

Using Bologna Tools to meet Stakeholder Needs

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Introduction

This paper presents and discusses a case study in the context of “Curricula design in the Bologna context”. The stated aim of this topic is to address the coherence between the Bologna principles and the implementation of curricula design by the Higher Education Institutions. The conference guideline advises that papers dealing on approaches adopted, the coherence with Bologna principles, convergence within the European Higher Education Area will be presented. Special attention will be given to the way soft/horizontal skills are developed and considered in the context of the design of curricula.

The paper addresses all of these issues, examining them primarily through the needs of an employer rather than those of a Higher Education Institution. Although the employer utilised many of the components of the Bologna Process there was no conscious decision to utilise Bologna tools and frameworks. Yet the case study will illustrate a strong coherence with Bologna principles with the employer moving towards the successful application of a formal and informal learning strategies, recognition of prior learning, recognising academic and vocational learning, implementing of a transparent LLL framework, tailoring learning to meet specified outcomes and showing progression. Through the ongoing identification of common reference points the employer framework and the National Qualifications Framework provides potential for convergence within the EHEA.

The case study

This case study was conducted in one regional Health Board of the National Health Service Scotland (NHSS). The Health Board operates as a ‘single system’ model which incorporates a large acute Division and Community Health Partnerships. It provides services for the second largest residential population in Scotland of around 800,000 people and employs almost 28,000 staff of which approximately 15,000 are nurses and midwives (both registered and non-registered) and around 2,700 medical staff.

The investigation into the creation of a lifelong learning framework linking vocational and academic education systems to form a three way partnership between students, employers and educationalists was centred on the large acute Division of the Health Board. This Division of the Health Board employs around 13,000 staff.

The paper describes the introduction of a Knowledge and Skills Framework (KSF) for the personal development of staff which is supported by a regularly reviewed Health Board learning plan. Coupled to the partnership working with local universities and further education colleges, staff development is addressed through supported formal and informal workbased learning. Recent national developments in the NHSS include the initiative to design all future programmes of learning (both formal and informal) to meet the level descriptors of the Scottish Credit and Qualifications Framework (SCQF) (NHS Education for Scotland, 2007).

Within this paper the relationship between KSF, the SCQF and universities and colleges is described. Particular attention is afforded to the intended outcomes of the lifelong learning framework to allow easier transferability of skills and competencies for the NHSS workforce. The paper concludes with a discussion of the advantages and disadvantages of this particular initiative to allow for convergence within the European Higher Education Arena and the transferability prospects for the education achievements of healthcare staff.

The National Health Service (NHS) Knowledge and Skills Framework

The NHS Knowledge and Skills Framework (KSF) is intended to be '*...a tool which provides a means of recognising the skills and knowledge a person needs to apply to be effective in a particular NHS post*' (Scottish Executive, 2004:14). The KSF is designed as a link between education and development and career pay and progression (Scottish Executive, 2004) and is the overarching competency framework for use in the NHS. KSF is made up of 'dimensions' which form the main component of the framework. For any job in the NHS, six core dimensions are applied and these are:

- communication,
- personal and people development,
- health, safety and security,
- service development,
- quality and equality, and
- diversity and rights (Scottish Executive, 2004a, 2004b).

The KSF has a further 24 dimensions that are defined as specific and relating to some jobs but not others. Along with the six core dimensions assigned to them most jobs in the NHS will have between three to six specific dimensions also assigned. The 24 specific dimensions are grouped under the headings of:

- health and wellbeing (which includes subsections of the promotion of health, assessment and care planning, provision of care, interventions and treatments, etc)
- estates and facilities (which includes subsections of systems, vehicles and equipment, transport and logistics, etc)
- information and knowledge (which includes subsections of information processing, information collection and analysis and knowledge and information resources) and
- general (which includes subsections of learning and development, procurement and commissioning, services and project management, people management, etc).

Each dimension has four levels. A title is given to each level which describes what it is about. Within this description of the level are indicators which describe the knowledge and skills needed to be applied at that level. Therefore in order for an individual to meet a defined level they must demonstrate that they can apply the knowledge and skills that match all the indicators at that level. To assist with this, examples of application are shown for each dimension which illustrates how the KSF might be applied in different posts (Scottish Executive, 2004). (See figure 1 for an example of Core Dimension 1 and Specific Dimension Health and Wellbeing 2 and level descriptors).

Dimensions		Level Descriptors			
Core		1	2	3	4
1	Communication	Communicate with a range of people on day-to-day matters	Communicate with a range of people on a range of matters	Develop and maintain communication with people about difficult matters and/or in difficult situations	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
Specific		1	2	3	4
HWB2	Assessment and care planning to meet health and wellbeing needs	Assist in the assessment of people's health and wellbeing needs	Contribute to assessing health and wellbeing needs and planning how to meet those needs	Assess health and wellbeing needs and develop, monitor and review care plans to meet specific needs	Assess complex health and wellbeing needs and develop, monitor and review care plans to meet those needs

Figure 1: Core and Specific Dimensions and Level Descriptors. NHS KSF. Adapted from Scottish Executive, 2004.

The KSF, as stated, is the overarching competency framework for many NHS staff (Scottish Government, 2009) and is essentially a development tool but it will contribute to decisions about pay progression for individual staff members (Scottish Executive, 2004). The KSF is designed to be capable of linking with current and emerging competence frameworks including regulatory requirements and competencies and national competency standards (Scottish Executive, 2004).

Inextricably linked to personal development planning, the KSF is designed to form the basis of a development review process linking organisational and individual development needs. For each job within the NHS, a post outline has been developed. This outline sets out the requirements of the post in terms of the knowledge and skills required for the job to be carried out effectively. The KSF outline therefore articulates the requirements of the post and not the abilities or preferences of the person employed within that post (Department Of Health, 2004). The KSF outline informs decisions about the learning and development needed by the person within that post to meet the required knowledge and skills. Related to this, the assigned KSF outline will have two gateways. The first gateway is to ensure that staff can meet the basic demands of their post and is generally reached after the first year of employment. The second gateway is to confirm that staff are applying their knowledge and skills to consistently meet the full demands of the post and is located near the top end of the pay scale for each post (Scottish Executive, 2004).

The Department of Health (DOH) describes the KSF and related development review process as being essentially about lifelong learning for NHS staff. There is an expectation that all staff will progress and develop during their time working in the NHS (Department Of Health, 2004).

Through the appraisal system, individuals identify their learning and development needs to meet their KSF post outline. At these meetings, they can also identify career development in terms of progression either as promotion or lateral movement within the organisation. Their learning and development needs can be met through a variety of continua including formal and informal, tacit and codified, non-structured and structured and on-the-job and academic learning opportunities. By linking KSF to personal development planning the intention is that organisations are able to audit existing knowledge and skills, identify skill and knowledge gaps in the workforce and organise training and development across staff groups (Scottish Executive, 2004).

Lifelong learning framework within the case study Health Board

Within the case study Health Board a variety of learning opportunities are offered to staff to support them in meeting their KSF outlines and to further progress their skills and competencies. The Health Board has developed their learning plan to meet the recommendations of the Scottish Government Health Division's policy and strategic initiatives on the development of the NHSS workforce (cf SEHD, 2006; SGHD, 2007; SGHD, 2009a).

Core learning and development is offered through a blended approach which includes face-to-face delivery and self directed e-learning. Continuing professional development and practice is supported through clinically focussed practice education and collaborative partnerships with local universities and further education colleges. These collaborative partnerships enhance the promotion of a planned approach to succession development which further facilitates career pathways and movement across the organisation. Increasingly the partner organisations are reviewing their educational provision to meet the required knowledge, skills and competence articulated within the KSF.

Within the collaborative partnership, some workbased academic qualifications are delivered locally and quality assured by the universities. In this Health Board vocational qualifications for clinical staff are delivered and internally verified in-house as this health board is an accredited centre for vocational qualification provision. Vocational qualifications can be used as a platform for career progression as well as a standalone programme of learning to address specific needs. As an example, a three way partnership exists between the health service organisation, a local further education college and a local university whereby non-registered clinical nursing staff are supported to undertake a vocational qualification in-house, progress to a higher national certificate delivered by the local further education college and then on successful completion of this, enter pre-registration nurse training directly at second year level in the partnership university.

Since 1999 when a lifelong learning strategy for all staff in the NHSS was first published (Scottish Executive, 1999) all subsequent strategic documents have discussed the continuing development of a flexible workforce with transferable skills. Work continues in phases with KSF outlines now almost completely implemented for all staff in this Health Board. The need to make transparent, potential career and development pathways has been articulated and partnership working with education providers and the special health board NHS Education for Scotland (NES), is actively pursued. In pursuing transparency, work within NHS Scotland to articulate the learning requirements of KSF to the learning outcomes of the Scottish Credit and Qualifications Framework (SCQF) is ongoing. The relationship of academic and vocational qualifications and learning programmes can be more easily understood by learners and providers of learning through the use of the SCQF. Work is also ongoing to further establish processes for recognition of prior learning (RPL) (NES & SCQF, 2008). Most universities and further education colleges have processes in place to allow for recognition of previous certificated learning which can widen access to certain programmes of learning. However, recognition of prior un-certificated experiential learning is more problematic in that the process is perceived to be arduous, expensive and time-consuming. To promote flexibility and transferability of skills and knowledge both within the health service and outwith, RPL processes are recognised as being of benefit to both the employee/student and partnership organisations.

The Scottish Credit and Qualifications Framework

The SCQF is a national framework that can be used to describe and compare achievements in learning. The two measures used within this framework describe qualifications and learning programmes. These measures are the 'level' which describes the complexity of the learning and the 'volume' which describes the amount of learning undertaken.

There are 12 levels within the framework and these can be applied to all types of learning including academic, vocational and learning in the workplace (see figure 2). Within each SCQF level there are a variety of different qualifications and associated credit points. The associated level descriptors show how each level changes regarding the '*complexity and depth of knowledge, links to associated academic, vocational or professional practice and the degree of autonomy exercised by the learner*' (NES and SCQF, 2006). The descriptors allow

a general, shared understanding of each level and enable broad comparisons to be made between qualifications at different levels (SGHD, 2009b). Within each descriptor there are five characteristics that describe the knowledge and understanding, applied knowledge and understanding, generic cognitive skills, communication, ICT and numeracy skills and autonomy, accountability and working with others required for that level.

SCQF levels	SQA Qualifications		Qualifications of Higher Education Institutions	Scottish Vocational Qualifications
12			Doctoral Degree	
11			Masters Degree Integrated Masters degree Post Graduate Diploma Post Graduate Certificate	SVQ 5
10			Honours Degree Graduate Diploma Graduate Certificate	
9			Professional Development Award	SVQ 4
8		Higher National Diploma	Higher National Diploma Diploma in Higher Education	
7	Advanced Higher	Higher National Certificate	Certificate of Higher Education	SVQ 3
6	Higher			
5	Intermediate 2 Credit Standard Grade			SVQ 2
4	Intermediate 1 General Standard Grade	National Certificate	National Progression Award	SVQ 1
3	Access 3 Foundation Standard Grade			
2	Access 2			
1	Access 1			

Figure 2. The Scottish Credit and Qualifications Framework. Adapted from NES & SCQF, 2006.

NHS Education for Scotland are leading on developments to align all learning to 'formal' recognition regardless of whether it is credit rated and/or accredited in order that it is levelled to the SCQF level descriptors which articulate the knowledge, skills and competence required at any particular level (www.nes.scot.nhs.uk). However, where credit is assigned to the programme, the assessment process is the key to deciding which level will be applied.

How it fits together

The common language of the KSF and SCQF does not share an exact interpretation which makes communication between the two less straightforward than would be hoped for. The variation in the number of levels attributed to each framework also hinders an exact read across. The KSF, as discussed, has four levels to each dimension, with varying amounts of level indicators, all articulating specific knowledge, skills and competence required. To assign a KSF level, all indicators of that level must be met.

The SCQF has 12 levels, which equate to the KSF dimensions in that specific characteristic requirements are articulated. The characteristic requirements can be likened to the KSF level indicators. However, each SCQF level has exactly five characteristics as described above which does not allow for an obvious read across the two frameworks. Further, SCQF

levels are assigned on a 'best fit' basis which means that not all of the characteristics have to be exactly met as is the case with KSF.

Soft Skills

While there is scope within the KSF to develop competencies and manual or practical skills to match the descriptors, it is the soft skills that are essentially addressed, particularly in the core dimensions. There is no one overarching definition of skill however it is generally agreed that skill requires ability (National Skills Task Force, 2000; Scottish Government, 2007). Soft skills refer to personal attributes such as problem solving, communication, team work and leadership (Keep, 2004; Scottish Government, 2007) and these are the skills argued to be the most desired by potential employers. These soft skills can be difficult to quantify and in the broader sense are not easily assessed (Scottish Government, 2007). However, by underpinning the acquisition of these soft skills by 'domain specific knowledge' (Evans *et al.*, 2004) it is possible that soft skills can be recognised and transferable to other job situations, particularly if they are linked to a competency framework such as the KSF (which incorporates national occupational standards and regulatory requirements and competencies) and the underpinning specific knowledge is linked to a qualifications framework such as the SCQF.

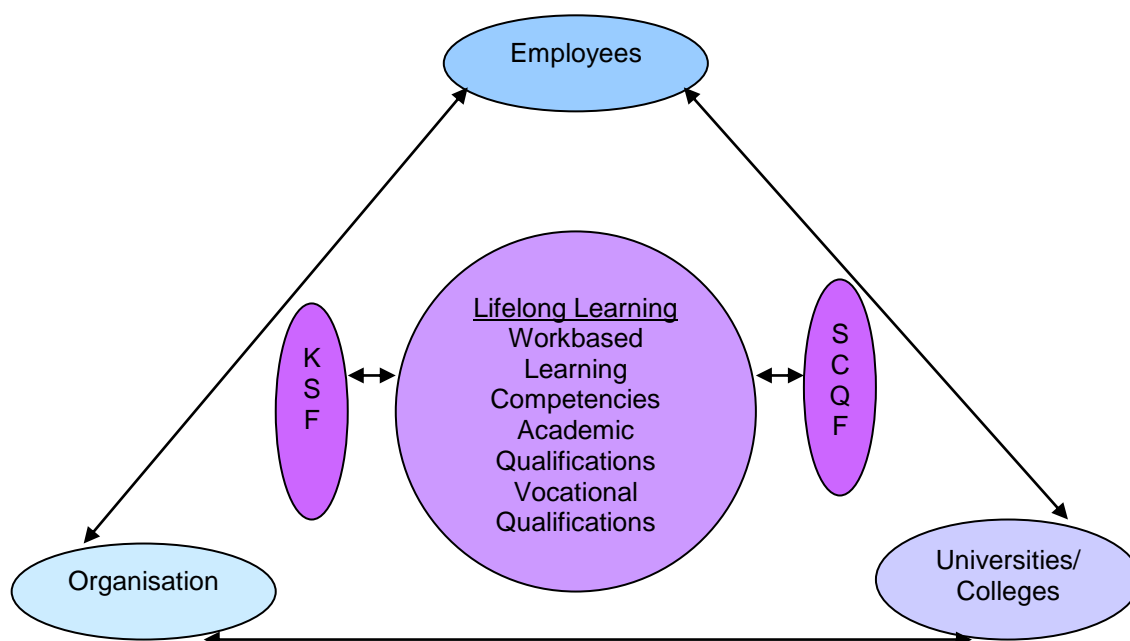


Figure 3. Three way partnership.

Figure 3 on the previous page demonstrates the partnership between employees/students, the organisation and universities and colleges. Central to the partnership is the lifelong learning agenda which is pursued through workbased learning, competencies, academic and vocational qualifications informed and supported by both KSF and the SCQF.

It is recognised that the way forward is for the three way partnership between students, employers and educationalists to continue developing. The learning plan within this Health Board advocates that all learning, both formal and informal, should have specific learning outcomes articulated. Learning requirements and expected outcomes are informed by KSF. Learning provision can be developed in-house or in partnership with universities and further education colleges. A transparent model of aligning learning outcomes to the SCQF enables recognition and transferability of any learning, both in-house and externally provided. This then further enhances the potential for recognition of prior learning, particularly non-certified and particularly where this has been perceived to be an onerous task by health boards and employees/potential students.

Discussion

This case study provides an opportunity to highlight the realisation of the possibilities arising from reforms associated with the Bologna Process. It examines some of the compromises, contradictions, co-operative relationships and challenges involved. It looks at the processes involved in mapping educational requirements to existing frameworks identified as essential in workforce planning and development to enable transferability and 'fitness for purpose'. In doing so it raises questions of relevance to all HE curriculum developers.

Engaging Employers

The case study epitomises many of the Bologna Process aims in terms of engaging with stakeholders to form partnerships which recognise many different forms of learning, promote inclusiveness and the social dimension, effectively joining together many of the tools, guidelines and frameworks from Bologna, into a cohesive whole. That it has been employer led is not only a reminder that education is a partnership, but perhaps also a confirmation that the Bologna vision reflects the needs of employers. There is much discussion amongst policy makers about informing employers about the Bologna Process however it must be remembered that employers are not passive recipients of Higher Education reforms but are active partners who are able to contribute and give meaning to and even lead the process. Employers are there to be engaged not informed and the need to involve them as stakeholders in the curriculum development process is emphasised.

Fitness for purpose

The framework clearly addresses the acquisition and development of soft skills, taking care to clearly identify not only the skills but their relevance and significance to employment, and the circumstances in which they occur. This approach ensures learner motivation and provides opportunities for practice and immediate feedback as well as objective and subjective measures of assessment. To this extent the learning of soft skills occurs in ways not easily available to HEIs.

Every attempt is made, including linkages to SCQF to ensure that the skills acquired have horizontal currency. By this we mean that these are skills that would be utilised by a person of a similar level in a different organisation. There may be some conflict of interest as the employer is developing the workforce to meet local demand and needs and it may not be in their interests to develop employees, only for them to leave the organisation. Similarly, it remains to be seen whether these skills are transferable to other sectors, or if the education is locking employees into a single sector.

Challenges to traditional approaches

The case study strongly challenges traditional HEI approaches. In this model there are few so called traditional students – characterised by young school leavers who will study full time for three or four years. Instead, study is part time, undertaken by more mature, employed people who are able to contribute to the cost of their education – and happy to do so because they can see a direct link between education and financial rewards. The articulation, accreditation and recognition of vocational and on the job education creates easier access to Higher education making a University education accessible to many for whom it would previously have not been possible.

In turn this poses challenges for Universities and their infrastructure, which is so often focussed exclusively on the needs of young, full time students studying on campus. The timing and mode of programme delivery, the nature of academic and pastoral support offered to students, the provision of study resources and the balance of online/offline input. In turn this impacts on every aspect of organisation from the terms and conditions of employment, the size and capacity of the physical campus, the provision of IT resource through to portfolio and purpose of the University.

The Role of the University

The HEI retains a role in assuring quality and awarding qualifications, recognises prior learning and franchises some modules to the NHS. It no longer designs and delivers all of the degree programmes it makes awards for. For some HEIs this may lead to a perceived significant loss of control and change in the nature of the relationship with stakeholders. In turn this will necessitate a review of internal and external approaches to quality assurance and enhancement.

Globalisation, Localisation and the European Dimension

Although utilising many of the Bologna tools, there is complete absence of the consideration of European Dimension. This may be an opportunity that is yet to be developed. Much of the NHS workforce comes from the EU and there are undoubtedly lessons which could be shared across the member states. However healthcare poses an challenge for many policy makers. As globalisation leads to global solutions in many sectors, the opposite is happening in the health sector with greater emphasis on local solutions and regulations leading to less comparable systems. At the same time mobility in this sector is encouraged, not through education but through the Directives of DG Markt. The challenges of engaging all stakeholders at national level to work together to produce joined up solutions must also be faced by EU policymakers.

Conclusion

This case study describes the creation of a lifelong learning framework which links vocational and academic educational systems to form a three way partnership between students, employers and educationalists. This was achieved through the application of many of the tools and frameworks associated with the Bologna Process and European Higher Reforms. These included qualifications frameworks, learning outcomes, formal and informal learning, and recognition of prior learning. The transparency of educational frameworks was matched by the addition of an employer developed tool – The “knowledge and skills framework” which provided an objective linkage of employment roles, individual development needs and pay progression.

The activity arose from the complex interdependent issues of local health care needs, constant staff shortages and rapid health care reforms. These meant that the employer wanted to recruit staff from a wide entry gate and upskill them once in post and at the same time reward and incentivise existing staff through personal development and developing career pathways related to competency levels. Curriculum development at HE level engaged the key actors to produce a relevant worked based learning focussed programme involving students and employers in decision making to ensure the alignment of learning outcomes, teaching, learning and assessment. The case study highlights some issues to be addressed by curriculum developers who wish to engage employers and other stakeholders in meaningful ways in order to produce fit for purpose curricula within the Bologna framework.

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