In 2012, NHS Employers published *Health Visitor employment: from training to practice – a guide for employers*. It set out an approach employers can use to encourage health visitor recruitment by offering employment at the point of entry into health visitor training. To reflect the changes in the NHS architecture from April 2013, we have worked with the Department of Health (DH), NHS England and Health Education England (HEE) to update this briefing.

Students entering health visitor training in Autumn 2013 and January 2014 will be the last cohorts likely to enter the workforce before April 2015. This briefing describes a suggested employment model, its benefits and what you need to consider if you decide to implement this approach.

**Why use this model?**

- It provides a commitment of employment to students.
- The number of students who need to be trained in 2013/14 will be greater than in 2012/13.
- Undecided potential applicants and those yet to accept or take up places they have been offered will have increased confidence in their move into the profession.
- It demonstrates your commitment as a service provider to the health visitor implementation plan.
- Students are more likely to remain in employment with your organisation, reducing the need for a lengthy and expensive recruitment process.
- It can reduce attrition rates from courses.
- It contributes towards greater confidence in meeting your health visitor trajectories by knowing your future workforce.
- The morale of existing staff can be improved by you demonstrating your commitment to increased numbers of students and health visitors.
Background
In February 2011, the DH published the *Health Visitor Implementation Plan 2011–15, A Call to Action*. This set out the vision for the new health visitor service and detailed the Government’s commitment to recruit an extra 4,200 whole time equivalent (WTE) health visitors by 2015. This document was reviewed and refreshed in June 2013. ‘The National Health Visitor Plan: progress to date and implementation 2013 onwards’ outlines progress to date, roles and responsibilities of organisations in the new health and care landscape now tasked with the delivery of the plan, and aims to help secure sustainable health visiting services beyond 2015.

The response by candidates wishing to enter the health visiting profession has been positive however challenges remain. Attracting students to the profession remains one of these. For many staff, especially those already in a substantive role, job security has been a priority.

We have looked at ways employers have been seeking to instil confidence in prospective students, whether they be nurses or midwives in substantive posts or those who have newly qualified, to encourage those suited to the profession to undertake the specialist community public health nurse training needed to become a health visitor. Our advisory group has also reviewed existing practice around the country and considered the experience of other initiatives where different employment models have been used. One model that has been recommended as effective in attracting students to the health visiting profession has been to offer a form of employment linked to training in order to

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The suggested employment model: from training to practice

- The sponsoring service provider will offer employment at the point of entry to health visitor training to each student accepted onto a health visitor training programme up to and including January 2014.

- Arrangements where neighbouring service providers are recruiting for another trust can and should continue. Individuals can be employed by the service provider and seconded to another organisation for training purposes, then return to work for the original sponsoring employer when they qualify.

- Employment would continue post training on a substantive basis (not fixed-term) on the condition that the student has successfully completed their training and obtained appropriate registration with the Nursing and Midwifery Council (NMC).

- Employment would be subject to meeting the required standards set out in the relevant person specification and standard employment checks (for example, disclosure checks, occupational health clearance and right to work in the UK).

- A block recruitment process for each student intake should be carried out by employers, working in partnership with the education providers.

- Roles can be either full-time or part-time but should be based on the needs of the service, balanced against the need to offer individuals flexible working arrangements. Establishing and communicating this at the beginning of the employment process will ensure all parties are aware of suitable, available positions.

- Employers should continue to use Agenda for Change terms and conditions.
provide the necessary confidence for those considering entering the profession.

This was adopted by the DH’s Health Visiting Programme Board in 2012. NHS England assumed responsibility for health visiting workforce growth and service transformation via the NHS Mandate and Section 7a Agreement from April 2013. When delivered as suggested in this guidance, NHS England also endorses this approach as an option which can be used to encourage those suited to the profession into training.

Benefits

• The approach has been found to demonstrate a commitment to potential and actual students by providing an offer of employment, thus encouraging those who might previously have been concerned about their future profession or had concerns about securing a role.

• The offer can provide a ‘psychological contract’ with the employer, encouraging students to remain with the employer once they have completed their training, something which has caused difficulties for some organisations in the past.

• The approach can contribute to reduced attrition by removing uncertainty around future career prospects.

• Communicating to existing staff that you, as an employer, are using the approach can lead to increased morale, allaying the concerns of existing staff, and can supplement other retention strategies. It also increases staff engagement in the recruitment of students, helping ensure that students meet service needs from the beginning.

• The approach can provide additional assurance around work being done to meet workforce growth trajectories.

Read a case study on a trust who benefited from this model on the NHS Employers website.

Implementation

For those organisations wishing to implement the employment model, the following section outlines some issues you will need to consider and actions to take before doing so. The NHS Employers recruitment toolkit available via our health visiting web pages will also help you to develop an effective recruitment strategy.

Considerations prior to recruitment

Integrated planning: Initially, it is important to be clear about the number of training commissions and the required increase in whole time equivalent (WTE) health visitors your organisation is expected to deliver, as this will determine the number of students employed at the start of the process. It will be helpful to involve commissioners at this stage of the process to ensure expectations are clearly understood by both parties.

Understanding your workforce: Having an understanding of which current staff are expected to retire during the period will be helpful, so those roles can be factored into the process. It is also worthwhile considering the expected attrition rates for the course.

Knowledge of the number of health visitors who currently operate flexible or part-time working arrangements will be needed to plan for responding to requests from students. While employers should consider flexible working requests and meet the needs of individuals, these decisions need to be taken based on the requirements of the service.

Having all of this information will prepare employers to deal with potential under- or over-supply of health visitors from the course.

Working with partners: Critical to the success of the initiative is that employers and education providers work in partnership on the recruitment process for trainees, along with the education providers. Successful candidates will need to meet the requirements of
the person specification and have the ability to study on the course. Any communications and marketing material for the course/employment should make reference to the scheme and its terms and conditions, to help attract a wide range of suitable applicants.

Other partner organisations should be kept informed of the process (see ‘Partner responsibilities’ box below). If neighbouring service providers are hosting students on behalf of others, they can also be included in the planning and recruitment process at an early stage.

**Keeping your team informed:**
We recommend existing health visiting staff should also be informed of the process, including mentors and practice teachers. Involving them in the design of the recruitment process, wherever possible, will encourage buy-in and improve morale. Staff side representatives can also be invaluable in introducing the model and can play a useful role in the implementation team.

**Planning for selection:** We recommend that the overall selection process is led by the employer, with one set of interviews for both their training place and employment. The education provider needs to be included at an early stage to develop a joint approach and meet the deadlines of both the academic intake and recruitment process. It is worth considering that the time taken from advertising posts to completing the selection and recruitment process can take 12 weeks or more. This includes the time

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**Partner responsibilities**

Following the changes to the health and social care architecture in England from April 2013, some of the responsibility for delivery of the Health Visitor Implementation Plan 2011-15 has changed, and now sits with some of the new bodies within the structure.

Health visitors, practice teachers, mentors and other professionals will continue to deliver the plan, promoting the profession, and developing their professional practice.

Health Education England (HEE) and its 13 Local Education and Training Boards (LETBs) will ensure that sufficient training places are commissioned to support the delivery of workforce expansion. They will work closely with NHS England to align training commissions with service plans.

The DH continues to have overall responsibility for the Health Visitor Programme, with NHS England being responsible for commissioning health visiting services and delivering workforce growth and service transformation. Area Teams will lead this work locally, working closely with LETBs, Local Authorities and Clinical Commissioning Groups (CCGs). Commissioning of health visiting services will move fully to local authorities from April 2015.

Work is currently underway in preparation for this transition, and NHS England, DH and HEE have established good relationships with Public Health England and the Local Government Association (LGA). We will keep you informed of developments via our health visiting pages on our website.
needed to complete necessary checks and notice periods of individuals. It will be helpful to have a reserve list, as some applicants may have applied to more than one organisation or may choose to withdraw their application.

**Person specification:** It is essential that a clear person specification is developed as it will be used as part of the recruitment process. These should build in the requirements of the employer as well as attributes identified by the education provider. The Department of Health document, *Professional and personal attributes of a health visitor*, may be useful when developing the person specification and/or selection process. Having a robust selection process based on a well-constructed job description and person specification is essential for ensuring the quality of the future workforce.

**Equity of access:** Broadly, there are three groups of nursing candidates who will wish to access health visitor training: nurses and midwives in substantive posts; nursing and midwifery students; and health visitors wishing to access return to practice courses. Although we recognise that return to practice will require a slightly different recruitment process, each of the three groups should be able to equally access this model and be treated in a similar manner.

**Students already in health visiting training or about to start**

The students that are entering health visitor training in September/October 2013 and January 2014 are the last main cohorts of students who will be able to enter the workforce by April 2015 and therefore count towards the 4,200 goal. Employers who have not previously used this model or employers who are still working towards their trajectory may want to work with universities and training providers to offer employment to students on the successful completion of their training course. This will contribute towards meeting health visitor trajectories as well as providing a commitment of employment for students.

**Considerations prior to appointment**

**Contractual arrangements:** Using Agenda for Change standard terms of employment, employers should build into the contract the stipulation that continuation of employment after the period of training is conditional on the individual having qualified and being on the appropriate part of the NMC register. You may already have similar terms that address this from other training positions, for example cognitive psychotherapists who are employed at the point of entry to training.

Some employers who run similar schemes ask for a commitment to the organisation once training has been completed. This is something that is left to local consideration but it is worth noting that contractual terms of this nature are often not enforceable.

**Supporting students:** Employers should develop a local procedure for managing students who do not pass or complete the course. There should be reasonable procedures in place that support students who fail the course. Measures could include the opportunity to re-sit the course or specific modules, perhaps providing tailored support for the elements the student is finding difficult or redeployment into another area if appropriate.

**Further information**

For more information about the model, including frequently asked questions surrounding the process, visit [www.nhsemployers.org/healthvisiting](http://www.nhsemployers.org/healthvisiting)

If you have any questions about the process or want to keep us informed of your progress, contact us at RecruitmentandRetention@nhsemployers.org
Acknowledgments

NHS Employers would like to thank the DH, NHS England and Health Education England for their support and assistance in updating this briefing. A full list of acknowledgements for the production of the original briefing is made in the first version [link].

References and further reading

Health visiting implementation plan 2011–15: a call to action, Department of Health (February 2011)

The National Health Visitor Plan: progress to date and implementation 2013 onwards (June 2013)

Health Visitor Recruitment Toolkit, NHS Employers

Personal and professional attributes for consideration as part of the recruitment and selection process into health visiting programmes, Department of Health (March 2012)
### From training to practice: checklist

#### Considerations prior to recruitment

1. **Integrated planning**
   - ☐ Clarify the number of your training commissions and the required increase in health visitor numbers.
   - ☐ Review your current health visiting workforce retirement intentions.
   - ☐ Identify previous course attrition figures.

2. **Understanding your workforce**
   - ☐ Obtain information on current health visitor flexible working arrangements.

3. **Working with partners**
   - ☐ Meet with education providers to explain intentions, plan together and initiate partnership working.
   - ☐ Inform and work with partner organisations, such as neighbouring providers who are sharing recruitment.
   - ☐ Ensure you have sufficient Practice Teachers and mentors and effective links with your HEIs so that you are able to provide effective support to your students during their course and immediately after qualifying.

4. **Keeping your team informed**
   - ☐ Communicate with staff, mentors, practice teachers and staff side representatives. Involve them in the process where possible.
   - ☐ Update employer and education provider communications and marketing material to inform students of the arrangement.

5. **Planning for selection**
   - ☐ Plan timeframes for implementation and start early.
   - ☐ Include both the service provider and education provider on the selection panel.
   - ☐ Arrange block student recruitment.
   - ☐ Ensure you have a reserve list.

6. **Job description and person specification**
   - ☐ Develop a clear job description and person specification and share it with the education provider.

#### Considerations prior to appointment

1. **Contractual arrangements**
   - ☐ Build qualification/registration stipulation into the employment contract.

2. **Supporting students**
   - ☐ Review local policies on failing students.
   - ☐ Review available support for failing students.
NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

• pay and negotiations
• recruitment and planning the workforce
• healthy and productive workplaces
• employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

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Ref: EBRI09501