Assessment of graduates and diplomates in practice in the UK – are we measuring the same level of competence?

Information point:

National Vocational

Qualifications (NVQ)

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Summary

- With the recent proliferation in nursing degree programmes over the last 10 years and a suggestion that nursing moves towards an all-graduate profession, the profession as well as the consumer needs to be sure that they are getting 'value added' with this 'higher level' practitioner.
- This paper revisits the debate on the meaning of competence in relation to fitness for practice.
- In particular it examines the expectations of the profession of newly registered practitioners at both diploma and degree levels of practice.
- It questions whether there is a difference in their level of competence at point of registration and whether it is possible to measure it.
- The paper presents a reflective approach to promoting ideas already emerging from the literature in relation to this measurement.
- It suggests a more effective use of students' portfolios of evidence against stated learning outcomes as well as their specific achievements in a range of transferable skills.
- A partnership approach between student, practitioner/assessor and academic could usefully share responsibilities of the assessment of competence and ultimately empower the individual for their life-long learning.

Keywords: competence, diplomate, graduate, measurement, nursing, practice.

Introduction

The first British integrated general nurse degree programme was established in Edinburgh in 1960 and was designed to integrate academic education with professional

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skill of a high order (Fitzpatrick *et al.*, 1993). From then the number of degree courses has gradually grown to exist in most institutions of higher education that offer preregistration preparation throughout the United Kingdom (UK). In spite of initial resistance from the profession to university nursing courses, the pendulum has swung (for some) towards advocating a future move to an all-graduate profession (National Committee of Inquiry into Higher Education, 1997). Nevertheless, now, with all preregistration programmes firmly embedded in a higher

education preparation, the question must be asked as to whether we need two levels of professionals and most importantly: do graduates practice any differently from diplomates and is it possible to measure this in practice?

This paper revisits the debate on what is meant by the term competence and whether the profession intends to develop a common level of competent nurse with a different academic award (degree or diploma); or whether the profession intends the outcome of pre-registration programmes to produce a graduate and/or a diplomate practitioner, each of whom has different expected learning outcomes both in practice and in theory. Additionally, with the well-documented difficulties in determining what is meant by competent and its subsequent problems of measurement, the paper finally offers a way of providing a collaborative approach to the assessment of competence at the two distinct levels.

Competence

In spite of attempts in the late 1980s and early 1990s to unravel the confusion surrounding the meaning of competence in nursing, the discussion continues (Girot, 1992; While, 1994; Nagelsmith, 1995; Milligan, 1998). While (1994) indicates that there is an increasing body of empirical evidence to suggest that seemingly competent registered practitioners do not always perform at an adequate level and cites the activity of hand-washing as an example. She argues that, rather than focus on competence which Messick (1984) suggests is what a person's potential is, we should be assessing their ability to practice in the 'real world' of nursing – on what they can actually do. This interpretation of the term competence as the successful doing in practice has been adopted on a national level in the UK by those accrediting National Vocational Qualifications (NVQ). As Milligan (1998) argues, the term competence has been firmly aligned with assessing tasks in the workplace which, in this simplistic notion, does not appear to be exactly what While (1994) had in mind. Competence for NVQs has its primary focus on the successful achievement of tasks, where knowledge is secondary, and is required particularly when 'the performance evidence is insufficient' (City & Guilds, 1995, unit Y1). Milligan (1998) argues that competence in training (as opposed to education) prepares the individual to function for today, in the current context of practice. However, education for the professional is focused on the development of critical, analytical individuals, able to respond to change and function in the dynamic world of tomorrow. Here, students are expected to examine knowledge in all its forms (including tacit, practical and experiential) in relation to practice. It appears therefore that as we enter the new millennium, just as in the 80s, there are differing and widespread interpretations of what is fundamentally meant by the term competence.

The United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) is responsible for the setting and monitoring of standards for entry to the profession. In particular it has a responsibility to clarify the aim and expectations of pre-registration programmes that enable fitness for practice. It is curious to note, however, that for the past 10 years, even the UKCC has dropped the term 'competence' in relation to the statutory expectations of students on registration and since 1989 refers to these expectations as outcomes (UKCC, 1989). However, following a detailed evaluation of pre-registration programmes to identify their ability to enable the achievement of fitness for practice, the new Commission for Nursing and Midwifery Education, actively promotes the term competence (UKCC, 1999). So, the term competence is back and it appears to be back to stay. The Commission defines the term competence as describing 'the skills and ability to practise safely and effectively without the need for direct supervision' (UKCC, 1999, 4.8); certainly this presents a more holistic approach than the previous NVQ interpretation. Whilst the UKCC (1999, 4.13) acknowledges the limitations of an outcomesbased education, it proposes the need to move wholeheartedly into a 'liberal or broad interpretation of competency' and promote all that is good with regard to an outcomes-based approach to education.

Influencing factors in the successful achievement of competence

Whilst the debate around the meaning of the term competence continues, While (1994) acknowledges the difficulty of achieving high quality performance with the increasing number of factors influencing achievement in the workplace (also acknowledged by the UKCC, 1999). In addition to the range of institutional contextual problems (e.g. bureaucracy, organization of care, the use of formal and informal codes of conduct and coping strategies), a large number of personal qualities such as personality, commitment to nursing, age and experience of those facilitating the students' experience, and morale all contribute to student achievement of expected outcomes. Supporting this, Nagelsmith (1995) analyses the role of authority and recognizes the crucial need for power to control resources necessary for its attainment and maintenance. In summary, whether the term performance is used, or competence, there are a number of major

influencing factors to successful achievement and somewhere within this lies the ability of the student. Furthermore, Milligan (1998) advocates that nursing education must not lose sight of the focus and purpose of competency; that is, it promotes a process that will influence the student's ability to integrate theory and practice and acknowledge the place and value of life-long learning for practice in tomorrow's world:

....it is a better person who is created (Moore, 1986), one who will be more able to vary his or her performance, identify relevant knowledge and be critical of the environment and systems within which he or she operates. (Milligan, 1998, p279).

Diplomates and graduates – a two tier system

With the move of UK nursing education into the academic world of higher education, from a purely cognitive perspective it is generally considered that it is the level of critical thinking that distinguishes diplomates from graduates in an educational programme (Jones & Brown, 1991). What needs to be clarified is whether the academic achievements are restricted to the cognitive elements of the award, or whether there are implications for the further development and assessment of practice.

Although the debate is on-going, there are serious implications for the profession in relation to what is being considered as the end product, the outcome of pre-registration programmes. Although academic institutions are primarily concerned with 'fitness for award', the notion of 'fitness for practice' at the point of registration in any curriculum needs to be the vision for any educational institutions providing professional preparation. So the expected outcomes of the preparation programmes are worthy of scrutiny, as are the assessment processes.

On the surface, it appears that the distinction between the non-professional healthcare assistant and the newly qualified professional is clear (although it has been my experience that not all professionals can clearly articulate this). However, the distinction of practice outcomes for the different professional levels is much less clear. From a two-tier professional registration (i.e. the traditional first and second level nurse, UKCC, 1983), we now have a common registration that attracts two levels of academic award, diploma and degree. Practice outcomes in many institutions appear common to both (ENB, 1999). Indeed, the UKCC (1989) identifies a list of 13 expected outcomes that should be achieved in order for students to be recommended for registration and these are the same for both diplomates and graduates. In spite of the increasing demand for graduate preparation within

the profession (UKCC, 1999), and it appears that the National Committee of Inquiry into Higher Education (1997) endorses the move towards an all-graduate preparation, consumer evidence suggests that graduate preparation would not address perceived deficiencies in care (UKCC, 1999, p32).

In spite of the lack of support for graduate preparation of nurses and midwives from consumers, there is a growing demand for it within the profession (UKCC, 1999). Nevertheless, we need to be able to articulate what is meant by 'graduateness' and offer clearer guidelines to distinguish what is meant by fitness for practice as a graduate practitioner and fitness for practice as a diplomate. At present, there is no national distinction in practice between the two. If the profession continues to expect the same outcome level of practice of the two awards, then it would be difficult to justify their separate existence. Surely we can no longer justify the notion of one level of competent practitioner with two different academic awards? This would suggest that both theory and practice are separate entities and developed each for their own sake and not for each other.

Integration of theory and practice

The literature abounds in relation to the need to integrate theory and practice in such a practice discipline as nursing (Cook, 1991; Davies, 1991; McCaugherty, 1992; Bergman, 1997; ENB, 1997; Duffy & Scott, 1998; UKCC, 1999). Indeed, the English National Board for Nursing Midwifery & Health Visiting (1996) stipulates the need to 'develop critical enquiry and an analytical approach to the practice of nursing' (ENB, 1996, 3.69). In an earlier piece of work, they recognize that 'the relation between theory and practice is one of mutuality and interdependence' (ENB, 1994, p41) and this is further reinforced in the more recent 'Standards' document (ENB, 1997). Nevertheless, several studies have shown that 'theory and practice seem to be assessed separately and there is evidence that practice-based assessments are given less value than college-based assessments of theoretical knowledge and understanding' (Kent et al., 1994; Phillips et al., 1996). Moreover, Phillips et al. (1996) found that only a minority of degree programmes in their study accredited practice and this was reinforced more recently by an ENB (1999) study.

However, the ENB (1997) are quite clear in their recommended standard for all programmes leading to registration that: 'practice has equal value with theory in terms of academic credit awarded' (ENB, 1997, p25). Nevertheless, when referring to competence to practice,

many reports which influence the planning of preregistration programmes (UKCC, 1989, 1999; ENB, 1997) focus on the requirement for *one registerable* qualification, leading to one part of the register (depending on the specialist branch). They do not distinguish between the different practice expectations related to the two academic awards. Indeed, both diploma and degree programmes require the same minimum length of 36 months duration with the same minimum of 4600 h of curriculum, with half designated for learning in practice settings (ENB, 1996).

Whilst the more recent ENB (1999) study of nursing degree curricula found that, across the 50 nursing degree courses sampled from 32 institutions (22 of these at preregistration level), there was evidence of a number of common features in the way the concept of 'graduateness' was articulated, nevertheless, all courses seemed to have difficulty articulating higher levels of practice. Additionally, there was variation across the sample in whether or not courses went beyond basic levels of competence in their assessment of practice

More recently, the Peach Report (UKCC, 1999) does in fact begin to indicate that more is required of the graduate. The report suggests that the graduate practitioner would be better equipped with superior levels of analysis, synthesis and decision making to achieve the balance required to deliver quality care in today's dynamic work environment. If institutions should be aiming to make stronger the links between theory and practice and to seek clearer differences between diploma and degree level practice, then I would argue that a nurse graduate must be a graduate of nursing practice and not a practical nurse with an academic degree. Indeed, from the perspective of a radiographer, Klem (1995) argues strongly for the clinical practice component to be an integral part of the vocational degree course and not separate from the academic element.

Diplomates and graduates in practice

Although different models of preparation are evident in relation to diploma and degree nursing programmes, it has already been noted that there is only one point of registration. However, on qualifying, both students register on the same part of the professional register, apply for the same jobs and undertake the same roles and responsibilities in practice. So is the profession getting 'value added' with degree students or not? Or are we producing the same level of 'doer' but via a different programme of study that may or may not influence practice in the long term?

The world of higher education seems well versed in the distinction between the cognitive abilities of diplomates and graduates and has developed taxonomies of expectations of students at the different stages of development (e.g. Bloom, 1956). However, Fitzpatrick et al. (1994) explore the literature in relation to the differences in practice but acknowledge the paucity of research and the need for empirical work to compare outcomes of the different preparations. Their review does seem to indicate that graduates function better than others in practice; however, as they appropriately identify, there are methodological limitations of the documented studies, with little evidence of any direct observation of actual practice in the real world of nursing. In 1998, however, they documented their own exploratory study of the differences between senior students from three different preregistration nurse education courses (integrated degree programme, Project 2000 diploma students and traditional RGN students) (While et al., 1998). Although limited by the modest sample size (n = 99), they found through using a triangulation design that there were many similarities but also some important differences in outcomes between those undertaking the integrated degree programme as opposed to those undertaking the traditional registered general nurse programme and the registered nurse Project 2000 diploma programme. Integrated degree programme participants used a more systematic approach to information-seeking, better careplanning skills and higher quality nurse performance. Additionally, they used a client focus in contrast to the professional focus of the other two groups. This study further supports the relative lack of research examining outcomes of nurse education programmes. Although not an easy undertaking in terms of measurement, the question remains whether there is value in having two different routes to the achievement of the same registered practitioner. With the move to a 3-year degree programme (the same as for diploma preparation) and equal time and exposure to practice for each type of preparation, it must be questioned whether it is realistic to expect different outcomes, given the complexity and diversity of current nursing practice. Nevertheless, as has already been noted, if we cannot articulate and measure differences, then it would be difficult to justify their separate existence.

Assessment tools

Within the curriculum, one way of bringing together theory with practice is through the assessment strategies – as Rowntree (1987, p1) acknowledges: 'if we wish to

discover the truth about an educational system we must look at its assessment procedures'. However, assessment of practice has been fraught with difficulties, not least the attempt to define expectations and ultimately the measurement of these expectations in the real world of practice (Fraser *et al.* 1997). In spite of the wide range of assessment tools used in practice (Girot, 1992; Fitzpatrick *et al.*, 1994), the recent report from the UKCC Commission for Nursing and Midwifery Education (UKCC, 1999, 4.21) recognized that

Assessment strategies are not effective in identifying poor performance in practice, learning outcomes are often stated in vague terms, assessment documents lack clarity and assessors are often ill-prepared for the task and lack appropriate feedback from their academic colleagues.

This most recent report reinforces that problems exist with the strategies, the tools and the experienced practitioners using them. The added problem of then distinguishing between the two levels of performance of diplomate and graduate practitioner further compounds the situation.

Given the problems identified in the UKCC report (UKCC, 1999), from a purely objective standpoint it would seem appropriate to examine the rigour applied to the assessment process within the programme as a whole if, as has been identified earlier, practice has equal value with theory. However, on closer scrutiny, the balance of evidence of fitness for practice from each half of the programme is markedly disproportionate.

Within the theoretical aspect of the programme, experienced, professional educators spend a good deal of their time marking, double marking and moderating theoretical scripts before external scrutiny by examiners independent of the particular academic institution. However, in the practice aspect of the programme – it could be argued the most important aspect, where the public are directly exposed to the neophyte practitioner – it falls to the practitioner (who incidentally has minimal experience of assessment of learning achievements, in comparison to their academic counterpart) to make a pass/fail judgement on the student's performance. Not surprisingly, in a number of studies (Hancock, 1994; Neary, 1996; Fraser *et al.*, 1997; McAleer & Hamill, 1997), identifying poor performance is a major practical problem.

When the profession is still struggling to articulate the attributes of 'graduateness', surely the problem of identifying poor performance is only exaggerated? Perhaps at this point in our development it would be appropriate to work more collaboratively with our practitioner colleagues in both identifying these attributes as well as supporting

them in the assessment of these attributes in the dynamic world of practice.

The UKCC (1999) currently reinforces this notion of collaboration in both planning more creative clinical assessment tools which include specified practice outcomes as well as a formal learning contract. Clearly much more work needs to be done to produce a tool that would present a valid and reliable way of determining the achievement of 'fitness for practice', especially as we still seem to be at the creative stage of development as opposed to the refinement and consolidation stage.

Perhaps a point of reflection might be helpful, to examine ideas and recommendations that have already been produced and to see if some of these ideas can be brought together in a more meaningful way. In 1994, Phillips et al. in the Assessment of Competencies in Nursing and Midwifery Education and Training (The ACE Project) recommended the use of a portfolio of evidence - case studies and assessments in practice placements using practice-based evidence and dialogue. This is further supported by the recent Peach Report (UKCC, 1999). The student could be responsible for producing and collating the evidence against stated learning outcomes at different stages of development. Already the flexibility and adaptability of such an approach seems attractive and the scope for true collaboration evident. Here the student's portfolio of practice experience forms an integral part of their assessment. With the collection of a range of forms of evidence, students can take a much more active part in producing that evidence, reinforcing the value of self assessment and preparing them for professional practice in the 'real world'. Additionally, the recent generic level descriptors developed to describe learning in higher education, vocational and professional awards (South-East England Consortium, 1996) go some way towards a closer articulation of cognitive, psychomotor (transferable skills) and operational contextual descriptors from each level of progression within a degree programme (levels one, two and three) as well as at Master's level, and can be used for practice. These level descriptors could be used to articulate expected outcomes for practice for use within the portfolio. Additionally they could be accompanied by an inventory of transferable skills (Moule et al. 1999) that could easily be tested in controlled conditions within the newly developed skills laboratories before practitioners can test them out in the dynamic world of practice. Furthermore, collaboration could be enhanced by practice assessors verifying achievement in practice, and academics could be involved in scrutinizing the quality of evidence against critical awareness, rational decision-making and

clinical judgement (UKCC, 1999, 4.23). A true partnership approach is clearly evolving, with academics more intimately involved with both their clinical colleagues and their students, re-establishing the close collaboration and good practice that was once evident nation-wide prior to incorporation with institutes of higher education.

Additionally, clearly developed outcomes, identified against generic level descriptors at different academic levels (acknowledging both the contextual element as well as the transferability of the different psychomotor skills) would admirably enable the profession to articulate the distinction between the graduate and diplomate in practice.

With a number of recent reports independently acknowledging the tendency of assessment tools to present a 'reductionist' approach to the assessment of competence (Phillips *et al.*, 1994; Gilmore, 1998), there is a growing recognition of the need to move forwards and foster creativity, freedom of thought and originality in assessment, to encourage the transfer of knowledge and skill to different situations, and promote a more collaborative, constructive arrangement between academic staff, practice staff and students (UKCC, 1999, p37). Furthermore, the use of a learning contract can help students focus on their development needs and in partnership with their experienced assessors/mentors document ways of helping students individualize their learning as well as the achievement of common expectations.

The United Kingdom Central Council for Nursing Midwifery & Health Visiting (1999) recognizes the range of roles expected of both academics and practice staff, with individuals having strengths in aspects of all the roles involved. However, through the involvement of both academics and clinicians in the assessment of practice, neophyte practitioners can be enabled to articulate and build their evidence of achievements and be directly involved in their own progress. This portfolio of evidence lends itself to legitimate scrutiny by both parties and in turn opens channels of communication for all concerned. Through this more legitimate communication, conflict can more readily be resolved and expectations more easily articulated.

Conclusion

In conclusion, therefore, with the proliferation in nursing degrees over the last 10 years and a suggestion that nursing moves towards an all-graduate profession (NCIHE, 1997), we need to be sure that we are getting 'value added' with this 'higher level' practitioner.

This paper has attempted to re-enter the debate on the meaning of competence in relation to fitness to practise. In particular it acknowledges that the context in which neophyte nurses are developing their skills in the professional world of practice is a major influencing factor to their successful achievement. However, few assessment tools allow the diversity and constraints of work-based learning environments to be articulated in relation to the expected learning outcomes of the programme. Additionally, having struggled with the problems of a two-tier professional system (with first and second level traditional nursing programmes), do we really want to enter this class system all over again? Without doubt this debate has been on-going certainly in the USA for some years and is only beginning to descend upon the UK with the increase in number of nursing degree programmes and the proposed move to reduce the period of preparation for a degree from four to three years (to equate with the diplomate preparation). Unless the degree programme can be reflected in the practice outcomes, and identify a difference at point of registration, how can we justify the two levels of practitioner? However, this is not an easy undertaking; there have been major problems influencing not only differences in expected outcomes of both programmes, but also in enabling the assessment of these outcomes in practice. This paper presents a reflective approach to promoting ideas already emerging from the literature in relation to the need to make more effective use of students' portfolios of evidence against stated learning outcomes as well as their specific achievements in a range of transferable skills. A partnership approach between student, practitioner/assessor and academic could usefully share the responsibilities of the assessment of competence and ultimately empower individual students to pursue the notion of life-long learning for their continuing professional development (UKCC, 1999).

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INFORMATION POINT:

National Vocational Qualifications (NVQ)

National Vocational Qualifications are qualifications based on the skills, knowledge and understanding required for competence within a particular occupational area (NCVQ, 1992a). They are concerned with outcomes rather than the learning process and are accredited by the National Council for Vocational Qualifications. Currently there are a number of areas of occupational competence identified within the national framework including engineering, manufacturing and construction but for the purpose of this paper, the focus is on the NVQs associated with Health Care. NVQs are open to all, regardless of age, gender, race, special needs or prior qualifications (NCVQ, 1992b). Each individual has the opportunity to progress through a nationally recognized framework of qualifications at different levels of achievement, no matter how it is acquired (Day, 1996). Some of the criticisms associated with this approach to learning, are concerned with the interpretation of competence which Robertson (1991) argues as being dependent on a poorly defined concept of learning. Additionally, he claims that the competency statements trivialize the learning process by their specificity.

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