

FINAL REPORT OF THE REVIEW GROUP ON HEALTH SERVICE CARE STAFF

**Issued by General Support Services Section
Personnel Management and Development
Department of Health and Children
on 19 April, 2004**

<u>INDEX</u>	<u>PAGE</u>
1. Introduction	3
2. Background	3
3. Terms of Reference	4
4. Review Group Membership	5
5. 2001 Pilot Programme	6
6. Retrospective Certification	7
7. Evaluation of the Pilot Programme	8
8. Terms of Reference of Evaluation of Pilot Programme	8
9. Recommendations	9
Appendix 1 Specific Aims, Objectives and Methodology used by the University of Ulster under the supervision of Prof. Hugh McKenna	14
Appendix 2 Model of Good Practice	16

Introduction

The National Health Strategy “*Quality and Fairness, Health System for You*” states “*a key objective of the human resource framework is to develop and explicitly value staff at all levels of the health system. This in turn benefits service users.*”

The strategy explicitly states that one of its initiatives was “*to introduce the grade of Health Care Assistant (HCA) as a member of healthcare teams to assist and support nurses and midwives. A national six month training programme for Health Care Assistants to commence at the end of November 2001. Seventeen pilot programmes to be delivered by the health services in conjunction with the Further Education Training Awards Council (FETAC)*”.

This training initiative is consistent with the principle of integrated workforce planning as contained in the strategy in order to promote the use of skill mix, facilitating those in support roles to upgrade their skills and enabling specialist focus on core functions.

The “Action Plan for People Management in the Health Service” further supports the introduction of this training programme and states “*the delivery of quality patient-centred services requires a renewed focus on education, training and development in the health sector*”.

The success of the pilot programme and the commitment to the future roll-out of this programme will continue this focus.

Background

The Commission on Nursing recommended in paragraphs 4.55 and 7.63 regarding the scope for increased use of Care Assistants and other non-nursing personnel in the performance of non-nursing tasks, and on the need to agree on standard criteria in relation to entry requirements, educational qualifications and training for these grades. Specifically, paragraph 7.63 recommended that a group be established to:

“examine opportunities for the increased use of Care Assistants and other non-nursing personnel in the performance of other non-nursing tasks”.

A Working Group was established to examine the *“effective utilisation of professional skills of nurses and midwives”*, issuing its report in May 2001. The Working Group recommended that the grade of Health Care Assistant/Maternity Health Care Assistant be introduced as a member of the healthcare team to assist and support the nursing and midwifery function. It also made recommendations related to the education and training of Health Care Assistants. The Working Group’s report has since been published and is available on the website of the Department of Health and Children at <http://www.doh.ie/publications/eupsnm.html>.

A second review group was established in January 2001, arising from paragraph 4.55 of the Report of the Commission which recommended the establishment of a group:

‘comprised of representatives of the Department of Health and Children, the Health Service Employers Agency, nursing and other appropriate organisations to establish standard criteria in relation to the entry requirements, educational qualifications and training for Care Assistants across the Health Service’.

The targeted group for consideration in the pilot were those titled as Ward Attendant, Care Attendant, Nurses’ Aide, Hospital Orderly currently working in the Health Service. It is estimated that there are in the region of 5,200 staff employed in these grades.

Terms of Reference

The terms of reference for the Review Group on Health Service Care Staff were:

‘ to examine and recommend on standard criteria for the entry requirements, educational qualifications and training for Care Attendants, Ward Attendants and other relevant non-nursing personnel across the health service with particular reference to:

- *the benefits to staff and patients/clients of upskilling of non-nursing personnel;*
- *the need for an integrated, high quality service which works closely with nursing personnel; and*
- *the importance of clarifying the roles and responsibilities of non-nursing personnel so trained'.*

The Group issued its interim report on 21st December, 2001.

Historically, in the case of Care Attendants and Ward Attendants there is no minimum educational standard set by the Department of Health and Children in respect of these grades although some employers use the criterion 'a good standard of general education'. As is the case with other non-nursing grades, training is normally provided by the employer *after* the employee has commenced work.

Employers in many areas have provided programmes of education which are well grounded in theory and practice and which this review has brought to the attention of FETAC for consideration of retrospective accreditation.

Review Group Membership

The membership of the Group comprised of representatives from the following:

- SIPTU & ATGWU
- Nursing Alliance
- Health Boards
- Intellectual Disabilities Sector
- Voluntary Hospitals
- Health Service Employers Agency
- Department of Health and Children

2001 Pilot Programme

The Review Group reviewed and endorsed the recommendations contained in the Working Group's (7.63) report concerning the education and training of Health Care Assistants.

The Review Group agreed that the National Council for Vocational Awards (NCVA) Level 2 qualification should be the preparation required for employment as a Health Care Assistant. It further agreed that a national programme of training for Health Care Assistants should be introduced on a pilot basis in Autumn 2001.

The NCVA Training Programme for Health Care Assistants is set at Level 2, providing specific vocational education and training and qualifying people to work under appropriate direction. The NCVA system confers a number of academic credits which allows the trainee to progress further up the academic ladder if they wish. The NCVA is now delivering its work under the direction of a new awarding body, National Qualifications Authority of Ireland (NQAI) and a new Council, Further Educational and Training Awards Council (FETAC).

The development of the role of the Health Care Assistant will be addressed as a consequence of the agreement under parallel benchmarking.

With the approval of the Minister for Health and Children, the Review Group concentrated on plans for piloting the training programme in Autumn 2001. The selection of the pilot sites was guided by the following criteria:

1. Rural and urban distribution;
2. Geographical representation of each Health Board area;
3. Representative of Teaching / Non-Teaching Hospitals;
4. Sites must have the resources to run a Programme in November 2001 which include -

- i) Training Facilities;
- ii) Training Personnel;
- iii) Co-ordinator.

Retrospective Certification

The Review Group is aware that many staff have undertaken programmes of training prior to this and, therefore the question of retrospective certification is of considerable importance to many staff and employers.

FETAC does not at present have a policy on retrospective accreditation, but it has advised the Department of Health and Children that it is fully committed to the concept and will be drawing up a policy in this area. The successful piloting of the Level 2 programme is the first step necessary in setting the benchmark for any system of retrospective accreditation. Discussions have commenced with FETAC in this regard.

Evaluation of the Pilot Programme

The Review Group identified the need to commission an independent and external evaluation to assess the effectiveness of the pilot programme.

It was required that members of the evaluation team will have a broad current working knowledge of the Irish Health Service, with particular respect to current policy, e.g. The Report of The Commission on Nursing, The Scope of Practice for Nursing and Midwifery and the Report of The Nursing Education Forum and have previous experience in programme development and evaluation.

The University of Ulster under the supervision of Prof. Hugh McKenna was successful in its application and was awarded the tender for the evaluation.

The terms of reference for the evaluation were as follows:

Terms of Reference of Evaluation of Pilot Programme

1. To examine the processes, content, delivery, and evaluation of the programme in practice at each pilot site;
2. To determine the degree of congruence between the programme and the emerging role of the Health Care Assistant;
3. To establish whether or not the programme meets the objectives as specified in the Report of the Review Group on Health Service Staff;
4. To determine whether or not the findings derived from an evaluation of the pilot sites are representative of the spectrum of health care agencies likely to employ HealthCare Assistants in the immediate future;
5. To make recommendations based on the findings with particular reference to (i) the role and personal profile of the Health Care Assistant and (ii) extension of the programme across the health services.

The specific aims, objectives and methodology regarding this research project are outlined in **Appendix 1**.

RECOMMENDATIONS

In all 273 Health Care Assistants participated in the pilot programme.

In compiling the following recommendations the Review Group was guided by a number of factors:

- The research undertaken by the University of Ulster;
- Detailed feedback from the sites who participated in the pilot programme;
- The on-going deliberations of the Group; and
- Feedback and discussions from and with FETAC.

The Review Group is anxious to achieve, through this report, clarity and consistency regarding the future roll-out of this programme and to this end the recommendations are constructed in the context of ‘best practice’ going forward.

The Review Group would like to express its appreciation to all the course providers and participants in the pilot sites and acknowledge that it was their commitment which has now provided the opportunity for this education and training programme to continue and are aware that many health agencies are prepared and ready to be involved in this programme.

Future of the Programme and Grade Title

- **It is the clear view of the Review Group that the pilot programme has been successful and strongly recommends that the course continue to be rolled-out.**
- **It is recommended that the Title of Health Care Assistant should be formally adopted.**

Duration of Healthcare Support Course

The duration of the Healthcare Support FETAC (NCVA) Level 2 qualification required to be clarified to the course providers. FETAC do not specify a timeframe for this course to be completed but have two periods of assessment per year, one in May and one in November. Some pilot sites were of the view that the course must be completed in six months. This has led to comments from trainees on the course, teaching staff, clinical assessors and course co-ordinators that the length of time available for the pilot course was too short.

- **In order to allow flexibility for course providers and participants it is recommended that the duration of the course be over one academic year. Where particular circumstances prevail this may be extended but to no longer than two academic years.**
- **It is recommended that 150 hours be allowed for the theoretical component of the programme.**

Management and Administration

It is recognised that consistency and continuity are required in order to ensure that the programme is implemented effectively and efficiently and is therefore recommended that:

- **That overall responsibility for the management and administration of the programme is that of the Director of the Nursing and Midwifery Planning and Development Units;**
- **It is recommended that the Model of Good Practice as per Appendix 2 be adopted by course providers;**
- **It is also recommended that a co-ordinator be assigned to manage and co-ordinate each course.**

Selection Criteria

- **It is recommended that selection criteria for this course must be made clear and have uniformity and adherence to these must be the responsibility of the employer.**
- **It is recommended that participants be selected on the basis they are actively engaged in the role of Health Care Assistant and/or in line with service needs requirements.**

Support for the Course

In some instances the appropriate facilities, rooms, equipment etc. were not available and this deficit must be addressed in the future.

In some pilot sites modules and components such as Care Support and academic writing skills were not taught until the end of the programme. This was unacceptable to most trainees. Care Support should also be taught near the beginning of the course where possible.

It was also recognised and acknowledged at the outset and during this programme that many participants had been out of education for a long time and may have felt disadvantaged and lacked confidence.

- **It is recommended that suitable rooms and equipment and other resources be available for teaching and learning.**
- **It is recommended that recognition should be given to those trainees who have been out of education for a long time and that additional support be provided for these people.**

Training of Staff

The training and orientation needs of teaching and clinical staff should be identified well in advance of the commencement of the course. The provider should ensure that individuals approached to teach on the Healthcare Support Certificate have the relevant experience, knowledge base, and skills.

- **It is recommended that briefing or orientation meetings be held for teaching and clinical staff prior to the start of the course and at timely intervals throughout the course.**

Assignments and Assessments

The wording of the modules and assignment briefs must be clear and simple to understand. In some cases, course co-ordinators, teaching staff, and clinical assessors stated that they had to look to others, including FETAC support staff, to gain clarification on modules and assignment briefs.

The instructions and guidelines for the Learner Record must be clarified. Comments from teaching staff and participants highlighted the difficulties with the learner record.

There was some confusion regarding the role of the external examiner which resulted in some of the pilot sites experiencing unnecessary pressure.

- **It is recommended that the wording of the modules and assignment briefs be clear and simple to understand.**
- **It is recommended that feedback on work submitted or assessed should be provided to the trainee within a reasonable timeframe.**
- **It is recommended that the instructions and guidelines for the Learner Record be clarified.**
- **It is recommended that the role of the external examiner be clarified to course co-ordinators prior to the commencement of the course.**

Specific Modules

In relation to the Care Support module, special requirements state that learners must not be entered for assessment in this module unless they have completed the appropriate training in Manual Handling and CPR.

- **It is recommended that Manual Handling and CPR be provided in addition to the overall hours available for the course.**

Module Descriptors

In the introduction to each module descriptor, attention is drawn to the development of learners' core skills and competencies, which are described as a key objective of vocational education and training.

- **It is recommended that there be a greater focus on the development of learners' core skills and competencies in individual modules and that the criteria be made more explicit within the assessment**

Assignment of the Health Care Assistant

During the course of the pilot programme modules were selected which were not appropriate to the work area of the participating Health Care Assistant. It is important that students undertake modules identified by their employer and are appropriate to service requirements.

- **It is recommended that Health Care Assistants, on completion of the course, should be assigned to an appropriate clinical setting for which they have been trained. Should HCAs be assigned to areas where they have not been given the appropriate training they should be facilitated to undertake further relevant modules.**

Additional Recommendations

- It is recommended that a group be established to examine training programmes for Health Care Assistants which have not been accredited by FETAC with the objective of seeking retrospective accreditation for these courses.
- That modules be developed in the following areas:
 - Care of the Elderly;
 - Mental Health;
 - Community Services.

APPENDIX 1

Aim Of Research

The aim of the study conducted by Professor McKenna was to evaluate the National Pilot Programme for the Education of Health Care Assistants in Ireland. This evaluation covered the period from the programme's beginning (November 2001), through to the completion of year one (August 2002). The evaluation had three distinct phases.

Research Objectives

Phase 1

1. Carry out an in depth review of relevant research on training programmes of HCAs and their outcomes;
2. Audit the course documents, assessment and delivery modes for the National Pilot Programme;

3. Survey a representative sample of trainees on the National Pilot Programme to obtain their views on the course, their satisfaction and the knowledge and skills learned;
4. Survey a representative sample of teachers on the National Pilot Programme to obtain their views of the programme, the trainees and outcomes;
5. Survey a representative sample of health service managers and clinical staff who have employed HCAs or worked with those on the National Pilot Programme;

Phase 2

6. Interview a representative sample of patients who have been cared for by a HCA who undertook the National Pilot Programme;
7. Survey and observe trained HCAs to evaluate whether they have the relevant repertoire of skills as taught in the programme and whether they are using these skills competently;

Phase 3

8. Ascertain if the findings are representative of the spectrum of health care agencies likely to employ Health Care Assistants in the immediate future.

The evaluation report also includes a literature review on the training programmes run both nationally and internationally for Health Care Assistants.

Methodology

Introduction

The nature of the research study necessitated the use of a variety of qualitative and quantitative methodological approaches (*Within Method Triangulation*). The rationale for this multi-method design was to provide more information than would have been possible by the use of any one method. The methodology is divided into three distinct phases, the first phase outlines evaluation data collected during the training programme, and phase two and three represents information collected after

completion of the training programme. The research has been carried out using five main approaches that can be summarised as follows:

- Phase One
 - Trainee Evaluation Questionnaire;
 - Trainee Reflective Diaries;
 - Semi Structured Interviews – Education Co-ordinators, Clinical Staff Teaching Staff and Trainee Assistants;
 - Audit of Module Descriptors;
- Phase Two
 - Activity Analysis;
 - Staff Survey;
 - Patient Interviews;
- Phase Three
 - HCA agencies Postal Questionnaire.

Appendix 2

MODEL OF GOOD PRACTICE

As a consequence of recognising that a number of deficits existed at the planning and implementation stages of the pilot programme this section outlines a model of good practice designed to assist the organisation of the programme for the future.

PRE-COURSE ARRANGEMENTS

- ▶ The co-ordinator should ensure that they have all necessary information from FETAC (NVCA) well in advance of the beginning of the course, including dates and times of all FETAC (NCVA) orientation / study days.
- ▶ The co-ordinator should liaise closely with the support service (NCVA) to overcome any problems and to clarify relevant issues before the course commences.
- ▶ The co-ordinator should select and confirm the team of tutors who will teach on the course in advance of the course beginning.
- ▶ The co-ordinators should liaise with clinical nurse managers to select clinical assessors in the clinical areas in advance of the beginning of the course.

- ▶ When clinical assessors have been identified, co-ordinators should meet with them either individually or as a team to brief them on what will be expected of them. Clinical assessors should also be given an overview of the course and details of all modules. Any potential problems should be raised and if possible resolved.
- ▶ Clinical nurse managers should be briefed and given information relating to the course prior to the course commencing. They should be informed that it will be necessary to make other staff on the ward aware that the course is running and that there will be a clinical assessor and trainee(s) from the course based in the ward. Clinical nurse managers should also be briefed as to the nature of informing patients about the course and the presence of trainee(s) on the ward if this is deemed appropriate.
- ▶ Appropriate teaching rooms and facilities for the course should be identified and booked when the timetable for the course is completed.
- ▶ Selection criteria for the course should be decided before the course is internally advertised. These criteria should be made clear to potential applicants.
- ▶ The co-ordinator should ensure that interested parties are sent as much information as possible about the course. This information should include:
 - start date of the course;
 - course timetable;
 - what will be expected of the trainee on the course;
 - contact details for co-ordinator, teaching staff and clinical assessors;
 - details of the trainee's work placement;
 - details of the modules that will be undertaken on the course;
 - how the course works in terms of assessment;
 - information on FETAC (NCVA);
 - the duration of the course.
- ▶ There should be active involvement of students, practitioners, patient representatives, and employers in course planning.

TROUBLESHOOTING DURING THE COURSE

- ▶ The co-ordinator should meet with all tutors, either individually or as a team, to brief them on what they will be teaching and assessing. They should also be provided with assignment briefs and what will be expected of them in terms of quality provision. Any potential problems should be raised and if possible resolved.
- ▶ Dates, times and venue should be arranged for the team of tutors and clinical assessors to meet periodically throughout the course.
- ▶ The co-ordinator should make the tutors and clinical assessors aware of the dates, times and venue of the orientation / study days and staff should attend these where possible.

- ▶ The co-ordinator should make it clear to the tutors and clinical assessors that he/she can be contacted whenever necessary.
- ▶ The co-ordinator should meet the trainees as a group on the first day of the course to welcome them and to answer any queries that arise.
- ▶ The co-ordinator should liaise with support services (NCVA) throughout the course to resolve any problems that arise.
- ▶ The co-ordinator should visit clinical assessors on the wards periodically throughout the course to resolve any potential problems and provide support where necessary.
- ▶ There should be trainee-staff liaison committees where concerns can be raised and addressed.
- ▶ A studies mentor system should be introduced to provide support and encouragement to trainees.
- ▶ There should be a course committee meeting every three months. This course committee should include representatives of all the major stakeholders.

PRE-EXTERNAL EXAMINER

- ▶ Assignments and deadlines should be made clear to the trainees by the relevant teaching staff. As far as possible these deadlines should be spread out across the training period.
- ▶ Feedback on assignments and assessments should be given to trainees by teaching staff and clinical assessors within a reasonable timeframe inline with the FETAC (NCVA) guidelines.
- ▶ Co-ordinators should ensure that they have all the necessary information from FETAC (NCVA) regarding the external examiners visit and should brief all relevant staff well. As FETAC (NCVA) specifies a period of time in which the external examiner could arrive and not a specific date, co-ordinators and relevant staff should be prepared well in advance.
- ▶ There should be a mock internal examination board before the main board.
- ▶ The external examiner should attend the main examination board.
- ▶ External examiners should sample course work across a number of sites.

POST COURSE EVALUATION

- ▶ Annual reviews of the programme should take place.

- ▶ A system of placement audit should be undertaken to evaluate the quality of the clinical learning environment.
- ▶ At the end of the course, co-ordinators and other relevant staff should make the trainees on the course aware of when their results will be available and how they will receive them. Trainees should also be given an opportunity to speak to the co-ordinator about any outstanding issues relating to the course.
- ▶ At the end of the course, all staff should be briefed on the outcome of the course and the overall results of the class.
- ▶ To help identify actual or potential quality problems, data should periodically be collected on:
 - Employer feedback;
 - Entry Qualifications of Students;
 - Student Results;
 - Student Attrition.