

Report of a Workshop on Developing a National Skills Academy for Health.

1 December 2005
Thistle Barbican Hotel, London

1. Introduction

The development of National Skills Academies is a government initiative to put employers in greater control of the design and delivery of learning in their sector.

The Secretary of State for Education and Skills published a prospectus in July 2005 which invited employers to work with the government to establish employer led National Skills Academies.

The prospectus stated that 'National Skills Academies will be positioned at the apex of a network of high quality skills providers with wider links, helping to drive up standards and accelerate the pace of reform in colleges and training providers across the vocational education and training system.'

'National Skills Academies will operate in partnership with the state education system, contributing to the public service of education and training. But DfES will not be prescriptive about what form the National Skills Academy or that partnership will take. It is what is right for the sector and what industries in that sector want that will determine its shape and focus.'

Following a discussion at the Skills for Health Board meeting on 4th October 2005 it was agreed that Skills for Health should convene a workshop of interested parties to consider the criteria Skills for Health should adopt when deciding whether to support an application for National Skills Academy status.

Over 60 people attended the workshop, representing a range of NHS Trusts, SHAs, education providers, and other partners. Following a short introduction from John Rogers, Chief Executive of Skills for Health, delegates considered in workshop sessions the aspects of learning in the health sector that could be improved, what role a National Skills Academy might play in meeting these needs and options for the organisational shape of a National Skills Academy.

Delegates initially had a wide ranging discussion on what aspects of learning in the health sector could be improved. In a number of cases there are already organisations with a remit to make those improvements. Indeed, many delegates emphasised the need for a National Skills Academy to avoid adding to existing confusion between organisations. A summary of the main points delegates raised in this initial discussion is attached at Appendix 1.

2. Establishing a National Skills Academy

Delegates considered how a National Skills Academy might be established, configured and managed. This prompted considerable debate that identified a number of desirable features of a National Skills Academy and also some notes of caution. The main points to emerge from the debate were;

2.1 Learn the lessons of the past

- Learn from the experience of NHSU
- Be aware that any perceived similarity between a National Skills Academy and NHSU could be a major barrier to securing effective employer engagement

2.2 Map existing provision

- Clearly identify the roles of existing organisations including the workforce development functions of Strategic Health Authorities, the National Institute for Innovation and Improvement, CoVEs etc
- Simplify, streamline and coordinate provision where possible
- Do not establish new provision if existing organisations can deliver what is needed with some development
- Specify clearly the unique added value a National Skills Academy could make
- Identify the relationship between a National Skills Academy and other stakeholders.
- Clarify what a National Skills Academy could deliver that Skills for Health could not deliver

2.3 Regional base

- As the first step, develop regional academies from enhanced and coordinated local provision
- Build on the CoVE network and other centres of excellence in work-based learning
- Ensure local ownership and local employer engagement in the governance of any regional organisation
- Regional academies should be a virtual organisation linked to existing delivery organisations.

2.4 National coordination

- Primary national role is to coordinate and support regional provision through identifying and sharing good practice
- There may be some national role in development of curriculum and dissemination of innovation
- There was a strong preference for a virtual arrangement at national level

3. Potential Roles for a National Skills Academy

Delegates consider how a National Skills Academy potentially could improve provision of learning in the health sector. It was recognised that a National Skills Academy should not attempt to meet all of these needs, but would need to focus on a limited number of key objectives. The main areas delegates identified were;

3.1 National development of learning resources

- Develop a standard national curriculum for new roles
- Fast track course development
- Build on existing high quality provision in and outside the sector by harmonising different approaches and contextualising material for the health sector
- Promote innovative uses of new technologies, learning approaches and tools.
- Develop top-up courses to facilitate career change

3.2 Build capacity in the local education and training workforce

- Train and develop assessors and mentors
- Improve teaching skills
- Develop the capacity to lead and manage learning, linked to performance and risk management

3.3 Disseminate innovatory and good practice

- Identify and share good practice from CoVEs and other centres of excellence in work-based learning
- Coordinate and develop a network of work-based learning providers including the national CoVE network

3.4 Introduce a scheme for health and social care cadets

3.5 Promote new qualifications, particularly the new diploma

3.6 Quality assurance

- Possibly a role in ensuring consistent quality of provision, but this could also be supplied through existing QA mechanisms

4. Conclusion

The workshop delegates identified a range of opportunities for improvement in the current provision of education and training. The clear advice to Skills for Health was that an application for a National Skills Academy should only be pursued if there was strong evidence that additional value would be provided by the Academy.

It would be important to focus on a limited number of key priorities and avoid the temptation of spreading effort among too many areas of potential improvement. Early priorities might include the new 14-19 year old Specialist Diplomas, NVQs 1-3 and Skills for Life.

An important area of coordination delegates highlighted was the link with Social Care. Many delegates emphasised the need for a coordinated approach across health and social care, including common competences, joint qualification and learning programmes, and possibly a joint National Skills Academy.

The roles for the National Skills Academy that delegates considered most important included providing a mechanism for identification and dissemination of good practice, ideally building on existing CoVEs and other centres of excellence in the provision of work-based learning. The National Skills Academy had the potential to be a cost-effective vehicle for the national development of curricula and learning design, particularly to support the introduction of new roles. A further role for the National Skills Academy might be to provide more effective support for learning in the workplace, from advocacy to support the prioritisation of continuing learning, through development of learning and teaching skills to training for mentors and assessors.



Nina Lowe
Development Director National Skills Academy
Skills for Health

Appendix 1 – Aspects of Learning That Could Be Improved

Delegates considered the issue of how the present education and training provision could be improved to meet the needs of the health sector. The main areas for improvement identified by delegates in workshop sessions were;

1. Simpler and more comprehensive national systems and frameworks to support the development of a flexible workforce

- Development of a comprehensive set of national workforce competences covering all healthcare functions and linked to social care
- Competence based credit and qualification frameworks
- Accreditation and transferable recognition of all educational inputs, short courses as well as qualification based courses, possibly including a national skills passport
- A simpler range of qualifications including the new diplomas
- Simpler funding routes
- Brokerage
- Promoting more partnership working between healthcare providers, FE and HE colleges

2. National promotion of good practice

- Identification of good practice
- Identification of centres of excellence
- Facilitating links and disseminating developments in CoVEs and other centres of excellence

3. Improved delivery of education and training

- More demand-led approaches with speedier response to service needs
- Standardised national curricula for courses and qualifications
- Greater creativity in delivery methods
- More consistency in the quality of provision

4. Advocacy and support for education and training

- Research and evaluation of education and training inputs
- Evidence of the return on investment in education and training and the link with achieving organisational objectives
- Advocacy for education and training
- Demonstration of clearer links between competence development and career progression
- Develop local capacity to identify and articulate skill needs and support work based learning including assessment
- Improve the integration of learning into the workplace
- Support for an inclusive approach to training for all staff groups