

Case Study – Education and Training leading to qualifications in Nursing and Midwifery - Summary

This case study was commissioned by the Study Team for the Framework Implementation and Impact Study as an independent input into the Study. It was completed in December 2008.

Introduction

The case study aims to explore the level of awareness, understanding and impact of the Framework in higher and further education and training providers who offer programmes leading to the nursing and midwifery profession, the profession, employers and learners. The Framework Implementation and Impact Study Team identified a number of stakeholders including a representative each from the Department of Health and Children, An Bord Altranais, the Health Service Executive, the National Council for the Professional Development of Nursing and Midwifery, the Irish Nurses Organisation, HETAC and FETAC and a Director of Nursing in a hospital providing clinical placements to pre registration degree nurses, a senior nursing academic and a nursing lecturer from a university and an institute of technology engaged in nurse/midwifery education, a representative of a public and a private provider of FETAC foundation nursing/healthcare programmes and a number of learners. A structured interview was conducted with each stakeholder based around a series of questions prepared by the Study Team. The questions related to knowledge and understanding of the Framework, its implementation and use and its impact on nursing and midwifery education and training. The case study is the distillation of the written records of the interviews

There are thirteen higher education institutions (HEIs) throughout Ireland offering the pre registration honours (level 8) degree in nursing and midwifery which was introduced in 2002. Nursing is a profession governed by An Bord Altranais, the regulatory body for the nursing profession, subject to Irish legislation and EU directives. However, unlike law and accountancy professional institutes, An Bord Altranais does not conduct qualifying examinations, although it must approve all pre registration degrees programmes.

Awareness of the Framework

There were variations in the level of awareness and depth of understanding of the Framework across the designated stakeholders arising from their engagement with it. All respondents seemed to be aware of the levels of the Framework relevant to nursing and midwifery education and training in particular level 8 for the pre registration nursing degree and the post registration higher diploma, level 9 for the postgraduate diploma and masters programmes and level 5 FETAC Foundation Nursing and Healthcare studies awards. Some were aware and understood levels 6 and 7 in the context of previous entry to nursing qualifications specifically the

hospital based certificate programmes and the post 1997 diplomas and higher national diplomas. All seemed to know about the FETAC level 5 awards in Healthcare and Foundation Nursing because these programmes offered accredited education and training for healthcare assistants in the hospital and other healthcare providers and also could serve as an entry route to the pre registration degree in nursing.

Awareness of the Framework among learners on the pre registration degree was limited and arose in the context of their CAO application where they were aware of the need to apply for the level 8 honours B. Sc in nursing programme. Mature students who had not been in full time second level education in the recent past did not have this level of awareness. Post registration nursing students were conscious of the Framework level of the award they were pursuing and this was confirmed by directors of nursing who referred to the levels of the Framework in recommending post registration programmes for nurses as part of the staff development process.

Knowledge of the Framework

Understanding learning outcomes across the sub strands of knowledge, skill and competence tended to be confined to the academics who saw these as relevant to preparing both programme and module learning outcomes and module descriptors. It was suggested that the Framework had strengthened curriculum development by obliging academics articulate the teaching learning processes. A professor of nursing believed that Framework emphasis on learning outcomes was an effort to make explicit the various domains of human learning and that learning took place incrementally and therefore it was useful to educators, curriculum developers and to the learners.

A respondent from a national organisation dealing with post registration nursing programmes said that staff at her organisation when called on to give guidance in relation to career progression found the Framework very useful. She pointed out that health service managers and supervisors were not often fully aware of qualification issues and HEIs tended to give advice in the context of their own programmes and access and progression procedures.

The HSE representative cited an example of what she believed was a failure to avail of the full potential of the Framework. HSE had initiated the Skill project to "educate, develop and train support staff in the health services to the optimum of their abilities in order to enhance their role in the quality of service to patients/clients". To progress this HSE had entered into partnership with Skillvec a consortium of VECs led by City of Dublin VEC and the SKILLVEC project was established "to devise and deliver 2 sector-specific, FETAC-certified courses/awards to HSE healthcare assistants on a national basis." The HSE had worked on the development of appropriate programmes with core caring skills and a range of electives relevant to areas such as midwifery and general nursing leading to a FETAC award under the broad leading of healthcare.

The HSE believed that the project was tied to nursing because healthcare assistants worked in a nursing structure and were mainly supervised by nurses and there was

an opportunity to establish closer links by taking some duties from nursing and creating posts of advanced healthcare assistants and developing appropriate programmes leading to awards at level 6 or 7. However this has not happened to date.

The failure to link education and training for nursing with healthcare assistants may be reflected in the description of the approach taken by the Nursing Standards Committee in preparing HETAC Nursing Standards (after the introduction of the Framework). These standards were an elaboration of the descriptors of the Framework. At the time, all nurse registration programmes had to meet regulatory identified learning outcomes at level 8 on the Framework and the Nursing Standards Group tended to start at that level taking a top down approach in contrast to that of other standards expert groups such Business Studies and Engineering who used the generic standards of the Framework to build from levels 6 and 7 up to level 8 and 9. The Nursing Standards Committee had difficulty in articulating learning outcomes at levels 6 and 7 as they could not envisage qualifications at either of these levels or job roles/duties which might be appropriate to such and the concept of incremental curriculum development and learning was not evident. HETAC believed that this may limit the process of access and transfer.

Operation / Implementation of the Framework

A major aspect of the implementation of the Framework has been the establishment and acceptance by the HSE of a common standard for the pre registration nursing degree across the 13 HEIs offering the award programme. As an employer the HSE saw the education system as the main source of supply for nurses and the Framework gave the quality assurance that all nursing graduates were at level 8 which is what an employer and indeed the public required.

At post registration level the higher and the postgraduate diplomas have been designated as the award levels for clinical nurse specialist and advanced nursing practitioner posts respectively. The Department of Health and Children, the HSE and the hospitals believed these were the appropriate award levels and were not pleased when some HEIs developed these programmes at postgraduate diploma and masters level. Some centres of nursing and midwifery education in hospitals are seeking HETAC provider status with a view to offering post registration award programmes

Access, transfer and progression surfaced as issues in the operation of the Framework in nursing and midwifery education. Demand for places on the pre registration nursing degree is strong and there is a quota of places reserved for those with the FETAC Foundation Nursing Studies and Healthcare awards and for mature students. The number of qualified FETAC applications greatly exceeds the quota and one HEI had 40 qualified applicants for 5 places. In addition to the quota for FETAC candidates, colleges operated a mature applications process with a number of places reserved for such applicants. The number of places varied on the different programmes with higher numbers of reserved places on psychiatric and intellectual disability than on general and midwifery programmes

Access and transfer to post registration programmes appears to be difficult and while the hospital based certificate qualification has not been placed on the Framework, the HEIs appear to treat it as level 6 and Certificate candidates are normally expected to complete access modules before entering a one year programme leading to a level 8 award at honours degree or higher diploma. Attaining a level 8 award can take up to two years and is necessary to be eligible for entry to post graduate diploma or master's programmes. Prior to the introduction of the Framework, one (at least) HEI accepted candidates with the certificate in nursing onto level 9 programmes.

Recognising Prior Learning (RPL)

There was no evidence of RPL in nursing and midwifery education and training. One of the learners who appeared to be eligible for advanced entry to the pre registration nursing degree on the basis of a Higher National Diploma in Healthcare had not been offered any exemptions and it appeared that nurses who have been awarded certificates and diplomas for post registration courses in pre Framework years had experienced difficulty in gaining appropriate recognition and credit when applying to do postgraduate courses. It seemed to one respondent that there was no uniform approach taken by the HEIs. Many nurses, who would have completed several short courses, found it hard to "bundle" the total and have it considered for progression. One respondent believed "there was a need to improve credit awarded to such applicants and to standardise the approach of colleges and universities".

A university professor of nursing knew of no real attempt to recognise or accredit the prior learning from pre Framework post registration courses nor was he aware of anyone with such a qualification coming forward to have it accredited. He said that it was on the agenda of the university to accredit prior learning and while a policy on this had been articulated at university level, it was not explicitly being examined in the School of Nursing. A lecturer from another university said that there were no formal arrangements for accrediting pre Framework hospital based training for access to post registration programmes.

A representative cited an example of RPL on a FETAC Healthcare level award. Healthcare assistants in Tallaght Hospital had successfully completed a formal pilot training programme some 8 years before the introduction of FETAC awards. These had been trained and assessed and for RPL they compiled a portfolio which included the assessment records and applied for credit for four modules. The learning outcomes matched the component modules of the current award and the staff in Tallaght delivering this programme completed the process with some supervision from FETAC who also appointed an extern verifier and the learners were awarded credit for the four modules.

Assessing Clinical Practice

The Framework approach aimed to be "as broad as possible in spelling out our understanding of knowledge, skill and competence while recognising that learning which is not assessed against standards cannot be included in the framework." It

was surprising that in a practice based profession such as nursing assessment of clinical practice on both pre and post registration awards currently tends to be assessed on a pass/fail, complete/incomplete basis. A senior nurse administrator pointed out that in the old hospital based nurse formation was strongly practice based with student nurses regarded as employees carrying a patient case load but the balance may have gone the other way in the college based training where the emphasis is on the theoretical components of the programme.

Conclusion

The main conclusions are

- Awareness and knowledge among stakeholders tends to be related to their level of engagement with academics having more detailed knowledge than other stakeholders
- Pre registration learners' awareness is derived from their CAO application and post registration learners know about the level of the programme they are pursuing
- Knowledge of learning outcomes and analysis of learning into knowledge, knowhow and skill and competence seems to be confined to academics who find them of value in curriculum development
- Some stakeholders believed that full advantage was not taken of the Framework in establishing a link between standards of healthcare levels 5 and 6 award programmes with the pre registration nursing level 8 degree
- The Framework has been very important for HSE as the major employer of nurses in establishing a common standard for the pre registration degrees across the 13 HEIs
- Access to both pre and post registration awards requires clarification both in terms of initial and advanced entry and placing the apprenticeship nursing training programme on the Framework would facilitate the access process for post registration awards
- The assessment of clinical practice might be reviewed
- An appropriate process of RPL in nursing is required

Case Study – Education and Training leading to qualifications in Nursing and Midwifery

Introduction

This case study is one component of the NQAI Framework Implementation and Impact Study and is based on a series of structured interviews conducted from July to September 08 with key stakeholders in nurse and midwifery education and training. The stakeholders, identified by NQAI, (named individuals and representatives of sectors), included a representative each from the Department of Health and Children, An Bord Altranais, Health Service Executive, the National Council for the Professional Development of Nursing and Midwifery, the Irish Nurses Organisation, HETAC and FETAC, a Director of Nursing in a hospital providing clinical placements to pre registration degree nurses, a senior nursing academic and a nursing lecturer, from a university and an institute of technology engaged in nurse/midwifery education, a representative of a public and private provider of FETAC nursing/healthcare programme and a number of learners. These were contacted to invite their participation and arrange appointments and all agreed to meet the researcher and were sent a list of questions (prepared by NQAI) that were to be the basis of the interview. The discussions were recorded and a written account was sent to each respondent for comment, correction and agreement. The case study is the distilled version of the interview accounts. A distinction is made in the text where participants spoke on behalf of their organisation and where they gave personal views and opinions. Some respondents also drew on their experiences in previous positions.

Background

There are thirteen higher education institutions (HEIs) throughout Ireland offering the pre registration honours (level 8) degree in nursing and midwifery. This represented a rapid development in the decade and a half since the pilot Diploma was offered in Galway in 1994 as explained in the Report of the Post registration Nursing and Midwifery Education Review Group (RPNWERG 2008)

“Nursing and Midwifery education in Ireland has undergone radical reform in the last decade. Nursing became a graduate profession in 2006 following the Commission on Nursing (Government of Ireland 1998), the Evaluation of Pre-registration Diploma in Nursing Programme (Simons et al.), the Report of the Nursing Education Forum (Government of Ireland 2000), the National Implementation Committee (2002) and the subsequent commencement of the Bachelor of Science in Nursing in 2002. Since 2002 the pre registration degree educates nurses for entry to the general, intellectual disability and psychiatric register of An Bord Altranais. The Report of the Expert

Group on Midwifery and Children's Nursing Education (2004) and the National Implementation Group (2007) has culminated in the establishment of two additional Bachelor Degree programmes commencing in 2006. These programmes prepare graduates for entry to the midwifery and children's register and general register, respectively"

One senior administrator said that she had always believed that nursing practice required high levels of analytical thinking and problem solving ability and pointed out that nursing studies were part of university curriculum in the US since the 1930s. She added that she had recently come across a report of a 1942 Trinity College lecture calling for the introduction of a University Diploma in Nursing.

Nursing is a profession governed by An Bord Altranais, the regulatory body for the nursing profession, subject to Irish legislation and EU directives. However, unlike law and accountancy professional institutes, An Bord Altranais does not conduct qualifying examinations, although it must approve all pre registration degrees programmes. Such programmes are subject to a double validation, the university or institute's academic process followed by An Bord Altranais approval. Because the pre registration honours bachelor degree is a recent introduction the majority of nurses have a sub degree qualification. There are similarities with youth work where national education and training standards committees professionally endorse university and college validated programmes. In Britain and Northern Ireland, although not in Ireland, youth work is moving to all degree entry in 2010 but the majority of practising youth workers will have a sub degree qualification for many years.

The changes in nurse education coincided with the introduction of the Framework and it may be difficult to untangle the impact of the one from the other.

Awareness of the Framework - Introduction

It was not surprising that most of the interviewees were aware of the Framework but the depth of that awareness varied considerably and there were different views about general levels of awareness in the profession. A representative of one of the awarding councils suggested that there was awareness of the Framework but it did not appear to be embedded in developments in the profession as the professional body, An Bord Altranais, was viewed as the major influence on nursing. It was her opinion that practising nurses, who have occasion to engage with it, tended to see the Framework as an additional layer of regulation rather than an integrated element of professional requirements. She believed that the drivers and major influences on development in nursing education were the EU Directives, the Bord's Education Committee and the requirements and standards arising out of day-to-day nursing practice.

National Nursing Organisations

One respondent from a national organisation dealing with post registration nursing programmes believed that there was a good understanding of the Framework at national strategic level among those involved with An Bord Altranais and postgraduate education committees. At regional level the Planning and Development Units (based on the old Regional Health Boards) with strategic responsibility for clinical specialist and advanced nursing practitioner posts had a good understanding of the Framework. At individual nurse level knowledge was confined to those pursuing educational qualifications but this would be a significant number of nurses as outlined in the Report of the Post registration Nursing and Midwifery Education Review Group (RPRMWRG) which found that

“A total of 2,643 nurses and midwives enrolled on post registration nursing and midwifery education in the Autumn of 2006 and Spring of 2007. This represents 6.2% of the total nursing and midwifery workforce within the HSE.”

While in the past nurses undertook training without reference to the levels or the number of credits attached to a course, any nurse now entering a post registration education programme demanded such details

That awareness was confined to particular groups of nurses was supported by another interviewee also working at national level who believed that while the academic nursing community and An Bord Altranais were well aware of the Framework, practising nurses and those pursuing nursing qualifications knew little or nothing about it.

Awareness and knowledge of the Framework at An BordAltranais was confirmed by its Chief Education Officer who knew about the Framework and saw it as very relevant to her work which included responsibility for education and guidance. Much of this work involves approving programmes of education including both the college based and clinical components. All education officers at An Bord and its other professional staff had a working knowledge of the Framework and she believed that the nursing profession in general was aware of it.

The Framework would not be widely known in the Department of Health and Children except among those dealing with nurse and healthcare assistant education and training and those dealing with the commission on nurses' working hours.

Academic Staff – Higher Education Institutions (HEIs)

A university professor of nursing believed that his teaching colleagues would have a cursory knowledge of the Framework, aware of its existence and aspirations and the ten levels and their meaning without detailed understanding of the minutiae of the Framework. His view was that neither undergraduate nor postgraduate students

would be aware of NQAI or the Framework but they know about levels, the undergraduates through their guidance counsellors and CAO application with an appreciation of the distinctions between levels 6, 7 and 8, and postgraduates through differentiating between level 8 higher diploma and level 9 postgraduate diploma. He thought that both sets of students would also be aware of learning outcomes.

A lecturer, albeit in a different university, had a somewhat more detailed knowledge than indicated by the professor. She was aware of the Framework and had previously used it and the grid of Framework level indicators in the redesign of postgraduate programmes and more recently in changing the pre registration level 8 degree programme. She felt that knowledge of the Framework among undergraduate students would be quite limited even though module descriptors written in line with the Framework were in the course manuals provided to all students. She saw postgraduate nursing students as very conscious of programme levels and transferability

The head of nursing in an institute of technology pointed out that the Framework is very immediate to her role but said that teaching staff in the nursing department would have different levels of knowledge of the Framework depending on their involvement in curriculum development. Those actively engaged in the latter had a deep understanding of the Framework but others a superficial knowledge only. The recent introduction of semesterisation in the Institute entailed major rewriting of programmes and the Framework was a big influence on this process. At that stage many staff gained some knowledge of the Framework but as it is not a feature of their daily workload they may now have forgotten about it until the next programmatic review.

This was confirmed by a nursing lecturer in the same Institute who was aware of the levels of the Framework relevant to nursing (level 8, 9 and 10). In his professional development he had completed a level 7 programme in research methodology in the institute last year and was considering a Ph.D. This has given him detailed knowledge of levels 7, 8 9 and 10. He would be less sure about levels 1 - 6.

Employers

On the employer side, the Director of Nursing at HSE, the major employer of nurses in the state, was very well aware of the Framework as it was highly relevant to her work. However in her opinion the Framework would be considered technical in the HSE in general and there would be limited awareness of it among colleagues in nurse administration in the HSE except for those involved with education. Clinical nurse managers would be aware of the Framework (“would know that a level 9 programme costs more than a level 8”) but practising nurses would generally know nothing about it

The Director of Nursing at a hospital was aware of the Framework. She had been briefed at its introduction in relation to the changes it might require in nursing and midwifery programmes. Her hospital is associated with a higher education provider of the pre registration nursing degree and offers clinical placements to students from its associated HEI. The hospital appoints members of its nursing staff to act as nurse preceptors, responsible for the supervision, mentoring and assessment of student nurses on placement. The Framework had little impact on her day-to-day duties as Director of Nursing. Selection interviews for nurses are competency based and the issue of the Framework was not relevant. However it was important when considering nursing staff's personal and further professional development plans where prior learning and the training and development to be pursued were discussed including progress from one to another level on the Framework. In her hospital she felt nurses would be aware of the Framework because of the interaction with the associated HEI for the undergraduate and postgraduate programmes. However she did not think that nurses in hospitals in general and in the community had the same level of awareness of the Framework.

A similar point in relation to staff development was made by a former Director of Nursing who said that in her work she had a cursory knowledge of the Framework and referred to it in the context of supporting staff undertaking programmes of study. The Framework was a very useful guide and awareness of its levels was essential without detailed knowledge of its intricacies.

However, in HETAC's view the interaction between it and the hospitals associated with nurse training suggested that knowledge of the framework in the profession was limited to awareness with very little evidence of a clear understanding of its implications and potential

Learners

Five learners, all third year students on pre registration nursing degree programmes, were consulted in the course of the case study, one Dublin based and a group of four students in a provincial centre. The Dublin student was aware of levels 6, 7 and 8 through her CAO application but never heard of the Framework and thought it might be related to nursing competencies. In terms of progression she knew about Master's programme, "a general master's in nursing and then you could become a lecturer or something like that "

Members of the group of students were aware that they were completing an honours degree, two of them knew it was level 8 and one had heard of certificates and diplomas at level 6 and 7 respectively. They were generally aware of the FETAC level 5 programme in nursing. None of these students knew of either HETAC or NQAI and some believed that An Bord Altranais awarded the degree in nursing.

FETAC Awards

The head of a private college offering FETAC level 5 full and part time healthcare programmes said that applicants now asked about the level of a programme and the progression route on completion and she believed that employers were increasingly aware of the Framework and when releasing staff to take programmes insisted on a FETAC award. FAS support to such employers was based on a similar requirement

Knowledge of the Framework

With interviewees with varying backgrounds and representing distinct stakeholders it was not surprising to find different levels of understanding and a range of interpretations of the meaning of the Framework.

A professor of nursing believed that the Framework in terms of learning outcomes was an effort to make explicit the various domains of human learning and that learning took place incrementally and therefore it was useful to educators, curriculum developers and to the learners. This approach could be seen by some as rendering education a technology in contrast to the liberal education tradition which perceived learning as intuitive. It had forced teaching academics to articulate what they were trying to achieve in a manner that cut across education as pure technology on the one hand and as an intuitive process on the other.

A university lecturer believed that the Framework had introduced a new rigour to the process of curriculum development and revision in directing how learning outcomes are expressed.

A respondent from a national organisation dealing with post registration nursing programmes said that staff at the council called on to give guidance in relation to career progression found the Framework very useful. She pointed out that health service managers and supervisors were not often fully aware of qualification issues and HEIs may give advice in the context of their own programmes and procedures. She cited a recent case of a nurse who approached a member of staff at the Council about becoming an advanced nurse practitioner in cancer nursing and, while she had a master's degree in nursing, she lacked competencies in cancer nursing. The nurse's "local college" had told her that she must take a second masters in advanced practice but the council staff member advised that this was not necessary. She needed to take only a number of modules in cancer nursing to gain the competencies for an advanced practice post in that branch of nursing and did not have to complete an entirely new master's degree programme. This was a significant difference since the HSE did not fund nurses to take a second masters but did fund additional modules at masters level to broaden a nurse's education and competences. Her view was that nurses seeking further qualifications should shop

around the HEIs to identify the programme or part of programme most appropriate to their needs.

One respondent who had been a tutor in a hospital said that at its introduction she had seen the Framework as a “wonderful instrument” with great potential as a fluid enabling outcomes based process although there is a danger that it might become a rigid inputs focused mechanism. There was now some evidence that the education system was adopting the latter approach in relation to access for certificate nurses to post registration studies

Limited interpretation and failure to avail of the full potential of the Framework is discernable in some other responses.

The HSE pointed out that it had initiated the Skill Project to “educate, develop and train support staff in the health services to the optimum of their abilities in order to enhance their role in the quality of service to patients/clients”. To contribute to this HSE had entered into partnership with Skillvec a consortium of VECs led by City of Dublin VEC and the SKILLVEC project was established “to devise and deliver 2 sector-specific, FETAC-certified courses/awards to HSE healthcare assistants on a national basis.” The HSE had worked on the development of appropriate programmes with core caring skills and a range of electives relevant to areas such as midwifery and general nursing lead to a FETAC award under the broad leading of healthcare.

The HSE believed that the project was tied to nursing because healthcare assistants worked in a nursing structure and were mainly supervised by nurses and there was an opportunity to establish closer links by taking some duties from nursing and creating posts of advanced healthcare assistants and developing appropriate programmes leading to awards at level 6 or 7. However this has not happened to date.

The failure to link education and training for nursing with healthcare assistants may be reflected in the description of the approach taken by the Nursing Standards Committee in preparing HETAC Nursing Standards (after the introduction of the Framework). These standards were an elaboration of the descriptors of the Framework. At the time, all nurse registration programmes had to meet regulatory identified learning outcomes at level 8 on the Framework and the Nursing Standards Group tended to start at that level taking a top down approach in contrast to that of other standards expert groups such Business Studies and Engineering who used the generic standards of the Framework to build from levels 6 and 7 up to level 8 and 9. The Nursing Standards Committee had difficulty in articulating learning outcomes at levels 6 and 7 as they could not envisage qualifications at either of these levels or job roles/duties which might be appropriate to such and the concept of incremental curriculum development and learning was not evident. HETAC believed that this may limit the process of access and transfer.

Minor Awards

Before the introduction of the Framework the minor award process had been well established in the further education and training sector with each major award made up of a series of minor awards. There was a culture of minor awards, appropriate to learners achieving a major award through completing minor awards over a number of years often on a part time basis as suited their needs and circumstances. The situation was somewhat different in higher education. The universities offered what they called certificates and diplomas but it was often unclear what credit value these had and use of such awards for progression to a degree was unusual. In the past NCEA (now HETAC) permitted single subject certificate and credit accumulation more in the context of achieving full award status.

However minor and special purpose awards were a key component of the Framework and perceptions of these among the nursing stakeholders were explored as an indicator of knowledge and understanding of the framework. This was prompted by an early interview with a member of a national organisation who was not an academic nurse. She referred to discussions at a group brought together to develop a programme for nursing in relation to the forensic examination of victims of sexual violence. She had expected that the group working on this programme would have a thorough and agreed understanding of the meaning of the Framework in the context of whether this should be a major or minor award and its level. Some believed that as the registration award was at level 8 this programme should be a full award at level 9 while others argued for a minor award.

The representatives of the Department of Health and Children subsequently elaborated.

“A programme has recently been developed in forensic nursing to train nurses to care for the victims of sexual violence, to gather evidence and to present it in court. Some wanted this programme at level 9 but the Department insisted a one year part time level 8 award. The programme is currently taking place in the Royal College of Surgeons in Ireland”

(Contact with RCSI has established that the award carried 60 credits).

Representatives of the Department added that there were often differing views between the Department of Health and Children / Health Service Executive and the third level colleges as to the level of award attached to a particular programme. The main concern for the Department and the HSE was the costs of funding students to take a programme leading to the postgraduate diploma would be significantly higher than similar cost for a higher diploma.

In one university post registration award programmes comprised core and specialist modules and the system was flexible to permit a student with a postgraduate qualification in one specialism take the modules in another specialism if she/he

wished to change jobs. Completing the additional modules would lead to a Graduate Certificates award. (This university had different procedures than those obtaining in the “local college” mentioned above). In fact any postgraduate students in this university can now take modules on an individual basis and acquire a full qualification over a number of years if they so wish. Both of the above in practice fall within the minor award category of the Framework but that classification or term is not used

Members of the awarding council referred to an expectation among nurses that as the registration degree was level 8 any post registration programme for nurses should be at level 8 or higher. However HETAC saw nurses training programmes in area such as computing or supervisory management as levels 6 or 7 and FETAC believed that areas like health and safety and basic first aid were are levels 5 and 6. Representatives of both awarding councils added that such views and expectations are not unique to nursing but they indicate a misunderstanding of the Framework and are taking time to change.

In an institute of technology there is single module certification but no minor awards. However, while there have been requests from centres for nursing education for accreditation of their programmes, these have not been processed to date.

The director of nursing was not aware of the term minor award in the context of the Framework.

Operation / Implementation of the Framework - Standards

The Framework was seen as very important in establishing uniformity of standards for the pre registration degree.

This was of major significance for the HSE. As an employer the HSE saw the education system as the main source of supply for nurses. There were five different programmes, General, Psychiatric, Intellectual Disability, Midwifery and General and Paediatric with leaving certificate entry points ranging from 200 to over 400 and the Framework ensured that the output of all these programmes were at a common level establishing commonality in the domain of practice. The Framework gave the quality assurance that all nursing graduates were at level 8 which is what an employer and indeed the public required.

A similar view was expressed by representatives of the Department of Health and Children who believed that the Framework had helped to standardise the level of programmes across the country between universities and institutes of technology and had facilitated transferability across institutions.

In post registration nursing the National Council for the Professional Development of Nursing and Midwifery used the Framework in establishing the educational

requirements for the posts of Clinical Specialist and Advanced Nursing Practitioner. In fact the Framework had been significantly useful in streamlining this work. Prior to the introduction of the Framework the Council had an Education subcommittee to adjudicate on qualifications but since then the subcommittee had not met. The Council tended to accept registration as level 8 and saw post registration education and training as level 8 higher diploma or level 9 postgraduate or masters as per the Framework.

A university professor said that his university referenced Framework levels in programme documents in addition to its own classification and a lecturer at a different university saw that the Framework helped establish transferability between and consistency in the approaches of HEIs in line with European developments and it was a benchmark that HEIs could use to audit their performance. A lecturer at an institute of technology said that the Nursing degree was introduced at the same time as the Framework and he believed that, An Bord Altranais, aware that the Framework was imminent, developed its standards to fit in with it. In his view nursing was among the first professions to adopt the Framework.

The university professor also claimed that the Framework contributed to establishing nursing within the third level sector. When pre registration nursing was introduced into HEIs through the Diploma and National Diploma he claimed that there was some opposition from established academics who did not regard nursing as an appropriate academic discipline for universities. However he now believed that the Framework had contributed to the passing of such attitudes.

The head of a private provider of FETAC healthcare programmes believed that the Framework has great advantages for learners because they can see their programme in context of national standards. At the same time the Framework is advantageous to the College as it quality assures its awards which have a national standing and can also gain recognition in other countries. This is important as many of the College's students are non Irish and are more likely to migrate than indigenous students.

A guidance counsellor in a college of further education claimed that the Framework was widely accepted in the UK and many students from her college who did not get their choice of programme in a HEI in Ireland were accepted in Scottish or English Universities. The college had links with some UK universities. This was an important gateway for many students especially in nursing

A respondent from another national organisation believed the Framework to be of great value especially in international terms where Ireland has experienced so much both inward and outward migration of nurses and the Framework had been invaluable in terms of working towards equality of recognition.

Operation / Implementation of the Framework - Learning outcomes

It has already emerged that many academics interact with the Framework through curriculum development. The Framework is an outcome based process with different characteristics from many of the traditional academic approaches to course and syllabi development and assessment. A university lecturer pointed out that most lecturers in nursing schools were qualified in education and were familiar with the learning outcomes process and appropriate assessment methodologies so the Framework approach came as no surprise to them. She explained that the Nursing School used the Framework approach in developing programmes, starting with the philosophy, moving to structure and the components with learning outcomes in terms of knowledge and competences. Nursing has always been competencies based following the Bord Altranais requirements with classroom study interspaced with clinical placement in a cycle relating theory to practice.

A university professor said that the language of the Framework relating to learning outcomes (knowledge, know-how and competence) influenced the approach to writing module aims and learning outcomes in his university although it did not explicitly use Framework terminology in its module descriptors. However he saw the language of the Framework as influencing An Bord Altranais in its requirements and standards for both the registration and post registration nursing education and the impact of the Framework on the university had been mediated through An Bord Altranais. The Framework and the HETAC nursing standards have influenced the way in which these requirements and standards were set out and nursing programmes had to follow these.

The Head of Nursing at an institute of technology believed that learning outcomes in terms of knowledge, knowhow and competences were very important in curriculum development both at pre and post registration levels. Programme development must first establish the level of the programme, the total number of credits to be awarded and the allocation of these to the different modules. After that the learning outcomes at the appropriate level are formulated. Pre registration programmes are developed based on the HETAC standards and indicative guidelines issues by An Bord Altranais. These programmes must have both academic and professional approval.

A lecturer in the same institute of technology said that during the processes of modularisation and semesterisation, all programmes had to be recast and the Framework was a central reference point in these processes and learning outcomes were re-examined, shortened and strengthened and duplication eliminated. Reference was made to the HETAC nursing standards during these processes.

The processes of semesterisation and modularisation had been a major vehicle for adoption of the Framework in his university according to the university professor.

Access Transfer and Progression - FETAC Awards

There are a number of FETAC award programmes in this area. A respondent from FETAC explained that there were full time nursing foundation award programmes designed for those without the required leaving certificate points for entry to the pre registration nursing degree. There were other part time award programmes under the Skillvec project as described above.

The Head of a private provider explained her college also offered full and part time FETAC healthcare award at level 5. Students with no healthcare experience took the full time programme on which they alternated between college and work placement every two weeks over the academic year. Part time students were day released from private nursing homes and hospitals which are grant aided by FAS.

Demand for places on the nursing degrees is very strong as indicated by the CAO Report 2007.

Nursing Studies Pre Registration Level 8 Degree

Total number of applicants	35,851
First preference	5,104
Total offers	2,701
Net acceptances	2,065
% of offers accepted	76%
% acceptances first preference	46%

Each HEI has a quota of places reserved for FETAC candidates but the number of applications is much greater than the number of places available. One centre in 2007 had over 40 applicants, who each had maximum points of 400 requirement from a relevant FETAC programme, for 5 places

A senior nurse administrator pointed out that students with the FETAC foundation nursing studies award lacked the clinical practice of those who obtained a FETAC Healthcare award but HEIs' quota for places on the pre registration nursing degree does not distinguish between the different qualifications.

(However it could be argued that as both awards were at the same level on the Framework, this was the correct policy for HEIs.)

A professor indicated that his university operated a quota system for the admission of non traditional students (e.g. those with FETAC awards) and while there was no evidence on the performance of these students, he regarded this as good because if FETAC students had not been doing well it would have surfaced at this stage. While

there are mature students with health service experience taking nursing at his university he was not aware of whether these are part of the Skillvec project.

One of the four students interviewed in a provincial centre had entered through a FETAC award. She had completed this award programme when she failed to get the leaving cert points for nursing. She decided on the FETAC award programme because “it was related to what I wanted to do” and achieved distinctions across the board and obtained a place in her local HEI.

However a guidance counsellor in college of further education saw a problem where the Framework emphasised the scope for progression and students did not realise that on particular HEI programmes there might be a scarcity of places relative to demand and in such cases many students, especially from the FE sector lost out. Currently this applied in nursing, social care and childcare. It may be that students who do not achieve the leaving certificate points level for nursing might be better repeating the Leaving Certificate as HEIs operate a quota system for FETAC award applicants and it is very limited relative to the numbers of qualified applicants. However some students preferred to take a programme relevant to their career choice rather than repeating a general education programme.

Access Transfer and Progression - Mature Applications process

In addition to the quota for FETAC candidates, colleges operated a mature applications process with a number of places reserved for such applicants. The number of places varied on the different programmes with higher numbers of reserved places on psychiatric and intellectual disability than on general and midwifery. Dublin City University guidelines, similar to those of most other HEIs are as follows

“Mature candidates should apply through the CAO using the code DC225. Mature candidates are assessed by the Nursing Careers Centre (NCC) of An Bord Altranais by interview and written assessment. Mature candidates must have applied by the 1st February.”

This represents a second entry route for FETAC award candidates who are over 23 years of age.

Three of the four students interviewed had entered through the mature student process.

A lecturer said that her university had an increasing number of mature students and she was aware of the FETAC level 5 award for healthcare assistants and that a number of these enter the degree on the mature student route.

A lecturer in an institute of technology was aware of the FETAC award programmes as an entry route to the level 8 and believes that mature students do very well in their studies as they are well motivated and diligent.

A representative of national nursing organisation believed that those who had been healthcare assistants and wanted to take the professional qualifications would be very good candidates as their hospital experience would give them an insight and understanding of the nurse's job and this would be a major asset to anyone going into nursing.

The director of nursing was aware of the Skillvec project and cited an example of healthcare assistant for another hospital who having successfully progressed from the FETAC healthcare award to complete his nursing level 8 degree studies applied to her hospital because he felt that if he went back to his original hospital he would still be regarded as a healthcare assistant whereas in the new setting he could start as a nurse.

She recalled in the pre Framework period, a theatre technician who made a similar transition and who also on completion of his nurse training applied to a different hospital for the same reasons.

Access and Progression through RPL

There were expectations about the potential of the Framework for recognizing prior learning. A former tutor in a hospital recalled that in 2003 she saw the Framework as meeting a need in nursing education she had long identified. As a senior tutor in a hospital she had developed 8 post registration training programmes and, while recognised by An Bord Altanais, these programmes did not lead to a generally recognised award. She had worked with RCSI to broaden the programmes adding greater theoretical context into six modules, 3 college based and 3 hospital based and these gained recognition under NUI. She saw the Framework as national mechanism to establish recognition of education and training and this would be particularly appropriate to nursing.

An experienced nurse administrator described the background to post registration nurse training in the following terms. Nursing was traditionally a practice based profession, with all education and training taking place in the hospital and successful students given a hospital certificate. There were changes taking place in healthcare and hospitals organised post registration training programmes of varying lengths and intensity for nurses and these also were given hospital certificates. At the same time the RCSI offered a range of certificate and diploma courses although not initially NUI accredited, this recognition was obtained subsequently. The highest award was the Fellowship of the Faculty of Nursing & Midwifery Royal College of Surgeons in Ireland (FFNMRCI). She was of the opinion that both certified and non certified

learning is worthy of accreditation on the Framework but there has been little progress to date. There is also experiential learning which might be difficult but not impossible to credit.

The director of nursing talked about the many post registration programmes undertaken before the introduction of the Framework. However, as these were not standardised in terms of length, content and quality of delivery, she believed that such programmes had to be considered on an individual basis with applications for accreditation providing a full description of the programme and transcript of completed assessments.

The director of a national organization dealing with post registration programmes referred to the experience of these applicants. She said that nurses who have been awarded certificates and diplomas for post registration courses over the years had experienced difficulty in gaining appropriate recognition and credit when applying to do postgraduate courses. It seemed to her that there was no uniform approach taken by the HEIs. Many nurses, who would have completed several short courses, found it hard to “bundle” the total and have it considered for progression. She added “there was a need to improve credit awarded to such applicants and to standardise the approach of colleges and universities”. She felt that it was quite important because nurses took time off work and had to pay fees for such programmes and any reduction in the length of time or effort required would be significant.

A university professor gave an academic’s view. He knew of no real attempt to recognise or accredit the prior learning from pre Framework post registration courses nor was he aware of anyone with such a qualification coming forward to have it accredited. He said that it was on the agenda of the university to accredit prior learning and while a policy on this had been articulated at university level, it was not explicitly being examined in the School of Nursing.

A lecturer from another university painted a similar picture indicating that while entry requirement had a general statement on the lines of “other suitable qualifications”, the university usually insisted that those entering a postgraduate programme had a level 8 qualification. Non standard candidates are considered on an individual basis but these would be wholly exceptional. Candidates with RCSI Certificates or those from similar institutions might be considered but the transcript were examined to see the date, length and content of the programme. There were no formal arrangements for accrediting pre Framework hospital based training for access to post registration programmes. An applicant to a postgraduate diploma, who had previously completed a hospital course in a cognate area of nursing, would not be given exemptions from the clinical component of a postgraduate programme because she could not have acquired the level 9 competencies from her previous course. Students with a Masters in one area of nursing who wish to move to a new area would be expected to take a second masters. Perhaps if the original programme had been taken at this university exemptions might be granted from one or two modules

The situation seems more flexible in general at the institutes of technology according to the head of nursing who said that it was quite common to recognise certified prior learning where the content of modules completed could be examined. The institute operated a scheme where exemptions may be granted for up to 50% of the total programme credits. However there were discussions on accrediting those with experiential learning but this has not happened to date in nursing. She cited cases from her previous experience in the UK where applicants found it easier to take a module than to complete the paperwork to prove that they had achieved learning outcomes through experiential learning.

The director of nursing, while recognising the value of experience, saw great difficulty in establishing evidence of having achieved the relevant learning outcomes. However a senior nurse administrator had a different view. She admitted that experiential learning might be difficult to accredit but it was not impossible. She suggested an approach based “episodes of practice” and cited the example of a nurse who had acted as principal nurse in twenty cases of cardiac arrest. Her view was “This must lead to a higher level of practice and competence”

A lecturer in an institute of technology indicated that he had not participated in the RPL process and was not clear how it was supposed to be done but he had encountered frustration in students who were asked to study areas where they had already comprehensive knowledge. He believed that academic nursing was stricter and less flexible than other disciplines in facilitating progression for non standard students

Caution and lack of flexibility in respect to access and transferability on the part of the academic nursing community was a widely held view in the profession. A respondent from a national organization was of the opinion that “ the bars are always set too high in nursing and even though the academics were all nurses at one time they tend to set the entry too high and talk down to practitioners using academic jargon.”

Similar sentiments were expressed by the representative of another national organisation who was critical of the colleges in treating nurses with the hospital certificate (the registration requirement before the introduction of the Diploma and National Diploma in 1997) as level 6 when they applied to post registration programmes and, while recognising that some elements of the access programme such as research methodology were necessary, she pointed out that before the Framework certificate nurses were accepted on postgraduate programmes through APL. “Throughout the 1980s and 1990s Professor Rice in Trinity accepted certificate nurses onto the Masters programme.” She saw some of the increased entry requirements partly the result of an overemphasis on the knowledge element of the learning outcomes at the expense of knowhow and competence and partly of colleges adopting a business model in nursing education. She claimed that the

Framework had become a barrier to certificate nurses placing a false ceiling on their progress and failing to view an individual with a range of competences.

A senior nurse administrator put this in context as follows

“Perhaps academic nursing is a little inflexible as it suffered an inferiority complex growing up, as it did, under medicine. When nursing got the opportunity to develop in universities and colleges it wanted to ensure that it was as good as and indeed better than other faculties. Reading lists on some of the level 8 modules include articles from advanced theoretical journals more appropriate to postgraduate level study”.

There was an example of this caution and inflexibility in the experience of one of the learners who, before enrolling on the nursing degree had completed a Higher National Diploma (HND) in Care Practice in Derry. This was a two year full time programme with 12 weeks clinical practice. While she got no exemptions, she knew of a fellow student who had been admitted into second year nursing in Derry on the basis of completing one year only of the HDN.

(An applicant with a cognate HND applying to any other faculty in that HEI would have been admitted to third year of a four year degree programme.)

At FETAC level prior learning was recognised on a Healthcare programme. In Tallaght Hospital there were Healthcare assistants who had engaged in a formal pilot training programme some 8 years before the introduction of FETAC awards. These had been trained and assessed and for APL they compiled a portfolio which included the assessment records and applied for credit for four modules. The learning outcomes matched the component modules of the current award and the staff in Tallaght delivering this programme completed the process with some supervision from FETAC who also appointed an extern verifier and the learners were awarded credit for the four modules.

The example related to certified rather than experiential learning.

Access - Post Registration Programmes

In the main the Department of Health and Children saw many post registration award programmes as level 8 higher diplomas whereas colleges tended to place these at level 9, postgraduate diplomas. The representatives of the Department said that traditionally Trinity College offered post registration programmes at level 9 postgraduate diploma while UCD had offered level 8 higher diplomas. However UCD has now followed Trinity and its post registration programmes have been designated as postgraduate diplomas. The fees for the level 9 tend to be higher than those charged for a level 8

The National Council for Professional Development in Nursing and Midwifery set the standards as follows

Clinical Specialist – Level 8 Post Registration i.e. Higher Diploma

Advanced Nursing Practitioner – Level 9

The HSE agreed that the programmes required for a clinical nurse specialist were at level 8, higher diplomas, because the competences required to carry out these duties were at level 8 and the education programmes should be at the same level.

The HSE also indicated that “since some colleges have decided to place these programmes at level 9 and since this is not what the health service or the hospitals require, a number of hospitals have started to develop their own programmes.” These are six months skill based programmes for which graduates get a hospital certificate. There is some tension between the two approaches.”

Tension was also the word used by a university professor when he referred to differences between some hospitals and colleges about post registration courses. Universities and institutes were developing postgraduate diplomas and masters programme in nursing specialisms while” hospitals were reintroducing their own programmes, that lack academic recognition, to prepare their staff for vacancies.”

The representatives of the Department of Health and Children explained the background to the developments in the hospitals. There were a number of centres for nursing education which arose out of the schools of nursing in hospitals. The teaching staff from these schools transferred to the HEIs with the introduction of the pre registration diploma and degree in nursing. However, some nursing schools were converted into centres for nursing education with limited staffing resources. These serve a number of hospitals in a region initially offering short professional development programmes but more recently they have introduced more comprehensive and longer programmes that might be worthy of a qualification and of being established on the Framework. It was felt that programmes with a high clinical content might be more appropriate to such centres than to academic institutions. In that context the RPRNMERG recommended that

“Centres of nursing and midwifery education have a key role at local level in the implementation of post registration education and should work toward becoming registered providers of the Further Education and Training Awards Council (FETAC) and Higher Education and Training Awards Council”

It is not yet clear whether these schools will seek direct HETAC approval singly or as a group or whether they will seek accreditation through a neighbouring university or an institute of technology with delegated authority.

The HSE is concerned that access was an issue because for entry to level 9 programme a candidate needs a level 8 award and certificate nurses (which still constitute the majority of the profession) would have to complete two programmes (access to the level 8 and a level 8 degree) before being admitted to the level 9. HSE does not want to “raise the bar” for certificate nurses

The university professor agreed that while the post registration specialist programmes led to level 8 higher diplomas, certificate nurses could progress onto these on completion of the B. Sc Nursing part 1 (in some HEIs referred to access to level 8). However, as they were changed to postgraduate diplomas at level 9, certificate nurses must complete the full level 8 degree to progress. This can be interpreted placing an additional barrier to certificate nurses to progress.

A director of nursing summarised the position when she said that while the Framework had been helpful in moving towards standardisation of pre and post registration nursing programmes it had not improved access as speedily as one would have liked. Practising nurses still have to travel and spend lengthy periods in HEIs focusing on the theoretical aspects of their work where perhaps more flexible modes of delivery such as distance and on line learning might be appropriate for such material.

While much of the discussion on post registration programmes was in the context of clinical specialist and advanced practitioner posts, the director of nursing believed that the aim should be to ensure that all nursing staff are educated and trained to the highest level to ensure high quality and safe care at all times and this may be a challenge for HEIs as well as the health service in the future.

Assessing Knowledge, Knowhow and Skill and Competence - Clinical Placement

Nursing is competency based and the pre registration degree comprises college and practice based components and the operation and assessment of clinical practice was explored in the discussions in the light of the Framework approach to be “as broad as possible in spelling out our understanding of knowledge, skill and competence while recognising that learning which is not assessed against standards cannot be included in the framework”

The issue surfaced with one of the learners who did not see the relevance of the theory and in talking of the college based education saw, “much of it a waste of time” except for Nursing Intervention but for many of her other university subjects “definitely tried to block them out”. While some of the material like health promotion was interesting she said that a nurse on the busy ward did not have the time to advise patients on issues such as giving up smoking.

The director of nursing also referred to the distinction between theory and practice and believed that the new degree educated nurses had high levels of theoretical knowledge and were highly motivated. However, they lacked clinical skills and required a minimum of six months mentoring and coaching with regular group sessions to reflect on their practice especially difficult situations they have encountered. There was a constant need to examine and ensure the balance between theory and practice in nurse/midwifery education.

She realised that the Colleges had well developed quality assurance procedures governing programme management designed in the main for theory based disciplines. However she believed that nursing was competency based with high elements of skill and competence developed in clinical practice and colleges had a tendency to undervalue this aspect of the process. While it might be possible to compensate for skipped lectures through private study it would be much more difficult to make up for absences from clinical placement. Colleges would like to see students, who fail the placement, progress to the next stage but the associated hospitals resisted this. Clinical practice was assessed on a pass fail basis rather than the grading applying to the college based elements of the programme. However she wanted to see the development of more sophisticated approaches to assessing and accrediting clinical practice, perhaps initially at post registration programmes. It was essential that the clinical practice and theory were given equal status so that the art and skill of nurses is maintained.

The head of nursing in an institute of technology said that the HEIs are aware of outstanding issues to be resolved on the balance between theoretical and clinical practice arising from the transfer of a practice based profession into academic institutions. In her institute students had to write a reflective essay on each placement and this was graded and contributed to the level of the award and while this was an effort to include the clinical component in the final marks it did not assess and grade the competencies. It was interesting that a lecturer in the same institute saw a widening gap between health and education providers and this was reflected in a change in the balance between theory and practice with more emphasis on theory. He admitted that students especially in the early stages of the pre registration programmes might not fully appreciate the links between theory and practice.

A university lecturer also admitted that at present the clinical placements in both pre registration and post registration programmes were assessed on a pass/fail, complete/incomplete bases but indicated that this was under review.

A senior nurse administrator gave the background to this issue as follows

“The traditional hospital based nurse formation process was strongly practice based. Ward sisters and staff nurses gave lectures in the nursing schools and were on the wards when the student nurses were on placement and could link class work to clinical practice. Student nurses were employees carrying a patient case load and

they had no choice but to learn the practice. The weakness of the system might have been a lack of theory and less emphasis on evidence based practice.”

In her view the balance may have gone the other way in the new college based training with high level of theoretical input and less emphasis on practice in the first three years where students are supernumery and have observer status to some extent. It is only when they reach the final placement that they carry patient caseload.

An Bord Altranais explained that the competences were developed through a major research project between 1998 and 2002 but there had been no implementation strategy and in the limited time available it was decided to assess clinical practice on pass/fail basis. As it did not contribute to the level of the overall award clinical practice could be seen as getting less emphasis in the formation process. Previously in the hospital based training system there had been an award for the best student nurse and this was based on practice as well as academic study. In pre and post registration programmes clinical practice provides the opportunity for students to articulate practice in a reflective manner as a means of changing and improving that practice. In the review of the degree programme there was a need to change the manner of assessing clinical practice to ensure a grade for this module as applies to the rest of the programme.

Respondents from the Department of Health and Children pointed out that the Department was proposing to commission a review of the undergraduate nursing degree programme which would look at issues such as value for money and the preparedness of the nursing graduates to meet patient needs in a changing health service.

Consequences arising from Implementation of the Framework - Certificate Nurses

A senior nurse administrator pointed out that the current nurse population had developed from different registration qualifications ranging from the hospital based certificate, the diploma and the level 8 pre registration degree. The hospital based certificate nurses had not been placed on the Framework. The director of nursing did not see the need for this although she felt that credits should be given for having completed the Certificate programme and for experiential learning on the job to encourage nurses to take access to degree and degree programmes as the means to post registration nurse education.

The INO believed that all certificate trained nurses should be set at level 7 and given the opportunity through access programmes to achieve level 8 making them eligible for progression to postgraduate Diploma and Masters. This would be preferable to dealing with individual cases and the INO believed that the suggestion of An Bord

Altranais to use portfolio for accrediting the learning of the pre Diploma nurses was inappropriate for a population of 50, /40, 000 nurses and had suggested a scheme on the lines of the recognition length of time in practice as merit worthy.

The HSE believed that the leveller of all registered nurses was An Bord Altranais certification as to their competences and that there was a strong case for all these being deemed to be level 8 on the Framework.

On the other hand, An Bord Altranais, while recognising that pre registration degree had now been placed at level 8 on the framework based on matching the competencies against the Framework's levels of knowledge, knowhow and competence, was reluctant to have the Certificate qualification placed on the Framework because of EU Directives. The new nursing legislation will focus the continual competences required for nursing practice and nurses will be required to demonstrate these through the development of a portfolio. An Bord will have responsibility for examining these portfolios to assess the individual nurse's competences and this process will provide the opportunity to place nursing on the Framework.

An Bord is currently completing a research project with the aim of establishing a process that could be applied to all pre diploma and degree trained nurses. The objective is to develop a template to enable nurses demonstrate appropriate competencies to be placed on the Framework at level 8 either directly through HETAC or through a recognised college

In the interim those wishing to pursue post registration education and those leaving nursing are disadvantaged by their programme having no Framework recognition. A lecturer explained that her university recognised certificate trained nurses as level 6. This was not explicitly stated but these nurses were expected to take a one year access programme before entering the one year programme leading to the level 8 degree. By contrast diploma students went directly onto the one year level 8 degree programme. She was conscious of the outcomes to be achieved in their programmes and would not like to admit candidates who did not have the capacity to achieve these in the allotted time.

The problem for those leaving the profession was mentioned by a respondent from HETAC who talked of significant numbers moving out of the nursing and experiencing difficulties in having their learning accredited for progression. She cited an example of a former public health nurse teaching nursing in a VEC college whose contract was not renewed because she has no recognised qualification under the Framework. There had been a practice in Waterford to recognise public health nurse training as equivalent to National Diploma (now level 7 on the Framework) but that was confined to a particular place and time. Another example is of a former nurse who wanted to train as a teacher of English as a foreign language but has been prevented by the level 7 entry requirement for such training.

Conclusions

There was widespread awareness of the Framework and it has significantly influenced the recognition of the standard of the pre registration level 8 nursing degree irrespective of the provider according to the Department of Health and Children and the HSE. Standards on the Framework have also been established for post registration awards although there is some “tension” between HEIs on the one hand and the Department of Health and Children, the HSE and the hospitals on the other with the providers setting post registration award programmes at level 9 and the employers requiring some of these award programmes at level 8. Centres of nursing education in hospitals have developed post registration programme and are working towards seeking accreditation for these perhaps through HETAC.

In the HEIs there was a focus on the impact of the learning outcomes approach of the Framework in curriculum development, preparing programme learning outcomes and module descriptors. The introduction of flexible modes of delivery such as semesterisation and modularisation had provided an added impetus to the adoption of the Framework outcomes based approach when all programmes had to be reformatted. However it was surprising that given that knowhow and competence are essential elements in the Framework the clinical placement component of the pre registration degree is assessed on a pass/fail rather than a graded basis. Consequently the level of the award is largely based on the theoretical component of the award programme.

Access to the pre registration degree has been established for FETAC level 5 awards in foundation nursing and healthcare and although each HEI reserves a quota of places for such candidates the number of qualified applicants is much greater than this. There are also places reserved for mature applicants and those with a relevant FETAC level 5 awards, who are at least 23 years of age, are eligible to use this entry route. Progression to post registration awards is in line with the Framework and this can be a barrier to the certificate nurses who are treated as having a level 6 award. The issue of whether the certificate programme should be put on the Framework and at what level surfaced with several respondents and a related issue of whether post registration experience might be credited.

RPL was raised in the context whether previously completed post registration training programmes might be accredited for applicants to the new HEI based cognate programmes and at present there seems to be little progress. While HEIs have general policies on RPL there was no evidence of their application in nursing. Much of this discussion centred on certified learning and the issues have to be resolved in this area before moving to the more difficult field of accrediting experiential learning.