



CoDH Briefing: Shape of Caring Report

Summary

Shape of Caring is a review jointly commissioned by the Nursing and Midwifery Council (NMC) and Health Education England (HEE) into nurse and care assistant education and training in England. The review has been chaired by The Lord Willis of Knaresborough, as an independent chair, and overseen by a Sponsoring Board.

The final report, 'Raising the bar', has been informed by a call for evidence which sought views on the education and training needs of nurses and care assistants for the next 15 years. The Council of Deans of Health (CoDH) made a submission with a detailed paper, including examples of current practice from across the UK and across the professions. This can be read [here](#).

The report's 34 recommendations are based around eight themes:

Theme 1: Enhancing the voice of the patient and the public

Theme 2: Valuing the care assistant role

Theme 3: Widening access for care assistance who wish to enter nursing

Theme 4: Developing a flexible model

Theme 5: Assuring a high-quality learning environment for pre-registration nurses

Theme 6: Assuring high-quality, ongoing learning for registered nurses

Theme 7: Assuring sustainable research and innovation

Theme 8: Assuring high-quality funding and commissioning

Read the Shape of Caring report in full [here](#).

Shape of Caring (Eng & UK)

Purpose: This briefing provides a summary of the Shape of Caring final report, a review into the future education and training of nurses and care assistants, and our initial response to the recommendations.

Publication Date: 12 March 2015

Relevance for CoDH members: Although Shape of Caring is primarily an England-driven review, it has been co-sponsored by the NMC and the recommendations have implications for education and regulation across the UK.

CoDH contact for more information:

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Key Recommendations for HEIs

Although most of the recommendations have implications for universities, there are particular key sections and recommendations:

Section 1 (Enhancing the voice of the patient and the public)

- **Recommendation 1:** HEE should commission research to identify the forms of patient and public involvement that best support learning

Section 3 (Widening access for care assistants who wish to enter nursing)

- **Recommendation 11:** HEE should use funding levels to support HEIs willing to become centres of excellence. Care assistants should be offered APEL that could account for up to 50% of the pre-registration nursing degree.
- **Recommendation 12:** Standardised and innovative work-based learning routes should be developed to allow care assistants to study to become a nurse without having to give up their employment.

Section 4 (Developing a flexible model)

- **Recommendation 13:** NMC should explore whether the 'four fields' of nursing is fit for the future and consult on a proposed 2+1 year model.
- **Recommendation 14:** NMC should explore and consult on the introduction of additional fields of nursing practice such as community nursing.

Section 5 (Assuring a high-quality learning environment for pre-registration nurses)

- **Recommendation 16:** HEIs, the Royal College of Nursing (RCN), HEE and the NMC should work together to bring forward into pre-registration education and preceptorship the advanced skills that will support delivery of future care.
- **Recommendation 17:** The NMC should review the current mentorship model and standards.
- **Recommendation 18:** An annual undergraduate student nursing survey should be developed, without duplicating existing data collections.
- **Recommendation 19:** The NMC should explore the development of a national assessment framework.



Section 6 (Assuring high quality, ongoing learning for registered nurses)

- **Recommendation 20:** The development and implementation of a year-long preceptorship programme for newly qualified nurses should be explored
- **Recommendation 23:** HEE should develop and consult on the integrated 'pillars' model of self-care, shared managed care and restorative care, and commission appropriate organisations to develop a career framework
- **Recommendation 24:** HEE should consult and explore the membership and fellowship model, then allow appropriate expert organisations, in partnership with HEIs where appropriate to develop clinical membership and fellowship standards.

Section 8 (Assuring high-quality funding and commissioning)

- **Recommendation 33:** A standardised student minimum data set to calculate attrition rates at HEIs should be introduced.
- **Recommendation 34:** Standardised exit tools should be developed to explore causes for attrition. This data should inform the future commissioning process.

CoDH Response

- We have broadly welcomed the report and have focused on three particular areas: the call to bring a wider skill set into pre-registration education; the support for preceptorship and ongoing education; and the clear recognition of the association between high quality education, research and patient care. Read our press release [here](#).
- Many of the recommendations which have implications for HEIs need shaping and further debate and discussion, which the report acknowledges. This is particularly the case for those that would have UK-wide implications (where we will be working closely with the NMC) and those with funding implications. We are also seeking to broaden the discussion beyond nursing to consider the other health professions.
- We have written an initial response to the recommendations, for discussion with members, which is attached as an appendix to this briefing. We welcome members' comments on this, particularly in the areas that are more contentious. Please send comments to Rachel Craine (contact email below).

For more information

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Raising the Bar

Council of Deans of Health: Initial response to the recommendations

CoDH is the representative voice of UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. This paper sets out our initial response to the recommendations of *Raising the Bar*, for discussion across our full membership, particularly where there are recommendations with implications for the four UK home nations.

Theme 1: Enhancing the voice of the patient and the public		
1	HEE should commission research to identify the forms of patient and public involvement that best support learning, and to ensure that patients and the public are utilised as a valuable resource.	We welcome work that will build the evidence base on patient and public involvement, something we called for in our response to Shape of Caring's call for evidence .
2	NMC and HEE must incorporate the findings of recommendation 1 into future standard and quality assurance processes.	We agree that where the evidence is clear, it should inform the NMC standards. This evidence should also be shared with other professional regulators.
Theme 2: Valuing the care assistant role		
3	HEE should evaluate the impact of the Care Certificate on care outcomes and patient experience.	We agree that the outcomes of the Care Certificate should be evaluated before decisions are taken on making it a mandatory requirement. We are concerned that a lack of consistent QA for the Care Certificate will hamper its portability (one of the core aims of the initiative); we would therefore go further than this recommendation and suggest that QA should be explicitly addressed, particularly before implementation of the Higher Care Certificate
4	Subject to the outcome of Recommendation 3, any future government should ensure that the Care Certificate is a mandatory requirement.	
5	HEE should implement the Higher Care Certificate.	
6	HEE should set the competency standards for care assistants (NHS bands 1-4) in both health and social care, and work with employers to	



	ensure the workforce is trained to meet those standards.	
7	NHS England should agree titles and job descriptions that align with HEE's development of a career and education framework for care assistants, as part of HEE's Talent for Care strategy for developing the health and social care support workforce.	<p>consistency of higher support worker roles between care assistants and registered professionals is also advisable, particularly if there is any future ambition to regulate workers in these roles, though the level of these roles (for example whether the role is at level 3 or 4) should be discussed and the implications for the interface with further programmes of study that would lead to professional registration explored.</p> <p>However, given that many care assistant roles are increasingly generic across health and social care and higher level support workers support a full range of registered professions, we would strongly urge that this should be address from a multi-professional perspective. Any review should consider pre-existing work on maternity support workers and assistant roles working to a variety of allied health professionals.</p>
8	HEE should explore with others the need to develop a defined care role (Agenda for Change band 3) that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.	
9	HEE should work with the care sector to develop or use an existing e-portfolio tool that will allow signed-off competencies to be recorded electronically on a national database for care assistants, across both the health and social care sectors. All competencies held within the database will be achieved at nationally accepted standards (which are quality assured on a regular basis) so that they are truly transferable and accepted by all health and social care organisations; reducing the duplication of unnecessary education and training.	
10	Following implementation of recommendation 9 above, a standardised portfolio skills passport should be developed for nurses.	
Theme 3: Widening access for care assistants who wish to enter nursing		
11	HEE should maximise existing collaboration opportunities and use funding levers to support HEIs that are willing to become centres of excellence. Care assistants should be offered APEL that could account for up to 50 per cent of the undergraduate nursing degree.	<p>Many universities already have programmes specifically designed to help existing health and social care staff move to study on a pre-registration health professional programme. CoDH is one of the founding partners of the bridging programme set up by Skills for Health to address gaps in study skills that can be a barrier to accessing higher education that is</p>
12	HEE, in collaboration with employers and HEIs, should support the	



	<p>development of more innovative workbased learning routes. Those learning routes should be standardised to allow care assistants to move easily into the nursing profession without having to give up their employment, as they study and train for their nursing degree and registered nurse status.</p>	<p>cited in the report (p. 40).</p> <p>We also support the use of AP(E)L, in accordance with the NMC standards. NMC guidance, which is UK-wide and written in the context of EU legislation on mutual recognition of qualifications, requires that each student's APL is mapped against the learning outcomes of the specific course. In order for the UK to remain compliant with EU legislation, care must be taken in any discussion of general 'APL Frameworks' and language about 'fast tracking' degrees must be avoided.</p> <p>Prospective students, employers and commissioners also need to have correct expectations about the demands of pre-registration programmes (which are heavily oversubscribed) and the requirements for prospective applicants. We will consult on this point with members but given the level of pre-registration programmes and the development of critical thinking across the course as well as knowledge and skills, being able to AP(E)L 50 per cent of a degree course is likely to be applicable for a minority of prospective students.</p>
<p>Theme 4: Developing a flexible model</p>		
13	<p>NMC should gather evidence, explore and consult on the proposed 2+1+1 year model, alongside other alternatives, to examine whether the existing 'four fields' model is fit for the future.</p>	<p>Shape of Caring highlights the challenges of ensuring that nursing pre-registration education gives a broad enough grounding to allow new registrants to work in a variety of settings and address service users' needs (whether physical, mental or learning disability-related) while at the same time ensuring that students have the opportunity to gain the specialist knowledge and skills needed to work and develop in</p>
14	<p>NMC should explore and consult on the introduction of additional fields of practice such as community nursing.</p>	
15	<p>HEE should expect its LETBs to explore a model of guaranteed</p>	



	<p>employment for nursing graduates that includes robust preceptorship.</p>	<p>demanding roles when they graduate. Given that this has implications for the whole of the UK, a full discussion and debate across all home nations is essential.</p> <p>This should include:</p> <ul style="list-style-type: none"> (1) A clear and developed ‘problem definition’ with a strong evidence base that takes into account that issues may be different across the four fields and across the home nations (e.g. the provision of four year degrees in Scotland); (2) An explicit commitment to the specialist skills that are needed for practitioners to be able to take up roles in mental health, learning disability and children’s nursing; (3) Development of test criteria for implementation of any change, including a test that changes would not exacerbate staff shortages or have a negative impact on the quality of care received by patients/ health service users; (4) Linked development of costed models for implementing any change, with consideration of the implications of expanding a generalist foundation, for example the potential expansion of four year degrees or the need to fund post registration specialist training.
<p>Theme 5 Assuring a high-quality learning environment for pre-registration nurses</p>		
16	<p>Universities, RCN, HEE and NMC should work together to bring forward into pre-registration education and preceptorship the advanced skills that will support the delivery of future patient care.</p>	<p>We welcome the recognition that the future needs of patients will require bringing forward a wider skill set into pre-registration education and preceptorship, although it is essential that this is underpinned by increased capacity in practice to teach and assess these skills. We look forward to working with the RCN and other bodies to define what these</p>
17	<p>NMC should review its current mentorship model and standards, informed by the outcome of the RCN review and final evaluation of the</p>	



	Collaborative Learning in Practice model, and amend the standards relating to the requirement for one-to-one mentor support.	skills are and the conditions we need to put in place to implement them. We agree that mentorship should be an area of focus for strengthening the quality of students' learning experiences.
18	Without duplicating existing data collections the NMC, in conjunction with HEE, should develop an annual undergraduate student nursing survey, with the results used to inform local and national improvement in both care practice and education delivery.	Universities and students are already party to a range of data collections, including the National Student Survey. We welcome the review's recognition that any additional survey requirement should not duplicate existing data requirements. Consideration will need to be given for how any additional data collection by universities is to be resourced.
19	NMC should explore the development of a national assessment framework.	As a Council we are committed to supporting consistent quality of education. The structure of nursing (and midwifery/AHP) pre-registration programmes differs significantly from medicine and concerns a much larger body of students, making some of the approaches used by medical schools and the GMC difficult to replicate. However, we are very willing to explore with the NMC ideas for demonstrating consistency across courses.
Theme 6: Assuring high-quality, ongoing learning for registered nurses		
20	Universities, employers, regulators, professional bodies and commissioners should work together to build on the existing preceptorship standards in order to explore the development and implementation of a year-long preceptorship programme for newly qualified registered nurses, which will meet requirements for revalidation.	We welcome the emphasis on the quality of ongoing learning for registered nurses and the need for career frameworks. Robust preceptorship is a crucial foundation for ongoing education and we look forward to supporting its development and implementation. We would also go one step further than these recommendations to suggest that identifying funding models will be of crucial importance for any future development of post-graduate education and training
21	HEE should undertake an evidence review to identify the educational attainment of the current qualified workforce, to provide a baseline in	



	order to develop appropriate and effective learning standards and raise the bar across the workforce.	pathways. Without transparent funding (see recommendation 25) and redistribution of some of the money currently only available for post-graduate medical education, it is unlikely that the high quality education and training envisaged in the Shape of Caring Report will be delivered.
22	HEE should set the standards and selectively commission from other organisations with the ability to accredit and deliver ongoing learning, including authorisation to permit LETBs to recognise and commission HEIs as centres of excellence.	
23	HEE should develop and consult on the integrated 'pillars' model of self-care, shared managed care and restorative care, and commission appropriate organisations to develop a career framework (in conjunction with the other three nations).	
24	<p>HEE should consult and explore the membership and fellowship model. Then allow (as part of the career framework model) appropriate expert organisations, in partnership with HEIs where appropriate, to develop clinical membership and fellowship standards, where members would be following an awarded postgraduate pathway/programme.</p> <ul style="list-style-type: none"> • The member would be responsible for renewing their registration with NMC through revalidation. • Any member who is peer reviewed can be appointed a fellow. These fellows will also be responsible for developing education and training programmes. 	The membership and fellowship model of postgraduate development is an interesting idea to explore. However, nursing must find a model that is appropriate for its own development as a profession and this may not necessarily replicate medical models of post-graduate education. The current role of universities in delivering ongoing education and training should also be recognised and supported so that future frameworks build on existing expertise.



25	HEE should ensure that funding arrangements for ongoing learning (and ongoing learning and career pathway qualification in speciality learning) for registered nurses should be made more transparent across the system.	
Theme 7: Assuring sustainable research and innovation		
26	HEE should forge greater links with the Academic Health Science Networks (AHSNs) to ensure that the workforce is able to adopt and use the latest research to inform and provide better patient care.	<p>Supporting research and innovation is a complex area, with wide variations between different institutions (both in higher education and in health and social care services) and many different local and national initiatives designed to increase capacity.</p> <p>We welcome moves that would deepen connections between education commissioners and research/innovation structures, particularly if this is mirrored in a stronger understanding of the link between high quality education, research capacity and innovation.</p> <p>We also support the development of initiatives that will strengthen clinical academic careers and welcome the report's call for nationally coordinated investment. We would be particularly interested to work with HEE and its LETBs to explore the scope and remit of doctoral centres and their interface with other initiatives, both local and national, that are supporting the growth of research capacity.</p>
27	HEE should accredit Academic Health Science Networks (AHSNs) and Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to work with LETBs.	
28	There should be greater development of postgraduate doctoral centres in LETB areas to drive up clinical research in practice and increase the number of academics in practice.	
29	HEE should establish an expert group to examine the potential and implications of developing and implementing Magnet principles to improve the education of the workforce and patient outcomes.	
Theme 8: Assuring high-quality funding and commissioning		
30	HEE should review current commissioning and funding mechanisms to	Commissioning and funding for education is likely to be considered in the



	explore whether a more multi-professional skill mix/population-based approach should be taken forward for education and training.	<p>Comprehensive Spending Review following May's General Election and it will be important for any HEE review to take account of this context.</p> <p>As a Council, our view is that workforce planning based on annual recurrent NHS budgets needs to be re-thought, particularly in light of the short term decisions taken in 2009-2012 that are a material factor in the current nursing workforce crisis in England. Therefore, although we welcome moves to gain greater input to workforce planning from local government and other sectors, we would go further than this recommendation and would advocate for a fundamental review of how education is funded and how this is articulated with workforce planning.</p> <p>We support consistent measurement of student attrition in England, something that has been common practice in the other UK home nations for many years. Definitions of attrition should also be aligned between higher education and health so that universities do not have to deliver the same information in different formats.</p> <p>Understanding why students leave programmes is important. However, development of any standardised tool would need to recognise the potential to increase the administrative burden on courses and be resourced appropriately.</p>
31	HEE should ensure that the funding for ongoing learning (and ongoing learning and career pathway qualifications in speciality learning) for care assistants and nurses becomes more transparent across the system.	
32	HEE should work closely with the voluntary and independent sectors, and local government, and seek lay input to provide more integrated education and workforce planning across the system.	
33	HEE, working with HEIs, should support the development of a standardised student minimum data set, which would enable the calculation of attrition rates at HEI, local and national levels.	
34	HEE should work with HEIs to develop a standardised exit tool to explore in greater depth the causes for leaving the pre-registration programme. Such data should be reviewed and analysed urgently by HEE to inform future student nurse commissioning intentions and processes.	