

Interim Report

A Review of Work based Learning in the UK Health Sector

October 07

PSE CONSULTING LIMITED
PeopleSkillsEducation

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Structure of the report

This report is made up of six sections, as follows:

Key Findings (one page summary)

Executive Summary

Main report

Appendix 1 (questionnaire)

Appendix 2 (respondent by organisation and role)

Appendix 3 (Literature Review).

The findings in the main report should be read in conjunction with the literature review.

KEY FINDINGS

This investigation has explored Work Based Learning (WBL) activity within the UK health sector today. It has called on commissioners and providers of WBL in order to secure an overview of activity.

The importance of mature, facilitative partnerships between commissioners and providers of WBL is acknowledged in the field, and in some cases there is evidence that this is being fostered. Never the less this characteristic appears not to be the norm; it appears to be further confounded by the degree of change within the health sector and the impact this has on sustaining continuity of relationships, and developing leadership capacity and capability.

There is a broad range of WBL activity taking place, but relatively few commissioners or providers are evaluating learning and service outcomes from that activity: where evaluation has taken place, it has focused on delivery of WBL (that is, the process). There is a need for simple, achievable and realistic tools and resources that will both support local evaluation of WBL, and enhance local partnerships.

The UK health sector is changing: it is moving toward a delivery mode that is focused on personalized care, community-based and home-based and care. The traditional health sector 'model' is being superseded by a 'health and social care' model which is being realized by a plurality of provision across health and social care. The workforce profile, and the requirements of different roles, competences and accreditation are changing to reflect this. Workforce planning, learning pathways and associated accreditation appear not to be realigning sufficiently, and sufficiently rapidly to reflect this: WBL offers an approach to learning which may help to accommodate and support these changes.

Commissioners and providers of health and social care services must ensure that the workforce is both fit for purpose and regulated. Work based learning offers a timely, efficient, and economic vehicle for supporting this change, but this opportunity will be lost unless partnerships develop local solutions to support local delivery.

EXECUTIVE SUMMARY

Context

This report has been commissioned by Skills for Health. It presents the findings of an investigation into the delivery of work-based learning in the UK health sector, with particular reference to how these opportunities can be more effectively captured and valued.

For the purpose of this investigation, we have taken as our key definition of work based learning to be *learning that takes place for work, at work or through work* (Caley, L, 2006). Within the context of the health sector, we have interpreted work based learning to be learning which focuses on the realities of practice within a theoretical and reflective framework (Burton, J, 2004).

Whereas there is a substantial academic literature about work based learning (WBL) in Europe and the United States, the literature search undertaken within the first phase of this investigation suggests that there is relatively little evidence of robust evaluation of methods of delivery of WBL, assessment of learning, and evaluation of impact of WBL within the UK health sector. Nevertheless survey and interview respondents within this investigation have without exception advocated the importance of WBL as a vehicle for learning and development, particularly within the complex and straightened financial climate of the NHS today. As a result, much new work is being undertaken in this area.

Implications

The principles of adult learning, and the advantages of work based learning in health care settings offer both a pragmatic and potentially efficient solution to an NHS organisation's responsibility to ensure that its staff are 'fit for purpose'. Yet the literature and respondents within this investigation attest that WBL is not an easy solution: if standards relating to delivery, assessment, and accreditation are to be met, it can be a complex and demanding endeavour.

This investigation has identified five elements which are critical to the sustainability and success of WBL in the health sector:

- learning outcomes need to be predicated on the learning needs of the individual and the organisation; learning must be relevant, and must have the opportunity for immediate application;
- the relationship between the agency commissioning WBL, the agency providing WBL (whether internal or external), and the learner is one of partnership, each bringing knowledge, skills, experience, capacity and resources to the table. There is a significant need for skilled leadership on the part of the commissioner and provider, to ensure success;
- the learner needs to be supported by an infrastructure which offers clarity, support, protected time, supervision, funding, assessment, and recognition;
- WBL needs to be facilitated and supported: line managers, clinical tutors, coaches, practice facilitators, assessors play an essential role in WBL;
- the health sector should consider WBL an essential component of organisational development; furthermore, organizations need the capacity and capability to harness this: in particular, skilled leadership at a senior level is required to set the direction, broker partnerships, and ensure delivery;
- realistic, meaningful and achievable methods for evaluating learning and service outcomes need to be developed and facilitated in practice, in order fully to realize the potential of WBL in the UK health sector today.

Commissioners and providers of education and training need to establish new ways of doing business together. Health and social care policy is driving personalised services and dismantling traditional service models and roles: the onus is on commissioners, employers and regulators to ensure that plurality of provision is matched by a competent, safe, and effective workforce. Work based learning must be a key delivery vehicle for that workforce.

A Review of Work based learning in the UK health sector- main report

INTRODUCTION

This investigation is being conducted in three stages. In Phase 1 we have undertaken research into current work-based learning and practice in the UK health sector, the results of which are set out in this report. This report outlines contacts made and preliminary findings, in relation to possible benefit, models in use, relevance of models to skills escalation, and any gaps in practice. The report also considers the application of NOS to demonstrate competence-based learning and assessment of that learning.

Phase 2 of this investigation will identify, and develop or adapt a robust and accessible model to evaluate work-based learning provision, and will test any proposed model within the sector.

The final stage of the project, Phase 3, will provide an evaluation model or models which can be used to identify emerging best practice, together with recommendations for future work required in this area.

Phase 1 - methodology

A literature review has been undertaken to inform the design of the initial survey and semi-structured telephone interviews. The literature review has captured work-based learning projects over the last three years, using key search terms, e.g., staff type, work-based or experiential learning, informal learning, outcomes based learning, blended learning. The literature review is presented on Annexe 1.

An extensive mapping of work-based learning projects, issues and activity across the health sector has taken place via a web-based search and targeted contacts in order to identify the commissioners, providers and partners engaged in work-based learning projects.

Case studies of individual sites will be produced, which will replace an earlier agreement to produce a database of work based learning projects.

We have also contacted by email and telephone a range of established workforce leads, relevant government and non governmental departments, partners within Further and Higher Education (FE and HE), health sector providers, Strategic Health Authorities (SHAs) , Primary Care Trusts (PCTs), arms length bodies, Third Sector agencies, other Sector Skills Councils and Learning and Skills Council initiatives such as Train to Gain in order to identify projects and people with expertise in WBL. In some cases these contacts elicited survey responses; in other instances these contacts elicited semi-structured telephone interviews.

A 'snowball' sampling method was used in order to identify and contact individuals and groups to be invited to participate in the study. Semi-structured telephone interviews have been undertaken with 15 WBL experts in the NHS and HEI sector in the UK. This data has been captured and thematic analysis undertaken against key domains set out in Table 1, below.

An targeted survey has been carried out by email in order to obtain basic data about WBL projects (Appendix 1, Survey). Survey forms were distributed through SHAs and PCTs, and followed up with personal contact with SHA leads. They were also distributed to targeted groups in HE and vocational education across the three smaller countries. Finally they were dispersed through a range of additional national organisations interested in health education, from work based learning groups on Chain website to organisations such as UVAC and the Council of Health Deans (Appendix 3).

<p>Table 1</p> <p>Phase 1: key domains captured</p> <ul style="list-style-type: none"> • the scale of the project (national, local, type of organisation(s); • target groups (learners), by sector • the key characteristics and structure of the learning/project • work-based learning model(s) used • infrastructure and resources required

- the intended learning objectives
- methods of delivery
- methods of assessment
- the learning outcomes achieved
- validity/reliability of outcomes achieved
- accreditation methods and any associated issues
- how issues of transferability/portability issues have been or could be handled
- changes or benefits (or change/outcome indicators) identified or promoted via the work, both initial and longer term, where possible,
- success stories, and examples of where learning has not been considered to be successful or achieved, in order to inform selection of case studies (Milestone 3);
- people's experience of receiving support from the project (e.g. creating, inducting and implementing new roles or opportunities);
- the processes and critical success factors which have enabled the learning to be take place and be sustainable, for example, cross-sector partnerships, e.g. with Higher Education and elsewhere; alliances; strategic planning, funding and governance arrangements; leadership; commitment from organisations; learner involvement.

Forty-five (45) responses were received by the closing date, with a further 17 received afterwards. A summary of the job titles of respondent and type of organization is included at Appendix 2. The data has been captured in an Excel spreadsheet and thematic analysis undertaken using the domains presented in Table 1, below.

The data received from the survey is extensive insofar as it reflects a range of WBL activity across the health sector, but its quality is varied and in some cases the returns have been partial. Consequently it has not been possible at this stage in the investigation to identify and explore at greater depth examples of positive practice. Having reflected upon this with the project commissioner, we propose to investigate up to 4 sites at greater depth and present them as case studies in the second phase of this project. Our view is that this would provide detail which is grounded in practice, and which would present to the reader a richer description of the WBL cycle, that is, from design to delivery, assessment, evaluation and review.

RESULTS

Approaches to work base learning

The sampling and data collection methods of this investigation captured an indication of the range and breadth of WBL activity in the health sector. It did not capture robust information on activity.

Respondents described a broad range of WBL activity, with a greater proportion being offered to support NVQ units, Skills for Life, Apprenticeships (both Foundation Modern Apprenticeships and Modern Apprenticeships), and Foundation degrees. Academic credit programmes tended to support service-specific learning, for example in neurosciences and cardiothoracic medicine, and the use of e-learning packages.

Notably, respondents referred to a considerable amount of 'informal' WBL taking place, including,

- regular clinical meetings to discuss problem cases, projects;
- as a means of service improvement;
- 'floor walking', telephone support, and one-to-one meetings;
- WBL negotiated through appraisals and supervision;
- practice placements for learners.

A very loose definition or understanding of WBL is evident in the responses: it was generally understood as a concept, and applauded as an approach or method; only a proportion of respondents were able to describe formal schemes for delivery, assessment, and accreditation.

Why is a WBL approach being used?

Despite the organisational challenges that successful WBL poses, there was a significant degree of enthusiasm for the approach.

" (We) have chosen work-based learning approaches as the primary means of achieving sustainable service improvement; specifically in recognition of the close alignment between theory and practice, the requirements for teams to learn together and to interact/ function in different ways in order to improve their services."

Employers identified a wide collection of reasons for undertaking WBL. Staff were considered to be more familiar with their surroundings and programmes could be tailored to meet the needs of staff and the organisation. Financial benefits were also anticipated, for example, by allowing increased numbers of participants per course, it would be easier to release staff within their own area, it was thought to be more cost effective, it offered value for money, it provided a support network for staff.

Respondents cited the need to ensure that learning supports the organisation's needs. Significantly, WBL was considered to offer a more flexible and cost-effective method of staff development,

"It's becoming increasingly difficult to release staff from the day job to 'learn' so the more we can do within the work environment the better" or "Due to low staffing levels and problems with cover, college courses very rarely 'fit the bill'."

Whereas the accessibility and convenience of WBL was a predominant factor, the provision a blended learning approach was advocated, and one which is based on practical application of skills in service settings.

Frustration in off-site, classroom based programmes was a familiar expression:

'We are quite wedded to the WBL approach – it offers us fit for purpose development in the context of the jobs that people do. We have seen too much outside provision which is not work related, e.g. we take our newly qualified nurses and then spend a year training them to be fit for purpose.'

In addition to the cost benefits of WBL, respondents also stressed improvements in staff motivation, skills development contextualised to work, an efficient way for staff to train, an effective way to assess staff, and tangible service improvements: *'It's real life'*.

Although the relationship between standards of service delivery, governance, and assessment of competence was recognized by several respondents, the notion of measurable outcomes was highlighted only once.

The relevance of WBL

Respondents were asked how they ensure that WBL is linked to their organisation's objectives and learner's objectives. Six respondents mentioned links to the organisation's business planning processes and local delivery plan. Use of the NHS Knowledge and Skills Framework and appraisal processes was described, but only one site was able to offer an example of using National Occupational Standards to underpin WBL.

A range of mechanisms were described to capture learning needs and relevance of WBL opportunities. One organization cited liaison across five local Trusts to share intelligence on learning needs. Other respondents described processes rather than the use of measures or indicators to capture learning need; these processes included,

- auditing learning environments to ensure that students can meet their objectives / standards of proficiency;
- quality assurance meetings;
- meetings with learners and Learning & Development Advisors;
- three-way meetings (learner/line manager/provider);
- meetings with senior managers;
- an annual training/learning needs analysis to ensures that a learner's requirements are linked to organizational objectives, and a training plan is agreed;
- links to a needs analysis undertaken each year by the Strategic Health Authority;
- the use of incidents, risks and service needs to direct study, linked with the use of National Occupational Standards.

One respondent noted that GP training is now linked to the GP curriculum, and that GP learning consequently related less to the goals of the organization than to meeting the requirements of the curriculum.

The emergence of Foundation Trusts has brought into relief the requirement to link learning and development to Trust corporate objectives, translated into directorate, ward and departmental priorities. Respondents did not offer a view about whether WBL has, or is likely to have greater take-up or application within the Foundation Trust environment.

Assessing WBL

Although over a decade has elapsed since Brennan's review of WBL in the UK highlighted the lack of assessment of learning within WBL programmes, (1) respondents within this investigation represented a variable and in some instances idiosyncratic approach to the assessment of learning. Perhaps this is less surprising when one takes into account the very real infrastructure and leadership challenges faced by health sector organisations aspiring to implement WBL.

Responses chiefly concerned the burden of assessment and the methods used. It could be that many of the more creative assessment possibilities were not mentioned since because a number of the respondents undertaking Higher Education level work-based assessment responded to the question with the answer "by provider". This relates to an emerging about the relative responsibilities of provider and commissioner of WBL.

Respondents did cite a range of assessment methods, with direct observation and the use of portfolios identified most frequently. Assessment associated with qualifications frameworks was referred to by only one survey respondent and two interviewees; other methods included workbooks, assignments, direct observation, reflection, 'skills scans', and measuring behaviour change. However, we did feel that the range of assessment methods utilised by organisations could be broadened.

One interviewee advocated the need for flexibility in assessment; and in having a wide number of success criteria in place to capture '*rich but unpredictable outcomes and changes.*' She claimed,

' ... (the) best outcomes were when people were more keen on developing excellent outcomes for patients/services than when they were just focusing on their careers.'

The survey findings suggest that the enthusiasm for WBL does not appear to be matched by expertise in or for assessment of learning outcomes. A number of the telephone interviewees noted that

assessment of learners caused a real problem for organizations. Some mentioned lack of clarity between education providers and commissioners regarding the responsibility for developing and/or providing assessment. Others referred to "the burden of assessment", noting the large numbers of students and learners who are increasingly the responsibility of organizations to assess, including large numbers of those on undergraduate programmes on work placements who are passing through. Assessment strategies are often not sufficiently joined up within teams, and this is further complicated by the proliferation and duplication of assessment courses for assessors for different staff groups and for different qualifications.

We know from other work in this area that the design of assessment often fails to make best use of the work environment. Work based assessment is best undertaken by those closest to the practical outcomes of the learning, and the pressures of work often lead to the creation of assessment strategies which favour external assessment, either by HR departments or providers.

Assessment is a critical but complex dimension of WBL. It can be designed to capture both long and short term outcomes, and it can offer rich territory for creative partnership working with any learning providers involved.

We restate below the definition of optimal assessment we created for Skills for Health in 2006 (Hardacre and Masterson, 2006)

Optimal assessment – health sector

- capable of aligning assessment provision, where possible, across the vocational and academic divide and between professional groups
- managed within an effective quality assurance system, and includes effective standardisation
- valid, reliable, sufficient and authentic
- appropriate and proportionate to the decision made (both in terms of level and the evidence)

- undertaken by those the candidate works alongside
- timely, and involves ongoing and continuous elements as necessary
- capable of acknowledging and reflecting existing competence (including accrediting learning and skills already held) and able to lend itself to developmental (formative) learning where necessary
- appropriate terms of methods used
- well planned by the assessor
- transferable and consistent in terms of results
- inclusive of opportunities for effective and high quality feedback
- consistent and joined up with broader HR strategy, e.g. the KSF or other developmental systems in place locally
- cost and time effective
- adaptable for a range of needs, including staff groups and type of qualification
- proportionate to the risk to patients, scope of roles and staff level, and the requirements of regulation
- linked to identified workforce planning needs, which itself is based on some national or area level workforce planning principles or information
- capable of being planned in a clear, concise and jargon free way.

The challenges of implementing WBL and how these are being addressed

It is perhaps significant that, in almost a decade of modernization within the NHS, WBL continues to be perceived almost exclusively as a vehicle for individual learning, rather than a tool for system reform and service improvement.

Furthermore, amongst our respondents, the challenges of implementing WBL tended to be focused largely on its organization and delivery, as opposed to assessing learning outcomes, accreditation, and benefits of WBL. Four themes emerge:

Leadership

There exists a critical need for more expertise and capacity to **lead** (and support) WBL; this includes the need for consensus about the definition and delivery of WBL. It is just beginning to be understood that specifying, supporting and evaluating this partnership is a complex process, and that a range of skills and attitudes are needed to contribute to this, from contracting to relationship management to evaluation. Respondents did not indicate that they were planning to (re)negotiate this relationship locally. However, some did suggested that provider organisations themselves may be in a better position to teach about the use of up-to-date procedures, skills and technologies, whereas education providers may be better placed to support and manage accreditation.

“There is a real need to develop more leadership skills in work based learning, as opposed to more written stuff such as good practice guides, which we have coming out of our ears. We need to get out there and influence and to develop influencing ability.”

The complexity of the sector

It is highly challenging to facilitate WBL in a complex organization driven by productivity targets. Several respondents referred to this complexity, in two arenas: the first, the complexity of the work environment itself, working with vulnerable people with complex

health needs, working within and with complex systems and technologies. The second, the wider organisational context, in which trusts are subject to reconfiguration and reorganization of strategies and processes, requiring considerable effort to realign people, systems and culture.

Tribalism

There is a suggestion that professional prejudices and 'tribalism' may impede equity of access to, and participation in WBL, particularly for non-professionally affiliated staff; it was felt that support staff were not always supported or freed up to learn, or permitted to develop. Rivalry between professions, which did not always wish to "learn together as teams around the patient" were also noted.

Resources

Numerous practical impediments exist, including the need for equipment, protected time, and learner support. Most respondents mentioned time constraints as a very real problem. Difficulties also arose where time constraints precluded access to the best method of delivery, for example face to face learning. Where computers were required, these were not always available or accessible. Cross site approaches, and the consequent travel involved, causes difficulties.

'...embedding (WBL) into the culture has been and will continue to be a challenge as competition between learning and service delivery continues.'

Solutions

A degree of 'trial and error' is cited, where a blended learning approach is adopted in an attempt to cater to the needs of all learners. A flexible approach was believed to be key to success.

Organisations are employing a number of strategies to address these challenges, including the use of 'learning contracts', greater flexibility over timescales and delivery methods, and calling on key groups within the organisation to support WBL including line managers, union

representatives, practice educators, 'clinical champions', and organizational development leads.

Some trusts are developing strategies to identify the need for WBL and the resources to deliver it, and further examples include the appointment of a dedicated work based learning facilitator.

In addition to taking a systems approach to embedding WBL, respondents describe the importance of a partnership with Higher Education providers in order to ensure that WBL delivery matches organizational priorities, and to ensure that roles and responsibilities are both clear and met.

Two respondents felt that most of the obstacles could be overcome as long as staff really believed that the learning would help to ease pressures of delivery, and that effective preparation of staff and managers, as well as clearly identified service need, was key to achieving this. In one case, this meant accepting the staff's own opinion that extending of the learning to full accreditation by foundation degree (which was offered) would not be pursued, since this would involve needless time 'out' from the work place. There was a view in this case that the local HE provider was not able to be sufficiently flexible to accredit the learning achieved.

'Relevance to the service is critical, in whatever context that is, and therefore the design of the learning to support that. The NHS agenda is so complex and so driven by targets, it needs things which support it, and not detract from that- it needs to be 100% relevant, and then people will own it.'

'The ethos of WBL is not a problem – we don't find there is a resistance to it, e.g. our assistant practitioner programme students got evaluated well on the programme we offered, but they didn't want to accept an offer to top up a Foundation Degree.'

A significant number of respondents were able to identify few strategies for resolving challenges, noting that "it is very difficult" or that no formal approaches were in place. This supports the notion that

skilled leadership is a significant factor in the successful delivery of WBL.

Critical success factors for WBL

The learner, the team (and manager) and the wider organization were all seen as critical to the success of WBL, and were seen as instrumental in ensuring reliable outcomes.

There was broad consensus amongst our survey about factors which are critical to the success of WBL, and these are in line with the findings of much of the literature we reviewed. They included:

- the commitment of the host organisation (service), and the value it places in WBL; financial investment in and senior level 'sign up' to WBL taking place;
- identification of learning needs and negotiation of learning outcomes that will meet the requirements of the service and the learner; the involvement of the service and its commitment to the development of learning outcomes;
- infrastructure support and capacity; including leadership; skilled programme design, assessors and appropriate assessment mechanisms, supervisors, documentation, and guidance; and the preparation of managers where these have not commissioned the learning directly;
- access to a range of delivery methods and media;
- support for the learner: preparing the learner for engaging in WBL; helping the learner to remain motivated; the appropriateness of placements; supervision; protected time;
- the alignment of WBL programmes with regulatory requirements, and accrediting requirements if used.

"(Our programme) is probably the closest you will get to having a tailored learning programme with practical applications and benefits to the learner and the department.

First, it directly engages the learner.

Second, it directly engages with what is 'live' and current in the workplace.

Third, there is far less dissonance between the 'teaching', the learning and its application as there can often be with conventional, taught courses.

Fourth, there is much more likelihood that the learning will have an immediate impact for the learner, who is then likely to sustain or develop it further.

Finally, this learning seems more transferable, from context to context, organization to organization."

Little response was received on the subject of outcomes of WBL. Where they did respond, respondents identified 'outcomes' as numbers of learners, programme completion rates; learner satisfaction; and observation of practice. Outcomes from WBL initiatives appear to be largely to have been assumed rather than measured, and were described as '*a more confident, happy, fit for purpose workforce with a clear career pathway*'; increased referral rates; (one assumes improved) quality of care; and increased flexibility in the use of training budgets.

No respondents noted convergence between the aims of the learner and the aims of the organisation as an indicator for success, and no respondent noted that difficulties may arise where a learner has been enthused to learn more skills than are required by the organization, or within the work place or role. This is unsurprising, given that learners were not specifically consulted within the project, although it is interesting to note that the attitude or behaviour of the learner was thought important. Similarly, the ownership of learning by employees was not mentioned, though it was implied in some of the criteria stated.

Evaluation

There was little evidence of a systematic approach to the evaluation of learning and the impact of learning, for example taking as a framework the four levels of evaluation outlined by Kirkpatrick,

- reaction of student - what they thought and felt about the training
- learning - the resulting increase in knowledge or capability
- behaviour - extent of behaviour and capability improvement and implementation/application
- results – the effects on the business or environment resulting from the trainee's performance.(2)

Return on investment is frequently cited as a fifth level.

The importance of evaluation and its relevance and appropriateness for both the learner and organization was acknowledged by all those with whom we had contact. A number of the SHA colleagues whom we approached to assist with the cascading of the questionnaire expressed particular interest in this project. In some cases SHAs have planned in the forthcoming year to develop projects and initiative in order to evaluate the impact of the burgeoning amount of WBL, fearing that little is known or available on cost/benefit.

There is awareness that evaluation needs to be simple and achievable; however, robustness is also seen as important. One SHA noted an anxiety that evaluation may need to be different for less or more developed organisations, that is, designed according to the capacity and capability within the organization both to support it and to utilize it. Another interviewee was concerned to ensure that evaluation needed to be fit for purpose. Fit for purpose, he said, may require different levels of evaluation for different sizes of project- it would not help if an evaluation project expected complex data for small initiatives. A third interviewee noted that '*... complex evaluation can make you lose the will to live, just reading it – it has to be concise and simple.*'

Respondents made fairly confident claims about the evaluation of WBL initiatives: 23 respondents claimed evaluation had been undertaken; of this group, 12 initiatives had been evaluated internally; 3 had been evaluated externally; and 8 had been evaluated both internally and externally. Criteria were evaluated in the main by using a very limited number of component methods in each case, including audit, questionnaires, qualitative feedback and interviews.

The majority of respondents had mainly evaluated by "happy sheets", ie, level 1. A small number had evaluated learning and behaviour, although largely unscientifically (eg, by anecdotal evidence). One had undertaken an external evaluation (an SHA), and a further one had plans to evaluate both results on service and return on investment, but had yet to design it.

The survey suggests that very little focused evaluation of outcomes of WBL takes place, and that there exists some uncertainty as to how to proceed. A fair number of respondents noted that they would not wish change their evaluation strategies, and others (4) believed that cost or other resource posed an impediment or that any evaluation must be flexible and time/resource efficient. Eleven of the responses were concerned with the resource aspect in some way.

'... the performance and measurable outcomes are also critical to the success, as there needs to be an ultimate benefit from learning which has become more transparent and related to practice.'

One interviewee respondent who worked in HE on work based learning was concerned that the health sector may focus too much on achievement of competence and the measurement of that, and might miss the value of developing staff with a positive attitude or interest in how things can be done better in the work place, that is, concern with conforming to practice versus the development of initiative and motivation. This fits with a wider concern in current workforce debates that programmes are *developmental* and not simply aimed at developing (or, within some S/NVQs, simply measuring) existing skills.

Issues emerging

There is an extensive literature on the theory of WBL, but much less on the mechanics of identifying organizational development and individual learning needs; and the design, delivery, assessment and accreditation of WBL.

Furthermore, the investigation suggests that work based learning is often learning at work, as opposed to learning through work. Our respondents suggest that a loose interpretation of WBL is at play in the health sector today.

Less is known about the impact of work based learning, and there is little evidence that robust evaluation of WBL as a process, its delivery of learning, and its impact on service (patient) outcomes is taking place. There is apprehension about the complexity of such tasks.

This investigation also indicates that within the health sector there is variable practice within WBL schemes relating to,

- strong leadership;
- effective partnerships between commissioner and provider;
- formal, but joined up, realistic and achievable assessment processes, and capacity to support this;
- the identification and delivery of performance and/or service standards;
- capacity for, and expertise in the measurement of explicit learning and service outcomes;
- the application of appropriate Higher Education quality and enhancement processes;
- recognition through the award of credit or other certification.

The use of National Occupational Standards to underpin WBL is notable by its absence, other than within S/NVQs and apprenticeships. This runs contrary to policy directives to develop a competence-based workforce. This raises questions about NOS and their applications in the field.

The enthusiasm for WBL in the health sector does not appear to be matched by the development of partnerships with accrediting bodies which will provide the currency for WBL. This may be beginning to change, given the interest in this field within HE.

Leadership is an essential component of successful partnerships: organisations need to understand and invest in the qualities, skills, and experience required to offer strong leadership for WBL in the health sector today.

The health sector needs to move from the conviction that WBL is a good thing, to the certainty that it is an efficient, effective, and valid approach to achieve workforce development and service improvement, and one which justifies investment.

Appendices

Appendix 1

Questionnaire



PSE CONSULTING LIMITED PeopleSkillsEducation

Skills for Health have commissioned PSE Consulting Ltd to undertake research in to the impact of work based learning in the NHS, and to develop a model to evaluate work based learning. A fuller project description and definition of work based learning is included below.

Part of this work involves a targeted NHS survey. You have been identified as someone who has been involved in this area of work, and we would be extremely grateful if you would help us by completing the attached questionnaire.

The questionnaire is aimed at those who have designed or managed or commissioned or in some way delivered work based learning, and who can therefore offer evaluative comments.

The questionnaire should take 20-30 minutes to complete, and the results will greatly assist us in designing an effective model to enable the NHS to evaluate its work based learning activity. Response date is 5 October.

All respondents will receive a copy of the final project outcomes from Skills for Health.

If you would like further information please e-mail us at karen.hardacre@blueyonder.co.uk

What is work based learning?

Work based learning is learning that takes place at, from or for work (Seagraves et al 1996).

Barr (2002) suggests that learning can take place at work or away from work, with the objective of improving work performance. In the context of health care, work-based learning has the potential to meet the needs of

practitioners by promoting learning that is practice driven (Foster 1996, Walker and Dewar 2000). It enables students to identify the learning potential of their experience, relate learning to practice and articulate learning for the purpose of assessment (Swallow et al 2000).

Rather than learning being associated with a knowledge transfer from the educational institution to the individual, learning is associated with practitioners focusing on the realities of practice within a theoretical and reflective framework (Burton, J, 2004).

Foster (1996) suggests that work based learning has the following features:

It is performance-related, focusing on tasks arising in the workplace;

It is problem-based, focusing on tackling complex work-based problems in management or care;

It is autonomously managed, with learners taking a large measure of responsibility for ensuring that they learn from their work activities;

It is team-based, tackling problems requiring effective co-operation between people with different roles and expertise;

It is concerned with performance enhancement, and updating and upgrading of experience, which is now a normal feature of most people's work experience;

It is innovative, focusing on new techniques or approaches which create many opportunities for learning and provide experience of managing change. (Flanagan, J et al, 2000).

Further details of the project

This project is intended to consider work-based learning across all levels of the NHS Career Framework.

We will conduct initial research into current work based learning and practice, resulting in a short literature review, outlining contacts made and preliminary findings, in relation to possible benefit, models in use, relevance of models to skills escalation, and any gaps in practice. The report will also evaluate the application of NOS to demonstrate competence-based learning and assessment of that learning. A database of good practice projects will also be developed, with particular reference to projects which can be seen to have delivered a demonstrable impact in the workplace.

The second stage of the project will conduct preliminary research to identify, develop or adapt a robust and user friendly model to evaluate work based learning provision, and will test any proposed model within the sector.



Work based Learning

Qualitative Questionnaire

All text boxes will expand in order to fit your comments

Your name

Your job title

Your organisation

1. Please describe your organisation's / department's approach to work based learning

e.g. How is your organisation using work based learning?
A brief description of the programme(s);
Which staff groups are involved?
How has it been managed and delivered?

2. Why did your organisation choose a work based learning approach?

3. What learning methods were used as part of your work based learning approach?

e.g. Face to face on-site lessons
Clinical skills labs
E-learning

4. How do you ensure that work based learning is linked to your organisation's objectives and learner objectives?

5. What challenges have you encountered in implementing work based learning?

e.g. Culture,
Perception
Fit between model and staff group

6. What strategies and practices have you been able to implement to meet these challenges, if any?

7. In what ways are work based learning initiatives linked to career progression within your organisation?

8. How have you assessed learners?

9. Have you measured the learning, practice or organisational outcomes from work based learning initiatives with which you have been involved?. If so, how?

10. Please can you summarise the outcomes from your work based learning initiative(s)?

11. Has your work based learning initiative been evaluated? (delete as applicable)

Yes No

12. If yes, was this internal evaluation or external evaluation?

Internal External

13. Which of the following was evaluated?

Reaction of learners

What they thought about the training ("happy sheets")

Yes	No
-----	----

Learning

The resulting increase in knowledge or capability
(e.g. post programme assessment)

Yes	No
-----	----

Behaviour

Extent of behaviour and capability improvement
and implementation/application

Yes	No
-----	----

Results

The effects on the organisation resulting from the
trainee's performance

Yes	No
-----	----

Impact

e.g. Costs and return on investment

Yes	No
-----	----

Please describe the methods used

--

14. Would you evaluate differently next time? If so, how?

--

15. What can you tell us, from your experience, are the critical success factors for work based learning

- e.g. Design,
- Delivery
- Requirements for support infrastructure
- Financial investment
- Impact on workplace performance

--

16. Can you describe any benefits which you consider to be unique to work based learning?

17. Please add any other comments you think are relevant below

Please save this file as 'WBL Response' and e-mail it to us at
karen.hardacre@blueyonder.co.uk

I am willing to be contacted further about this project

Yes	No
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Thank you

Karen Hardacre, Director, PSE Consulting Ltd on behalf of Skills for Health

Appendix 2

List of respondents to survey and telephone interviews

Job Title

Associate Director
Pathology Clinical Service Manager
Clinical Governance Practitioner
VOCATIONAL WORK BASED MANAGER
BMS 2 / Training Officer
Education and Training Manager
Vocational Programme Manager
Lead Nurse
Professional Practice Coordinator
Acting Director of Education & Learning
Project Manager – Young Apprenticeships
Training and Development Coordinator
Clinical Skills Development Manager
General Education Dean
Senior Nurse Cadets / HCA Training Manager
IT Trainer
head of workforce development
Non medical prescribing lead
Strategic Placement Lead for Coventry & Warwickshire
Clinical Skills Education Manager
Workforce Development Manager
NHS Link Co-ordinator
Honorary Learning Advisor
Workforce Education & Development Manager
Clinical Development Facilitator
Clinical Director OOH
Schools Liaison Coordinator
Head of Training & Development (2)
Acting Training & Development Manager
Business Manager, Avon Partnership Occupational Health Service
Pathology processing centre manager and education and training coordinator
National a+ & Domestic Manager
NVQ Centre Manager
Assistant Operational Manager, Mental Health & Community Hospital
Director of Nursing – Education and Practice Development

Practice Education Facilitators and Practice Development & Leadership
Co-ordinator
Learning and Development manager
Training Manager External Programmes
Training Programme Director

Organisation

NHS Cancer Services Collaborative 'Improvement Partnership'
(CSC'IP')

County Durham & Darlington Acute Hospitals
Provider Services ERYPCT
Surrey and Borders NHS Trust
Newcastle upon Tyne Hospitals NHS Foundation
Somerset Primary Care Trust
Walsall Hospitals NHS Trust
Appleton Primary care
Northumbria Healthcare NHS Trust
Birmingham Children's NHS Foundation Trust
Skills for Health
BANES PCT
Dorset Primary Care Trust
Swindon & Marlborough Trust
North West Wales NHS Trust
Brent Primary Care Trust
Newham University Hospital NHS Trust
Leeds PCT Community Drugs Services
Coventry PCT
Acute Health Care Trust
Tees Esk and Wear Valleys NHS Trust
Kendal College and University Hospitals of Morecambe Bay
University Hospital of North Staffordshire
Northern Devon Healthcare NHS Trust
Southampton City PCT
United Bristol Healthcare NHS Trust (UBHT)
Aintree University Hospitals NHS Foundation Trust
Calderdale and Huddersfield NHS Foundation Trust (CHFT)
United Bristol Healthcare NHS Trust
ASHFORD AND ST. PETERS' NHS TRUST
North Cheshire Hospitals Trust
Compass group
Barchester Healthcare
Swansea NHS Trust
Southampton University Hospitals NHS Trust

NHS Borders
East Sussex Hospitals NHS Trust
NHS Lanarkshire
Tees Valley VTS

Received after deadline

A number of respondents were unable to send in responses in time to meet the deadline for analysis. We collected these responses in any case, and perused them for interesting findings. They were not able to be subjected, however, to thorough analysis.

Sussex Cancer Network
University Hospital of South Manchester
Bolton NHS Trust
Derriford Hospital Trust Plymouth
South Manchester Foundation Trust
Sheffield Hallam University
Mersey Care NHS Trust
Blackpool PCT
Central and Eastern Cheshire PCT
Cornwall Partnership NHS Trust
Southport and Ormskirk NHS Trust
North Lancashire Teaching PCT
Northumbria Healthcare NHS Trust
Thames Valley University
Trafford PCT
Northgate and Prudhoe NHS Trust
University Hospital of North Staffordshire

