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**Growing our own: Training Health Care Assistants in General Practice - a partnership
between Higher Education and Primary Care Trusts**

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Abstract

This paper describes the introduction of a Work Based Learning training programme designed for health care support workers in General Practice. It outlines the development of the programme and its' introduction across a north London Workforce Confederation sector and emphasises the need for effective mentorship in facilitating work based learning. The process of academic accreditation at a level suitable for the role is discussed and the possibilities for future similar developments in health care support worker roles is identified. Lastly, the benefits of introducing this type of training is seen as contributing to the NHS as a whole and improving service provision, provided financial, physical and educational support is made available from PCTs.

Key words: Health Care Assistants, Accreditation, Training

Growing our own: Training Health Care Assistants in General Practice - a partnership between Higher Education and Primary Care Trusts

Introduction

Using Health Care Assistants (HCA) in General Practice to fill a skills gap is not new, especially in North London where recruitment and retention of suitably trained and experienced Practice Nurses has increasingly been a challenge. The role of the practice nurse in recent years has become more specialised in line with national and local service initiatives to improve access to primary care. Professionally, nurses have expanded their skills and undertaken additional roles, such as the role of Nurse practitioner, as a response to increasing pressure on primary care to deliver a flexible, accessible service, thus broadening the nurses' role and contribution to primary care. Additionally, the high cost of living in London, high levels of health needs associated with deprivation and other inner city problems including multi-cultural and multi-ethnic populations with frequent movement within and outside of the sector, combine to make working in primary care very demanding.

One way to address the skills shortage has been to review the skill mix within general practice, which has resulted in the development of the HCA role to provide clinical and administrative support to the health care professionals¹. A by-product is employment of local residents who reflect the multicultural diversity of the local community, with understanding of the local people, their languages, their health needs and their culture. This article will relate the initiative undertaken by a local Higher Education provider - Middlesex University, in partnership with several PCTs within and juxtaposing the North Central London Workforce Development

Confederation (NCLWDC), including a Teaching PCT who funded the development of a sector wide initiative to provide a Work Based Learning training programme for HCAs in general practice. This is now being adopted within the sector and is showing potential to be transferable to similar support roles within Primary Care.

Initial training programme

The training programme had its' origins in a programme that was designed and delivered in 1997 for HCAs newly recruited to the role of support worker in General Practices. It was commissioned by a local North London Health Authority (HA) who had selected and employed six HCAs on a two year contract. The HA elected to provide training and support to these HCAs and placed each one within a Practice, providing an experienced Practice Nurse as a mentor. The training started as a six half day programme delivered by the University, and was supplemented by Work Based Learning within the practices. This 'Work Based learning' involved the HCA and mentor identifying the HCAs learning needs by reviewing the original job description, and then providing in-house training on a one-to-one basis between the HCA and nurse mentor. The HCA also worked within the practice on a regular basis for a number of hours per week, depending on local practice requirements. Specialist skills such as phlebotomy or computer literacy were provided by local training days.

A major outcome of this programme was the creation of a training portfolio, designed in collaboration with a group of Practice Nurses, HCAs and experienced nurse lecturers. Together the group identified the tasks that the HCAs usually undertook and analysed the job description to extract the range and boundaries of the role so that the portfolio reflected the reality of the

HCA's job activities. Additional learning activities were included, such as creation of a CV and an action plan to identify and meet training needs, and a reflective component to facilitate the HCA to review the learning that she had acquired throughout the process. This portfolio provided an outline of the 'capabilities'²; that is, the skills, knowledge and attitudes that the HCA required to be effective within her role. This capability framework was devised using Stephenson's (1998) concept of dependent and independent capability framework which considers how individuals frame their work problems within a work context, gradually adding to their experiential learning over a period of time as ability to solve problems increases (see Figure 1). The assessment categories included 'Beginner', 'Competent', 'Proficient' and 'not competent' and was used to assess the capabilities (Figure 2).

This portfolio was then accredited with academic credits by the School of Health and Social Sciences for Work Based Learning & Accreditation Unit (WBLA) at Middlesex University (MU) and was awarded 40 credits at level 1 (first year degree level) and 20 credits at foundation level (level equivalent to access to degree programme). The HA and later Primary Care Group (PCG) continued to use this training pack to provide a structured work based learning programme for several HCAs who were trained purely through this work based learning route. Since 1998 there had been little formal training for HCAs provided by the University, but some HCAs had completed the portfolio in their work place and had received their certificates of credit. Of the six original HCAs who completed the full training, four had their employment contract subsumed into the Practices in which they had been working, as by then they were perceived to be too valuable to the Practice to be lost from the Primary Care team.

Re-introducing the introductory training

In late 2001 the changes in the NHS with the NHS plan³, the Government paper Our Healthier Nation⁴ and the National Service Frameworks, and more recently the new GMS contract⁵ contributed to a revival of interest in the introductory training. Negotiations between the WBLA and a north London PCT in early 2002 resulted in the re-commissioning of the six half days introductory training, and suddenly, over the following eighteen months, six PCTs in London, both within and outside of the NCLWDC commissioned the introductory training and supported the employment of HCAs in Practices.

Each PCT approached the project in different ways. Some ran consultative road shows to introduce the concept to their practices, and others involved only those practices that showed interest, and who were willing to commit to the training needs of an individual HCA. Several training courses were commissioned by professional development nurses employed by the PCTs, (whose role is to provide training and support for practice nurses working in primary care,) to reduce pressure on practice nurses, provide a baseline of standard practice for health care support workers and identify ways to meet the capacity demands of the NHS plan.

To set up the introductory training programme the PCTs and WBLA shared the responsibilities, resulting in the PCTs identifying:

- suitable participants who could be employed as fit for purpose for the role
- suitable mentors (practice nurses) for each participant
- practices where role expectations and boundaries were in place together with a job description reflecting the realities of the HCA role

- Sources of funding for the training

The WBLA unit provided:

- road shows to outline the content and progression of the training programme
- introductory training for six half days over a period of 6 to 8 weeks
- mentorship training for practice nurses (where required)
- advice regarding role expectations and educational needs

Mentorship

The difficulties of not being able to recruit and retain practice nurses has had a direct impact on the training opportunities for HCAs as without a practice nurse in post, the HCA could be asked to undertake activities that were beyond her knowledge and skills. This posed a dilemma for the WBLA, who strongly advised that all HCAs in post should have a practice nurse to mentor and support their learning at work. The WBLA were concerned that without this support the HCAs would find themselves in situations where they could not cope, or the practices would decide that the role was not one to be retained because of concerns about the HCAs legal accountability.

Previous educational experience from reviewing clinical education placements, other work based learning programmes and facilitation of the original HCA portfolio meant that the WBLA emphasised that a clear role description and prescribed activities with boundaries were essential for the success of the role.

HCAs are bound by the limitations of their knowledge and skills, yet can be seen to be very capable by some employers who do not immediately appreciate the limitations of the role. The WBLA and professional development nurses recognised that the HCAs were a very vulnerable

group, having very little educational preparation for the role, and being directly employed by the practice, thus making them hesitant to question directives that they should undertake particular tasks. Indeed, previous experience in facilitating the portfolio indicated that the practice nurses' mentorship role had, at times, been one of protector and advocate for the HCA.

Preliminary feedback about the success of the course was very positive. One PCT⁶ had trained up to 22 HCAs within the first 18 months and had undertaken a preliminary evaluation which demonstrated that the role effectively supported practices and had potential to assist in implementation of the new GMS contract. Other PCTs started with their first cohorts of 6-12 participants each, and the estimated number of HCAs that have completed the introductory training so far, both within and outside of the sector is approximately 90. In fact the demand for the programme was so great that the WBLA facilitator had to identify three experienced practice nurses from north and south of the sector to assist in the delivery of the introductory programme.

Once the introductory training was complete further training progression varied. Several HCAs progressed to undertake the NVQ in Care at level 3. A very small number who already had appropriate entry criteria applied to enter Pre-registration nurse education. Other than the NVQ route, which had associated difficulties of finding suitable trained assessors, it has been noted that there was no easily accessible route for progression. The portfolio that had previously been designed, was rarely accessed as it required a knowledgeable and dedicated practice nurse, with time to facilitate the HCAs work based learning. As the programme was already created and was due to be re-accredited, the WBLA decided that a facilitators pack for the portfolio would be

valuable to accompany it, thus providing assistance to the facilitator as well as an accredited portfolio, and this is due to be published later this year.

New initiatives

Running concurrently with the individual PCT projects was a new project within the local Teaching PCT which was committed to developing a workforce that reflected the diversity of the local community and preparing individuals to become ready for work and to enter the health care workforce by differing routes, including that of HCAs in primary care. Following negotiations between the WBLA and the Teaching PCT project group, funding was found to support all the PCTs within the sector to provide the introductory HCA training course. In addition, funding and support from the project group became available to further develop the programme so that the Portfolio could be reaccredited with an award that employers understood more readily than higher education credits.

Accreditation of learning

The WBLA explored several routes to accreditation. The HCAs all come from a variety of backgrounds and quite a number do not yet have a level of academic ability and language fluency that is required for direct entry into a Higher Education programme. This is because some of the HCAs may have been recruited from return to work programmes and lone parent working initiatives, and others may have English as a second language. There was concern that a formal academic programme could 'set them up to fail', so the WBLA have been working with a national accreditation and examining body (BTEC) to design a programme that enables the HCAs to gradually gain confidence in their academic skills. This accredited programme includes

both the introductory training and progression to the portfolio if desired. It is at a level that is equivalent to National Vocational Qualifications (NVQs), which are transferable between NHS Trusts, and are recognised within Further and Higher education institutions as demonstrating a specific level of attainment. This redesigned programme takes account of the work based learning acquired from carrying out the skills and tasks required for the role, and meets specific defined outcomes which can be linked to the Knowledge and Skills Framework (KSF)⁷. The KSF framework has been designed as part of the modernisation of the NHS, to bring all NHS staff onto a unified salary scale based on specific competencies, regardless of whether they hold any particular professional qualification. Therefore this provides the HCAs with transferable skills with which to move between Trusts and contribute to the health care workforce as a whole.

The introductory programme has been extrapolated into 6 units (Figure 3) and devised to run over a period of about 12 - 16 weeks, including the introductory training days. It is a mixture of practical and theoretical training, and it draws on the essential knowledge base that can be provided by the practice nurse mentor and initial training programme. The Portfolio has also been redesigned to include 10 Units (Figure 4), which provides the supporting knowledge, skills and attitudes essential for a deepening of the HCA role responsibilities, and still reflects the original capability framework. It is designed to be completed over a period of 9-12 months. This time frame reflects the part time nature of the majority of the HCA roles, and thereby allows learning at an individuals own pace. The facilitators training pack is being designed to provide the practice nurse mentors with ideas and methods of teaching the HCAs through work based learning, thus making the programme easier to sustain, especially in a small practice.

Both of the HCA programmes can be supplemented by basic skills training as provided by the PCT or Further Education colleges to improve underpinning numeracy and literacy, language skills or IT skills, thus enabling the participants to enter the skills escalator. The ‘skills escalator’ has been introduced as part of the NHS Lifelong Learning Framework⁸ to provide NHS staff with the skills they need to support changes and improvements in patient care, take advantage of wider career opportunities and realise their potential, as well as develop their skills to meet the requirements for the knowledge and skills framework⁹. The notion of the skills escalator offers the concept of an individual being able to access in-house and external training to progress from support worker to health care professional. The WBLA has also mapped the content of the portfolio onto the initial first year of the nurse education programme (the Common Foundation Programme) for Pre-registration nurse education and is hoping to be able to accredit participants with prior learning, thus widening access to nurse training in line with the Government agenda^{10,11} and enabling the HCAs to shorten their nurse education pathway.

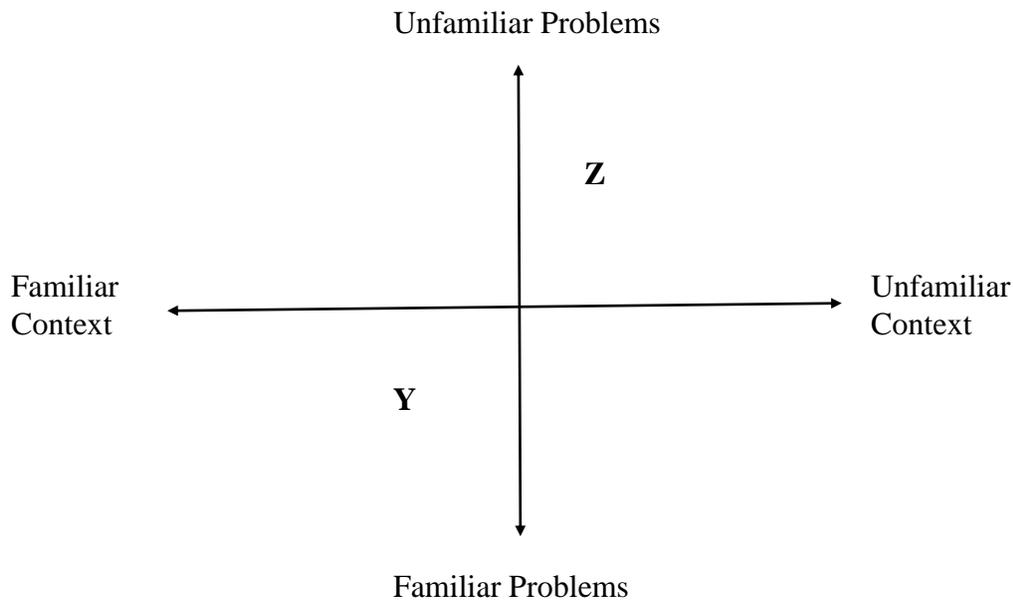
A recent development related to this evolutionary process of training for HCAs in primary care, has been a request from two PCTs for a similar programme for their Health Visiting Assistants. After discussion with academic colleges and Health Visitor practitioners, the initial framework of 6 units has been used and the content is being slightly adapted to meet the particular needs of these support workers, with the aim of some shared core training in the introductory programme. It is hoped to be able to develop this programme further in due course and gain recognition and accreditation for this group of health care support workers too.

Key benefits

The key benefits to the collaborative efforts between the WBLA and PCTs has been a consistent programme provided for the whole sector, thus laying foundation standards of practice. It has enabled the sector investment to contribute to the NHS as a whole, rather than isolated pockets. It draws upon the local workforce, bringing in traditionally hard to place employees, who reflect local cultures and diversity, and who can actively contribute to their community's health. There is every indication that the HCA role is a success as it improves access for patients, reduces pressure on practice nurses, impacts Practice targets and releases practice nurses for more specialised nursing skills. However, financial, physical and educational support from the PCT and local education and training services is absolutely essential for it's success. Once the training has been completed the HCAs often undertake additional training to support other Practice activities. Examples of such activities include running smoking cessation groups, weight reduction clinics, medication monitoring for the over 75 years, and phlebotomy services. The balance of work based learning and provision of in-house and external training courses contribute to the creation of a dedicated member of the practice team who contributes significantly to the smooth running of the practice.

Word count 3241

Figure 1
Stephenson's Dependent and Independent Capability Framework



Stephenson (1998) contends that most of us function in Y: that is within a familiar context and with familiar problems. Within this area our learning is dependent upon our experience, and as such is dependent upon how much we learn, either from experience or from theory.

As we become more capable within the familiar field we develop skills increasingly in either unfamiliar problems or unfamiliar contexts as our experiential or theoretical knowledge grows, thus taking increasing responsibility for our own learning as in position Z.

From Stephenson J & M Yorke (1998) *Capability and Quality in Higher Education*. Kogan page London

Figure 2
Assessment criteria

Beginner: Actively learns and takes an interest; requires some supervision but may be able to undertake defined tasks independently

Competent: Able to undertake specified tasks within a defined context. Can identify and use appropriate resources

Proficient: Can undertake delegated competencies competently and efficiently. Can apply appropriate knowledge of national and local practices and policies to a given situation.

Not Competent: Requires further supervision, training and practice before being able to practice independently

Figure 3- Six Introductory Units of the training programme

- *Communicating in general practice*
- *Working in a primary care team*
- *Maintaining equipment and materials*
- *Supporting clinical practice*
- *Promoting awareness of health issues*
- *Developing personal knowledge and skills*

Figure 4 - Ten Developmental Units of the HCA programme

- *Continuing personal development*
- *Clerical and reception skills*
- *Managing self*
- *Working in Primary Care and the NHS*
- *Communicating with patients and colleagues*
- *Maintaining records by manual or computerised systems*
- *Promoting healthy choices*
- *Maintaining health and safety*
- *Developing own clinical practice*
- *Handling medications*

¹ Stimpson V (2004) Support system. *Health Service Journal* May 13th 2004

² Stephenson J. & M. Yorke *Capabilities and Quality in Higher Education* London Kogan Page

³ Department of Health (2000) *The NHS Plan - A plan for investment, a plan for reform* London DoH

⁴ Department of Health (1999) *Our Healthier Nation* London DoH

⁵ Department of Health (2003a) *Investing in General Practice: the New General Medical Services Contract* London DoH

⁶ Barnet PCT (2004) *The Development of Health Care Assistants in primary care: An evaluation* Unpublished paper

⁷ Department of Health (2003b) *The NHS Knowledge and skills framework and Related Development review* London DoH

⁸ DoH (2001) *Working Together, Learning Together* DoH London

⁹ DoH (2003b) *ibid*

¹⁰ DoH 1999 *Making a Difference - strengthening the Nursing, Midwifery and health visiting contribution to care*, London, DoH

¹¹ UKCC 1999 *Fitness for practice* London UKCC