

Unit Six

Career planning and development for health care assistants from a PCT's perspective

Key messages

Reading this unit will:

- explain how the PCT can support health care assistants (HCAs) with careers advice
- describe the Skills Escalator and how it links with the development of the HCA
- describe the NHS career framework and where the post of HCA fits within the structure
- explain the links to the NHS Knowledge and Skills Framework (NHS KSF) that support career development
- describe examples of career pathways for HCAs in general practice that PCTs may want to support.

Many general practices will only have one HCA working for them. Even so, backup from their PCT regarding their HCA's training and career development will be useful. The PCT can take a wider view on whether there are sufficient good-quality local courses or enough NVQ assessors to meet the demand. If not, they can commission, provide or signpost training courses and awards so that there are sufficient to address the training needs of HCAs matched to practices' development plans. The PCT should also keep a check on the quality and relevance of local courses for HCAs working in general practice.

HCA careers advice

The PCT can check if there is any, or reasonable, access to well-informed careers advisers for HCAs who want, or require, careers information, advice or guidance ([Tool - Careers support information for health care assistants](#) and look at the appendix to this unit to understand the range of careers support resources that might be made available).¹ An HCA will benefit from impartial careers advice, which may not be available from a general practice employer who wants to retain the HCA in their practice and in their current role at the same pay scale. A forward-thinking PCT could take such a careers resource a step further by providing a repository or file about jobs that are advertised that might be of interest to HCAs. This should help retain good staff in the local area and could feed into a local HCA forum as described in the example below.

Example: HCA Forum

Richmond and Twickenham PCT have created an HCA forum to enable HCAs to discuss common issues and share experiences.² See [Unit 5: Education and training](#) for more information (see [Tool - Information about training courses](#)) and examples relating to HCA forums. Local practices will appreciate a PCT organising the HCA forum, booking the venue and keeping it going by facilitation and encouragement. Participants learn from each others' successes and solutions – in relation to practice development, personal development and career progression.

HCA mentors

Some PCTs, such as Stoke-on-Trent Teaching PCT, have set up a career mentoring scheme for HCAs. The mentors are generally practice nurses, or other primary care nurses or managers. Those being mentored receive a two hour introductory training programme so they know what to expect from mentoring. The mentors have a half-day training programme. The mentoring is undertaken in working hours, for one hour, and the mentor/mentee are expected to meet up to 6 times in a 1-year period.

Other PCTs provide placement opportunities for primary care staff, including HCAs, to give them tasters of other roles or settings and observe, firsthand, colleagues in various posts.

The Skills Escalator

The *Skills Escalator* strategy represents a stepped hierarchy within the NHS and provides the context for HCAs to develop and extend their careers.³ It is an approach to developing careers in the NHS through a supportive culture and infrastructure. The vision of a modern NHS is for staff to have a range of options for developing and extending their careers that are supported by learning and development opportunities.

There are seven levels in the NHS *Skills Escalator*, starting with people coming into work for the first time, rising to the most senior management roles, such as chief executives or senior clinicians, such as hospital consultants. How quickly someone moves up the *Skills Escalator* depends on their personal strengths and needs, and those of their PCT or general practice. These will change over time. There should be no barriers insurmountable to career progression if an individual has the drive and potential to progress.⁴

The practice or PCT employing HCAs may support individual HCAs to extend their skills at their current level of responsibility, or to develop the knowledge and skills necessary for the next level of responsibility or skill set. There is no guarantee of promotion or advancement once an HCA has gained the requisite knowledge and skills for the next level, but they will gain job satisfaction and be able to take advantage of openings as they appear, if they want to progress further.

There will still be traditional entry points, such as those for registered health professionals like doctors and nurses, but these will be complemented by other entry routes, such as cadet schemes and role conversion. These additional entry points will attract people into the NHS from non-health careers who are seeking new challenges, and draw qualified and experienced people into the NHS workforce. The *Skills Escalator* concept aims to illustrate that an individual HCA working for the NHS has the opportunity to progress through learning and development. A person may step off and on the *Skills Escalator* as their personal situation dictates, but develop at a pace that suits their needs and ability.

A PCT will need to invest in cross-organisational team support to make a skills escalator work. The example below captures the many dimensions that a PCT will need to establish. Top management support is essential, and PCTs need to work with education and careers advice providers, such as local colleges and Connexions, to ensure training for HCAs remains up to date and coordinated. The PCT will need to engage with the local community to attract members of the public who may not have considered working for the NHS as an HCA before. The PCT's learning and development strategy should be just as relevant to HCAs as more senior clinical staff. It should include requirements for best practice in appraisal and personal development planning, and ready access to learning and development activities and careers support resources.

How could the PCT support general practice with the career development of HCAs

Obtain management commitment to supporting the development of the HCA role by:

- *ensuring protected learning time events are available to all general practice staff*
- *setting up an HCA forum*
- *developing learning opportunities in other healthcare settings, eg ECG training undertaken at the local hospital to gain experience.*

Develop partnership working:

- *offer to coordinate the development of the role across the local PCT to encourage uniformity of learning, development and practice, eg organise a workshop to discuss the role of the HCA, and how it could be introduced or expanded within general practice. Consultation is a must so that general practice feels part of the process.*

Engage with the local community:

- *producing flyers information leaflets to place in health centres and general practice surgeries about the HCA role*
- *asking patient and public involvement forum members to promote the role of an HCA*
- *using the lay booklet produced by the Working in Partnership Programme to explain the role of the HCA*
- *supporting the development of health trainers*
- *liaising with careers advisers at JobCentre plus, Connexions, local schools, colleges and universities to explain the role of the HCA and the career opportunities available*
- *using the guide produced by Volunteer England to developing volunteer involvement within the NHS, including general practice, to raise the role profile of an HCA as a career opportunity (see www.volunteering.org.uk/).*

Develop a learning and development strategy for 14–19 year olds by:

- *visiting local schools and colleges to promote the career pathway for HCAs*
- *engaging with local schools and colleges to ensure the course content includes the HCA role as a career or career pathway.*

Perform appraisals and personal development:

- *give support to practices who may not have a formal appraisal system in place.*

Ensure investment in, and access to, flexible learning and development opportunities:

- *advertise courses to general practice*
- *use the HCA toolkit to identify other training opportunities for HCAs.*

Example: Case Study – Croydon PCT

Sally Smith is a 42-year-old HCA who has been working in a Croydon general practice for 5 years. She has completed the PCT HCA development programme and competency assessments, as well as an NVQ Level 3 in Care and is keen to undertake her nurse training. The general practice she works for, although they do not want to lose such a valuable member of the team, are very supportive of the decision and are keen for Sally to return as a future general practice nurse.

Having met the PCT criteria for a secondment, her practice nurse manager and NVQ assessor, who was also her clinical nurse trainer, has supported her in applying to the PCT for a scholarship. If successful, Sally will then go on and apply for nurse training. Sally has also been given the opportunity to access a study skills course to equip her for diploma-level study and been given advice by the learning accounts manager. It is important that Sally continues to earn a salary and, through the funding supplied to the practice by the PCT, Sally will complete her training on the same rate of pay. The practice can then employ another HCA on a fixed-term contract. This gives Sally the option to return to her HCA role should she be unable to complete the training.

The Human Resource department and the nurse trainers have developed ways to help practices like Sally's with the recruitment and selection of HCAs. This includes providing help with advertising on the intranet, developing an HCA employment resource pack, leading interviews and signposting interested applicants to vacant posts.

Croydon now has 35 HCAs working in general practice who are encouraged to access both corporate and other study days relevant to their clinical practice as identified in their personal development plan. An annual HCA conference and quarterly forums enable the HCAs from both the community and general practice settings to network and celebrate their evolving role.

Making the skills escalator work across a PCT³

The top 10 requirements to make the skills escalator work are:

- *obtaining top management support and commitment*
- *developing working partnerships*
- *engaging with the local community*
- *developing a learning and development strategy*
- *performing appraisals and making sure personal development plans are developed for all staff*
- *ensuring investment in, and access to, promotion of a range of flexible learning and development activities*
- *designing roles around patients' needs*
- *supporting and encouraging staff careers*
- *ensuring equal access to all opportunities*
- *improving Working Lives Practice Plus rating.*

The NHS Career Framework

The NHS Career Framework has nine key elements, which are listed in the table overleaf. This will help you to envisage how the HCA post fits in with the hierarchy of NHS careers. The *Skills Escalator* puts the NHS Career Framework into context, highlighting the entry points for working in the NHS, and the variety of career and training step-on and step-off points.

The case study in the example below explains how Linda started as a receptionist at Level 1 before becoming an HCA at the support worker level. She then attained her primary HCA qualification and NVQ Level 3, progressing to the level of senior HCA. She is now studying to be a registered nurse, after which she will leapfrog to Level 5 when she starts out as a post-registration nurse.

Example: Career mentors

Linda worked for the Willow Tree practice as a member of the reception team when the PCT established the practice in an inner-city area of her town. She was already participating in a local career development initiative for administrative staff and HCAs, whereby she had been allocated a career mentor. She discussed her aspirations for moving into a caring role with her mentor, as she felt really drawn to working more closely with patients than her reception and clerical role allowed, but wasn't sure if she was good enough. They discussed Linda's career plans and how a move to an HCA post might slot into the greater scheme of things. Linda applied for the next part-time HCA post in the practice and got the job against stiff competition from other applicants (her mentor had encouraged her to go for interview skills training). Her practice manager was pleased to allow Linda to combine her new HCA role with half-time clerical work and replaced the 'other half' of Linda with a new receptionist. The practice arranged her induction to her HCA role to take account of the fact that she knew the practice team well, but was inexperienced at care work. She continued to meet with her career mentor for a further 6 months.

Key elements of the NHS Career Framework⁵

Level 9. More senior staff: with ultimate responsibility for clinical caseload decision making and full on-call accountability.

Level 8. Consultant practitioners: staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

Level 7. Advanced practitioners: experienced clinical professionals with skills and knowledge to a very high standard.

Level 6. Senior practitioners/specialist practitioners: staff with a higher degree of autonomy and responsibility than 'practitioners'.

Level 5. Practitioners: most frequently registered practitioners in their first and second post-registration/professional qualification jobs.

Level 4. Assistant practitioners/associate practitioners: delivering protocol based clinical care under the direction and supervision of a state registered practitioner. Probably studying for, or attained, a foundation degree, Business and Technology Education Council (BTEC) higher or higher national diploma (HND).

Level 3. Senior HCAs/technicians: have a higher level of responsibility than a support worker. Probably studying for, or attained, NVQ Level 3 or Assessment of Prior Experiential Learning (APEL).

Level 2. Support workers: frequently have job title HCA or healthcare technician. Probably studying for, or attained, NVQ Level 2.

Level 1. Initial entry-level jobs: such as domestic assistants or cadets requiring very little formal education or previous knowledge, skills or experience in delivering or supporting the delivery of healthcare.

You can look on the *Skills for Health* website (www.skillsforhealth.org.uk/careerframework/tools.php) to review the career pathways that are available to staff – in this case health care assistants. You could use this career tool in a PCT for succession planning or to check your staffing profile. But it can also be used to see what career options are available to members of your staff. A senior health care assistant for instance, has several career options at level 4 if they continue to develop their competence: an assistant practitioner in radiography or nursing, or a community care assistant.

Supporting and developing health care assistants

Several PCTs are leading in the support and development of health care assistants, as Example: *PCT support and development for HCAs working in general practice* shows. Southwark PCT has increased their funding for supporting health care assistants in primary care using the Local Enhanced Services budget under the *nGMS contract* as the funding stream. This will allow the establishment of a health care assistant in every one of the 50 practices.

See [Tool - Example specification for a local enhanced service and bidding template](#) for an example of a specification for a Local Enhanced Service you might want to adopt or adapt.

Example: PCT support and development for HCAs working in general practice

Southwark PCT develops and supports the role of the HCA in general practice. HCAs are given leadership opportunities: for instance, with an option to train to become clinical supervisors; developing skills to enhance HCAs to benefit skill mix and work between district and practice nursing to help to integrate services. Each HCA supervisor facilitates a group of six HCAs who meet for 1–2 hours on a monthly basis. One HCA who started in general practice in the PCT in 2002 concluded that 'HCAs who are keen to harness all education opportunities available can develop a useful and fulfilling career in a field once considered limited to the domain of a qualified nurse.'⁶

Cambridge City and South Cambridgeshire PCTs have set out delegation guidelines for registered nurses of caseload activities that can be given to HCAs. The nurse remains responsible for the appropriateness of the delegation, for ensuring that the person who does the work is able to do it and that adequate supervision or support is provided.⁷

The NHS KSF

The NHS KSF⁸ covers all HCAs working in general practice who are employed by PCTs and those working in general practice where practice employers take up the option under Agenda for Change (AfC).⁹ All GP practices are required to adopt fair employment practices 'like under AfC' to ensure fair pay and terms that satisfy equal pay legislation. There are helpful publications that answer frequently asked questions to explain how AfC affects independent GP employers.^{10,11} The type and extent of knowledge and skills that define specific roles as an HCA are useful in developing general practice teams, in agreeing skill mix, and in planning training to evolve different competences.

The KSF profile of a job will act as a prompt for action by HCAs and their managers at the annual appraisal to ensure that their knowledge and skills about their current job are up to date.

The Teignbridge PCT and Torbay PCT's professional and educational career framework for nurses and support workers employed within general practice includes competencies for HCAs aligned with the KSF. You as an employer, or practice employers, will be able to use the KSF profile to review opportunities for personal and professional development for individual members of staff. This should complement their current work or prepare them for another role to help them progress their career and benefit the service. It will help with succession planning in a practice and anticipate the knowledge and skills required for future roles that HCAs will be required or expected to undertake. See [Unit 3: Competence](#) to consider the link between the KSF and an HCA's competence.

Summary

- PCTs have an important role to play in providing a support and information to HCAs wishing to develop and move on with their career.
- Focusing on providing HCA career advice and encouraging HCAs from across the PCT to meet and share experience can help to spread opportunity and initiative.
- There are three important national programmes into which the PCT can link the HCA career development agenda:
 - The NHS skills escalator
 - The NHS careers framework
 - The NHS knowledge and skills framework.
- The PCT will want to ensure that the PCT and, as far as possible, its practices encourage staff to make the most of the opportunity to develop their careers within the NHS.

References

1. Chambers R (ed). *Career Planning for Everyone in the NHS. The Toolkit*. Oxford: Radcliffe Publishing; 2005.
2. Richmond and Twickenham PCT. *Personal communication*. London: Richmond and Twickenham PCT; 2005.
3. Department of Health. *Skills Escalator Resource Pack: Achieving your potential available*. London: Department of Health; 2004. http://www.dh.gov.uk/publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4083236&chk=dx0t44.
4. Department of Health. *Working Together – Learning Together. A Framework for Lifelong Learning*. London: Department of Health; 2001.
5. Skills for Health. *Key Elements of the Career Framework 2005*. Skills for Health website http://www.skillsforhealth.org.uk/careerframework/key_elements.php
6. Walters M. *One HCA's experience in a Southwark practice*. *Practice Nursing* 2005; 6 (11): 534–6.
7. Baron M, Appleby M, Endersby W et al. *Delegation Guidelines for Registered Nurses of Caseload Activities to Health Care Assistants*. Cambridge: Cambridge City and South Cambridgeshire PCTs; 2005.
8. Department of Health. *The NHS Knowledge and Skills Framework*. London: Department of Health; 2004. http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4090843&chk=dyrb/a
9. Department of Health. *Agenda for Change – What Will it Mean for You?* London: Department of Health; 2004. <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaforChange/fs/en>
10. Carmichael E, Rowlands C. *Agenda for Change. Questions and answers for GP Practices*. Rotherham: Rotherham PCT; 2005.
11. Johnston J. *10 Tips on Moving to Agenda for Change*. *Medeconomics*. 2005; November: 32–3.