Most care professionals acknowledge that training for healthcare workers should improve standards of care for clients. The current emphasis is on NVQs. Manthorpe (2002) identifies training as an important component of preventing abuse within the care setting, stressing the value of using materials linked to S/NVQ in Care for the unit Z1, titled ‘Contribute to the protection of individuals from abuse’.

**What is ‘NVQ’?**

National vocational qualifications (NVQs) are statements of competence relating to employment. Competence defines the status of being competent and qualified to perform specified tasks within the workplace, and NVQs are based on a number of statements of competency. These statements specify what candidates are required to demonstrate to achieve an NVQ award, including performance criteria and range statements. They are national occupational standards, inferring a qualified person is competent to practice a particular task to a set standard. So, a person achieving an NVQ Level 2 Care award in Penzance should have the same skills as a person achieving the same award in Birmingham. But in my experience there is a wide range of competency from different training providers.

**Training providers**

Training providers are profit-making businesses, which include independent organisations and further education colleges. The Further and Higher Education Act 1992 empowered colleges to become independent corporations and removed them from the remit of the local education authority. All colleges are now responsible for attracting learners, delivering what employers/learners want and ‘balancing the books’. There is competition for business and NVQ care courses vary in quality. For example, some train in the workplace, some by distance-learning, and some offer support for work-based assessors, while others provide college-based assessors.

With the introduction of the Care Standards Act 2000, the demand for training will increase. Standard 28.1 states: ‘A minimum ratio of 50 per cent trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005.’ This could affect the quality of training offered by different training organisations by overwhelming the limited facilities and expertise.

Managers of residential and nursing homes are now under pressure to train staff to meet the regulations of the Care Standards Act 2000 and training providers actively market their NVQ courses. Will managers take the cheapest options? Will they be able to assess which provider is offering the best training? What happens will have an impact on the quality of care that homes provide.

**Assessment and verification process**

Assessment of NVQs is subjective. The awarding of a unit depends on an assessor’s interpretation of the performance criteria and range for that particular unit. Therefore competency is a subjective level of the assessor’s judgement.

The King’s Fund report, *Future Imperfect* (2000), highlights this concern, and says ‘a major review and overhaul of assessment and verification of NVQ is an urgent priority’. A review of standards by Healthwork UK and TOAPPSS (Training Organisation Personal Social Services) is currently underway and is due to be completed by 2003.

**Conclusion**

There is a need for training in order to raise quality of care for clients. But the requirements of the Care Act to produce large numbers of trained staff and the financial demands of the training providers will continue to undermine the reliability of NVQs as sound indicators of competency. It is to be hoped that the report by Healthwork UK and TOAPPSS will strengthen assessment requirements and deliver consistency, resulting in an improvement of the quality of care being delivered.

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**References**
