Position statement on the education and training of health care assistants (HCAs)
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Introduction

This document provides commissioners, education providers and employers with guidance on best practice in relation to the training and education of health care assistants (HCAs) in the UK working at levels 2-3 of the Skills for Health Career Framework (2008).

The Royal College of Nursing (RCN) recognises the need for a flexible workforce with appropriate competences which can respond to the changing requirements of the health and social care sector.

The RCN believes that the training and education of HCAs is an essential factor towards achieving this outcome.

Executive summary

- HCAs are valued and integral members of the nursing team. They must be supported to develop the knowledge and skills required to deliver competent and compassionate patient-centred care.

- Registered practitioners are accountable for appropriate delegation in the best interests of their patients, and are ultimately responsible for the overall care of their patients.

- HCAs must not be expected to perform tasks for which they have not been trained or deemed competent to perform. They have a responsibility to work within their limits, and to inform colleagues if expected to perform a task for which they are not competent.

- Training should be competence-based, quality assured, and assessed against nationally recognised standards. It must be set at an appropriate level to the HCA’s needs within the organisation.

- Competence should be assessed and documented regularly, in line with the annual personal development plan and appraisal.

- Staffing levels and skill mix should be determined appropriately using current recommendations and guidance.

This publication is due for review in March 2015. To provide feedback on its content or on your experience of using the publication, please email publications.feedback@rcn.org.uk
Background and context

The role of the HCA has grown considerably in recent years and today the HCA is a valued and integral part of the nursing team. To date this significant part of the health care workforce has not been regulated. As a consequence, there are no national standards for the education, training and support of this group of workers across the UK. In addition there is confusion around accountability (Kessler et al., 2010) and varying standards of care (CQC, 2011).

In the interest of public safety the RCN has been calling for statutory regulation of HCAs and assistant practitioners (APs) for many years (RCN, 2007), and continues to do so.

HCAs work in every field of health and social care; across the NHS, other public sector organisations, and the independent sector. In January 2011 a code of conduct for support workers and a code of practice for employers were introduced into the NHS in Scotland and Wales. In Scotland these codes are accompanied by mandatory induction standards (Scottish Government, 2010); in Wales there are proposals to develop a set of resources around induction to support the assurance codes (Welsh Assembly Government, 2011).

In Northern Ireland health and social care services are integrated, and the Northern Ireland Social Care Council operates a voluntary register for those providing social care. There is currently no mandatory regulatory process for individual support workers.

Many organisations provide robust and comprehensive training programmes for HCAs, including apprenticeships. However, in a study commissioned by the Nursing and Midwifery Council (National Nursing Research Unit, 2010) it was noted, “that health care support workers undertake tasks for which they are not trained; tasks which should be carried out under the direction of a registered practitioner are performed unsupervised; and deployment may depend on staffing levels, trust polices, and perceptions of registered staff rather than on qualifications and competence of health care support workers”.

This document sets out the RCN’s position on the education and training of HCAs. It provides guidance for commissioners, education providers and employers of HCAs across the UK in order to support the appropriate training and competence of HCAs for their role within the nursing team.

Preparation for the role: induction training

The RCN believes that all HCA staff should only care for patients and clients once they have attended a robust and dedicated induction training that includes mandatory topics such as health and safety; basic life support; moving and handling.

This training should also include skills and knowledge development, which will enable them to care for patients in a dignified and compassionate manner. Induction for HCAs should be based on the RCN’s Principles of nursing practice (RCN, 2011a).

For those working within the NHS, the Principles of nursing practice can be cross-referenced against the Mandatory induction standards for NHS Scotland (Scottish Government, 2010a) and the NHS Knowledge and Skills Framework (see Appendix 1):

- communication (including confidentiality) [Principle E]
- personal and people development (reflection, lifelong learning, appraisals) [Principle F]
- health, safety and security (infections prevention and control, protecting vulnerable people, record keeping) [Principle C]
- service development (team working) [Principle H]
- quality (accountability, informed choice) [Principle B; Principle D; Principle G]
- equality, diversity and rights (person-centred care, dignity) [Principle A].

Following induction, the HCA will require a structured period of supervision which must be ongoing and appropriate for the experience of the HCA and the context of the care setting (see Section 6: Supervision).
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Training within support roles

HCAs must be trained and competent for all tasks that they are expected to perform.

Registered nurses (RNs) should only delegate tasks to HCAs who have undergone training and been assessed as competent against nationally recognised standards such as the National Occupational Standards (NOS) (see Box 1). The RCN has also developed guidance on accountability and delegation for nurses, students, HCAs and APs (RCN, 2011b).

HCAs work in every field of health care. Following robust induction training, there will be a variation in the knowledge and skills they will require to undertake their role. Competence frameworks outlining the knowledge and skills required for specific posts have been developed for some settings, and should be based on the NOS relating to the sector.

Training must be undertaken by competent individuals and should be credit levelled against standard criteria, including the Qualifications and Credit Framework (QCF) (see Box 2) for England, Wales and Northern Ireland (SFH, 2011) and the Scottish Qualifications and Credit Framework (SQCF) in Scotland (Scottish Government, 2010b).

Box 1: National Occupational Standards

The National Occupational Standards (NOS) are statements of work-based competence. Their emphasis is on describing what happens, or needs to happen, in the workplace. There are thousands of statements of competence, which fit together to form detailed descriptions of what needs to happen in particular jobs.

NOS can be used in many different ways:

- by individuals - to help them develop their own knowledge and skills, improve their performance, and gain credit for their achievement
- by employers - to look at the quality of the services they offer by assessing workers against a set of relevant competences
- by educational institutions - which offer courses and qualifications as a framework for teaching and learning.

Box 2: Qualifications and Credit Framework

The Qualifications and Credit Framework (QCF) is derived from National Occupational Standards and is jointly supported by Skills for Health and Skills for Care and Development. Attainment of the competence-based qualifications will demonstrate occupational competence in the National Occupational Standards linked to the individual units chosen.

QCF units contain learning outcomes, as opposed to the knowledge and performance criteria statements of the previous NVQ system.

Each unit is assigned a level and credit value which aids the transferability of learning. Learners can gather credits as they complete individual units on the way towards full qualification.

The qualifications are designed to be as flexible as possible. This is to help future-proof them and enable employers to meet their changing workforce requirements.

Individuals should be able to progress to further qualifications within the health and social care sectors related to their individual role.
Assessment of competence

Assessments must be documented and set against clear assessment criteria for both knowledge and skills.

In England, Wales and Northern Ireland there should be a recorded assessment of competence at levels 2–3 of the QCF (Skills for Health, 2011) and levels 6–7 in Scotland (Scottish Government, 2010b). Competence frameworks outlining the skills required for the HCA post should be used in order to provide consistency across organisations (see www.skillsforhealth.org.uk). In Scotland, competence frameworks for specific roles can be accessed online from the NHS Education for Scotland website at www.nes.scot.nhs.uk

Competence can only be maintained by regular supervision and ongoing development. Each HCA should have their competence assessed regularly for the tasks that they are performing in their role, and this activity should be linked to their annual personal development plan and appraisal.

Supervision

Supervision must be ongoing and appropriate for the experience of the HCA and the context of the care setting. The level of supervision (direct or indirect) and feedback must be appropriate (RCN et al., 2006; NMC, 2008a).

The supervision model outlined by NHS Education for Scotland in its guide to health care support worker education and role development (Scottish Government 2010b, pp.17-18) demonstrates that decisions on the level and type of supervision should be based on the following criteria:

- the needs of the patient or client
- the nature of the task or care activity
- the relevant experience of the HCA, including any relevant education and training
- the HCA’s familiarity with the task or care activity, as well as with the patient or client
- the complexity of the task or care activity.

Supervision may be direct, where the registered practitioner is present to observe the tasks and provide support and immediate intervention if required. Indirect supervision will be reliant on processes being in place to provide guidance and support without the registered practitioner being actually present.

Creating a learning environment

Employers must ensure that staff are trained and supervised properly until they can demonstrate competence in their new roles (Cox, 2010).

It is essential that employers create an environment where learning is an integral part of the organisational culture. This extends to performing regular appraisals and reviews to ensure that the learning process is a continuing cycle of analysis, action and review.

Employees must be encouraged to recognise their strengths and identify areas for development and career progression, which should then be incorporated within their annual personal development plan and appraisal.

Apprenticeships offer a clear pathway of training whilst in employment, and the Alliance Sector Skills Council provides a comprehensive online repository of apprenticeship frameworks that meet the national standards of England and Wales (see www.afo.sscalliance.org).
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Accountability and delegation

Registered nurses must adhere to the Nursing and Midwifery Council (NMC) guidance on accountability and delegation (NMC, 2010) which states: “If the nurse or midwife is delegating care to another professional, health care support staff, carer or relative, they must delegate effectively and are accountable for the appropriateness of the delegation.”

The NMC Code (NMC, 2008b) requires that nurses and midwives must:

• establish that anyone they delegate to is able to carry out their instructions

• confirm that the outcome of any delegated task meets required standards

• make sure that everyone they are responsible for is supervised and supported.

The primary reason for delegation must always be to meet the needs of the patient, and registered practitioners must not delegate tasks that are beyond the level of skills and experience of the delegatee (NLIAH, 2010). The delegatee is responsible for ensuring their knowledge and skills match the delegated task, and for informing the delegator if this is not the case.

Skill mix

Studies on staffing levels and skill mix indicate that a higher nurse staffing and richer skill mix are associated with better patient outcomes (Thungjaroenkul et al., 2007; Ball, 2011). Ball (2011) proposes a benchmark proportion of registered nurses (RNs) as a percentage of total nursing staff on general hospital wards at 65 per cent RNs.

The RCN recognises that skill mix is a complex area dependent on many factors, and has put forward a set of staffing metrics that should be routinely monitored by providers, commissioners and regulators of care to inform workforce configuration and review (RCN, 2010).
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References


Nursing and Midwifery Council (2008a) Advice on delegation for registered nurses is provided on the NMC website www.nmc-uk.org (Web).

Nursing and Midwifery Council (2008b) The Code: standards or conduct, performance and ethics for nurses and midwives, London: NMC.

Nursing and Midwifery Council (2010) Advice on accountability for registered nurses is provided on the NMC website www.nmc-uk.org (Web).

Royal College of Nursing, Royal College of Speech and Language Therapists, The British Dietetic Association and The Chartered College of Physiotherapy (2006) Accountability and delegation of activities to support workers: a guide for registered practitioners and support workers, London: CSP, RCSLT, BDA and RCN.


Royal College of Nursing (2010) Guidance on safe staffing levels in the UK, London: RCN.

Royal College of Nursing (2011a) Principles of nursing practice, London: RCN.

Royal College of Nursing (2011b) Accountability and delegation: what you need to know. The principles of accountability and delegation for nurses, students, health care assistants and assistant practitioners, London: RCN.


Skills for Health. The National Occupational Standards database of competences is available online at www.skillsforhealth.org.uk (Web).


Skills for Health (2011) Skills for Health guide to new QCF qualifications (June 2011), Bristol: SfH.


### Appendix 1: Cross-reference table

<table>
<thead>
<tr>
<th>Principles of Nursing Practice</th>
<th>KSF Core Dimension</th>
<th>CEL 23 (2010) Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principle A</strong> Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.</td>
<td><strong>Equality and diversity</strong></td>
<td>Working in line with the equality, diversity, rights and responsibilities of people  &quot;Whistle-blowing&quot; in cases of harm and abuse</td>
</tr>
<tr>
<td><strong>Principle B</strong> Nurses and nursing staff take responsibility for the care they provide and answer for their own judgments and actions – they carry out these actions in a way that is agreed with their patients, and the families and carers of their patients, and in a way that meets the requirements of their professional bodies and the law.</td>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Principle C</strong> Nurses and nursing staff manage risk, are vigilant about risk, and help to keep everyone safe in the places they receive health care.</td>
<td><strong>Health, safety and security</strong></td>
<td>Protecting the public from harm and abuse  Being fit (healthy) to work  Maintaining health and safety at work  Assessing risks at work  Reporting incidents at work</td>
</tr>
<tr>
<td><strong>Principle D</strong> Nurses and nursing staff provide and promote care that puts people at the centre; involves patients, service users, their families and their carers in decisions; and helps them make informed choices about their treatment and care.</td>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Principle E</strong> Nurses and nursing staff are at the heart of the communication process: they assess, record and report on treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and are conscientious in reporting the things they are concerned about.</td>
<td><strong>Communication</strong></td>
<td>Working within confidentiality guidelines</td>
</tr>
<tr>
<td><strong>Principle F</strong> Nurses and nursing staff have up-to-date knowledge and skills, and use these with intelligence, insight and understanding in line with the needs of each individual in their care.</td>
<td><strong>Personal and people development</strong></td>
<td>Developing your knowledge and practice  Reviewing your working practice to improve your knowledge</td>
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<tr>
<td><strong>Principle G</strong> Nurses and nursing staff work closely with their own team and with other professionals, making sure patients’ care and treatment is coordinated, is of a high standard, and has the best possible outcome.</td>
<td><strong>Quality</strong></td>
<td>Contributing to team work  Building “customer” relationships  Managing yourself as a resource  Working within your own limits</td>
</tr>
<tr>
<td><strong>Principle H</strong> Nurses and nursing staff lead by example, develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs.</td>
<td><strong>Service development</strong></td>
<td></td>
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</tbody>
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