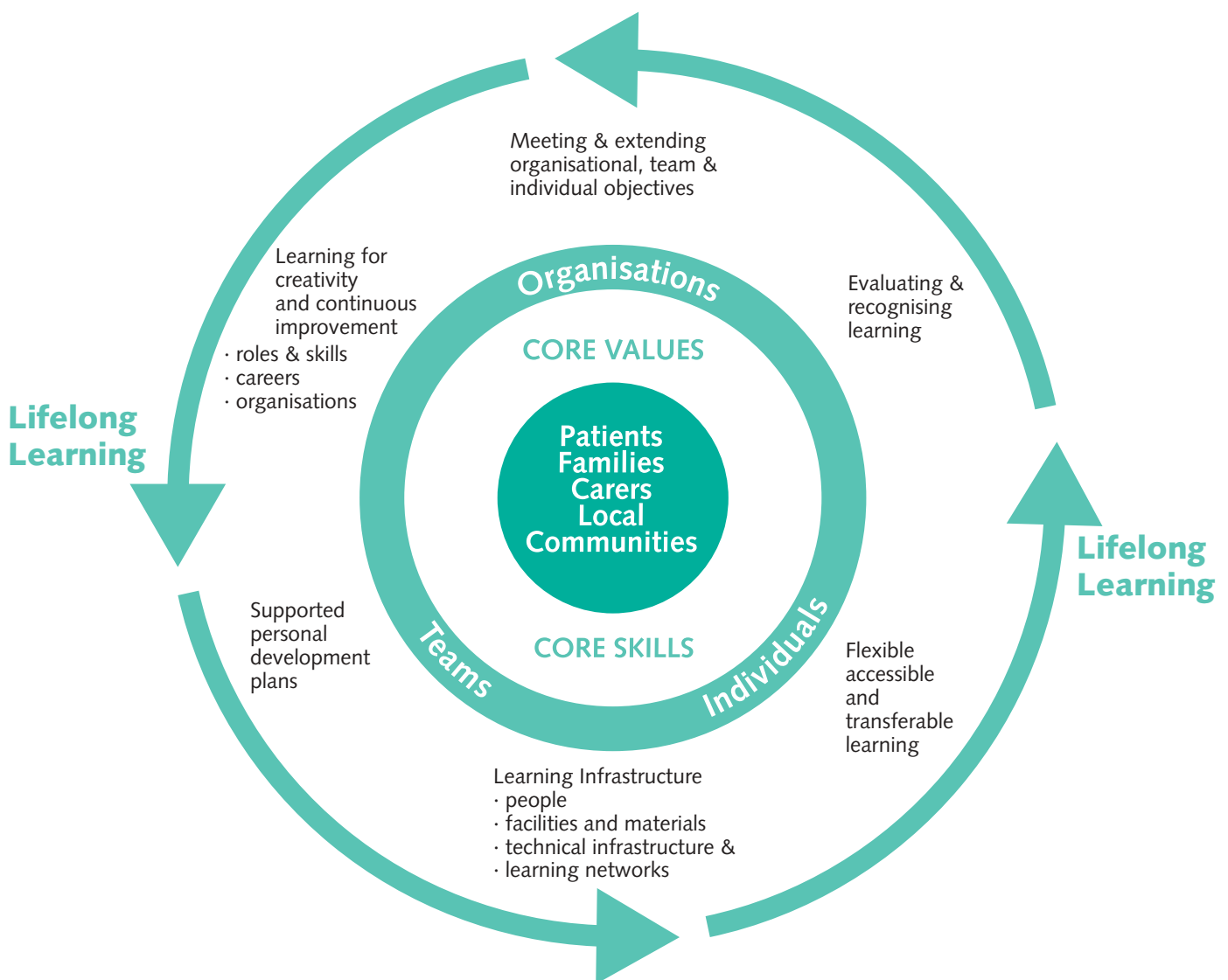
⁸ *Meeting the Challenge – Strategy for the Allied Health Professions*. Department of Health. London.2000.

⁹ *Making the Change – Strategy for Healthcare Scientists and Technicians*. Department of Health. London 2001.

¹⁰ *Pharmacy in the future – Implementing the NHS Plan*. Department of Health, London.2001.

¹¹ *Building on Success – A vision for finance staff in the modern NHS and Building on the Vision – the staff development strategy for the finance function in the NHS*, Department of Health. London 2001.

“*Continuing Professional Development*¹² provides guidance on the principles and criteria for establishing local systems of continuing professional development. “*A Health Service of All the Talents*¹³” made proposals for improving workforce planning and development which are now being implemented. All of these demonstrate the need to ensure that the NHS becomes an exemplary employer and that the workforce better reflects the diversity of the community it serves. Delivering the improvements to education and training which these policies require is critical to delivering the Government’s vision of a modernised, patient-centred NHS.



¹² *Continuing Professional Development: Quality in the new NHS*. Department of Health, London 2000

¹³ *A Health Service of All the Talents: Developing the NHS Workforce*, Department of Health. London 2000

10. At the heart of these changes, there is a **clear vision** about lifelong learning. The Government believes that:
 - there is a set of core values and skills which should be central to lifelong learning in the NHS and health care more generally;
 - NHS staff are entitled to work in an environment which equips them with the skills to perform their current jobs to the best of their ability, developing their roles and career potential, working individually and in teams in more creative and fulfilling ways;
 - access to education, training and development should be as open and flexible as possible - with no discrimination in terms of age, gender, ethnicity, availability to part-time/full-time staff, geographical location;
 - learning should be valued, recognised, recorded and accredited wherever possible;
 - wherever practical, learning should be shared by different staff groups and professions.
 - planning and evaluation of lifelong learning should be central to organisational development and service improvement, backed up by robust information about skills gaps and needs;
 - the infrastructure to support learning should be as close to the individual's workplace as possible, drawing on new educational and communications technology and designed to be accessible in terms of time and location.

11. Delivering this vision means that all NHS organisations, and those with a contractual relationship with the NHS, need to develop and foster a learning culture. Investment in learning benefits the organisation, patients and carers, local communities, society more generally and individuals. To be effective, lifelong learning also depends on a strong relationship between individuals and their immediate world of work and on shared values and skills. If the basic building blocks of induction, appraisal, personal development plans and the learning culture are not in place, it will be difficult to develop and sustain this relationship.

Core values and skills

12. The lifelong learning framework is designed to support the NHS core values set out in the NHS Plan. In particular it will help to deliver an NHS which will:

Core values from the NHS Plan

Shape its services around the needs and preferences of individual patients, their families and carers

Respond to different needs of different populations

Work continuously to improve quality services and minimise errors

Work together with others to ensure a seamless service for patients

Help keep people healthy and work to reduce health inequalities

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance

13. Core knowledge and skills, which should be common to all NHS staff, flow from these values. They need to be applied in ways which have relevance for staff's individual jobs and team roles.

Core knowledge and skills – all staff should :

- Fully understand and respect the rights and feelings of patients and their families, seeking out and addressing their needs
- Communicate effectively with patients, their families and carers and with colleagues
- Value information about, and for, patients, as a privileged resource, sharing and using this appropriately, according to the discretion and consent allowed by the patient and by means of the most effective technology
- Understand and demonstrate how the NHS, and their local organisation, works

- Work effectively in teams, appreciating the roles of other staff and agencies involved in the care of patients
- Demonstrate a commitment to keeping their skills and competence up to date – including the use of new approaches to learning and using information; and supporting the learning and development of others
- Recognise and demonstrate their responsibilities for maintaining health and safety for patients and colleagues in all care settings

14. The skills can be applied at different levels, for example within staff induction programmes, for staff with National Vocational Qualifications who will already have a number of competencies in common, at post-qualification level for medical, nurse and therapist consultants who should have certain common core skills, practised to a specified standard.
15. We are committed to ensuring that core skills are reflected in induction programmes and the training and development of all staff and that they form a major part of consistent staff appraisal and personal development planning processes across the NHS. We also want to work with stakeholders to take forward and determine how they can be applied in different contexts, to individuals, teams and organisations, primarily to support improvements in health care and the care environment. The development and sharing of core skills and knowledge is central to supporting the development of common learning programmes for all health care professions and to strengthen team working.

National Health Service University ('NHSU')

16. We are committed to establishing NHSU by 2003. Our vision is to seek, over time, full awarding body powers so that NHSU can achieve the same status as other Universities. Although detailed work is needed to make this a reality, NHSU will be central to supporting delivery of this strategy and to developing staff education, training and development more widely. It will be designed to:
 - unlock the potential of all members of staff – from porters, to consultants and chief executives, using a 'skills escalator' approach to supporting role and career development;
 - cover all settings in which NHS provided or funded health care is delivered;

- make extensive use of e-learning, working with partners such as 'learndirect' and the 'e' University, supporting other modern learning approaches and materials and equipping staff with the knowledge and skills they need to deliver service improvements;
 - ensure universal access for NHS staff to libraries, learning centres and other networks;
 - work in partnership with employers and other stakeholders to ensure a more co-ordinated approach to the provision of education, training and development for NHS employees.
17. The following is just one example of how an individual will benefit from the future NHSU. Through building the learning infrastructure and supporting staff to use a range of approaches to suit their learning styles, we expect this example and others, covering the breadth of staff and professional groups in the NHS, to become commonplace over the next five years:

Derek has been a porter for 17 years, working in the same hospital. To date he has not attended any courses or undertaken accredited learning in the workplace. Derek is required to do some training on lifting and handling techniques and this prompts him to begin thinking about what he needs to update on, from his experience. He sees a local poster giving details of NHSU provision and calls to book a session with a tutor because he wants some help in accessing and using the NHSU web site he has noticed other staff using. During his booked session, he begins discussing his job and indicates he would like to undertake other training. Derek is unsure about whether his manager will release and support him to do this.

Between them, Derek and his tutor compile an on-line personal development plan. Having looked at the range of programmes available, which meet the competency map for his role, he sees a number of customer care modules that interest him – his line manager had asked him to support a new porter recently and this was an aspect he felt he should have more knowledge about. Derek decides he would like to do the first module on-line because this will also help him develop his basic IT skills. The tutor talks him through accessing NHSU through his television and other sources, recommending a couple of programmes provided in partnership with the BBC. These have very good write-ups from staff who have accessed them. The tutor also books him a study skills session to familiarise him with study techniques including accessing the resources of the National electronic Library for Health (NeLH). Whilst at the study skills

session, Derek borrows books on customer care and notes some journals he would like to look at next time he visits the library.

The request for Derek's study leave, supported by his PDP, the competency framework and a note that NHS Learning Account funds will contribute to the on-line programme is copied to Derek's line manager and following this, Derek has a positive discussion to negotiate and agree arrangements. Derek also completes his lifting and handling assessment and update test. The results are copied to his manager and entered on his electronic personal staff record.

18. We will discuss with stakeholders and partners the establishment of the NHSU, with the aim of ensuring that NHSU:
 - makes an early and sustainable impact on the links between developing staff and service modernisation in the NHS;
 - reaches out to as many staff as possible through modern approaches to learning;
 - becomes a model of excellence and innovation for lifelong learning, supporting the NHS to become a world class, high commitment learning organisation.

Effective Learning Organisations

Key points

Learning in the workplace is key to improving working lives and to promoting the NHS as an exemplary employer

All NHS staff should have a personal development plan (PDP) which supports their learning needs on an individual basis

Effective learning organisations and networks need to have systematic learning and development strategies in place, shared comprehensively with staff, agreed and monitored at board level

19. The relationship between the individual and his or her immediate world of work is critical to the success of lifelong learning. While many professional staff, in particular, have a relationship with their profession that is not exclusively linked to the posts they hold, and is important, particularly for continuing professional development, the primary obligation of all staff is to their patients and their carers and to the wider community, expressed through the organisation in which they work.
20. The recent Audit Commission Study on education and training in the NHS – *Hidden Talents*¹⁴ highlighted a number of shortcomings in the way NHS organisations lead, manage, invest in, evaluate and ensure all staff have access to education and training. These need to be addressed through more coherent, sustainable national and local investment in people and learning resources. Together with continuing action to improve the working lives of staff, investment in education, training and development will help make all NHS organisations employers of choice for professional and other staff. Our vision is of the ‘*Golden Trust*’ able to recruit and retain the staff it requires and supporting them through high quality employment practices including the provision of lifelong learning opportunities. Some of the building blocks for this are in place already.

¹⁴ ‘*Hidden Talents*’ The Education, Training and Development of Healthcare Staff in NHS Trusts. Audit Commission. London. 2001.

Improving Working Lives

21. The Government is committed to ensuring that all NHS organisations are accredited for putting the Improving Working Lives (IWL) Standard into practice by April 2003. The standard directly supports the Government's drive to increase take up of the wider *Investors In People* (IIP) initiative and the Departments of Health and Education and Skills will work together to promote better linkages between IWL and IIP accreditation processes. The promotion and delivery of organisational, team and individual lifelong learning opportunities is a key evidence requirement for both.

Improving Working Lives Standard

An employer committed to Improving Working Lives:

- Recognises that modern services require modern employment practices;
- Understands that staff work best for patients when they can strike a healthy balance between work and other aspects of their life outside work;
- Accepts a joint responsibility with staff to develop a range of working arrangements that balance the needs of patients and services with the needs of staff;
- values and supports staff, according to the contribution they make to patient care and meeting the needs of the service;
- provides personal and professional development and training opportunities that are accessible and open to all staff irrespective of their working patterns;
- has a range of policies and practices in place that enable staff to manage a healthy balance between work and their commitments outside work.

22. To date, all NHS Trusts have pledged to achieve IWL accreditation and there is an expectation that all NHS organisations will have reached 'practice stage' of IWL accreditation by April 2003.

Personal development plans

23. We are committed to ensuring staff have personal development plans (PDPs) as a foundation for assessing and meeting their learning and development needs. Already, most professional staff have PDPs and we expect this to have been extended to all staff this year. To support this, Workforce Development Confederations and their constituent NHS organisations, are drawing up wide ranging investment plans to ensure, amongst other priorities for training and development, that the PDP target is delivered for all staff.

Effective learning organisations

24. We now need to build on this and other related work such as that being taken forward by the NHS learning and HR networks and HR ‘Beacon’ organisations to establish effective learning across the NHS at all levels. To achieve this we want to see all NHS organisations making sustained progress to meeting the targets set out in the final part of this document. They will need to do this through working closely with Workforce Development Confederations and key partners in higher and further education and elsewhere (e.g Learning and Skills Councils), and the NHSU, when established. The characteristics marking out a successful NHS learning organisation include:

- *a coherent, well resourced learning strategy:*
 - *led strongly and consistently;*
 - *explicitly linked to the roles and skills needed to deliver local service improvements for patients, and to the needs of staff;*
 - *forming part of a high quality, evidence based HR framework; reflecting robust partnerships with patient and carer representatives, education providers, staff, trades unions and other organisations;*
- *a system of appraisal and personal development planning for all staff – linked to organisational and individual needs, regularly reviewed;*
- *demonstration that education and training, and access to learning and library resources, is available on an equitable, non-discriminatory and increasingly flexible basis to all staff groups;*

- *provision of a learning infrastructure that is accessible in terms of time and location – with adequate space within the workplace for study and sharing of knowledge with others, access to personal computers with facilities for web browsing and internet access. Increasingly, the learning infrastructure should be provided and supported on a shared basis with other NHS organisations and social services.*
- *holding ‘practice stage’ IWL accreditation and IIP status;*
- *demonstration of strong links between education, training and development, career progression and reward for all staff;*
- *use of a variety of development methods - coaching on the job, mentorship, learning sets, job rotation, secondments, project work, sabbaticals, as well as formal education and training – aimed at enabling staff to progress their careers and build on their skills and expertise;*
- *regular publication, evaluation and monitoring of learning activity.*

Good practice in learning and development – an NHS ‘HR Beacon’ site

Basildon and Thurrock General Hospitals NHS Trust has been encouraging personal development and increasing staff involvement through the introduction of a skills based reward and development system. The system is designed for staff across all disciplines within the Trust, and is underpinned by a competence framework which is a key part of the Trust’s appraisal system.

Staff at the Trust have been key players in designing and testing the new arrangements in partnership with local and regional trade union officials. These developments, reflecting much of the national HR modernisation agenda, offer all staff personal development opportunities and clearer career pathways. Success is being demonstrated through addressing problems of recruitment and retention, improving team working and the sharing of new ideas.

25. NHS organisations will vary in the speed with which they can demonstrate these essential characteristics but it is important that all organisations set out clear plans for the development of lifelong learning, based on a proper assessment of current capacity and capability. To help support this, we expect those organisations which are already making strong progress to share their experience through the existing networks.

26. Much can be achieved through:
- investment of the new resources made available for Continuing Professional Development, NHS Learning Accounts; and National Vocational Qualifications;
 - using local implementation plans for information systems and infrastructure across health communities to support learning;
 - increasing access to modern library services and the National Electronic Library for Health.
 - using emerging clinical networks as *learning and knowledge networks*, which support individual and team learning across organisational boundaries.

Ensuring delivery

27. It will be important to monitor progress towards achieving the targets and expectations set out in this framework and we will expect the new **Strategic Health Authorities**, working with the Workforce Development Confederations, to ensure that this is integrated into their performance management systems. At the very least, staff have a right to expect their organisation to work towards these goals through clear, published annual plans and associated manager and supervisor support. Staff have an equally strong part to play in helping their organisations get there by **demonstrating a commitment to self-development, through their personal development plans.**

Opening up Learning Opportunities

Key points

The NHS must play a key part in addressing gaps in adult literacy and numeracy, through sensitive but positive action to support development of the skills base in all local communities;

NHS learning accounts and National Vocational Qualifications are key to our commitments to staff without professional qualifications – all such staff, if they wish to, should have opportunities to obtain a relevant qualification;

The 'skills escalator' provides an approach to supporting staff in progressing their careers, contributing to new ways of working and delivering services.

28. The NHS Plan gave a major commitment to supporting and developing staff who do not have a professional qualification. They work in diverse and important jobs, all of which are integral to modernising care and service delivery, including health care assistants, porters, medical records staff, medical secretaries, receptionists and telephonists, domestic and housekeeping staff, laundry and catering staff, plumbers and electricians. For too long the NHS has overlooked their development needs and the benefits which investment in their learning can deliver to patients.
29. We want to open up opportunities for people who join NHS organisations at relatively low skill levels to progress their skills through investment in their training and development to professional levels and beyond, by moving up a 'skills escalator'. We recognise that not every member of staff will want to progress in this way and we will, of course, respect their wishes, but equally we want to ensure that such opportunities are genuinely attainable for those who wish to develop their careers and make an increasing contribution to improvements in service delivery. To help support the *skills escalator* and as part of the Government's pay modernisation proposals we are working in partnership to:
 - introduce an NHS-wide job evaluation scheme to ensure the knowledge and skills required for a job, alongside other factors, are properly reflected in the placing of jobs in pay-bands;

- develop a knowledge and skills framework (KSF) to set out more clearly the competencies required at different stages of career progression - for all staff;
- consider ways of linking pay progression at certain key points within each pay-band to the demonstration of the core knowledge and skills defined in the KSF.

30. The following illustration demonstrates what could be possible by adopting the skills escalator approach.

The skills escalator approach	
Category	Means of career progression
<p><i>Socially excluded individuals with difficulties in obtaining employment</i></p> <p>↘</p> <p><i>The unemployed</i></p> <p>↘</p> <p><i>jobs/roles requiring fewer skills and less experience</i></p> <p>Cleaning, catering, portering, clerical etc</p> <p>↘</p> <p><i>Skilled roles</i></p> <p>Healthcare assistants, other support staff</p> <p>↘</p> <p><i>Qualified professional roles</i></p> <p>Nurses, therapists, scientists and junior managers</p> <p>↘</p> <p><i>more advanced skills and roles</i></p> <p>Expert practitioners, middle managers, training and non-training medical roles/grades</p> <p>↘</p> <p><i>'Consultant' roles</i></p> <p>Clinical and scientific professionals, senior managers</p>	<p>Six month employment orientation programmes to develop basic understanding of the world of work.</p> <p>Six month placements in 'starter' jobs, rotating into different areas of work, whilst undertaking structured training and development.</p> <p>Skills modules to support progression through job rotation training and development programmes including NVQs and NHS LAs, appraisal and personal development planning.</p> <p>Modules of training and development through NVQs or equivalent vocational qualifications.</p> <p>First jobs/roles following formal pre-registration education or conversion courses. Appraisal and personal development planning to support career progression. Achievement of a range of skills acquired at staged intervals.</p> <p>Further progression, supported and demonstrated through learning and skills development as above. Flexible working and role development encouraged in line with service priorities and personal career choices.</p> <p>Flexible 'portfolio careers' for newly appointed, experienced and supervising roles, planned in partnership with employers informed by robust appraisal, career and personal development planning processes.</p>

We are putting in place a range of other opportunities to support this:

Basic Skills

31. The Basic Skills Agency (BSA) estimates that one in five adults have poor basic skills in literacy and numeracy. This represents an unacceptable waste of potential with knock on effects on children, on income expectations and on career aspirations. Healthcare organisations need to play their part in tackling this problem. The Department of Health has commissioned work to support good practice in this area and Workforce Development Confederations, working with partner organisations such as Learning and Skills Councils, will need to take the lead in ensuring that action to tackle literacy and numeracy gaps forms part of mainstream plans to modernise education and training. Their activity should focus on:
- post employment assessment to ensure all new recruits can address their learning needs through personal development plans;
 - drawing up a wider action plan based on an assessment of the scale of need among existing employees and identifying ways of addressing it;
 - setting challenging NHS targets for improvement in basic skills, implementing the required action; and
 - monitoring progress and evaluating the results.
32. Work is underway to develop a basic skills ‘toolkit’ which employers can use to raise awareness and to provide advice and guidance on how to arrange for assessment and basic skills provision for employees.

NVQs and NHS Learning Accounts

33. The NHS Plan stated that staff without a professional qualification will have access either to a NHS Learning Account (NHS LA) or to dedicated training to National Vocational Qualification (NVQ) level 2 or 3. We expect up to 20,000 staff will benefit from this investment in 2001/2.
34. Many staff are already taking advantage of local *return to learn* and *learning at work* programmes, through a successful partnership between the Department, Unison and the Workers Educational Association. Partnerships with a range of stakeholders, including Trades Unions and their learning representatives and advisors will be key to maintaining momentum and extending the range of opportunities underway.

'When a 'back to learn' course was offered through the 'learning at work scheme', I welcomed it with open arms. I have been desperate to do something like this for a long time. Being a working mum, nothing else has ever come close to fitting in with my lifestyle. This feels like its 'come from heaven' and its free – which is an enormous plus! The ward manager has given me time off to do the programme which is great. I hope this course will help me to access a future NVQ level 3 programme'.

Patricia Ward – Nursing Auxilliary Queens Medical Centre University Hospital Trust. Nottingham

35. Continuing plans for investment in NHS Learning Accounts and NVQs are being drawn up by Workforce Development Confederations, in partnership with Social Care Regional Training Forums, by February 2002. In future years it will be important for confederations and social care training forums to consider joint investment in this initiative. We will take steps to explore with relevant employers how this commitment might also be applied to contract and agency staff.
36. Our commitment to ensuring that all staff who wish to can become qualified to at least NVQ Level 2 or 3 will:
 - support the implementation of National Service Frameworks, the Cancer Plan and other initiatives;
 - increase the pool of staff able and willing to enter professional training;
 - support the development of new and more flexible job roles and new ways of working which are being piloted through the national *Changing Workforce* programme.

Improving cancer care through introducing a new assistant role in diagnostic imaging

Before cancer can be treated, a series of tests must be undertaken to enable an accurate diagnosis to be made and an appropriate treatment plan to be discussed with the patient. Many cancer investigations involve radiologists and radiographers undertaking a variety of skilled roles and using equipment ranging from the simple to the highly sophisticated. Currently, there is a shortage of diagnostic radiographers and radiologists, which can lead to delays in undertaking patient investigations.

At the same time, there are a number of imaging processes which are relatively simple to perform, and which could be delegated to suitably trained and skilled staff. This means that qualified radiographers could be better deployed and enabled to practice and develop more complex imaging procedures, essential to improvements in cancer care.

Partnership work between the DH/NHS, the Society of Radiographers and the Health Sector National Training Organisation (Healthwork UK) is underway to develop an occupational standards framework, to support introduction of a suitably trained assistant role in imaging departments. The new role will:

- *improve access to timely and accurate diagnostic imaging services;*
- *reduce the time from referral to diagnosis and treatment;*
- *enable earlier treatment with the potential to improve mortality rates.*

We expect this work will be completed in 2002.

37. To help deliver this commitment, the NHS is increasingly taking advantage of the full range of national education and training frameworks:

- **advanced modern apprenticeships:** which offer young people of 16-24 the opportunity to start a career in the health sector (in either health and social care, pharmacy and physiological measurement technology) by following a defined career development pathway to gain a nationally recognised qualification at NVQ level 3 and associated key skills. Since 1995 over 21,000 young people have started such programmes in the NHS and social care and we will work to boost take up further;

- **foundation modern apprenticeships** – which focus on young people aged 16-18 enabling them to achieve a level 2 NVQ and key skills. Over 7,000 have accessed a programme in health and social care;
- **foundation degrees** - two Universities, Southampton and Bradford, in partnership with their local further education colleges and with NHS employers, are developing new foundation degrees in health related subjects which begin in early 2002. It will be important to introduce and evaluate these exciting programmes carefully to determine their potential for developing new health care roles and careers in line with priorities such as the implementation of National Service Frameworks, their integration with workforce development plans and the potential access routes into health professional education.

Bradford Health Care Apprenticeship Scheme

Bradford's Health Care Apprenticeship Scheme encourages people of all black and minority ethnic groups and ages to consider a career in the NHS. The scheme was developed as part of the '*Positively Diverse*' programme by Bradford Community and Bradford Hospital NHS Trust's to recruit a nursing workforce that better reflects the diversity of the local community. To date, 20 apprentices have successfully completed the programme and 15 have subsequently entered or are planning to enter nurse training. Others are making a full and valued contribution to providing care at the Trust as healthcare assistants.

38. In December 2000, the University for Industry (UFI) approved plans to establish a UFI NHS sector hub and '*learndirect*' centres in 16 NHS Trusts across England. The Government has invested £1 million to support the centres, which are now starting to deliver tailored innovative on-line learning opportunities for their staff, including those which will help to deliver the Government's commitment to addressing basic skills and to support NHS Learning Account and NVQ developments. Over time we will expand *learndirect* programmes and will look to reinforce this development through partnership working between *learndirect* and the NHSU.

Learndirect in the NHS

*The Royal Cornwall Hospitals NHS Trust which serves the whole of the Cornwall and Isles of Scilly Health Community are one of the first to offer **learndirect** programmes to their staff. With a vast geographical area and a dispersed population and workforce, RCH NHS Trust clearly recognises the value of making learning available electronically. Learners from Bude to the Isles of Scilly are enrolling for programmes. After undertaking an 'advanced database use' programme, Joanna Carter comments:*

'It was great to be able to learn at my own pace, at my own desk and at times that fitted in around my work. I was really impressed by the quality of the course and how easy it was to access'

39. We recognise that there have been concerns about the complexity of National Occupational Standards - the key competencies underlying care sector NVQs - and about a lack of underpinning knowledge allied to them. To help employers expand NVQ coverage more quickly, and to support a more streamlined approach to developing National Occupational Standards, we have asked the health and social care National Training Organisations to review the 'care standards' with a view to reducing their length, demystifying their language and, in line with NVQ development generally, better reflecting the importance of underpinning knowledge. We are also analysing gaps in standards provision with a view to developing new standards for parts of the workforce not currently covered and to ensure links between NHS and social care work in this area.
40. In summary we aim to provide, for every member of staff without a professional qualification, access to:
- more exciting opportunities to progress careers, with real expectations of regular career movement and development;
 - new routes for those with the ability and aptitude to access professional education;
 - the widest possible flexibility and diversity in terms of entry to NHS careers and career progression through the skills escalator approach.

Chapter 4

Pre Registration Education – Change and Flexibility

Key points

Pre-registration education provides the basis for professional competency and entry on to the professional register

Core skills, undertaken on a shared basis with other professions, should be included from the earliest stages in professional preparation in both theory and practice settings

Regulatory bodies, employers, education providers and patient representatives need to collaborate to ensure that the quality of pre-registration education is continuously improved in line with changes in health care and increasing public expectations about professional practice

41. Pre-registration education for doctors, dentists, nurses and midwives, allied health professions, health care scientists, pharmacists and optometrists is the foundation for preparing future generations of healthcare professionals. Much of the agenda for reform in this area has been set out in various strategy documents and in the NHS Plan (see chapter one). The need for change has been given added impetus by recent adverse events and incidents, which have raised in the public consciousness the importance of professional competence and accountability, as never before. The grounding for this is through pre-registration preparation. The recently published report of the Bristol Royal Infirmary Inquiry¹⁵ highlighted the need for an expanded understanding of what constitutes professional competence and the consequences for the way in which future health professions are selected, educated and trained.

'Professional competence requires firm educational grounding...it depends on the professional standards individuals are required or expected to meet and on the wider systems for ensuring those standards are adhered to'

Bristol Royal Infirmary Inquiry 2001– Chapter 25 'Competent healthcare professionals'.

¹⁵ *Learning From Bristol: The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995.*

42. The Inquiry report also stressed the need to increase and expand inter-professional education, based on key areas of competence. The Inquiry and the NHS Plan both stress that this should happen from the earliest stages in professional preparation, so that mutual understanding and respect for one another's roles provides a basis for professional and wider team working, networking and learning in the future.
- 43 In line with the vision and the context already set out, we believe that the following principles should govern **all** pre-registration professional education:

Pre-Registration Education – Principles

- *Education is a partnership between the NHS, Higher Education Institutions (HEIs) and regulatory and professional bodies;*
- *There must be adequate intakes to education to cover the future needs of the health care sector;*
- *The NHS, HEIs, regulatory and professional bodies must support equality of opportunity in their policies and in the management of education and training;*
- *Entry routes to all professional education should be as flexible and diverse as possible;*
- *Attrition rates should be reduced to a minimum through better targeted selection processes and more effective support to students throughout their training;*
- *The skills and competencies acquired during pre-registration education should be expressed in ways which facilitate flexibility in career paths and provide "stepping on and off points" during training for those who interrupt their studies or who wish to follow other career pathways;*
- *There should be core skills elements in learning programmes for all health professional students, which provide the basis for common and inter-professional learning and easier transfer to another course during pre-registration education or a career change after qualification (by allowing a shortened period of education in a different discipline);*
- *Programmes must be patient-centred and responsive to changes in service delivery;*

- *Quality assurance processes should be integrated to ensure fitness for purpose, fitness for practice and fitness for award;*
- *There should be an appropriate balance between academic and practice learning and practice placements must reflect the diversity of health care and be of consistent quality with structured placement supervision and support;*
- *Education systems should increasingly reflect the opportunities information technology provides for innovative learning delivery, including opportunities for students to achieve the European Computer Driving Licence (ECDL) ;*
- *More learning should be delivered through joint appointments between health sector employers and HEIs;*
- *Users and carers should be involved as actively as possible in the design, delivery and evaluation of education and training at all stages.*

44. These principles may find different expression in different professions, but they apply to all. We recognise the progress already being made and we are committed to doing more:

Partnership working

- at national level, we are exploring with education and professional interests how we will work in better partnership to plan and deliver education and practice learning, in line with the ambitions and values of the NHS Plan;

More training places

- significant increases in student intakes have been achieved and more are planned:
 - during 1999, 2000 and 2001, almost 2,150 new places for medical students were announced at universities in England, all of which will be available by 2005;
 - 1,000 additional nurse and midwifery training places are being provided in 2000/1; a further 4,500 places will be provided over the period to 2003/4;
 - 4,450 additional therapists and other key professional staff will be being trained by 2004.

- the creation of workforce development confederations and complementary structures at national level will help to ensure a better match between training places and demand in future;

Access, selection and diversity

- the new *Making a Difference* partnership pre-registration nursing programmes are all actively committed to widening access into professional education through NVQs and other routes. For example, there are now over 60 cadet schemes opening up such new opportunities across England. Because the new programmes are designed on a modular basis there are more opportunities for students to step off, and back on to programmes to suit particular circumstances, with flexible arrangements for completing the programme. Similar programmes and access schemes will be supported for allied health profession education as a result of the *Meeting the Challenge* strategy, from this year. We have also published a joint *statement of intent* to promote these principles as part of the continued modernisation of midwifery education. In dentistry, the Department is working with the General Dental Council, to build on the recently introduced NVQ for dental nursing, by developing NVQs for other groups and professions complementary to dentistry. Particular emphasis will be placed on core skills to help open new entry routes and transferable training pathways;
- We are working in partnership with Universities UK to increase the number and spread of black and minority ethnic students on health care programmes. A sample study of HE Institutions and workforce development confederations to identify the levers and impediments to increasing black and minority ethnic applicant entry to pre-registration education is underway.

Promoting flexible access to nurse and other health professional programmes

North West Region has two Making a Difference nurse education partnership sites, between the Merseyside and Cheshire Workforce Development Confederation and Edge Hill College and Liverpool John Moores University and the other between the Greater Manchester Workforce Development Confederation and Salford University.

- The Merseyside scheme allows for flexible routes into the pre-registration programme, through existing vocational training in the health sector, local in-house vocational training and NVQ programmes – including a nursing cadet scheme. All of these routes have been clearly mapped against the curricula and outcomes of the pre-registration nursing common foundation programme and given 40 academic credit points at level 1. A mentorship scheme has been developed to track applicants to the programme, including supporting increased numbers of black and minority ethnic minority applicants.

- The Manchester scheme is a multi-disciplinary cadet scheme, offering preparation for cadets wishing to become nurses, allied health professionals, or to pursue careers in the scientific and technical professions. There is active targeting of black and minority ethnic students, through the local community press, the presence of minority ethnic staff at career events and through selection processes. The first wave sites took in the first cohort of cadets in September 2001 and offers opportunities for cadets to enter pre-registration programmes at the end of this preparation, undertake specified vocational and NVQ training or step off the programme as fully trained Health Care Assistants. There is a strong partnership between higher and further education and the NHS and the scheme capitalises on the Further Education experience of delivering successful access programmes. Additional modules will meet the outcomes of the first 6 months of the pre-registration nursing programme and further work is underway to allow for up to 12 months recognition so that individuals who meet the criteria can access the pre-registration nursing from year two of the course.

- the NHS Plan highlighted the need for new avenues into medical education, particularly for those with a previous health care qualification or relevant degree. The scope for this has been explored as part of the work to increase medical school places. As a result, three further medical schools are establishing outreach programmes to schools and colleges in their localities, intended to increase applications from students in communities with little previous history of participation in medical education. These

programmes will enable students to gain entry to newly established or increased intake programmes, providing more flexible approaches to learning and selection. The availability of graduate entry four-year courses, which will be attractive to other health professionals, is also increasing.

- The example below shows how more diverse entry to undergraduate medical education will benefit individuals:

Julie attended a secondary school with no sixth form, in an area with a low level of participation in higher education. She developed an interest in health care through a work experience project at school. Although she obtained good GCSEs, family circumstances meant that Julie had to start work at 16. Whilst working in a number of retail and office jobs Julie continued to think about a career in health care. She was particularly attracted to nursing, discovering that her existing qualifications satisfied the requirements for entry to a nursing diploma course. She was successful in gaining entry to the local nursing diploma course and qualified to practice at the age of 22. Working in a large teaching hospital Julie enjoyed her job immensely – she was keen to develop further through undertaking a post registration programme part time which also enabled her to top up her diploma qualification to degree level.

Some modules of the degree course were delivered on a multi-professional basis alongside students studying for degrees in medicine and other health professional programmes. Julie learned that one of the medical students, had been unable to gain entry to medical school because her A Level subjects and grades were not suitable. However, she had been admitted to one of the pre-medicine courses run by some universities, which provide opportunities for such students to gain entry to medical school. On making further enquiries, Julie finds out about the many different entry routes to medical school now being developed. She talks to her tutor to find out whether she could gain entry to one of the new shorter 4-year courses in the future.

Julie gains her degree at 26 and continues with her successful career in nursing. She has frequent contact with medical students on practice placements and her interest in pursuing a medical career intensifies.. She takes further advice and finds out that the local medical school is introducing a 4-year graduate entry course with a remit of 50% of recruits coming from graduates in other health professions. Having discussed the position with her manager and established that her employer would be willing for her to continue to undertake some nursing work during her studies, Julie is accepted onto this course at the age of 29. She qualifies as a doctor at 33.

Student retention

- targets for a reduction in student attrition rates are set out in the Human Resources Performance Framework. For intakes from 2000/01 the attrition rate for nursing and midwifery courses should be no more than 13%, and no more than 10% for the allied health professions. Medical education has one of the lowest rates of attrition in higher education and we need to ensure this continues. We are working with Universities UK to ensure continued local action to tackle attrition through effective student recruitment, selection and support strategies;

Joint Appointments

- we recognise the need to ensure strong links between practice and education through high quality teaching staff. For example, in partnership with the higher education sector, we are continuing to support more joint university/NHS appointments to improve education in practice. In 1999, there were 280 such appointments across England. This figure has now increased to 570.

Inter-professional learning

- core values and skills, particularly communication skills, are being promoted as part of the NHS Plan commitment to expanding common learning programmes for all health care professions, particularly at undergraduate and pre-registration levels. The programmes should be designed on a more flexible basis, providing modules based on common and core skills learning, with clear opportunities for students to transfer between education programmes, in line with the skills escalator approach. Initially, the Department will work with employers, regulatory bodies and education providers to ensure that on qualifying, all students will have achieved the same competencies in a range of core skills, reached on a shared basis wherever possible;
- a study commissioned from the University of Birmingham recently mapped how communication skills are covered and assessed within a sample of professional curricula. The results indicated inconsistent and patchy provision across some programmes. The Department is taking steps, in partnership with Universities UK, to ensure greater consistency in assessing competency in communication skills across professional programmes. The reform of pre-registration nursing and allied health professional education,

the review of the General Medical Council's guidance on undergraduate medical education, 'Tomorrow's Doctors' and revision of the requirements for the accreditation of pharmacy degrees, all provide further valuable opportunities to address teaching, learning and skills development in this key area;

- We are taking forward work to develop more pre-registration inter-professional education programmes which incorporate common learning in core skills and knowledge. Successful examples are being scoped by the Centre for Inter-professional Education (CAIPE) and a number of 'leading edge' partnership sites will be supported from this year. Much work has already taken place but we want to move further and faster to ensure common learning is a reality for *all* pre-registration students *by 2004*. We will evaluate the 'leading edge' programmes, particularly to identify the outcomes and benefits for patient care and we expect Workforce Development Confederations and Higher Education Institutions to put inter-professional education, at all levels, at the top of their agendas. As a minimum we intend to ensure that:
 - *all health professionals should expect their education and training to include common learning with other professions;*
 - *common learning runs from under-graduate and pre-registration programmes, through to continuing professional education*
 - *common learning takes place in practice placements as well as the classroom;*
 - *common learning centres on the needs of patients.*

Taking forward inter-professional education

The University of Derby undertook a pilot project in 1997/8 funded by the College of Occupational Therapy and the Council for the Education and Training of Social Work (CCETSW), which involved 90 occupational therapy, 30 social work and 30 radiography students. The inter-professional curriculum included 'critical issues' problem solving, communications skills, reasoning and ethics, involving case studies. Included in the communication elements was the use of translators for service users whose first language is not English. In addition, the sharing of professional value bases was considered critical to developing better inter-professional understanding and learning approaches.

The success of this pilot project resulted in jointly validated programme modules implemented from September 2000. These include:

- *foundations of professional practice – to develop transferable skills, emphasising communication and teamwork;*
- *research in professional practice – the principles of ethical research and investigation as part of professional teams and team-working;*
- *the effective practitioner – to support the understanding of roles in contemporary health and social care practice and the transition to a competent and accountable professional, working in teams.*

The requirements of continuing professional development are addressed on an inter-professional basis through the development of a post-graduate educational framework, which became operational from January 2001 and includes further core modules. In September 2002, the post graduate certificate in inter-professional mentorship and teaching will provide a common learning approach for fieldwork and practice teachers to support shared placements – this will also link to National Occupational Standards necessary to achieve a Training and Development Lead Body (TDLB) award.

Quality assuring pre-registration education

- we are introducing a more integrated quality assurance system for NHS-funded professional education. Based on partnership work with regulatory and professional bodies, employers and HEIs, the streamlined system will take account of each of the stakeholders' requirements for the assurance of fitness for professional practice, purpose and award. Profession specific and shared benchmark statements, setting out the knowledge, skills and expectations of

those achieving an award and entry to the professional register, will underpin the system. We anticipate that similar principles of streamlining and integration can be developed for the future approval and validation of professional programmes. In line with our aims to increase inter-professional learning, the Department of Health will work with the Higher Education Funding Council for England (HEFCE) and other stakeholders to promote coherent links with benchmarking work being undertaken for undergraduate medical and dentistry education, social work education, pharmacy education and other health professional education funded by HEFCE;

Practice learning and experience

- the recent National Audit Office study¹⁶ into NHS funded pre-registration education placed emphasis on the need for expansion and innovation in the provision of practice experience to support NHS Plan increases in training places. In order to help deliver this, work is underway to address and improve:
 - *consistency in the provision, assessment and management of the quality of practice experience and learning environments across all professional programmes – primarily to support inter-professional learning and supervision and common standards for audit purposes;*
 - *links between practice and education – for example through continuing to promote more joint appointments;*
 - *expansion of complementary approaches to learning and rehearsing practice skills in risk free virtual learning environments or ‘skills laboratories’ and through e-learning programmes;*
- we will also work with the Commission for Health Improvement to promote links between placement standards and clinical governance arrangements.

¹⁶ *Educating and Training the Future Healthcare Workforce for England*: National Audit Report into Non-Medical Education and Training. HMSO London 2001.

Practice skills laboratories

Skill laboratories provide staff and students with equipment and a supportive, safe environment to enable them to practice, without exposing patients to unskilled practitioners. It is important that skills laboratories:

- *are, as far as possible, accessible to all staff and students;*
- *facilitate high quality teaching and learning activities, with support from skills tutors;*
- *encourage the development of integrated, problem based learning, drawing on use of mannequins, computer simulations, video and self reflection exercises, CD ROMs and worksheets;*
- *provide resources and expertise to support valid and reliable student assessment, to complement learning in 'live' practice settings;*
- *allow students to work at their own pace.*

45. In parallel with improving pre-registration education, we are modernising professional self-regulation. Legislative changes are being progressed to strengthen public protection, increase transparency and accountability and provide for greater collaboration and consistency of standards across the professions. The establishment of a Council for the Regulation of Healthcare Professionals (CRHP) will help integrate approaches to setting standards, monitoring performance and addressing issues of overlap across the individual regulatory bodies. It will be important for the regulatory bodies' responsibilities for pre-registration education in the future to be exercised in partnership with the public and with those funding, commissioning and providing education and training.

Maintaining and Extending Skills and Careers

Key points

Continually updating and extending knowledge and skills is essential to professional life – post registration education and CPD frameworks must constantly evolve to take account of developments in health and social care, primarily for protection of the public

Stakeholders must work more collaboratively to promote consistency in the standards, quality and accreditation of post registration education and CPD, particularly where this is increasingly work-based

National and local priorities have been identified to maximise new NHS Plan resources for CPD and the NHSU will work with partners to build on this investment.

46. Continuing to update and extend knowledge and skills is an essential feature of maintaining competent professional practice, primarily to support quality services and protection of the public. As the Bristol Royal Infirmary Inquiry report points out:

'Continuing Professional Development must be part of the process of lifelong learning for all healthcare professionals – its purpose is to help professionals care for patients...it must be supported by the NHS and by the professions.'

47. Looking to the future, three developments will impact on post-registration education, training and CPD in a significant way. First, most professions are considering arrangements for some form of mandatory re-registration or re-validation, or strengthening their current requirements. We welcome this and believe that the demonstration of competence should, as far as possible, be outcomes based. Second, there is scope for a greater use of National Occupational Standards, particularly as post-registration education becomes increasingly inter-professional, with the need to use a common language to define outcomes. Thirdly, there is a gradual trend towards pre-registration education becoming less about the acquisition of a defined body of

knowledge and skills and more about developing capabilities in problem-solving, accessing information and continuing to learn. The 'shelf life' of knowledge acquired at the point of registration becomes less each year, with a consequent need for learning support through life. This must include access to sources of up-to-date evidence based knowledge services and resources. Post-registration education and CPD systems will need constantly to evolve and adjust to take account of these developments.

48. Post-registration education and continuing professional development (CPD) are treated together in this chapter because, although they aim at different aspects of development (post-registration education broadens or enhances skills, CPD updates existing skills), in practice the dividing line between them is blurred.

Stakeholders

49. There are a number of stakeholders with interests and roles in post-registration education and CPD:
 - **users and carers** who have a vital role in helping to specify and evaluate the standards and outcomes of education, particularly in the case of chronic conditions and in the implementation of the educational requirements of National Service Frameworks;
 - **practitioners** themselves, who will benefit from transferable recognition of their learning and experience;
 - **Higher Education Institutions** and other education providers;
 - **NHS organisations and Workforce Development Confederations** who support and invest in some very complex post-registration education structures and systems. They also have an interest in the transferability of learning recognition (e.g. ensuring that an intensive care nurse trained in Preston has comparable skills and competencies to one trained in Portsmouth);
 - **regulatory bodies** – who have a strong public protection interest in ensuring that the skills of practitioners are kept up to date through re-registration or re-validation;
 - **newly emerging clinical networks** – which can increasingly become vehicles for new career pathways and structured career development of healthcare professionals - including those in new

GP specialist, consultant nurse and allied health professional roles. There should, increasingly, be more opportunities to support this type of development through modular programmes, shared educational pathways and the management of rotational posts and placements – an example of this is set out below;

- **professional bodies and trade unions** who provide or organise and in some cases accredit post-registration education and development;
- **National and local ‘networks of knowledge providers’** – including those providing electronic health information content within the Department of Health; higher education; the voluntary and independent sectors; NHS direct on-line teams, those responsible for electronic and other library networks – all of which provide sources of information, knowledge and support for continuing professional and personal development.

Using clinical networks to support inter-professional education

The South West Region has successfully piloted a multi-professional approach to the development of specialists in public health. Through combining educational levies common education programmes have been created for students from a range of professions. There is a common advertising and appointments process, access to a Master's programme in Public Health Medicine, common appraisal and assessment. The Faculty of Public Health Medicine allows non-medical students to sit their final examination to achieve a common award with medical trainees.

The programme also provides a common education for applicants through established clinical networks. The principles can be adopted and applied for example to inter-professional higher specialist training through cancer and coronary heart disease clinical networks.

50. Historical arrangements and frameworks in this field vary markedly between professions and the multiplicity of stakeholders can complicate matters. Nonetheless, we believe it is important to reinforce the principle of common learning through post-registration education and CPD. This can be delivered through better partnership working across all the various interests. Much can be achieved through a consistent approach to appraisal and personal development planning as the

fundamental building blocks of lifelong learning but, as with pre-registration education, a number of general principles should apply across the spectrum of post-registration education and CPD. These are not part of a “one size fits all” approach and they will have different applications for different professions.

Principles for Post-registration Education

Post-registration education/CPD:

- *can only be delivered in partnership with stakeholders, with objectives aligned as far as possible – so that, for example, the requirements of regulatory bodies for re-registration or re-validation purposes are relevant to the individual's working environment and to the job they actually do;*
- *is an integral part of the NHS Quality Framework and employers' strategies and plans must be closely linked to clinical governance plans;*
- *will be patient-centred;*
- *should meet local service needs as well as the personal and professional development needs of individuals. For this reason, employers, working with and through Workforce Development Confederations, should take the lead in designing and maintaining strategies and plans for their workforce;*
- *should be increasingly focused on the development needs of clinical teams, across traditional professional and service boundaries;*
- *requires robust systems to assure both quality and equality of opportunity;*
- *will increasingly be work based. The acid test must be 'competence in doing';*
- *will increasingly draw on occupational standards, core knowledge and skills to support the skills escalator approach at this level;*
- *will involve users and carers wherever practicable in designing and evaluating the outcomes and in the delivery of learning programmes;*
- *will make use of the full range of development approaches and methods, rather than rely solely or largely on formal courses;*

- will be modular and attract academic credits where possible;
- will be grounded in clinical governance and draw on clinical audit, clinical effectiveness findings and enable the development of a research aware workforce;
- will make optimal use of new technology and distance learning.

A more detailed exploration of these themes is contained in “Continuing Professional Development”¹⁷. We are taking further steps to realise them:

Quality assuring post registration education and CPD

51. Recent partnership work with employer, higher education, regulatory and professional interests to streamline pre-registration quality assurance, have also raised the importance of quality assuring post registration education. The Department will continue to work with all the stakeholders to ensure more integrated approaches in the future. The joint responsibility of higher education institutions and practice experience providers will be a key part of this work and the Department wishes to explore ways in which the process of developing benchmark statements in pre-registration education might be extended to post registration provision to support quality assurance and common learning principles.
52. For postgraduate medical education, the future Medical Education Standards Board (MESB), will focus on the postgraduate training of doctors to equip them to work as GPs and as specialists in the NHS, and will place a priority on ensuring that doctors are trained to deliver the services which patients require, in ways which best suit the needs of patients and the NHS. When established, the Board will work closely with all stakeholders to ensure consistency in approach and promote greater harmonisation of quality assurance in the education of all health professionals. While it will have no direct role in either CPD or pre-registration medical education, it will need to work closely with the GMC and other stakeholders to ensure that consistent approaches are adopted throughout medical education and training.
53. CPD should be quality assured in a number of ways:
 - increasingly through the requirements of regulatory bodies in respect of re-registration or re-validation;

¹⁷ *Continuing Professional Development: Quality in the new NHS*. Department of Health. London, 2000

- through employers' responsibility to ensure their workforce is up to date and clinically effective; and
 - through practitioners' own sense of what constitutes an effective learning experience – especially since part of lifelong learning is concerned with individuals learning how to learn and being able to distinguish good from bad learning provision.
54. These quality assurance developments support our overall aim of promoting innovative inter-professional post-registration education which maintains a consistent standard on outcomes and content, and is planned to ensure the development of professionals who have the right knowledge and skills to support clinical governance and meet changing healthcare needs. Increasingly CPD will need to be taken forward in partnership between key stakeholders, including professional bodies, to ensure that it is jointly owned and understood. Our investment this year of £20m, with further resources in future years, will help to support this.

National priorities, new resources, local investment

55. National priorities for CPD investment this year are being reflected in local investment plans drawn up with and by employers and workforce development confederations. They relate closely to the lifelong learning goals set out in this framework:
- learning and development strategies in every NHS organisation – led by the board;
 - coherent appraisal systems and extension of personal development plans to all staff;
 - strengthening links between CPD portfolio development and re-validation/re-registration of professional staff;
 - ensuring organisations have effective knowledge management strategies to ensure 24 hour access and utilisation of electronic learning resources, including the National electronic Library for Health, research and study facilities, databases and skilled information support;
 - providing support for small staff groups, those who have received little support in the past, (e.g. the allied health professions) and those staff working in primary care.

56. We intend to continue to work with partners and stakeholders to develop arrangements for investment in post registration education and CPD, to meet the principles we have outlined. This will include promoting the skills escalator model at this level, drawing on the work of the 'Changing Workforce' programme and further developing leadership and management skills. In due course, we also expect the NHSU to build on the rich learning provision that already exists, sign-posting and helping staff make informed choices about career development, career pathways and associated learning activities. A further example of what can be expected is illustrated below.

Rebecca is a grade 1 speech and language therapist, working in the same department for 5 years and keen to progress to grade II. Already a user of the National electronic Library for Health - 'speech and language portal', she has a real interest in developing a future career in research. Rebecca contacts her local NHSU faculty and asks advice. She is advised that with the support of her line manager she can undertake a series of skills programmes which match the competencies needed to progress to grade II. She is also provided with advice on research related career opportunities and the name of a specialist advisor in a local higher education institution, who can begin to explore options with her.

At home, Rebecca accesses the NHSU through her TV and downloads the relevant information, such as which competencies are associated with grade I and grade II, what the gaps are in her experience and knowledge and the range of programmes to help build her skills portfolio to the level required. Most of the programmes are available on-line (screening, caseload management, teaching and developing others, doing research, leadership for clinical governance and clinical audit, reflective practice techniques). She can complete them at a pace to suit her and have them verified and signed off by her mentor and line manager. One of the programmes requires her to enrol on a course run by the local NHSU centre; Rebecca searches for the next available place on the programme and provisionally books on to it. Information is provided automatically to her manager, asking for support and requesting appropriate study leave.

Whilst on-line, a reminder appears to inform Rebecca that she has not completed her health and safety update training. She accesses the saved programme and completes the final 10 minutes, which is a video clip of a paediatric physiotherapy unit where she is asked to mark all the possible health and safety risk areas. A message is returned to the training and development manager advising that she has successfully completed her update. This is added to Rebecca's personal electronic staff record.

Recognising and accrediting learning in the workplace

57. Finally, there will need to be joint working to ensure better recognition of learning achievements or academic credit, particularly for work-based learning and development. The new national qualification framework for higher education does not include a national academic credit framework common to all Higher Education Institutions, although inter-linking local credit schemes operate. However, as already described, work-based learning is increasingly important in raising the quality of services and in supporting links and transferability between different qualifications. We will work with education providers nationally and locally and through the NHSU to promote coherence of accreditation arrangements - those that support our goal of wider recognition of work-based learning as well as more formal programmes.

Leading and Managing Health Care

Key points

Leadership and management in the NHS is primarily about:

- ***Improving the patient's care, treatment and experience***
- ***Improving the health of the population***
- ***Enhancing the public reputation of the NHS by good stewardship of resources and through appropriate public accountability***
- ***Motivating, developing and empowering staff***

Leaders at every level in the NHS need to learn and develop core management skills which continue to be developed and refreshed at different stages in their careers.

58. This section is about how the lifelong learning framework embraces leadership and management. All that is said in the earlier chapters applies here as well. However, it is clear that changes to health care organisation and delivery require more systematic approaches to the development of leaders and managers at all levels – with a new focus on the values, knowledge, skills and competencies essential to carrying a position of responsibility in the NHS, in the context of the wider public sector.
59. The new Leadership Centre for Health, established in May 2001 as part of the Modernisation Agency, is geared to supporting the step change in leadership and management practice required by the Government's modernisation programme. The centre is doing this through:
- Agreeing and promoting core leadership values;
 - Ensuring leadership development is delivered;

- Supporting career development and progression.

A Framework for Leadership

60. A values and behaviours framework for leadership, providing a clear set of standards to support the preparation and continuing professional development of leaders and managers, is in the final stages of development. Based on work with service leaders and patient focus groups, the framework represents a timely link with one of the key recommendations of the Bristol Royal Infirmary Inquiry report 'that the Leadership Centre should offer guidelines about the leadership styles and practices that are acceptable and to be encouraged within the NHS'.
61. The framework will identify those core leadership and management skills essential to improvements in healthcare and the personal skills needed to continue to develop professionally and adapt to change. They will be derived from the core skills and values for the NHS, already described in chapter one. The Centre will disseminate the framework widely and there will be an expectation that all leadership development at national and local levels should be designed around it, drawing on the support and guidance available from the Leadership Centre.
62. Leaders and managers, from front line leaders to executive and non-executive directors in the most senior positions, need differing levels of skills and knowledge depending on their roles and responsibilities. The Leadership Centre, in close collaboration with Workforce Development Confederations and Higher Education Institutions, will:
 - *set out requirements and standards for multi-disciplinary leadership development, at all levels;*
 - *quality assure providers of leadership training;*
 - *commission specific programmes where economies of scale or experimentation with new programmes need a national focus;*
 - *commission research and evaluation.*
63. Within the next three to four years we expect the NHSU to become a major partner with the Leadership Centre in delivering, co-ordinating and supporting leadership development, nationally and locally. In line with our general policy there will be an increasing emphasis on multi-disciplinary, multi-agency development across the spectrum of health and social care.

64. We are already progressing, through a range of partnership approaches, a number of major developments to support the aims set out above:

- **Induction**

A corporate induction programme and accompanying literature, appropriate for use for all new staff entering employment in the NHS. This will one of the first pieces of work to be developed and undertaken by the NHSU. The design will be based on a core programme, delivered locally and with scope for local adaptation. Links will be made with the Improving Working Lives standard. The core programme will major on NHS values, the principles and organisation of the NHS and the importance of communication and inter-personal skills.

- **The NHS Management Training Scheme (MTS)**

This is a long-standing and highly valued programme, with a history of preparing young professionals moving into NHS management stretching back over 40 years. MTS has recently been substantially overhauled. It is intended that the MTS will be increasingly targeted at the University graduate population, through an extended three year scheme, due to be launched in Spring 2002. A further linked programme is also under development, for young health care professionals wishing to make the transition to management roles. Targeted at health care professionals in their mid 20s, the first intake will commence in September 2002.

- **Management Education Scheme by Open Learning (MESOL)**

This well established distance learning programme, delivered in partnership with the Open University, covers health and social care management skills at certificate and diploma levels. Over the past decade, thousands of NHS staff have achieved management qualifications through this programme. It has grown and developed and the Leadership Centre is currently reviewing and re-designing MESOL to strengthen its multi-disciplinary focus and the accessibility of its learning materials. A revised programme will be available from this year.

MESOL – Releasing Leadership and Management Potential

Developing strategic capability is a pressing need at all levels within the public sector – including frontline NHS staff. The following comment from a senior health visitor illustrates frustrations encountered when staff believe their ideas are ignored 'I really want to improve patient care but any innovation I come up with is being blocked by my managers.' The emergence of Primary Care Trusts provides new opportunities to move away from traditional management hierarchies and styles towards releasing the potential of frontline staff, capturing their imagination and creativity to improve service delivery.

One such example is the use of the MESOL open learning materials to support the development programme for nurses on their PCG Boards in West Sussex.

West Sussex PCG Joint Services has developed a MESOL programme that has allowed this new group of nurse leaders to begin to develop the appropriate management and leadership skills needed to be effective members of their Boards. Nine nurses have successfully completed the 12-month programme leading to the Institute of Healthcare Management (IHM) Postgraduate Certificate. The programme has also had unforeseen benefits for the group. These include:

- *Communicating – including really listening and being able to respond appropriately;*
- *Understanding and recognising organisational culture, values and norms, and the impact that senior managers can have on this;*
- *being able to take a strategic view of the organisation and its environment;*
- *being innovative and able to 'think outside the box' when problem solving;*
- *further developing personal skills such as negotiation, presentation and facilitation.*

The results speak for themselves as the nurses have developed a range of methods to engage others as partners and they are taking the lead in achieving real team working to improve patient care. The next programme will use the new MESOL materials to help clinicians gain strategic leadership skills and to be more responsive to change. To capture local expertise and knowledge, tutors are being recruited from amongst NHS managers and board nurses who have recently completed the programme.

The programme supports and builds upon the national nursing leadership programmes offered by the RCN and via 'LEO' (Leading an Empowered Organisation) to ward sisters, charge nurses and primary care nursing leaders. Penny King works as the Primary Care Development Nurse Lead for West Sussex PCG Joint Services and is also a LEO trainer / facilitator. She has undertaken the IHM certificate and is currently working in partnership to design and deliver the next programme.

- **Multi-professional director development programme**

A new 2-year pilot programme will be ready for delivery from this year. It will play a major role in developing the next generation of senior nursing, medical and allied health professional leaders including those from other management disciplines. The programme will include diagnostic workshops to identify learning needs, the development of skills for delivering modern services, as well as personal and career development. Existing Director development programmes such as those for human resources, estates and facilities and finance director development will increasingly come under the auspices of the Leadership Centre programme.

- **Chief executive development**

A comprehensive development programme for new and existing Chief Executives has been running since 1998 and includes personal coaching, access to a personal development advisor, as well as a number of 'learning sets' for self selected groups of chief executives. The most recent challenge for the programme is to ensure that Chief Executive posts in new Primary Care Trusts are well supported and that the programme reflects needs associated with the major organisational changes taking place in the NHS as a result of *'Shifting the Balance of Power'*. The programme will continue to draw on leading edge thinking in preparing and sustaining the development of top managers.

- **Chairs and non-executive directors.**

The establishment of the new Appointments Commission provides the opportunity for the Leadership Centre to work in partnership in designing development activity appropriate to the complex demands made upon this group. An induction guide for chairs and non-executives is under development. This will link with the corporate induction package mentioned earlier, tailored to the needs of non-executives. Other

development programmes are in the pipeline, including appraisal training for Chairs and tailored diagnostic workshops for clinical chairs of Primary Care Trusts (PCTs). These new Trusts are at the heart of service improvements set out in the NHS Plan and the new clinical chairs of PCTs will need high level negotiating and influencing skills to achieve change in their localities.

- **Leadership for improvement - health professional leadership, team and director development**

A major piece of work to survey 10,000 doctors in clinical leadership roles will report this year. It will inform the design of tailored leadership development for newly appointed consultants, principals in general practice, medical and clinical directors. A major development programme (LEO) is underway for ward sisters and charge nurses - aimed at preparation for the 'modern matron' role. Together with the Royal College of Nursing 'Ward Manager Leadership Development' programme, it is anticipated that all nurses at this level will have taken part in these two programmes by 2003. For the allied health professions, work has commenced to provide coherent leadership development for senior team leaders, clinical directors, directors of therapies and heads of departments. Design work for a programme for nurse and allied health professional consultants is also progressing. We anticipate increasing integration across all of these programmes in due course.

Most recently 'leadership for improvement' modules for project managers and clinical teams participating in service modernisation initiatives in primary care, coronary heart disease, and 'cancer collaboratives' have been or are under development. There will be close working relationships between the Leadership Centre and other service modernisation teams, to support these particular programmes. A national programme '*leadership for mental health*' has been developed and further work will be undertaken in partnership with the new National Institute for Mental Health. We are also considering the potential of extending work undertaken in the West Midlands and London on leadership in public health, to the national context.

A more recently emerging role for NHS managers is to consider the benefits of participating as a reviewer for the Commission for Health Improvement (CHI) review process. Key to improving quality and clinical governance in the NHS, this is an increasingly important aspect of leadership at this and other levels. Already a number of reviewers report the positive benefits of the CHI training and review process both for their own development and for their organisations:

CHI reviewer training – what participants said:

'I learned a lot about myself and how I will be challenged personally and professionally'

'It was wonderful to be part of something that so values the patient'

' the best elements of the training included the opportunity to model the review process – involving a frank assessment of real life situations'

and from staff experiencing a CHI review:

'it has changed my working life for the better'

'we middle managers and senior nurses are involved in decision making at Trust level now'

- **Service user involvement and patient advocacy and liaison representatives (PALs)**

The capability and confidence to engage appropriately and effectively with service users and model this behaviour for staff is acknowledged to be an essential element of effective leadership. Following a study by the Leadership Centre, an early model which linked leadership behaviours to patient experience was developed. Subsequently, a national citizen's leadership programme has been initiated which comprises the following elements:

- *supporting the leadership needs of PALs to enable them to fulfil their role. This work is scheduled to begin with early implementer sites this year;*
- *working with patient information partners and patient representative organisations to support and develop their leadership role;*
- *developing leadership skills to support self-care and the 'expert patient'.*

65. All of these activities and programmes collectively demonstrate that leadership and management development is a vital feature of personal, career and lifelong learning and to driving forward the modernisation of the NHS. They serve to underline that anyone working in the NHS, regardless of their position, grade, qualification or place of work, may be a leader or agent of change and improvement.

Building the Infrastructure for Lifelong Learning

Key points

The infrastructure to support learning is diverse and capable of better co-ordination

Effective learning needs a strong and sustainable infrastructure, people (including skilled mentors, supervisors and managers), knowledge, technical resources and partnerships.

An e-learning strategy will support new forms of learning within a framework of national standards

66. This strategic framework would be incomplete without emphasis on the importance of the infrastructure to support lifelong learning. The NHS and related sectors represent a huge learning resource. There is a great deal of ‘intellectual capital’ invested in its staff and a well-established history of development and learning, some of which is untapped and unrecognised. At the core of the support infrastructure are four main themes:
- building creative learning organisations;
 - enhancing capacity and capability in the learning system, in terms of organisational capacity, the NHSU and the knowledge capability of those leading and supporting learning and learners;
 - creating partnerships to realise the overall strategy; and
 - investing in learning resources and support.

Learning and knowledge based organisations

67. We have stressed that all NHS organisations need to be ‘learning organisations’. This is not fashionable jargon, but a practical, down to earth recognition that the pace of change in knowledge, technology and new skills and roles is such that organisations must ensure lifelong

learning and effective use of knowledge is at the heart of their business. There is now unparalleled support for all NHS organisations to develop and sustain a learning and knowledge sharing culture. Meeting IWL, IIP and equality strategy targets and standards, using extra NHS Plan staff development resources better to develop mentors, supervisors and line managers to support their staff and teams, working with and through Workforce Development Confederations, involvement with local Learning and Skills Councils and *learndirect*, close relationships with local HE and FE providers (including the 'e' University initiative in higher education), and the NHSU, when established, partnerships with trade unions and professional associations - all can help make the transformation easier.

Enhancing Capacity and Capability.

68. Learning capacity within the NHS will be significantly strengthened through the new Workforce Development Confederations, teaching Primary Care Trusts and the future establishment of the NHSU. Drawing on the experience of corporate universities in other sectors and internationally, we expect the NHSU will operate through a 'central hub' providing overall leadership and direction, with local faculties providing access to learning support. There will be close alignment with and relationships between NHSU and Workforce Development Confederations, linking NHSU with what already happens in each NHS organisation and through other education providers to ensure a stronger focus and critical mass for education and development across local health communities. Our aim to align health National Training Organisation functions with NHS and related health sector workforce development systems and structures will also help to enhance capability. These organisational changes will give the NHS a much-improved ability to take a leading role in learning and its central importance to service improvement.
69. At local level, capability will be further enhanced through the establishment of champions at board level in every NHS organisation and covering all professional and occupational groups. This role will often be combined with another but it must not be one which could be construed as tokenism. Another critical development is the potential for working with trade union representatives in the workplace. All NHS organisations are encouraged to discuss with their staff sides the scope for developing and extending such arrangements. In the future, dialogue with trade unions and professional associations on learning and development are likely to be no less important than more traditional industrial relations issues.

Getting access to knowledge

70. The NHS and its partner organisations, particularly across social care and education, need effective strategies to use the knowledge assets available to them. They need to be able to:
- identify knowledge needs;
 - find evidence based resources to meet them;
 - ensure knowledge is widely available using information systems and networks;
 - equip staff with skills to use the resources and systems effectively; and develop a culture conducive to sharing knowledge and learning both by electronic means and from person to person.
71. To support this, NHS library services offer access to a wide range of electronic and print learning and to knowledge resources, complementing those available via the National electronic Library for Health. Many of these are already available 24 hours a day. Working in partnership with the future NHSU and with learning networks in higher and further education, NHS library services are a vital part of the current and future NHS learning landscape.
72. Developing e-learning awareness and capability covering the use of new (electronic) technologies will be essential to support open and on-line learning processes. The internet and email are a daily part of everyday life for millions of people and businesses and knowledge management technology is rapidly being adopted by many organisations. The national vision for e-learning in the NHS is to enable staff to access learning opportunities at times and places that best fit in with their lifestyle. This means 24-hour access to knowledge and learning resources, 365 days per year, from places that are most convenient for individuals and groups, with the technical support structure to ensure this happens.
73. The NHSU will be designed to embrace e-learning, knowledge management and network technology and where appropriate, provide local guidance to help bring coherence to the many initiatives already taking place. This will avoid duplication of effort. The development of e-learning capabilities across the NHS will also depend upon:
- *the parallel development of national and local standards and infrastructures;*

- *development of staff skills to use information and manage e-learning;*
- *availability of e-learning products and services.*

74. The components of a national approach to e-learning include:

- a single entry point for NHS e-learning users, with an ability to reach large numbers of staff and supplementing this with face to face support;
- a national range of standards (e.g. for connectivity, indexing, quality assurance and security and confidentiality);
- development of a range of core, integrated e-learning services (e.g. news, information, discussion groups, communities of practice, formal and informal learning programmes and products);
- development of the most appropriate delivery channels (e.g. personal computers, digital TV, radio) and application of the government's developing broadband¹⁸ strategy. A national study has been commissioned to look at Government Departments' needs for broadband applications. This has the potential to substantially enhance the scope and range of e-learning solutions.

75. The number and scope of local e learning projects and initiatives are growing rapidly. However, the full potential of e-learning, mixed and matched with other more conventional approaches, will only be realised as the NHS national technical infrastructure is put in place, including:

- the potential for an '*electronic staff record*' covering essential data on training and development
- the NHSnet infrastructure to enable electronic communications of various kinds and the growth of virtual learning communities between individuals, organisations and groups;
- electronic patient records to enable links to be made between patient outcomes, clinical governance, continuing professional development and education and training programmes.

¹⁸ In the context of cross-government work, 'broadband' relates to increased IT network capacity and capability, with multiple applications and linkages into organisations.

76. It will be important for local and national approaches to be harmonised. Specialist skills will be needed for local health organisations wishing to undertake development work in this area and a sustained effort will be made over the next three years to enable all NHS staff to achieve basic information and knowledge management skills, including computer skills through the European Computer Driving Licence standard (ECDL). The ECDL is an international standard demonstrating that holders have reached a basic level of proficiency across a range of fundamental tasks. The standard is modular and learning can be undertaken in stages. The 7 modules are:
- *basic concepts of information technology;*
 - *using the computer and managing files;*
 - *word processing;*
 - *spreadsheets;*
 - *databases;*
 - *presentation;*
 - *information and communication.*
77. Learners achieving all 7 modules receive their ECDL. During 1999/2000 the ECDL was piloted in 13 accredited 'test centres' by the NHS Information Authority and the results were very positive with good feedback from candidates and test centre staff. At least one Region is rolling out ECDL across their health communities. The NHS Information Authority is preparing to launch a national implementation plan for ECDL and resources will be made available to Workforce Development Confederations to support the development of local infrastructures - the people and facilities to deliver this training and testing. Further information about this will be published in the near future.

Resources and investment for Learning

78. We are already investing significantly in education, training and development in the NHS, both centrally and locally and are committed to doing more over the NHS Plan period. But additional resources are only part of the story – we need to ensure, both nationally and locally, that these resources are used to best effect to support all our staff to learn, and learn together.

Creating Partnerships

79. This document has emphasised that lifelong learning can only be achieved through partnerships – staff, regulatory and professional bodies, trade unions, education providers, NHS managers and users/carers. The advent of a new structure for adult learning across the economy as a whole will enable the NHS to work in partnership outside the health sector on a much wider scale than ever before. But the most crucial partnership of all is that between the individual member of staff and his or her manager – get that right and much of the rest will naturally follow.

The Action agenda

80. The action agenda for implementing lifelong learning flows from the preceding chapters, it also builds on work already underway. A summary of actions is set out below. We expect stakeholders to make significant progress on these targets and activities, year on year, over the next five years.

Department of Health

The Department will:

- publish a new five year plan for human resources in the NHS in early 2002;
- work with key stakeholders to build on the development and application of core skills and values across the NHS workforce;
- establish the NHSU by 2003;
- continue the drive to ensure that all NHS organisations achieve IWL accreditation by 2003 and that personal development plans for all staff are in place;
- in partnership with DfES, issue further guidance on addressing adult basic skills in the NHS, by 2002;
- continue work already underway to drive up skills development through, NHS Learning Accounts, NVQs and CPD;
- disseminate good practice and continue the drive to roll out common/inter-professional learning approaches in all health professional curricula, linked to new quality assurance arrangements, by 2004;
- implement the new NHS leadership framework;
- continue to support and progress learning infrastructure development across the NHS.

NHS Organisations

By July 2002

All NHS Employer Organisations, supported by Workforce Development Confederations, will

- have in place a clear organisational strategy and annual plan for education, training and development, which links explicitly with local modernisation priorities, and the delivery of clinical governance. A board level manager should have responsibility for driving forward education and training plans, which have been approved by the board and which reflect:
 - *feedback from annual staff surveys and patient surveys;*
 - *an organisational agreement with staff and staff side organisations about the obligations of management and staff in this area;*
 - *agreed staff entitlement to 'protected time' for meeting key aspects of their personal development plan;*
 - *access to an increasing range of learning resources.*
- work closely with education providers, and as members of Workforce Development Confederations, to ensure sufficient numbers of high quality practice placements, provide experience for health care students in training and to support inter-professional education in practice settings;

By December 2002

- ensure that a major outcome of the appraisal process for all staff is the agreement of personal development plans (PDPs) which should link individual learning need to the skills and competencies needed to meet organisational priorities, as well as valuing and recognising learning which is not always directly work related;
- publish comparative information on education and training in conjunction with Workforce Development Confederations;

- demonstrate that education and training, and access to learning and library resources, is available on an equitable and increasingly flexible basis to all staff groups, in accordance with need and without any discrimination based on hours of work or part-time/full-time status
- ensure that its internal training provision contributes to meeting national adult literacy and numeracy targets as set out in the Government's 'Skills for Life' strategy and to national learning targets in the 'Learning to Succeed' white paper (*we will issue further guidance on each of these*);
- have developed a local 5-year e-learning strategy and capability in line with national *Information for Health and NHS Information Authority* plans and targets, including access to relevant European Computer Driving Licence modules;

By 2003

- hold IWL and hold or be pursuing Investors in People accreditation;
- provide clear information for staff about the range of learning opportunities and sources of support and advice available to them;
- provide comprehensive and corporate induction training, supported by the NHSU;
- so far as is practicable, ensure that learning opportunities comparable to those for its own staff are available to contract and agency staff;
- demonstrate increasing use of a variety of development methods - coaching on the job, mentorships, learning sets, job rotation, secondments, project work, sabbaticals, as well as formal education and training;
- have achieved the capability to provide opportunities for **all** staff to develop basic information skills, have access to email and web browsing and undertake relevant modules of the European Computer Driving Licence.

By 2004

- demonstrate the links between education, training and development, career progression and reward, through the 'skills escalator' approach to supporting staff to:
 - *acquire new skills and competencies;*
 - *learn about and rotate into different jobs and roles (in line with the flexibilities needed to realise service improvements);*
 - *build and progress their careers, as demonstrated through their appraisal reviews and personal development plans.*
- continue to demonstrate progress in implementing the organisational e learning strategy and national targets, for all staff

By 2005

- demonstrate that all members of staff who wish to either possess, or are working towards, a relevant professional or vocational qualification.
- ensure all staff have ready access to comprehensive learning facilities including IT access for e-learning provided through the NHSU and other providers as well as locally based learning resource centres. Increasingly the learning infrastructure should be provided and supported on a shared basis with other NHS organisations and social services.

Strategic Health Authorities

Strategic Health Authorities will:

- monitor progress on implementing the lifelong learning framework targets, through mainstream performance management processes;
- support organisations within their boundaries to form strong partnerships to support learning and development, particularly new primary care organisations, and work closely with the NHSU, when established.

Education providers/HEIs

Education Providers should:

- continue to develop strong partnerships with Workforce Development Confederations to support delivery of the pre and post registration principles and targets set out in this framework;
- review their approaches to developing and assessing communication and other core skills within professional curricula, in line with the NHS Plan requirement that, as a pre-requisite to qualification, all health professions should demonstrate competence in communication skills by 2002;
- work with education commissioners to achieve the target that there should be common learning programmes for all health professions in place by 2004;
- work with Workforce Development Confederations to ensure high quality, consistent practice placements and experience, to support increases in training places and inter-professional education;
- through improved student support and local action, contribute to meeting the targets to reduce student attrition;
- continue work to achieve clearer links between vocational training and professional programmes to support greater diversity in the student population and easier access routes into professional education.

Regulatory and professional bodies

- Regulatory and professional bodies should work in close partnership with each other, the Department, the NHS and with education providers to help realise the targets and principles set out in this lifelong learning framework.

Individual staff

Individuals should:

- seek opportunities to participate in personal learning and development and to influence and shape team and/or organisational strategies for lifelong learning;
- agree a personal development plan with their line manager which identifies and addresses their learning needs, links with core skills and organisational goals for lifelong learning and supports improvements in patient care and services;
- take responsibility, wherever appropriate, for supporting the learning and development needs of others.

Useful Contacts

Adult Basic Skills Agency - www.basic-skills.co.uk

Commission for Health Improvement - www.chi.nhs.uk

Department for Education and Skills – www.dfes.gov.uk

Department of Health website: www.doh.gov.uk

Department of Health Lifelong Learning e-mail: LLL-ETD@doh.gov.uk

European Computer Driving Licence - www.ecdl.co.uk

E learning - <http://www.web-training.co.uk/index.html>

HEFCE - www.hefce.ac.uk

HR Beacon – www.nhs.uk/beacons

Learndirect - www.learndirect.co.uk - Email: enquiries@learndirect.net

Learning and Skills Councils - www.lsc.gov.uk

Modernisation Agency - www.modernnhs.nhs.uk

NHS/learndirect pilot e-mail: nhslearndirectpilot@lifespan-tr.anglox.nhs.uk

National Institute for Mental Health (NIMH) - www.nimh.nih.gov

NeLH - www.nelh.nhs.uk/

NHS Direct - www.nhsdirect.nhs.uk

NHS Individual Learning Account - www.doh.gov.uk/nhsila

NHSnet - www.nhs.uk

NICE - National Institute for Clinical Effectiveness - www.nice.org.uk

National Service Frameworks (NSFs) - www.doh.gov.uk/nsf

NTO - National Training Organisation (Healthwork UK) –
www.healthwork.co.uk

National Vocational Qualifications (NVQs) – www.dfes.gov.uk/nvq

Patient Advocacy and Liaison Services (PALs) -
www.nhs.uk/representation/new-voice

Science, Technology & Mathematics Council – www.stmc.org.uk

Training Organisation for Personal Social Services (TOPSS) –
www.topss.org.uk

Universities UK (UUK) - www.universitiesuk.ac.uk

Workforce Development Confederations – www.wdconfeds.org.uk

