Regulation of Healthcare Support Workers
A Scottish Pilot on behalf of the UK

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Background

- 2004 consultation – England & Wales; and in Scotland
- May – June 2005 - National (Scotland) Strategy Group of key stakeholders (including HCSWs) -> preferred option
- July 2005 – request for evidence to Foster Review Advisory Group ....
Background

- Agreement that Scotland leads on behalf of UK (testing of preferred model in Scotland)
- October 2005 - 4-country Steering Group set up -> still steering! [Lay Chair, RCN, UNISON, Reg Bodies, CHRE, lay reviewers, independent sector, SSSC…]
- SG Working Group – developed standards and codes, prepared for public consultation, etc
- Planned pilot
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Key influences

Reviews of regulation by UK Department of Health

• 2 reports (medical and non-medical reviews) - significant influence across UK

• *The regulation of the non-medical healthcare professions* (July 2006), the “Foster Review” of particular influence

• Publication of UK Government White Paper (February 2007):
  – *Govt in England will consider outputs from Scottish pilot*
  – *Govt will consider whether there is demand for statutory regulation for levels 3 & 4 – against criteria*

• Definition of “Healthcare Support Worker” important in Scottish pilot
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Pilot project on behalf of the UK –

description of preferred option

• Develop a model of “employer-led” regulation for HCSWs (with national consistency) built on the premise of patient safety / public protection
• Hold a centralised list / “register”
• Negotiate nationally agreed standards for
  – safe recruitment and induction,
  – code of conduct for HCSWs,
  – code of practice for employers
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Actions since 2005

• Consultation on standards and codes 31 May – 31 August 2006
• Overwhelming support for principle of **public protection**
• Positive response to standards
• Call for mandatory status
• Plain English Society input
• Scottish Ministerial launch of standards and pilot - November 2006
• Piloting of model of standards and listing - January 2007-> December 2008
Standards – issues addressed prior to consultation

• Need for compatibility with / linkage to:
  – KSF dimensions and e-KSF
  – Skills for Health - NOSs / NWCs
  – PIN (Partnership Information Network) – Personal Development Planning and Review (Scotland)
  – NHS Scotland core induction programme (pilot)
  – Existing provision of induction (local matching)
  – Over time - SCQF (performance criteria for evidence of achievement)
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Public Protection “standard statements” 1.

- Build ‘customer’ relationships
- Communicate appropriately with patients / others
- Work within confidentiality and legal frameworks
- Work in accordance with the equality, diversity, rights and responsibilities of patients
- Protect patients from harm and abuse
- ‘Whistle–blow’ in cases of harm and abuse
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Public Protection “standard statements” 2.

- Personally develop – knowledge and practice
- Reflect on practice to enhance knowledge
- Work within own limits
- Manage yourself as a resource
- Contribute to team work
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Public Protection “standard statements” 3.

• Be personally fit at work
• Maintain Health and Safety at work
• Assess risk associated with work
• Report incidents at work
Code of Conduct

- Complementary to induction standards
- Focuses on “Working to Standard”
- Concepts covered:
  - Accountability, Awareness, Integrity, Advocacy, Sensitivity, Objectivity, Consideration & Respect, Consent, Confidentiality, Cooperation, Protection, Development, Alertness
- Well received to date
Potential use of Career Framework for HCSWs

- Levels 1 – 4 relevant
- Standards relate to all 4 levels – public protection focus
- Not role specific – clinical roles would build on the threshold standard (relevant to KSF outlines and development of national clinical standards)
MORE SENIOR STAFF - LEVEL 9
More senior staff with ultimate responsibility for clinical caseload decision-making and full on-call accountability.

CONSULTANT PRACTITIONERS - LEVEL 8
Staff working at very high level of clinical expertise and/or have responsibility for planning services.

ADVANCED PRACTITIONERS - LEVEL 7
Experienced clinical practitioners with high level of skill and theoretical knowledge. Will make high level clinical decisions and manage own workload

SENIOR PRACTITIONER/SPECIALIST PRACTITIONER LEVEL 6
A higher degree of autonomy and responsibility than level 5 or managing one or more service in clinical environment.

PRACTITIONERS - LEVEL 5
Registered practitioners consolidating pre-registration experience and getting ready for a higher level of functioning.

ASSISTANT / ASSOCIATE PRACTITIONER – LEVEL 4
Studying for HND/Dip HE some work involving protocol based care under the supervision of a registered practitioner.

SENIOR HEALTHCARE ASSISTANT/TECHNICIAN – LEVEL 3
Higher level of responsibility than support worker and studying for or attained S/NVQ 3/4 or NHC / Cert HE.

SUPPORT WORKERS – LEVEL 2
Frequently entitled ‘Healthcare or Care Assistant’, probably studying for or attained a vocational qualification (S/NVQ) at level 2.

SUPPORT WORKERS – LEVEL 1
e.g. domestic/support staff or those in roles that require very little formal education.
Pilot

• Initially for a year from January ’07 onwards – timescale now extended to secure evidence base for policy decision
• In 3 NHS Board areas and one independent hospital in Scotland
• In NHSS; Mental Health, Children’s and Older People’s services
• All HCSWs in chosen areas (clinical and non-clinical)
Pilot implementation

- Nationally agreed assessment tool for achievement of standards
- SWISS (e-workforce database) held ‘list’
- Compliance monitoring; *self – assessment by Boards and national monitoring of structures and processes – NHS Quality Improvement Scotland*
- Communication!!!
The Scottish Government Parallel Independent Evaluation Study

• Research tendering exercise Autumn 2006
• Contract awarded -> interviews of key informants and ongoing observation of implementation since
• Outputs will provide evidence to inform future policy decision – this is an area devolved to the Scottish Parliament
Questions for evaluation team

Numerous Qs - relating to:
• Implementation phase (infrastructures, etc)
• Operation of model
• Potential impact of model
• Overarching question:
  – “Does the model of standards and listing have the potential to enhance public protection?”
Progress with evaluation

- Limitations re what is allowed legally
- Interviews, case studies, one to ones, etc.
- Key informants; Chair of Steering Group, UNISON, Directors of nursing, HR, facilities, etc, etc
- Recruitment of HCSWs July 2007 until September 2008
- Extension of pilot to strengthen evidence base
- October 2008 stakeholder event in Edinburgh → policy position
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**Compare and Contrast**

**Statutory RB v Employer-led**

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<thead>
<tr>
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<th>Reg Body</th>
<th>Employer</th>
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<tbody>
<tr>
<td><strong>Set standards</strong></td>
<td>Set nationally (UK)</td>
<td>Set nationally (Scotland / UK?)</td>
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<tr>
<td>(conduct, performance,</td>
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<td>ethics)</td>
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<td><strong>Fitness to Practise</strong></td>
<td>Employer and national regulator</td>
<td>Employer (HR policies, CG, SG)</td>
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<td><strong>work</strong></td>
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<td><strong>Maintain professional</strong></td>
<td>National Regulator (at a cost)</td>
<td>Occupational list (being tested)</td>
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<td><strong>register</strong></td>
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Some relevant questions 1.

- Should the existing regulatory bodies regulate support workers? - > capacity / rationale / proportionality?
- Is the professional self-regulation model used by doctors, dentists, nurses, etc, an appropriate one for support workers? - > would criteria be met?
- Should there be an independent statutory regulator? – > cost?
- Who should pay for this? - > is it professional “self” regulation or “occupational listing”?
- What about those working across boundaries / in “hybrid” roles? Who should regulate?
Some relevant questions 2.

- How best should the monitoring of standards be achieved? - > **who has the right in statute?**
- What training and on the job support is required? - > **resource implications?**
- Would a qualifications based register affect recruitment? – > **how would less ‘able’ cope?**
- What does public safety demand? - > **a threshold standard of performance?**
- What is the risk associated with HCSW practice? - > **supervision / context issues?**
• Aren’t **Clinical / Staff Governance** and **Patient Safety Strategies** enough? What about elsewhere in UK?
• What links with “barring” lists?
• What is the **role of the employer** in patient safety?
• What are the links with the **DH Working Group** on “Extending Professional Regulation” – work on criteria, different models, risk, etc
Example of criteria for statutory regulation (HPC) 1

- Discreet area of activity
- Defined body of knowledge
- Evidence-based practice
- Established professional body
- Voluntary register
Example of criteria for statutory regulation (HPC) 2

• Defined entry routes
• Independently assessed qualifications
• Standards – conduct, performance, ethics
• Disciplinary procedures
• Commitment to continuing professional development
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For more information

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QUESTIONS?