SUPPORTING THE DEVELOPMENT OF HEALTHCARE SUPPORT WORKERS IN SCOTLAND –

FINAL REPORT

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Report written by

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for

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Audrey Cowie

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SUPPORTING THE DEVELOPMENT OF HEALTHCARE SUPPORT WORKERS IN SCOTLAND

1. Introduction

The project was commissioned by the Strategic Change Unit (SCU), Scottish Executive Health Department and involved the part-time (one day per week) secondment of a Professional Officer from the National Board for Nursing, Midwifery and Health Visiting for Scotland.

The aim of the project was to provide a co-ordinated national approach to the development of healthcare support workers across Scotland.

This provided an opportunity to bring together commitments expressed in *Caring for Scotland* (SEHD 2001) and *Learning Together* (SEHD 1999) and was facilitated by the Chief Nursing Officer for Scotland.

The project ran from July to December 2001 and a *Project Design Group* was set up at the beginning of August 2001 (see appendix 1 for membership). This group provided expert opinion, comment and support as the project progressed.

2. Definition of Healthcare Support Worker

At the outset of the project the Project Design Group defined the Healthcare Support Worker as *one who performs as an assistant to the professional care team.* This definition has been used throughout the duration of the project and has been applied to those with a direct patient / client contact role.

3. Background

Learning Together (SEHD 1999) pledged a commitment to addressing the inequalities in terms of access to development opportunities between professional and non-professional staff working within the NHS Scotland.

Caring for Scotland (SEHD 2001) has more recently charged Directors of Nursing with:

- developing a framework for the training, support and supervision of Support Workers by 2002
- agreeing occupational standards for Support Workers by 2002
- ensuring that all Support Workers in their organisations undertake training to maintain standards of practice by 2005
- ensuring that Support Workers have the opportunity to acquire a named award to at least SVQ 2 level or equivalent by 2005.

4. Strategic Commitment

The above policy drivers pointed to the need for joined-up planning in relation to implementing this project for Support Worker development. Through this project, the Scottish Executive demonstrated commitment to supporting Directors of Nursing and others to ensure that policy was actively implemented. This project had as its basis the fundamental belief that a national approach to the task would be in Scotland's best interests. The underpinning principle to promote transferability and reciprocal recognition across geographical and care contexts guided this project.

5. Indicative Outcomes of the project

The indicative outcomes of the project were as follows:

i a mapping of the numbers and types of health care support workers (HCSWs) in Scotland

ii an analysis of service managers' assessments of the training needs of HCSWs

iii a framework for defining workplace competencies/occupational standards

iv a compilation of information about existing training opportunities and good practice in trusts for the development of HCSWs

v the identification of opportunities for articulation with programmes of professional education.

In addition:

vi an initial appraisal of options for the provision of support workers' preparation arising from the assessment of training needs

vii demonstration of a process that facilitates consultation as to the preferred way forward, and,

viii the encouragement and demonstration of cross organisational working.

6. Project method

An action plan was drawn up at the Project Design Group meeting. This allowed for agreement on targets, methodology and timescales. A summary of this is outlined below.

TARGET	METHOD	TIMESCALE
Meeting of Project Design Group.	Facilitated by CNO at meeting with Directors of Nursing Group.	August 2001

TARGET	METHOD	TIMESCALE
Definition of "Support Worker" and groups to be included in project (see appendix 2).	Agreement at Project Design Group Meeting.	August 2001
Identification of National Stakeholding Group (NSG) and representative membership secured.	Directors of Nursing; National Paramedical Advisory Committee; Independent, Voluntary and Social Care Sectors; Scottish Partnership Forum; SEHD and National Training Organisations approached for representation. First meeting held.	August 2001
Identification of the numbers and types of healthcare support workers (HCSWs) in employment in Scotland.	ISD contacted.	October 2001
Identification of the training needs of HCSWs.	Resources pooled at the first meeting of the NSG.	August 2001
Identification of core competencies required of HCSWs.	Generation of draft core competencies by NSG. Two phases of consultation on these (see appendices 3 and 5 for those involved).	November 2001
Identification of key curricular concepts required to underpin core competencies.	An educational consultant identified the knowledge, skills and attitudes necessary in a programme of preparation to underpin the core competencies.	November 2001
Identification of existing training opportunities and good practice relating to the preparation of HCSWs.	Existing programmes of preparation scrutinised against the national core competencies identified.	November 2001

TARGET	METHOD	TIMESCALE
Identification of opportunities for articulation of HCSW preparation with programmes of professional education.	Professional statutory requirements and opportunities for recognition of support worker development explored.	November 2001
Consideration of a methodology for the national educational accreditation of programmes of preparation.	Existing and potential methods of accreditation explored.	December 2001

7. Results against indicative outcomes

7.1 A mapping of the numbers and types of HCSWs in Scotland

Data obtained from the Information Statistics Division of CSA (see Table 1) indicate that there are around 20,750 healthcare support workers in Scotland. A further 13,500 Nursing Auxiliaries are to be found in the Nursing Homes Sector.

ISD data is based on Pay Role information and is not wholly sensitive to the needs of this project in that it is unclear how each category was initially defined. In addition, the project was designed to take account of the needs of support workers who have direct access to patients / clients and who do not already receive compulsory training / preparation for the role through employer regulation. Care in interpreting the data is therefore required, for example, *Radiography Aids* includes dark room assistants who have little direct contact with the public in the course of their work and therefore have different training needs from those groups who do. In addition, from wider discussion with key stakeholders, *Operating Department (OD) Assistants* are assumed to be OD *Orderlies* in light of the numbers quoted and not practitioners whose preparation is regulated by the employer.

It is important therefore to ensure that all HCSWs in Scotland who have direct access to the public have formalised training or preparation for the work roles they occupy. This project has however demonstrated that good practice in relation to role preparation already exists in pockets throughout Scotland.

TABLE 1

NUMBERS AND TYPES OF HEALTH CARE SUPPORT WORKERS IN NHS SCOTLAND

Group	WTE	Head Count
Nursing and Midwifery – unqualified (includes nursery nurses)	15,533 (154.7)	19,548 (198)
"Healthcare Assistants" (different pay spine)	36.9	47
Speech Therapy Assistants	66	94
Occupational Therapy Helpers	257.4	350
Physiotherapy Helpers	225	328
Dietician Assistants	No stats	No stats
Radiography Aids (includes dark room assistants!)	156.7	190
Orthoptists Assistants	No stats	No stats
Foot Care Assistants	27.3	32
Art & Music Therapy Assistants	No stats	No stats
Play Therapy workers	9.6	15
Unqualified PAMs (uncategorised)	6.9	8
*Operating Department Assistants (assumed to mean OD "orderlies")	142.5	144
TOTALS	**16,471.3**	**20,756**

ISD September 2000 figures
(from National Pay Role information)

* 1999 stats

NUMBERS OF NURSING AUXILIARIES IN NURSING HOMES (ISD MARCH 2001)

Group	WTE	Head Count
Nursing Auxiliaries	10,230	13,550

7.2 An analysis of service managers' assessments of the training needs of HCSWs

At the outset of the project, each Director of Nursing in Scotland was approached to nominate a local "Champion" from each Trust to represent its interests in the project. In addition, members of the National Paramedical Advisory Committee were invited to join to ensure that each healthcare profession with an interest was represented. The Project Leader for the evolving PAMs Strategy and members from Scottish Partnership Forum were also invited, along with representatives from voluntary, social care, independent and nursing homes sectors. Appendix 3 provides detail on the representatives from these key stakeholding groups who were involved in generating core competencies from existing training needs analyses.

In addition to the opportunity to meet through a National Forum three times during the project, members of this group fed in valuable comment throughout and facilitated local and profession-specific consultation at various stages of the project. Much local work was evident and the National Forum meetings provided an opportunity for a pulling of resources and to share strategies and training programmes relevant to the project.

Section 6.3 provides detail on the generation of core competencies based on existing training needs analyses.

7.3 A framework for defining workplace competencies / occupational standards

The National Stakeholding Group (appendix 3) met three times during the project. The outcome of these meetings and of the commitment demonstrated by members to facilitate consultation through local and professional networking culminated in the production of a set of core competencies for healthcare support workers in Scotland.

Appendix 4 provides the definitive set of competencies following consultation with public representative bodies (see appendix 5 for details) and healthcare support workers. It is believed that the comprehensive nature of the process of consultation makes this outcome of the project robust and one which stakeholders may have confidence in.

The core competencies represent those that should be achieved by any healthcare support worker (also known as nursing auxiliaries, care assistants, OT helpers, therapy assistants and so on) irrespective of workplace or professional support context. They represent that which is **core** rather than role specific and it is recognised that specific "add on" role preparation will be required by support workers who function to support a particular professional group or a specific service.

The competencies are categorised into the five domains identified and agreed by the National Stakeholding Group. These are:

1. Service Delivery and Practice Support
2. Communication
3. Organisational Services / Facilities
4. Health and Safety
5. Managing Self

It is believed that these categories could be used for the generation of specific support worker competencies relevant to individual workplace or profession-specific requirements.

The development of the competencies has built on the premise that support workers function to assist the professional healthcare team in the provision of services to patients / clients. The primacy of patient / client interest underpins this and the competencies reflect the following principles:

- Upholding of respect for patients / clients
- Protection of patient / client autonomy and personal choice
- Protection of patient / client dignity, privacy and confidentiality
- Acknowledgement of cultural, ethnic, religious and health diversity and the need for non-discriminatory practice
- Continuous quality improvement

Whilst it is recognised that healthcare support workers are not accountable to a professional statutory body the competencies aim to reflect the level of accountability the support worker has to the patient / client, the professional team he / she supports and the employer.

As they stand, the core competencies would guide trainers as to the mandatory preparation required by support workers. Acknowledgement that "add-on" input would be required in order to customise a complete package of preparation to a specific workplace or professional support context is necessary. The competency framework is a *key* development that provides a substantial resource to NHS Scotland.

7.4 A compilation of information about existing training opportunities and good practice in trusts for the development of HCSWs

Members of the National Stakeholding Group provided examples of programmes of support worker preparation, where these existed. These were shared at National Fora during the project and were used to inform the generation of core competencies.

Two main methods of support worker preparation were identified. These were the current SVQ2 in Care and competency based approaches customised to local working environments.

Following the final consultation phase on the draft core competencies a small focus group met to scrutinise the existing packages of preparation that had been supplied by members of the National Stakeholding Group against the Nationally generated core competencies. This group consisted of the project leader and a representative from a Trust using the SVQ method of preparation and one using the competency based approach. The results were as follows:

I Competency based approach

The competency based approach to preparation was perceived to be an appropriate method of preparation with many service providers already having this as an established method. It was agreed that minor modifications to existing programmes would bring them in line with the nationally agreed framework. In particular, existing programmes would require to be strengthened in the competency areas of

- legal and ethical aspects of service delivery
- advocacy and the recognition of abusive behaviours in colleagues
- health and social wellbeing
- lifelong learning and personal development planning
- electronic communication

Solutions suggested by the focus group included a robust portfolio approach that could be assessed and accredited, acknowledging that preparation for a role, irrespective of occupation, needs to be perceived as ongoing and not as an end in itself. Programmes need, therefore, to be flexible to meet the needs of the individual learner.

In addition, implications for mentorship / supervision, in terms of both preparation and practice, would need to be acknowledged to support the development of workplace competence.

II SVQ2 approach

This approach was also perceived as an appropriate method of preparation with many service providers using this model. There were however input gaps identified with mandatory units at SVQ2 level requiring to be strengthened if the Nationally derived competency requirements are to be met. Gaps identified are as follows

- *Advocacy*. Whilst Unit 01 implies the fostering of people's equality, diversity and rights, competence in advocacy is not explicit.
- *Ethics*. Again, Unit 01 implies input through the highlighting of moral rights and confidentiality but does not explicitly promote competence in the area of ethical practice.
- *Social Inclusion*. Unit 01 addresses equality and diversity but the concept of social inclusion is not explicit.
- *Team Working*. Unit C10 covers contribution to the effectiveness of work teams. This unit is however an optional unit and not a mandatory one.
- *Ordering and maintaining stock levels*. This is covered in Unit CU6. This again is an optional unit and not mandatory.
- *Lifelong Learning**. Again, this is covered in an optional unit (CU10) rather than core. In addition, CU10 was perceived as requiring updating to reflect current drivers around lifelong learning.

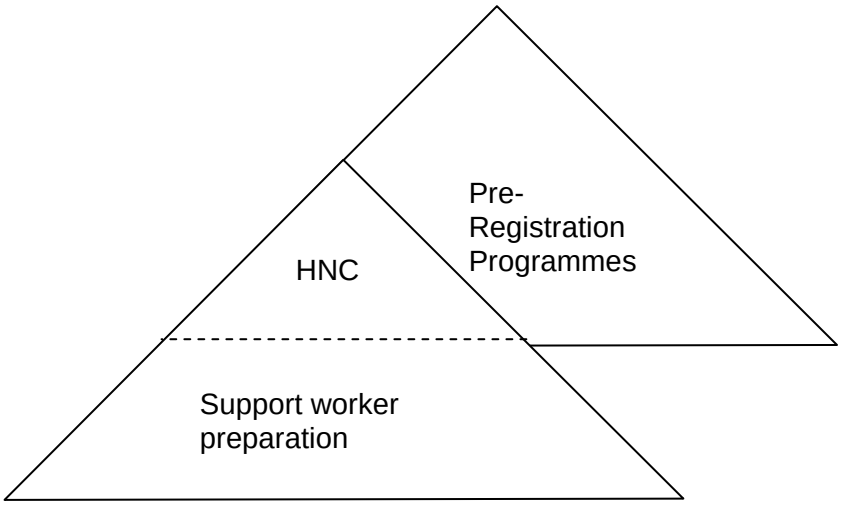
* Lifelong learning is also covered in a SVQ3 unit (CU7) *Develop one's own knowledge and practice* which includes reflective practice, evidence based practice and personal development. This unit could be a useful mandatory one however it is set at SVQ3 and not 2.

Other programmes scrutinised fell into the *role specific* category with particular emphasis on the profession that they were designed to support (eg Occupational Therapy and Physiotherapy) or the skills that they should display (eg nursing assistant skills based programmes). These programmes fall into the "add on" category referred to in section 6.3 and would require additional core input to meet the nationally agreed core competency requirements. It is acknowledged however that, in some cases, these programmes were designed prior to the publication of current policy drivers and were designed to meet a particular service need. Service providers must continue to be free to regulate workers above and beyond any minimum threshold standard that may, in the future, be agreed.

7.5 The identification of opportunities for articulation with programmes of professional education

Legislation governing pre-registration nurse education (UKCC 2000) now allows for a part-time approach to education and for credit for prior learning to be awarded. This opportunity has been afforded to those wishing to access the Occupational Therapy profession for some time. Professional education for both groups is able to be accessed at the beginning of the equivalent of year two of a three year programme. Diagram 1 illustrates the articulation between support worker preparation and professional education.

Diagram 1 : Articulation between support worker preparation and professional education



In Occupational Therapy, on successful completion of an HNC in Occupational Therapy Support, providing the student has been employed in a work setting and has achieved workplace competencies, he or she may be given credit for prior learning to the equivalent of the first year of the pre-registration programme.

In nursing, successful completion of the HNC in Health Care (the NBS endorsed pathway that meets the UKCC outcomes for entry to branch programmes) will allow direct access to the branch programmes of nursing (equivalent to the second year of a three-year programme).

A recent survey (Burns 2001), commissioned by the Strategic Change Unit, provided some useful information relating to the motivation of support workers to undertake further training. This was part of a larger study that looked at ex-students from Return to Learn programmes and analysed data from a cohort that met this project's definition of healthcare support worker.

93.3% of the group (N=102) assisted nursing in some form, the remainder being employed as healthcare support workers to other professions. 89.2% of the cohort had left school at 16 years or less with 64% leaving with no qualification.

Since completing a Return to Learn course, 23.8% had started work towards a qualification and 5.4% had already gained a qualification. Courses done since Return to Learn included access to nursing courses, nursing auxiliary training programmes, podiatry assistant programmes, SVQ2 in Care and Diploma of Higher Education in Nursing. Courses planned for the future included those above as well as a degree in nursing.

As the above information suggests, some support workers are motivated to pursue further learning opportunities. Currently. some service providers in Scotland, in partnership with further and higher education institutions (HEIs), are negotiating strategies that facilitate articulation of support worker training with pre-registration nursing programmes. This helps the recruitment issue for Trusts highlighted at the SEHD convention held in December 2001 and complements the action points set out in the Nursing and Midwifery Strategy (SEHD 2001) related to support worker development.

At the time of writing, the first cohort of Trust-employed healthcare support workers has newly embarked on the revised HNC in Health Care (NBS-endorsed route). On successful completion of the programme they will have guaranteed places to access the Branch programmes of nursing with full credit being awarded by the local HEI for the common foundation programme.

It is therefore possible for healthcare support workers to embark on a ladder of career progression. It is essential therefore that learning that occurs through programmes of role preparation is accredited and articulates with a framework that is recognised across educational, geographical and care sector boundaries. Within Scotland, the SCQF (Scottish Credit and Qualifications Framework, QAA 2000) provides an opportunity to have all healthcare education linked into one transferable currency. (See appendix 6 for a replication of the SCQF). At the time of writing, the SEHD was considering how best to use the SCQF to the best advantage for NHS staff development.

Caring for Scotland (SEHD 2001) charged Directors of Nursing with considering what employment opportunites could be available within NHS Scotland for students exiting at the end of the first and second years of pre-registration nurse education programmes with a named award by 2002. All nurse education programmes in Scotland at Diploma of Higher Education and degree levels are accredited against the SCQF framework. This will facilitate the acceptability and understanding of awards by prospective employers and should assist the recruitment agenda.

7.6 An initial appraisal of options for the provision of preparation of support workers arising from the assessment of training needs

The development needs of support workers will vary according to past experience, previous formalised learning and motivation to pursue further study. Now that National agreement on core competencies has been achieved the identification of knowledge, skills and attitudes to underpin competency development will be faciltated.

The following examples provide potential models for delivery. The acceptability of these will depend on the needs of the service provider and the learning needs and styles of the support worker.

1. SVQ qualifications. These may be suitable for those who wish to gain formally accredited programmes with a view to accessing further professional education in the future. Disadvantages of this approach include the labour-intensive nature of the assessment methodology on the supervisor and the financial cost to the organisation. An advantage would be the acquisition of a national vocational qualification.

2. Scottish Progression Awards in Care. These 'part' awards are based on SVQ units and are aimed at validating existing skill and past experience. These may be attractive to those who wish to have their experience and abilities acknowledged within the post they occupy. One disadvantage is that this is not a full SVQ award therefore credit transfer is an issue. However, this approach customises the nature of programmes both to the student's and the employer's advantage.

3. Portfolio approaches to the achievement of competencies or standards. This method of facilitating development may be favoured by those who prefer learning in the workplace and could be facilitated from a paper, or web based format. A perceived disadvantage could be the informal nature of this approach and the need for a skilled facilitator to supervise and enhance reflection. Advantages include the cost-effective nature of this approach and the very direct relationship between the identification of competencies / standards and developmental functioning within the workplace.

4. 'Theory only' web-based / open and distance learning packages. These approaches may be attractive to experienced Support Workers who need the underpinning knowledge, skills and attitudes to support their functioning within the workplace. Perceived disadvantages could be the isolated nature of this type of learning, the need for self-motivated learners from a workforce that may not have acquired study skills and the separation of theory and practice. Advantages would include the reduced need for supervision in the workplace and the relative cost effectiveness of the methodology.

Irrespective of the preferred mode of programme delivery, packages of learning should be linked into a nationally recognised framework of accreditation. The SCQF referred to in section 6.5 would appear to be a sensible way to progress.

7.7 Consultation to identify the preferred way forward

Throughout the project, consultation opportunities have been utilised as attested to in appendices 3 and 5.

The preferred way forward as indicated throughout by the National Stakeholding Group is that work done to date by service providers is acknowledged.

Another clear preference is that programmes of preparation are linked into an accreditation framework so that transferability across sectors and geographical boundaries is facilitated.

Through discussions with the wider community it is clear that the meeting of service needs in terms of the preparation of workers is seen as paramount. The priority therefore is fitness for purpose of workers whilst also acknowledging that the personal development of support workers complements the lifelong learning agenda.

Additional information gained through wider discussions suggests that the issue of mandatory supervisor training through the SVQ D Unit preparation causes considerable problems for service providers. Not only does this approach require release of valuable staff time but staff embarking on courses are often already skilled supervisors of pre-registration students and others.

7.8 The encouragement and demonstration of cross organisational working

Throughout the project links have been made with the various stakeholders potentially affected by the outcomes of this project. This has included contact with, and briefing of, the Chair of the Joint Futures Group, Healthwork UK, the Project Manager for the PAMs Strategy, the Chief Executive of the Scottish Social Services Council and the Chair of the Scottish Partnership Forum.

In addition, the National Stakeholding Group has provided the opportunity for coordinated working with all NHS Trusts in Scotland and representatives from the voluntary, independent, social and nursing homes sectors.

8. Other Issues

During the project, a number of issues were raised during consultation and wider discussion. Most of these issues have been addressed within the report. Two issues that remain outstanding relate to the supervisors' allowance for PAMs and financial recognition for HCSWs who have undertaken preparation for roles.

Supervisors' allowance for PAMs

Currently, those members of the PAMs profession, who commit to a minimum of approximately 16 weeks of supervisory practice in a year, receive an allowance.

This issue, whilst outwith the scope of this project, has raised questions relating to equity across healthcare professions. It is anticipated, however, that the implementation of Agenda for Change (DH 1999) will address this issue.

Financial recognition of HCSW preparation

Currently, HCSWs who undertake preparation for work roles are not automatically remunerated. To date, this has been an employer issue with varying practices in place across Scotland.

The recent publication of the Pay Review Body's recommendations (HMSO 2002) highlights a commitment to the financial recognition of support workers who have successfully completed N/SVQ levels 2 or 3.

9. Recommendations

1. A framework for defining workplace competencies

1.1 The core competencies identified through the work of this project should be used to provide guidance as to the mandatory preparation required by support workers.

1.2 The core competencies should be supplemented by role specific ones in order to prepare a support worker for a specific role or workplace.

1.3 The core competencies should be used as a framework against which role specific ones are generated.

2. Existing training programmes

2.1 Existing programmes should be facilitated to seek retrospective educational accreditation where this is achievable.

2.2 Existing programmes should be revised to ensure that they facilitate preparation that is in keeping with the national requirements as identified through this project. This will include feeding the findings of this project into the care standards review currently in progress and into the revision of the current SVQ2 in Care.

3. Future delivery of programmes

3.1 Draft material, relating to the knowledge, skills and attitudes that underpin the nationally derived competencies, produced during this project should be further developed. Once developed, this resource will provide definitive guidance for curriculum planners.

3.2 Programme delivery should meet the needs of the service provider and the student. A variety of forms of delivery should be considered, for example, portfolio routes to enhancing competence; work-based learning; part-awards according to the short-fall in the student's competence; full awards (at SCQF level 5 or equivalent) and so on. Web-based delivery should be considered as a real option for theory-only delivery.

3.3 It is essential that all learning that occurs through programmes of role preparation is accredited and articulates with a framework that is recognised across educational, geographical and care sector boundaries. Within Scotland, the SCQF (Scottish Credit and Qualifications Framework, QAA 2001) provides this.

3.4 A pilot programme of preparation should be set up (funded by SCU in conjunction with the new Special Health Board for NHS Education in Scotland) between a service provider (or consortium) and an education provider, accredited against the SCQF at level 5. This will provide an opportunity to test out the core competencies as applied to role specific preparation. The new Special Health Board for education is an example of a body that could go on to broker accreditation for HCSWs' learning.

4. Articulation with programmes of professional education

Employers should consider the employment opportunities that could be available to students exiting from pre-registration programmes with a named award (HNC, HND) and the recruitment benefits of supporting support workers to pursue professional education.

5. Preparation of supervisors/assessors

SQA should consider ways of awarding credit for prior learning to those who supervise / assess support workers towards achieving competence. The mandatory requirement for D Unit preparation should be reviewed.

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Appendix 1

SUPPORTING THE DEVELOPMENT OF HEALTHCARE SUPPORT WORKERS IN SCOTLAND

Membership of Project Design Group

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* *Joined group after initial meeting*

Appendix 2

SUPPORTING THE DEVELOPMENT OF HEALTHCARE SUPPORT WORKERS IN SCOTLAND

IDENTIFICATION OF GROUPS TO BE INCLUDED AND RATIONALE

"Health Care Support Workers (HCSW)" are defined as those who perform as assistants to the professional care team.

GROUP	***RATIONALE***
(HCSWs TO THE FOLLOWING PROFESSIONS) Nursing and Midwifery	 *Learning Together* (1999) *Caring for Scotland* (2001)
Speech and Language Therapists Occupational Therapists Physiotherapists Dieticians Radiographers Orthoptists Podiatrists	*Learning Together* (1999) Recognised by the project manager for PAMs strategy (due March 2002) as having "direct patient contact". This will provide consistency with the strategy. Each profession has a representative on the National Paramedical Advisory Committee. (NPAC recognised and utilised by SEHD). This will assist networking and consultation.
Art Therapists *IN ADDITION* Play Therapists Theatre Support Workers (ie. "orderlies")	Agreed at PDG on 2/8/01

GROUPS NOT TO BE INCLUDED AND RATIONALE

GROUP	***RATIONALE***
Orthotists and Prosthotists	Do not utilise support workers.
MLSO's and Clinical Scientists	Do not use support workers. Different "direct patient contact" role.
Ambulance Paramedics	Do not utilise support workers.
Doctors, Dentists and Psychologists	Difficult to identify support workers (some already regulated), e.g. dental nurses, counsellors. Potential overlap with remit of SCPMDE.
Pharmacists	Different "direct patient contact" role. Potential overlap with remit of the Pharmacists Post-Qualifying Board.

Appendix 3

SUPPORTING THE DEVELOPMENT OF HEALTHCARE SUPPORT WORKERS IN SCOTLAND

STAKEHOLDERS INVOLVED IN GENERATING CORE COMPETENCIES FROM EXISTING ASSESSMENTS OF TRAINING NEEDS

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Appendix 4

SUPPORTING THE DEVELOPMENT OF HEALTHCARE SUPPORT WORKERS IN SCOTLAND - CORE COMPETENCIES

DOMAIN	SUB-DOMAIN	OUTCOME
1. **Service Delivery and Practice Support** *Demonstrate a knowledge base and a level of occupational competence in discharging role and responsibilities*	1.1 Emergency Situations (eg. Fire, Major Incident, CPR)	• Communicate effectively with clients and their carers/families. • Ensure safety of clients and other staff during emergency situations. • Initiate appropriate procedures in response to emergency situations. • Demonstrate knowledge of the core personnel who require to be contacted in the event of emergency situations. • Undertake duties and responsibilities which ensure the preparation and operation of specific equipment. • Contribute to the care team's response, in the event of a major accident/incident. • Demonstrate a knowledge of core telephone numbers which may require access during an emergency situation.
	1.2 Ethical and Legal Aspects of Care	• Demonstrate knowledge and understanding of the process which supports client advocacy. • Demonstrate knowledge of client's rights within a care situation. • Contribute to discussions that will inform ethical decision making by accountable professional practitioners. • Work within key employment, legislative and organisational policies which underpin role and level of accountability (e.g. data protection and protection of vulnerable groups).

* for the purposes of this paper, advocacy refers to protecting the patient's rights within the service setting.

DOMAIN	SUB-DOMAIN	OUTCOME
	1.2 Ethical and Legal Aspects of Care (continued)	• Demonstrate awareness of issues which may involve ethical/legal aspects of care. • Recognise and report areas of concern on behalf of the client to the accountable professional practitioner, e.g. examples of inequality, discrimination or abuse. • Demonstrate respect for the different needs of clients, taking account of culture, beliefs and level of dependency.
	1.3 Health and Social Wellbeing	• Contribute to dignity and privacy for all clients. • Demonstrate an understanding of and compliance with organisational policies relating to health and social wellbeing. • Contribute to the client's health and social wellbeing by encouraging social inclusion***** and client involvement. • Report issues of concern relating to health and social wellbeing to the accountable professional practitioner. • Recognise the role of the family and carer in the provision of support and care. • Contribute to client's sense of personal worth by promoting independence.
	1.4 Managing Difficult Situations	• Address issues/factors which lead to difficult situations within service areas. • Recognise behaviour of clients which may place others at risk or indicate a potential for self harm. • Contribute to the care team's approach to dealing with stressful situations and/or high dependency/vulnerable clients.

* Denotes the involvement of client groups who may be/or have been excluded from health/social service provision as a result of wider social exclusion (source: Our National Health – A Plan for Action, A Plan for Change)

DOMAIN	SUB-DOMAIN	OUTCOME
	1.4 Managing Difficult Situations (continued)	• Respond in accordance with organisational policy to client/family/visitor's complaints. • Demonstrate knowledge of organisational policies and guidelines which apply to managing difficult situations. • Contribute to the support of clients and carers/families who have/are experiencing loss and adjustment processes involved
	1.5 Team Working	• Demonstrate knowledge and understanding of role/responsibilities within the care team. • Demonstrate an ability to work as an effective team member while acknowledging limitations in knowledge and skills level. • Recognise the role of accountable professional practitioner in terms of support/supervision. • Recognise the contribution of clients and carers/families to effective team working. • Facilitate contribution to the care team as an active member in terms of maintaining well-being of self.
2. **Communication** *Actively engage with clients' care team members and carers to achieve optimum standards of communication*	2.1 Verbal/Direct	• Recognise the client as an equal partner in all communication. • Recognise the significance of effective communication in terms of information provision and respect for the individual client. • Communicate effectively with clients' families/carers and other members of the care team. • Recognise situations/information which require referral on to an accountable professional practitioner. • Demonstrate awareness of the importance of sensitivity in communicating with clients and families who are vulnerable/have special needs. • Utilise, as appropriate, alternative forms of communication/aids to ensure clients needs are met.

DOMAIN	SUB-DOMAIN	OUTCOME
	2.2 Telephone	• Communicate effectively utilising the range of services provided by a telephone facility. • Maintain organisational standards/local practices which relate to telephone call responses/ongoing messages.
	2.3 Electronic	• Maintain communications at an appropriate level utilising organisational systems and processes. • Utilise on the basis of role and accountability IT resources e.g. e-mail, intranet and internet. • Demonstrate an appreciation of information/data received that must be referred to an accountable professional practitioner. • Recognise and adhere to organisational standards which apply to accessing/utilisation of IT equipment.
	2.4 Record Keeping	• Demonstrate ability to access documentation that relates to service delivery (e.g. case notes/local policy documents). • Demonstrate ability to write records/complete documentation in accordance with organisational standards and role/level of responsibility. • Recognise situations whereby record keeping/ documentation is the responsibility of the accountable professional practitioner.
	2.5 Confidentiality	• Demonstrate awareness of legislation relating to access to records/data protection. • Identify and report situations whereby client confidentiality may be compromised. • Demonstrate knowledge of, and compliance with, the organisation's policies relating to confidentiality/documentation.

DOMAIN	SUB-DOMAIN	OUTCOME
3. **Organisational Services/ *Facilities*** *Apply knowledge and demonstrate understanding of issues and standards which underpin housekeeping and maintenance of adequate resources.*	3.1 Cleaning and Storage	• Demonstrate knowledge of organisational hygiene standards/waste disposal policy. • Demonstrate appropriate use of cleaning services/disposal resources • Identify the risks associated with defects in cleaning/disposal procedures. • Demonstrate knowledge and understanding of policies/standards relating to food storage and hygiene. • Recognise the importance of standards relating to disposal of harmful materials. • Implement appropriate procedures relating to classification and storage of material.
	3.2 Ordering/Maintenance of Stock Levels	• Process and categorise material utilising appropriate documentation. • Identify and report deficits in stock to appropriate personnel. • Apply appropriate health and safety measures in movement, handling and transferring of stock. • Contribute to the maintenance of optimum stock levels. • Utilise appropriate systems and processes/documentation to ensure delivery of materials. • Advise appropriate personnel of ordering needs/priorities. • Undertake specific responsibility for ordering procedures which relate to role/accountability (e.g. catering provision).
4. **Health and Safety** *Undertake specific responsibilities to ensure a safe environment taking account of legislation/organisational standards.*	4.1 Infection Control	• Demonstrate knowledge and understanding of infection control guidelines. • Identify and report signs which may be indicative of infection. • Recognise the need for protective clothing/other equipment in terms of infection prevention/control.

DOMAIN	SUB-DOMAIN	OUTCOME
	4.1 Infection Control (continued)	• Adapt cleaning/storage skills to minimise risk/spread of infection. • Recognise potential high risk situations. • Demonstrate an understanding and utilisation of universal precautions. • Utilise appropriate techniques to ensure individual personal hygiene eg. hand washing.
	4.2 Manual Handling	• Demonstrate knowledge and understanding of and apply moving and handling techniques which ensure safety of self/others and minimise risk. • Demonstrate appropriate manual handling skills on an individual and participant basis. • Demonstrate awareness of risk assessment and risk factors. • Use equipment/aids to ensure effective manual handling . • Ensure appropriate moving/cleaning/storage of manual handling equipment. • Report concerns relating to the maintenance of equipment to the accountable professional practitioner.
	4.3 Incident/Accident Reporting/ Documentation	• Initiate formal reports in the event of incidents/accidents and “near misses” in accordance with organisational policy. • Demonstrate knowledge of the importance of documentation to client wellbeing/prevention of further incidents/accidents. • Demonstrate knowledge of the range of documentation which may be required. • Identify situations which should be reported to the accountable professional practitioner.

DOMAIN	SUB-DOMAIN	OUTCOME
	4.4 Risk Management	• Demonstrate knowledge, understanding and utilisation of health/safety policies and associated documentation. • Initiates appropriate action in response to potential hazards for health and safety identifying and actioning against risk. • Recognise the range of variables within work settings which may create risk to safety/wellbeing.
5. **Managing Self** *Enhance skills and knowledge in order to facilitate own personal development .*	5.1 Lifelong Learning	• Recognise the significance of continuous life-long learning in terms of individual responsibility. • Identify areas of limitation and development needs which apply to role output. • Utilise organisational facilities/resources which are facilitative to learning/further development. • Recognise and utilise support systems available within the work environment (e.g. accountable professional practitioners/mentors/clinical supervision). • Demonstrate new skills and knowledge acquired following formal training/development programmes. • Contribute to performance reviews/assessment activities.

Appendix 5

GENERATION OF CORE COMPETENCIES FOR HEALTHCARE SUPPORT WORKERS

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Appendix 6

The Scottish Credit and Qualifications Framework has been created by bringing together all Scottish mainstream qualifications into a single unified framework: the qualifications of higher education institutions; SQA National Qualifications and Higher National Qualifications; and SVQs. There are 12 levels ranging from Access 1 (National Qualifications) at SCQF level 1 to Doctorate at SCQF level 12.

	The Scottish Credit and Qualifications Framework			
SCQF Level	SQA National Units, Courses & Group Awards	Higher Education	SVQs*	SCQF Level
12		**Doctorates**		12
11		**Masters**	***SVQ5***	11
10		**Honours Degree Graduate Diploma/ Certificate****		10
9		**Ordinary Degree Graduate Diploma/ Certificate****		9
8		**Higher National Diploma Diploma in Higher Education**	**SVQ4**	8
7	**Advanced Higher**	**Higher National Certificate Certificate in Higher Education**		7
6	**Higher**		***SVQ3****	6
5	**Intermediate 2 Credit Standard Grade**		***SVQ2***	5
4	**Intermediate 1 General Standard Grade**		***SVQ1***	4
3	**Access 3 Foundation Standard Grade**			3
2	**Access 2**			2
1	**Access 1**			1

**The positioning of SVQs in the table gives a broad indication of their place in the framework. Like most group awards, SVQs are likely to be made up of Units at a number of levels. The current placing of SVQ 3 at level 6 is based on the way in which SVQs are positioned in statutory documents and national targets. However, there is a view that in some sectors SVQ 3 could be placed at level 7. Further work with the Scottish Council of NTOs and individual NTOs will clarify this within an overall UK context.*

*** These qualifications are differentiated by volume of outcomes and may be offered at either level.*

***NB** Professional Development Awards (PDAs) and Scottish Progression Awards (SPAs) are under review and do not appear in this table. They will be included in future versions and are explained in the following section on page 14.*

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