

Widening Participation Education Forum for Health – 18/02/20

The second forum met on the 18/02/20 at Glasgow Caledonian University. The forum was opened by Jane and the participants introduced themselves, their areas of interest and any initial thoughts.

Morning workshop, the RPL NES NHS initiative, was led by Laura and Stuart. Update on the RPL project, future scope of the work and perspective from pilot health boards.

Below is the PowerPoint presentation used to deliver the workshop.



RPL - Widening
Access Feb 20 (1).pp

Laura highlighted that the approach will be Scotland wide following the “Once for Scotland” approach. It is expected that the pilot project will be rolled out and go live with the national roll out in 2021 to all NHS boards.

The guiding principles are aligned with SCQF guiding principles. The guiding principles are to help the learner and help those supporting the learner.

The guiding principles were highlighted, follow this link to see them;

https://www.nes.scot.nhs.uk/media/4273154/nhsscotland_rpl_guiding_principles.pdf

The five-step RPL process was explained. TURAS learn will be available for people to upload documents, upload evidence and create reflective statements the team are looking at this as being the main place where people can record their progress.

A short animation video explaining the process will be available for dissemination.

Stuart discussed his role in engaging with the nine boards engaged with the RPL process and talked the forum through the current status of the pilot boards.

The learning survey in the PowerPoint presentation was administered during 2018 with 3500 responses, this followed on from a previous survey from 2011; the survey group were primarily health care support workers working in nursing & midwifery and the allied health care professionals.

Question and Answer session:

Main themes –

1. Relationship between learning providers and boards and to investigate RPL policies can fit to benefit learners.
2. Driving cultural change across boards. How education viewed and ensuring “buy in” across health boards. Tackling how RPL is construed. How we make more use of

SCQF across all sectors. How can all sectors support one another in terms of developing the cultural change? How can RPL be utilised a successful tool, to assist with workforce planning. There is an appetite from health boards to fully engage.

3. Consistent messaging across sectors. There were examples of people doing RPL and not being aware of it. Awareness of the challenges across transition and of different learning styles and opportunities across the sectors. Importance of reflection and portfolio building and opportunities that may arise from sectors working together on these issues. Conscious that at a pilot phase there may be a lot of development, needs to be balanced with the good practice in place. Be aware of some of the issues that RPL will bring to the surface in terms of qualification levels and health job roles.

The afternoon session was introduced by Kenny and started by looking at if we can work across all sectors involved with the forum to resolve issues at the implementation phase.

Can we identify where challenges will arise and discuss these?

Are there areas that we can work more effectively together?

The forum looked at the case studies from the HCSW survey. The survey raised four issues.

- Time
- Support
- Funding
- Information

From the report we know that 12.6% of HCSW would like to progress into nursing. 37.8% are interested in diversifying their role and 41.1% are happy to stay in the role.

Case study 1) 12.6% of HCSW who would like to progress to nursing.

Thoughts – it can be complex giving guidance.

- Entry requirements
- Different qualifications
- Skills required for study at a higher level e.g. academic writing
- Personal support and who is best to give this, especially in relation to a return to study
- RPL bureaucracy

In all areas though there were good practice, for example academic writing units by OU, taster days and events, short courses, structured support in health boards.

The 5 step process was identified as providing a good support model. Where IAG can be utilised across all 3 sectors to provide consistency.

Discussion on how that can be structured in health boards and supported by learning providers. How do we ensure the key communication messages get to those who will be

providing the information? What are the best interventions by providers? Can we work more effectively together? Would that help the RPL process?

Case study 2) 37.8% of HCSW who are interested in diversifying their role.

Colleagues shared good examples of diversification of staff. Following were raised as challenges to be considered further:

- Importance of relevant training and learning opportunities.
- Improving skills and competencies does not always need to come from formal learning institutions.
- Balance between management led and employee led diversification of a role.

Case study 3) 41.1% of HCSW who are happy to stay in the role.

Key issue highlighted was handling the challenging issue of “I have been doing this job for so many years, why do I have to have this qualification?”

How effective RPL can be used to challenge what is sometimes a deep held view and then lead to opportunities. Importance of that “challenging learning” culture for service development.

There was a discussion around endorsed HNC in GP practices, which touched on the challenges of hours and funding. Raised complex issues for all sectors and would be discussed further by the Forum.

Kenny thanked everyone for their contributions. Explained a note would be shared across the group and they were encouraged to share their practice by using the JISC email group set up by CDN. Colleagues will be updated on progress.

In terms of taking these challenges away to be addressed each of the participants had an opportunity to raise a final point. These tended to go to the crux of the challenge of implementing RPL.

FINAL GROUP POINTS

- Equity and partnership working, the right guidance at the right time, right advice at the right stage.
- Better communication between all the groups.
- Making sure we work together to get solutions, and that people have the correct information.
- Communication is key, we are dealing with a group of staff who are at the end of any communication trail. Clearer guidance for routes into education.
- Social services challenges are the same in a lot of ways, but different as well. Constant change with people changing roles and structures changing. Good quality information is needed. New leaflet produced with SAAS about part time fee grant for healthcare and social services.

- Information about advice and learning required, it is a big challenge, but the appetite is there.
- Working with boards – what is working? – what is a challenge?