

# Regulation of Healthcare Support Workers

## A National 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 ->
- Agreement that Scotland leads on behalf of UK (testing of preferred model in Scotland)
- October 2005 - 4-country Steering Group -> still steering!
- SG Working Group – standards, codes, consultation, etc
- Planned pilot

# Reviews of regulation by Department of Health

- 2 reports - significant influence across UK
- *The regulation of the non-medical healthcare professions* (July 2006), the “Foster Review”
- Foster explored whether regulation needed for HCSWs - > summary decision:
  - *The Scottish pilot of employer-led regulation ... which should provide important evidence about whether this is the best way to proceed ... could lead to the adoption of a UK-wide approach*

Definition of “Healthcare Support Worker” important in this context

# Pilot project on behalf of the UK – description of preferred option

- Develop a model of employer-led regulation for HCSWs
- Hold a centralised list / “register”
- Negotiate nationally agreed standards for
  - safe recruitment and induction,
  - code of conduct for HCSWs,
  - code of practice for employers

# Actions since

- Consultation on standards and codes 31 May – 31 August 2006
- Overwhelming support for principle of **public protection**
- Positive response to standards
- Plans for launch of standards and pilot
- Piloting of standards and listing - January 2007

# Standards – issues addressed prior to consultation

- Need for compatibility with / linkage to:
  - KSF dimensions and e-KSF
  - Skills for Health - NOSs / NWCs
  - PIN - PDP and Review (Scotland)
  - NHS Scotland core induction programme (pilot)
  - Existing provision of induction (local matching)
  - Over time - SCQF (performance criteria for evidence of achievement)

# Public Protection Concepts - now, “standard statements” 1.

- Protect patients from harm and abuse
- Be personally fit at work
- Maintain Health and Safety at work
- Communicate appropriately with patients / others
- Work within confidentiality and legal frameworks
- Personally develop – knowledge and practice

## Public Protection Concepts - now, “standard statements” 2.

- Reflect on practice to enhance knowledge
- Assess risk associated with work
- Report incidents at work
- Contribute to team work
- Build ‘customer’ relationships
- Work within own limits



## Public Protection Concepts - now, “standard statements” 3.

- Manage yourself as a resource
- Work in accordance with the equality, diversity, rights and responsibilities of patients
- ‘Whistle–blow’ in cases of harm and abuse

# Potential use of Career Framework for HCSWs

- Consultation on CF in Scotland now complete
- Levels 1 – 4 relevant
- Standards relate to all levels – public protection
- Not role specific – clinical roles would build on the threshold standard (relevant to KSF outlines and development of national clinical standards)



# Plans for Pilot

- For a year (in 1<sup>st</sup> instance) from January '07
- In 3 NHS Board areas in Scotland
- Mental Health and Children's services
- All HCSWs in chosen areas
- SWISS (e-workforce database) held 'list'
- Compliance monitoring (self – assessment by Boards and national monitoring of structures and processes – NHS QIS)
- Communication!

# Support for participating Boards

- Support for criminal records checks for existing staff
- Appointment of National Project Manager - based in NHS QIS (Clinical Governance & Patient Safety Team)
- Three on-site local pilot coordinator posts

# Prospective Evaluation Study

- Research tendering exercise now complete
- Outputs from study will provide evidence to inform future policy decision – Scotland? / UK?
- Research question:
  - “Does the model of *standards* and *listing* have the **potential** to enhance **public protection**?”

# Some relevant questions 1.

- Should the existing regulatory bodies regulate support workers? - > **capacity?**
- Should there be an independent regulator? – > **cost?**
- Who should pay for this? - > **is it “self” regulation?**
- 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?**

## Some relevant questions 2.

- Would a qualifications based register affect recruitment? –  
> **how would less ‘able’ cope?**
- Is the professional self-regulation model used by doctors, dentists, nurses, etc be appropriate for support workers? - >  
**would criteria be met?**
- What does public safety demand? - > **a threshold standard of performance?**
- **Isn't Clinical / Staff Governance and Patient Safety Strategies enough?**



# Essential criteria for HPC regulation - 1.

- Discreet area of activity
- Defined body of knowledge
- Evidence-based practice
- Established professional body
- Voluntary register

## Essential criteria for HPC regulation – 2.

- Defined entry routes
- Independently assessed qualifications
- Standards – conduct, performance, ethics
- Disciplinary procedures
- Commitment to continuing professional development

For more information

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QUESTIONS?