



Dietetic Support Worker & Assistant Practitioner Roles

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Section 1

1.1 Introduction

This guidance document addresses the roles and responsibilities undertaken by DSWs, alongside their professional boundaries and professional accountability. It also identifies the role and scope of the assistant practitioner (AP) as a key service provider within the dietetic group.

This paper focuses on what the roles may encompass, identify the knowledge and skills that underpin these roles, and how they differ from the Skills for Health defined level 5 dietitian. It also briefly addresses education and training in anticipation of further curriculum development work.

As additional information the BDA has produced a number of supporting web tools on the members' area of the BDA website at www.bda.uk.com.

- **Recruitment packs** – providing a sample job description, person specification and a sample KSF outline.
- **Competency Framework** – outlining the knowledge and skills required to operate as a DSW or AP, and how these can be assessed to sign off competence.
- **Career Framework** – describing the expectations of the dietetic workforce across the core areas of practice: dietetic practice; evidence-based practice; education and resource development; leadership and management.

1.2 Context and Background

DSWs have added immeasurable value to the profession since they were first introduced to the dietetic workforce in 1999. And since that time, their knowledge, skills and experience have grown, with the DSW undertaking ever more skilled and challenging tasks. This was perhaps inevitable once dietitians began to extend their roles and push their traditional professional boundaries. DSWs have made it possible for dietetic care to extend to patients with increasingly complex health issues, by releasing those activities that did not necessarily need the attention of a dietitian. However, as time has gone by DSWs themselves are being asked to undertake tasks which require an increased level of knowledge, skills and competence with a greater degree of autonomy. As such there are a number of professional and political drivers for the formal clarification of the roles of DSWs and APs into the health care workforce.

These include:

- Current and predicted fall in the numbers of registered healthcare professionals and the need to develop “assistants” to the professions;
- Recruitment and retention to the health care workforce, and to the health care professions from the wider workforce, with clear career pathways and developmental opportunities;
- Costs of health care, skill mix, efficiency and productivity;
- Development of careers that follow the patient health care journey and health care needs, rather than careers based on care settings or traditional professional boundaries.
- Ensuring governance and accountability to support roles.

Each country across the UK has supported the development of these roles through individual national initiatives:

- England **Liberating the NHS: Developing the Healthcare Workforce, DH 2012**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216421/dh_132087.pdf
- The Cavendish Review:** An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf
- Wales A strategy for a flexible and sustainable workforce 2008 (NLIAH Wales)
<http://www.wales.nhs.uk/sitesplus/documents/829/A%20strategy%20for%20a%20flexible%20and%20sustainable%20workforce.pdf>
- Code of Conduct for Healthcare Support Workers in Wales (NHS Wales)
<http://www.wales.nhs.uk/sitesplus/documents/829/Final%20-%20NHS%20HSW%20Booklet%20ENG.pdf>
- Scotland Delivering Care, Enabling Health (SEHD 2006)
<http://www.scotland.gov.uk/Publications/2006/10/23103937/0>
- Better Health, Better Care: Moving towards tomorrow's workforce (SGHD 2007)
<http://www.scotland.gov.uk/Resource/Doc/206845/0054945.pdf>
- Everyone Matters: 2020 Workforce Vision (NHS Scotland, 2013)
<http://www.scotland.gov.uk/Resource/0042/00424225.pdf>
- The Development of the Clinical Healthcare Support Worker Role:
A Review of the Evidence, NES 2010
- Northern
Ireland www.dhsspsni.gov.uk/wpu-planning
Transforming Your Care, 2013 (HSCNI)
- <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/03/Transforming-Your-Care-Vision-to-Action-Post-Consultation-Report.pdf>

Section 2

2.1 The Dietetic Support Worker and Assistant Practitioner Role

Since the BDA first approved the development of DSW roles in 1998, the number and diversity of these roles has increased significantly, and this role is now seen as providing consistency within care plan delivery, especially when current care models have greater emphasis on patient centered services and inter-professional team working.

By undertaking roles which do not require the specific and unique skills of a dietitian, both the AP and DSW allow dietitians to broaden their skills and have therefore encouraged extended scope practice. This in turn provides for improvement in services by providing “one-stop” services for patients and clients. This would not be possible without these supporting roles to complement the skills of the dietitian.

2.2 BDA Definitions

There are currently no universally accepted definitions of DSW or AP and both roles have developed at different times and in different ways in different regions and professions.

2.3 Dietetic Support Worker

‘A dietetic support worker (DSW) delivers dietetic care, and performs tasks delegated by a dietitian. The DSW works within an agreed scope of practice under the close direction or supervision of a dietitian, within relevant legal and ethical frameworks and in accordance with organisational protocols and policies. They would have the underpinning knowledge, skills and assessed level of competence to undertake such a role, and be educated to S/NVQ Level 3 or equivalent and employed at a minimum of Agenda for Change band 3’

2.4 Assistant Practitioner

‘A dietetic assistant practitioner delivers dietetic care with a level of knowledge and skills beyond that of the traditional healthcare assistant or dietetic support worker. They would be able to deliver elements of delegated dietetic care and undertake clinical work in domains that have previously only been within the remit of dietitians. The AP works within an agreed scope of practice under the direction or supervision of a dietitian within relevant legal and ethical frameworks and in accordance with organisational protocols and policies. They would have the underpinning knowledge and assessed level of competence to undertake such a role, and ideally be educated to Foundation Degree level or equivalent and employed at a minimum of Agenda for Change band 4’

The AP role is commonly placed at Band 4 on the NHS Agenda for Change framework, meaning that APs generally work a level below registered practitioners such as nurses and dietitians but at a level above healthcare/dietetic support workers.

Whilst the BDA recognizes that DSW posts exist at Band 2 it is recommended that these are restricted to predominantly clerical and administrative tasks. For roles which have more dietetic content, the level recommended by the BDA is no lower than a band 3.

2.5 Areas of work

DSWs and APs work in both acute and community settings although roles are not always defined within a specific setting and often overlap or combine the two.

While DSWs engaged solely in admin and clerical duties, would generally be those working at level 2, there will always be admin and clerical responsibilities required as an integral part of level 3 and 4 roles.

Clinical duties may include:

Experienced AP's are able to undertake basic nutritional assessments under the guidance of a dietitian, however most other duties are appropriate for either role.

- Undertaking basic nutritional screening and reviews.
- Undertaking nutritional reviews during home visits and nursing and residential home visits;
- Monitoring patients with long-term conditions, e.g. diabetes, cystic fibrosis, stroke and cancer as in-patients, home visits, in outpatient and/or GP clinics;
- Monitoring patients in specialist units, e.g., renal, mental health;
- Telephone reviews;
- Using anthropometric measurements;
- Providing basic dietary advice;
- Checking food record charts;
- Completing food diary/menu analysis using relevant computer package and producing reports;
- Checking biochemistry;
- Monitoring BMs, weights;
- Patient/carer pump and peg care training;
- Enteral feeding discharges, liaison and administration;
- Monitoring home enteral feed patients on wards, home visits, telephone reviews.

Health Promotion/health awareness role may include:

- Group sessions/clinics, e.g. healthy eating, diabetes, weight management, cardiac rehabilitation, falls groups, Parkinson's groups, staff training;
- Family learning, e.g. parent/carer and children cook-and-eat sessions;
- Pre-school healthy eating programmes;
- Understanding local communities;
- Being involved in partnership working, e.g. Sure Start, sports and leisure centres, sheltered housing, play groups, womens' centres, practice nurses, youth groups.

Examples of areas of responsibility for all settings:

- Manage own caseload/workload, maintaining accurate records according to policy;
- Work under own initiative;
- Work autonomously on specific projects as agreed with registered dietitian;
- Maintain effective communications between multidisciplinary teams;
- Develop, design and produce resources such as client info, training programmes, displays, handouts and evaluation tools;
- Produce PowerPoint presentations and deliver to different target groups;
- Develop, organise and deliver training and education to patients, carers, HCPs, teachers, students;
- Develop and deliver group education sessions on a variety of topics to a variety of patient/client groups;
- Participate in the collection, collation, analysis, evaluation and administration of data for audit purposes, present results and produce reports;
- Develop, organise and maintain effective office systems, including filing systems, department resources, databases;
- Participate in dietetic service meetings, department meetings, MDT meetings, care planning meetings.

Section 3

3.1 Training and Education

Nationally, there is a wide variation in the qualifications required to become a DSW or AP, and below are just some of the potential areas that could be explored to provide a framework for education and training and set standards for competence. This document will provide an example of a competency framework for both the DSW and AP roles (see additional web based tools at www.bda.uk.com); these will vary slightly according to the type of training that is undertaken and how they link with National Occupational Standards. These will also depend on what role is undertaken.

It is generally accepted that formally trained APs are more aware of their limitations, and feel better able to challenge senior colleagues who ask them to undertake tasks for which they have not been trained. This has been evidenced by the APs: scoping exercise (The Mackinnon Partnership, March 2009 ref). The same applies to all DSWs.

Qualifications that are in existence which may be included as part of a portfolio of education and training for DSWs and those working towards AP level include:

- National Vocational Qualifications (NVQ /SVQ level 3);
- BTEC (Edexcel);
- Diploma of higher education;
- Open College Network courses (at level 3 and level 4);
- CPD modules added to NVQ level 3 qualifications;
- City and Guilds Higher Professional diploma.

Many of these will require local partnerships with further education or even higher education institutes, which may already exist through Trust/Board training departments. Others will require a support structure within Trusts/Boards or organisations to provide qualified assessors and supervisors, e.g. the A1 assessor qualification for NVQ level 3.

As dietetics has a smaller critical mass of staff, other assessors outside of dietetics may be able to provide this role, with support from within dietetic departments. This may also help to support interdisciplinary working and communication between professional groups, and broaden understanding of different roles.

Skills for Health have identified a Higher Level Apprenticeship Framework for Assistant Practitioners in Healthcare in England which could be used throughout the UK as a baseline for identifying the skills required to perform at an AP level. These can be seen in the apprenticeship framework (web tool available at www.skillsforhealth.org.uk)

At present none of the above qualifications will by themselves lead to a level 4 AP role. In general, APs will have a portfolio with evidence of a combination of formal learning from the above examples, backed up with practical experience.

In 2013, Skills for Health launched '[Core Competences for Healthcare Support Workers and Adult Social Care Workers](#)' in England developed as part of the Code of Conduct and National Minimum Training Standards for healthcare support workers project; although, at present dietetic support workers are not legally obliged to follow this framework. However, Support Workers who are members of the BDA will have a Code of Professional Conduct to follow and accountability through Professional Body structures.

3.2 NVQ level 3 and OCN level 3 & 4

There are specific competencies which relate to the type of qualification chosen. An example of an NVQ level 3 Health Award and an example of a level 3 OCN award can be seen in the additional web-based tools at www.bda.uk.com

The OCN offers accredited transferable education and training across the UK and can act as currency towards Higher Education.

Some of these awards, such as the OCN level 3, have been set up by departments locally and some continue to be refined and built upon, e.g. Band 4 AP programme – specialist skills (being developed by Aneurin Bevan LHB - formally Gwent healthcare NHS Trust).

Further competencies can be found on the Skills for Health website link below. <https://tools.skillsforhealth.org.uk/careerframework/show/view/comps/id/34>

3.3 Foundation degrees

A joint statement was released in September 2006 by the Allied Health Profession (AHP) professional bodies (British Association of Prosthetists and Orthotists, British Dietetic Association, College of Occupational Therapists, Chartered Society of Physiotherapy, Royal College of Speech and Language Therapists, Society and College of Radiographers, Society of Chiropodists and Podiatrists) in recognition of the generic nature of foundation degrees and their emphasis on inter-professional learning. It is acknowledged that the development of foundation degrees is based on a partnership between employers and education providers across the health sector and that a collaborative approach across AHP professional bodies is therefore appropriate. It is also acknowledged that the foundation degrees can assist support workers in gaining accredited recognition for their level of expertise. This is likely to be increasingly relevant in light of probable support worker regulation in the future.

The AHP professional bodies highlighted the purpose of foundation degrees.

The main purposes of a foundation degree in health are: to consolidate students' skills and knowledge in their existing work area and environment; to develop new perspectives and capabilities appropriate to their working context; and to support work within the health service.

Foundation degree programmes will lead to a stand-alone qualification at level 5 of the National Qualifications Framework (NQF) and level 8 of the Scottish Credit & Qualifications Framework (SCQF) 2.

As a stand-alone qualification, the foundation degree is one of the possible qualifications for a level 4 post in the NHS Career Framework, particularly the AP role.

Foundation degrees should also facilitate entry onto health professional degree programmes and in order to do so will need to take account of the specific academic entry requirements for the profession in question e.g. where a good grounding in a particular science such as chemistry is essential.

Whatever task the DSW or AP commits to, they must constantly be aware of their individual scope of practice, and practise within this.

The above text in italics is taken from the Guidance Document on Extended Scope Practice BDA September 2009

Section 5

Regulation Conduct and Performance

5.1 Regulation

Currently there is no statutory provision for the regulation of Dietetic Healthcare Support staff anywhere in the UK. Minimum standards for healthcare support workers were launched in 2013, however, presently these legally apply to Healthcare Support Worker reporting to a Registered Nurse or Midwife and Adult Social Care workers in England.

The support worker/assistant practitioner role has been changing and developing over the last decade and some staff are extending their skills so that they can undertake work previously done by registered professionals.

However in the absence of nationally approved statutory regulation, the BDA has responded to its members' (both dietitians and dietetic support staff) request' for interim guidance.

5.2 BDA Code of Conduct

In September 2008 the revised BDA Code of Professional Conduct was published. At the same time The Professional Development Committee decided that there was no longer a need for a separate BDA Code of Conduct for Dietetic Assistants (1999). It was agreed that the principles that applied to dietitians would equally apply to our support staff. Hence The Professional Development Committee decided one Code would be relevant to the whole of the dietetic workforce including DSWs and APs.

“Whilst this document addresses the profession of dietetics and dietitians, most aspects contained within it are pertinent to members of the wider dietetic workforce this includes dietetic support workers (and assistant practitioners) and pre-registration student dietitians.”

“It is an obligation of this wider workforce to ensure that they apply these same principles and precepts within their own scope of practice to ensure the public’s trust in the dietetic service provision and thus also in the profession of dietetics.”

The above text in italics is taken from the Code of professional Conduct BDA 2008

5.3 Accountability

DSWs and APs should be aware that even though there isn't formal statutory regulation as yet there is still a line of accountability and governance for their practice. This includes:

- to the patient/client – civil law (duty of care);
- to the public – criminal law;
- to the employer – employment law;
- to professional codes – (e.g. BDA Code of Professional Conduct).

5.4 Professional Indemnity Insurance

The BDA has worked closely with its insurance brokers to extend the same level of professional indemnity protection to DSWs and APs. The policy states:

“To indemnify the members of The British Dietetic Association in respect of their occupation as Dietitians and Dietetic Support Workers (including Assistant Practitioners).”

The above text in italics is taken from the BDA Insurance Schedule

The insurance will cover practice to the Limit of £3,000,000 in any one claim and £5,000,000 in aggregate.

Section 6

Discussion

Although DSW and AP roles have been established for about 15 years there is still nervousness within dietetics about issues such as boundaries, pay banding, autonomy, and accountability.

The core generic skills for the dietetic workforce, and indeed all other AHP's, are very similar such as effective communication, equality and diversity and working in partnership. At present, BDA Education Board is in the process of developing the Dietetic AP core curriculum.

More specifically, some individual tasks undertaken by DSWs, and even more so by APs, may be exactly the same as the level 5 dietitian. However, the difference is in the detail. For example a dietitian will most probably have had a direct referral from another health professional. The dietitian can then decide autonomously the course of action to take next, e.g. to accept or decline the referral, to refer on to another health professional if necessary, and what intervention to take with the individual patient. For the same patients, the DSW or AP would have established and predetermined protocols for which referrals they are able to accept, and for which conditions, and at what point they would need to hand over to a dietitian. There would be pre agreed treatment options and a DSW or AP would not have the autonomy to move away from these options without first agreeing it with a dietitian.

Again in the case of project work, e.g. healthy eating session or diet sheet development, it would be expected that the dietitian would oversee the project once delegated, and then sign off the information/project plan at the end.

Whatever the level the registered or unregistered practitioner works at, they will have an individual scope of practice. The scope of practice widens the further up the levels a role is. In addition dietitians make autonomous decisions about their own scope of practice whilst DSWs and APs invariably will have more structured boundaries which are risk assessed and supervised by a dietitian.

The difference between a DSW and an AP will again be led by the level of both experience and formal education achieved, and the complexity of the work expected of them.

When it comes to accountability, DSWs and APs, have four lines of accountability as outlined in section five, and it is the DSW/AP's duty to practice within these. The dietitian will only be responsible for the appropriate delegation of a task (*HCPC Standards of Conduct Performance and Ethics*). Once it has been established by the dietitian that the DSW/AP has the competence and training to be able to undertake the delegated task, then the dietitian will not be responsible for the outcome of the delegated intervention.

The BDA recommends strongly that APs are employed at level 4 (Skills of Health Career Framework) and DSWs at level 3 to differentiate between the DSW and the AP roles. Although it is not mandated, if the job description matches Level 3 or Level 4, then the role should be recruited at level 3 or 4 (SfH) and paid at Band 3 or 4 (AfC) respectively.

Perhaps there will always be a degree of nervousness around the specific differences between the qualified and non qualified dietetic workforce. What is certain is that the profession will continue to push boundaries as roles extend, and more is asked of us by our patients, clients and employers within limited resources. It will therefore become increasingly important that we look closely at our services and decide how best we can deliver on these demands, safely and effectively – to be seen as leading innovation in nutrition. It is hard to imagine that this can be done without challenging traditional roles and boundaries.

Section 7

Conclusion

The cost of healthcare in the UK will continue to rise year on year with ever increasing demands on limited resources. There is little doubt that support workers and assistant practitioners can offer the solution to a number of financial and workforce pressures, by providing more options for service delivery and patient centered care.

However, as yet this workforce remains unregistered and unregulated. This document and supporting web tools have outlined the behaviour and standards we would expect of them and we would strongly recommend professional body membership for the professional indemnity insurance, education and training opportunities and professional guidance that it offers.

The BDA is committed to ongoing national work on developing a system for statutory regulation of level 3 and 4 posts, but will continue to support all its members in the meantime.

What is clear is that support workers and assistant practitioners are a tangible asset to dietetic services and provide invaluable support to their dietetic colleagues.

Section 8

Acknowledgements

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Appendix 1

Comparing Qualifications Across Countries

This table provides information that allows you to look at the ways qualifications are organised in Ireland and the UK. On one side of the table you will find the main stages of education or employment – you can find where you are in these stages. The columns show the different national qualifications frameworks. You can look at a level and/or qualification in one country and then see the nearest levels and similar kinds of qualifications that are used in the other countries. This makes it possible to draw broad comparisons between qualifications and their levels, rather than direct equivalences, for each country. However, please note data in this table is the process of being further updated in mid 2009, following agreement of the five qualification authorities in March 2009 on a new printable version of the leaflet.

MAIN STAGES OF EDUCATION / EMPLOYMENT	QUALIFICATIONS AND CREDIT FRAMEWORK / NATIONAL QUALIFICATIONS FRAMEWORK FOR ENGLAND, WALES AND NORTHERN IRELAND WWW.OFQUAL.GOV.UK	CREDIT AND QUALIFICATION FRAMEWORK FOR WALES WWW.CQFW.NET	NATIONAL FRAMEWORK OF QUALIFICATIONS FOR IRELAND WWW.NFQ.IE	THE SCOTTISH CREDIT AND QUALIFICATIONS FRAMEWORK WWW.SCFQ.ORG.UK	FRAMEWORK FOR HIGHER EDUCATION QUALIFICATIONS IN ENGLAND, WALES AND NORTHERN IRELAND: FHEQ WWW.QAA.AC.UK
Professional or postgraduate education or employment	LEVEL 8 Vocational Qualifications Level 8	LEVEL 8 Doctoral degrees	LEVEL 10 Doctoral Degree, Higher Doctorate	LEVEL 12 Professional Development Awards, Doctoral Degrees	LEVEL 8 Doctoral degrees

	LEVEL 7	LEVEL 7	LEVEL 9	LEVEL 11	LEVEL 7
	Fellowships, NVQ Level 5, Vocational Qualifications Level 7	Master's Degrees, Integrated Master's Degrees, Postgraduate Diplomas, Postgraduate Certificate in Education (PGCE), Postgraduate Certificates	Master's Degree, Post-graduate Diploma	SVQ Level 5, Professional Development Awards, Postgraduate Diplomas, Masters' Degrees, Integrated Master's Degrees, Postgraduate Certificates	Master's Degree, Integrated Master's Degrees, Postgraduate Diplomas, Postgraduate Certificate in Education (PGCE), Postgraduate Certificates
Higher education Advanced skills training	LEVEL 6	LEVEL 6	LEVEL 8	LEVEL 10	LEVEL 6
	Vocational Qualifications Level 6	Bachelor's Degrees with Honours, Bachelor's Degrees, Professional Graduate Certificate in Education (PGCE), Graduate Diplomas, Graduate Certificates	Honours Bachelor Degree, Higher Diploma	Bachelor's Degrees with Honours, Professional Development Awards, Graduate Diplomas, Graduate Certificates	Bachelor's Degrees with Honours, Bachelor's Degrees, Professional Graduate Certificate In Education (PGCE), Graduate Certificates, Graduate Diplomas
Entry to professional graduate employment	LEVEL 5	LEVEL 5	LEVEL 7	LEVEL 9	LEVEL 5
	NVQ Level 4, Higher National Diplomas (HND), Higher National Certificates (HNC), Vocational Qualifications Level 5	Foundation Degrees, Diplomas of Higher Education (DipHE), Higher National Diplomas (HND)	Ordinary Bachelor Degree	Bachelor's Ordinary Degrees, Professional Development Awards, SVQ Level 4, Graduate Diplomas, Graduate Certificates	Foundation Degrees, Diplomas of Higher Education (DipHE), Higher National Diplomas (HND)

				LEVEL 8	
				Higher National Diplomas, SVQ Level 4, Professional Development Awards, Diplomas of Higher Education (DipHE)	
Specialised education and training	LEVEL 4	LEVEL 4	LEVEL 6	LEVEL 7	LEVEL 4
	Vocational Qualifications Level 4,	Certificates of Higher Education, Higher National Certificates (HNC)	Advanced Certificate, Higher Certificate	Advanced Highers, Professional Development Awards, SVQ Level 3, Higher National Certificates (HNC), Certificates of Higher Education (CertHE)	Certificates of Higher Education (CertHE), Higher National Certificates (HNC)
Qualified/Skilled worker	LEVEL 3	LEVEL 3	LEVEL 5	LEVEL 6	
Entry to higher education	NVQ level 3, Vocational Qualifications Level 3, GCE AS and A Level, Advanced Diplomas	NVQ level 3, Vocational Qualification level 3, A Level, Welsh Bacclaireate Qualification Advanced	Level 5 Certificate, Leaving Certificate	Highers, SVQ Level 3, Professional Development Awards, National Progression Awards, National Certificates	
Completion of secondary education					

Progression to skilled employment. Continuation of secondary education	LEVEL 2	LEVEL 2	LEVEL 4	LEVEL 5
	NVQ level 2, Vocational Qualifications Level 2, GCSEs at grade A*- C, ESOL skills for life, Higher Diplomas, functional skills Level 2 (English, maths & ICT)	NVQ level 2, Vocational Qualification level 2, Welsh Bacclaureate Qualification Intermediate, GCSEs grade A*- C	Level 4 Certificate, Leaving Certificate	Intermediate 2, Credit Standard Grade, SVQ 2, National Progression Awards, National Certificates
Secondary education Initial entry into employment or further education	LEVEL 1	LEVEL 1	LEVEL 3	LEVEL 4
	NVQ level 1, Vocational Qualification level 1, GCSEs at grade D-G, ESOL skills for life, Foundation Diplomas, functional skills Level 1 (English, maths & ICT)	NVQ level 1, Vocational Qualification level 1, GCSEs at grade D-G, Welsh Bacclaureate Qualification Foundation	Level 3 Certificate, Junior Certificate	Intermediate 1, General Standard Grade, Scottish Vocational Qualifications (SVQ) 1, National Progression Awards, National Certificates
Qualifications can be taken at any age in order to continue or return to education or training			LEVEL 2	LEVEL 3
			Level 2 Certificate	Access 3, Foundation Standard Grade, National Progression Award, National Certificate
				LEVEL 2
				Access 2, National Progression Awards, National Certificates

ENTRY LEVEL
Entry Level Certificate
(sub-levels 1-3), ESOL skills
for life, functional skills
Entry Level (English, Maths
& ICT)

ENTRY LEVEL
Entry Level
Certificate (sub-
levels 1-3)

LEVEL 1
Level 1 Certificate

LEVEL 1
Access 1



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