Philip Clissett argues that National Vocational Qualifications can motivate staff and become an effective way of encouraging health care assistants to continue on to nurse education, but that changes need to be made.

WITH THE move of nurse education into the higher education sector in the late 1980s, and the resultant establishment of supernumerary status for student nurses, nursing faced the prospect of a shortage of personnel and skills. One attempt to fill this gap was the introduction of the health care assistant (HCA), an unqualified nursing assistant who would receive work-based training, designed to meet the requirements of the National Council for Vocational Qualifications.

Mark and Rottier (1995) consider that the aim of this training was to enable employers to transfer some professional tasks to these new assistants thus producing a redesigned job which would improve recruitment and retention and result in more motivated staff. Thornley (2000) points out that such a move could lead to “grade dilution” – workloads being carried out by groups of staff at lower grades who are therefore lower paid.

Shackleton and Walsh (1995) explain that National Vocational Qualifications (NVQs) involve the assessment of the individual in the performance of specified work-related competencies. These competencies can be assessed entirely in the workplace in the course of an individual’s normal work. The assessor is usually a senior colleague. Williams (1999) points out that the practical work needs to be supported by some evidence of underpinning knowledge.

Recently, the national focus on NVQs has become more intense as a result of two recent changes: the introduction by the Department of Health (2000) of a £150 Individual Learning Account (or access to NVQ education) for all NHS staff who do not have a professional qualification; and the decision by the UKCC to approve NVQ Level Two plus one GCSE as...
meeting the minimum entry criteria for the Diploma in Nursing. The decision by the UKCC provides an additional motivation to HCAs who are undertaking NVQ Level Two – the prospect of using the qualification to enter nurse education. This raises the question of the effectiveness of NVQ education as shown in the case study below.

**Discussion**

Upon reflection, it seems that there are a number of issues which worked against this NVQ candidacy being successful: the bureaucracy of the NVQ system, the impact of workload pressures and the impact of this on maintaining the momentum.

It has been suggested by Shackleton and Walsh (1995) that the language of NVQ contains ever more elaborate definitions and phrases such as ‘elements of competence’, ‘performance criteria’, ‘range statements’ and ‘specifications of underpinning knowledge and criteria’. Clearly, this language is far removed from the everyday conversations of most NVQ candidates and assessors. Roberts (1994) suggests that this leaves many people who are new to NVQ lacking understanding of what is expected of them. While many candidates and assessors do come to terms with this, it takes time and, should such an assessor leave their job, they are not easily replaced thus leaving candidates with half completed pieces of work. Clearly there is a need for a more simplified assessment process.

The issue of the impact of workload pressures on education in the clinical setting has long been a problem. Bentley (1996) suggests that this is one of the main reasons why there was dissatisfaction with work-based registered nurse training: completing the work always takes priority over education. As regards NVQ, Mark and Rottier (1995) found that many employers want NVQ qualifications to be achieved with no allocation of time to do this while employees feel that they need both time and opportunities for learning away from the workplace.

The problems of workload pressures are compounded by the dual role of NVQ assessor and mentor to student nurses that many registered nurses play. As student nurses have greater flexibility with their duty rota, there is a tendency for them to arrange to work alongside their mentor. This means that many assessors are more likely to be working with nursing students than NVQ candidates. In addition, assessors face clear time constraints related to the completion of student nurse documenta-

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**Case study**

A few years ago, a personal acquaintance joined an NHS organisation which professed to have a commitment to NVQ education. Shortly after her appointment, she was allocated a mentor and they both attended their respective introductory training before commencing the programme. Initially, they struggled as they both found the documentation to be extremely complex and they had difficulties allocating time to study it. In addition, the internal verifier was limited in her ability to offer support.

Eventually, after seeing the internal verifier, they came to terms with what they should be doing and attempted a unit about assisting clients to use toilet facilities. While this was ultimately successful, it took four months to complete. Pleased with success, they moved on to a unit concerned with eating and drinking – a unit that was completed in six weeks. However, at this point the assessor found another job.

Due to staffing difficulties and a heavy clinical workload, a new assessor was not allocated for six months. By this time, the candidate had been in post for nearly eighteen months. She was competent and effective in her role. She did not consider that NVQ had much to offer her and, as she had decided that she wished to enter nurse education, identified that completing five GCSEs at college would be the most effective way of achieving this aim. She remains nominally registered for her NVQ, but she is extremely demotivated and has made minimal progress with it.
The Department of Health (2000) has announced plans for a major expansion of the nursing profession. Thornley (2000) found that over half of HCAs would be interested in being part of such an expansion.

By contrast, Coker, Drury, Goulding and Kerslake (1997) point out that the pace of NVQ training is flexible, thus enabling the learner to determine the pace. However, it is feasible that this flexibility is misused to enable the assessor to cope with an excessive workload. Perhaps one way of easing this would be to ensure that qualified nurses do not assess both student nurses and NVQ candidates. However, the relative flexibility of NVQ training will probably ensure that student nurses will always be viewed as a priority.

With the combined problems of bureaucracy and workload pressures there seems to be an ever present danger that candidates and assessors working on NVQs will run out of momentum. However, Huda (1996) has emphasised the damaging impact of ‘start-stop’ syndrome in relation to NVQ training. Candidates start the training feeling very committed and enthusiastic, valuing the investment of the time of the assessor and the new insights provided by the assessment process. However, once the training is stopped, they are unable to continue with it independently. Clearly, the net result of this can be an extremely demotivated HCA.

Conclusion
The Department of Health (2000) has announced plans for a major expansion of the nursing profession. Thornley (2000) found that over half of HCAs would be interested in being part of such an expansion, although the main preventative factors are finances and educational requirements. The combination of the introduction of secondments of HCAs to nurse education and the acceptance of NVQ Level Two plus one GCSE grade A-C will serve to overcome these two main barriers.

For this to be successful there is a need for many organisations to renew their commitment to NVQ. While the language of NVQ remains inaccessible, there is a need for trusts to value their competent NVQ assessors and seek to develop these skills in other professionals – an expansion of the availability of (rewarded) internal verifiers might help achieve this. In addition, ‘active’ NVQ candidates need time when they are not allocated to the workforce to achieve specified learning outcomes.

Clearly, such initiatives would have their cost, but they would contribute towards securing the planned expansion of the nursing workforce. Should action not be taken to reduce the bureaucratic and organisational barriers to successfully completing NVQ programmes, many HCAs will not achieve their full potential, and nursing will have failed to utilise its most suitable source of recruitment.

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References