

Unit Five

Education and training for healthcare assistants from an education provider's perspective

Key messages

Reading this unit will:

- describe the benefit to general practice of a trained health care assistant (HCA) workforce
- help explain the need for clinical supervision for tasks delegated to HCAs by a healthcare professional
- describe the type of courses that are suitable for this audience
- explain HCA training within the new NVQ structures.

The benefits of structured education and training

The provision of structured education and training for HCAs can help to improve their performance in their role and increase their contribution to the work of the practice.

A recent evaluation of a foundation training course for HCAs showed that the range of tasks undertaken by HCAs pre and post training changed considerably. The practices concerned benefited from HCAs that were able to take on a wider range of tasks than they had before the course.

The education provider has a key role to play in helping general practice get the most out of the HCA workforce by providing flexible training that fits within a structured programme. Skills acquired by HCAs should be transferable to other settings and allow an HCA wishing to progress to move up the skills escalator.

HCAs in general practice will have varying levels of previous education and training. Some may:

- have transferred from working as a member of the reception staff
- have received training for their post
- have achieved NVQ in Health Care Support Services at Level 2
- have transferred from working as HCAs in other settings of the NHS, ie secondary care
- have transferable basic education and training, and therefore only require additional training in specific skills
- have no knowledge of NHS procedures and functions
- be previously trained nursing professionals who have let their skills lapse while out of paid employment.

Education providers will need to establish at what level people are entering their education and training programmes so that they can tailor the opportunities to match their needs.

What to provide

There are many formats that can act as points of access for adult learning, for example:¹

- *workshops*
- *seminars*
- *short educational courses*
- *in-house training.*

Computer skills are increasingly needed so computer-based (CD-ROM and internet) learning could be one method of learning, particularly if help is provided.²

On-the-job training needs to be structured correctly to ensure that:

- *all aspects are adequately covered*
- *other people's bad habits are not passed on*
- *there is gradual transfer of responsibility from the supervisor to the learner.*

Lifelong learning combines both formal and informal learning as a natural part of everyone's everyday lives. Strong links between theory (the teaching), practice and healthcare policy should ensure that lifelong learning applied to general practice is relevant to service needs.

NVQs in healthcare

Following qualification at NVQ Level 3 in healthcare, HCAs are able to undertake a broad range of clinical activities without direct supervision.

About NVQs in healthcare

The new NVQs in healthcare (Levels 2 and 3) became available from 1 June 2005. These replace the NVQs that expired at the end of May 2005. The new NVQs in healthcare provide a range of endorsed titles to match the specific occupational needs of healthcare professionals. There are three endorsed titles at Level 2 and 16 endorsed titles at Level 3.

The NVQs in healthcare are appropriate to those working:

- *in healthcare (eg those supporting nurses and health visitors)*
- *as allied health professional support (eg those supporting physiotherapists, occupational therapists, dietitians, speech and language therapists)*
- *in a scientific environment (eg those working with physiological measurement and in operating theatres).*

Further information is available from: www.skillsforhealth.org.uk

NVQ Level 3 is required should an HCA wish to progress onto nurse training or to become a member of the Royal College of Nursing.³ The NVQ is a transferable qualification recognised throughout England, Wales and Northern Ireland. Comparable qualifications are available in Scotland (SVQs).

Training for assessors also needs to be offered, as practice nurses may need additional training for this role. Once trained, the practice nurse has a transferable skill that can be offered to others.

All of the units of competence used within the NVQ and SVQ awards have been developed by the sector, focus on specific activities to develop roles, and are mapped to the *Knowledge and Skills Framework* (KSF). It is likely that the number of training pathways will grow.

Education providers should liaise with the education lead or HCA development officer in the PCT to discover how they could become providers of these courses. The choice of optional units at NVQ Level 3 has previously been limited for HCAs working in general practice as most units have been written for secondary care, community nursing or residential care. The work required to achieve NVQ Level 3 may take up to 2 years to complete, but a short, more focused, introduction course enables HCAs to become competent in their own fields more rapidly without overwhelming them with theoretical knowledge.

Other routes for training

Some PCTs have opted to develop their own training schemes (see the following four boxes: *East Kent Community Training Alliance, Richmond and Twickenham PCT, The Primary Care Training Scheme, and Southwark PCT – HCA core training*).

Example: East Kent Community Training Alliance⁴

Individual practices should have a set of training principles within which the HCA will work and the HCA should have a copy of these principles. A mentor with professional experience should be appointed to support the development of the HCA. An induction programme should be completed within the first 6 weeks of employment. During this time, a training needs assessment should be completed and plans to meet the training needs identified should be initiated. These initial meetings should produce a practice development plan for completion by the HCA that lists all the possible areas of competence.

Courses should be arranged at regular intervals to provide training in clinical procedures, for example:

- *blood pressure measurement*
- *monitoring blood glucose*
- *well-person guidelines*
- *health checks.*

All courses currently available are published in the East Kent Community Training Alliance brochure and HCAs should attend all courses where a learning need has been established. The wide range of courses available include generic NVQs and those to develop specific skills, such as phlebotomy.

Example: Richmond and Twickenham PCT

The PCT provides all practices with a standard contract and job description. All employed HCAs are required to undertake the NVQ at Level 3. All practice nurses are encouraged and supported to obtain qualifications as assessors, but external assessment is also provided. Practices receive regular support from the PCT visits, and the PCT has set up an HCA forum to provide a network for HCAs to share good practice and further training requirements. Additional training programmes in clinical skills are offered. HCAs achieving NVQ Level 3 are supported if they wish to be seconded into nurse training.

The Primary Care Training Scheme⁵

This is a 6-month distance-learning course that covers a variety of topics, including:

- *confidentiality*
- *communication*
- *accountability*
- *maintaining standards*
- *infection control*
- *health and safety.*

The course is accredited to Huddersfield University for 30 credits at foundation level. Assessment is in the form of a portfolio, which requires the HCA to submit a 6,000-word learning diary and to reflect on five learning outcomes. All students are required to have a registered nurse mentor who assesses their competence in the selected clinical activities, for example:

- *blood pressure*
- *venepuncture*
- *capillary bloods*
- *spirometry*
- *ECG*
- *peak-flow monitoring.*

They must be fully proficient in three of these activities to complete the course. The course requires attendance at a 2-day workshop, which may be delivered at the Training Centre or, alternatively, can be delivered as a satellite course.

Southwark PCT – HCA core training

The training below is provided by the Shared Services Partnership Learning and Development Department.

1. The HCA/support worker training programme is run over 10, half-day workshops covering the following:
 - *roles and responsibilities*
 - *confidentiality and record keeping*
 - *health and safety*
 - *health promotion*
 - *phlebotomy (theory and practical)*
 - *consequences of lifestyle*
 - *infectious diseases*
 - *routine tests (eg blood pressure and urine)*
 - *awareness of long-term conditions*
 - *evaluation and projects*
 - *CPR and anaphylaxis*
 - *CPR and anaphylaxis*
 - *introduction to clinical supervision*
 - *smoking cessation training.*
2. Practices are expected to release HCA staff and members of the nursing team to access additional training and development opportunities relevant to the post, as identified in individual personal development plans.
3. Practices are also expected to support and encourage HCAs to access NVQ Level 3 training. The NVQ centre provides trained assessors to visit, support and assess HCAs in primary care.

For stand-alone courses, it is important to consider if the competencies achieved are recognised by other PCTs. It is also possible to commission stand-alone courses that are accredited. The examples given above, in the workshop programmes, are accredited.

Given the flexible nature of the HCA workforce, it would be preferable for education and training for those competencies specific to general practice to become options within a nationally recognised scheme,

such as the NVQ or equivalent. This would validate the standards and make the training transferable. Educational providers have a role to play in ensuring that training courses offered are validated and moderated.

At present, there is limited opportunity for HCAs from general practice to interact together as a group. Some PCTs and other organisations have HCA networks, and the Working in Partnership Programme's HCA initiative is working with these groups with the aim of making the network accessible at a national level.

Summary

- *Investing in structured education and training can improve the performance of HCAs, and ease the burden of supervision on other members of practice staff.*
- *The work of HCAs is delegated by a trained professional who ultimately bears responsibility for the tasks undertaken by the HCA.*
- *Only an individual assessment of competence can determine if an HCA can work safely without supervision.*
- *Education providers have an important role to play in helping practices realise the benefits of their HCA staff.*
- *Although there are a range of training formats that are suitable for this audience, education providers need to be aware of the practical constraints in which general practice operates.*
- *NVQ and stand-alone training both play a role in the education of HCAs.*
- *Progression of HCAs into nursing is becoming a common pathway for post holders to progress their careers and this requires an NVQ Level 3 qualification.*

References

1. Loughary JW, Hopson B. *Producing Workshops, Seminars and Short Courses*. Chicago: Associations Press; 1979.
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3. Royal College of Nursing. *Appendix Three: Acceptable S/NVQ Care Areas*. RCN website: <http://www.rcn.org.uk/whyjoin/yourmembership/appendices.php#c>.
4. East Kent NHS. *Induction Programme for Healthcare Assistants in General Practice*. East Kent NHS website: http://www.kentandmedway.nhs.uk/pdf/Professional_pages/healthcare_assistants_induction.pdf.
5. Primary Care Training. *Multi-disciplinary Training - for ALL Members of the Primary Care Team*. Primary Care Training Centre website: <http://www.primarycaretraining.co.uk>.