

# The Scottish Government

## Regulation of Healthcare Support Workers A Scottish Pilot on behalf of the UK

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# The Scottish Government

## 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 ....

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## Background

- Agreement that Scotland leads on behalf of UK (testing of preferred model in Scotland)
- October 2005 - 4-country Steering Group set up -> still steering! [Lay Chair, RCN, UNISON, Reg Bodies, CHRE, lay reviewers, independent sector, SSSC...]
- SG Working Group – developed standards and codes, prepared for public consultation, etc
- Planned pilot



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## Key influences

### Reviews of regulation by UK Department of Health

- 2 reports (medical and non-medical reviews) - significant influence across UK
- *The regulation of the non-medical healthcare professions* (July 2006), the “Foster Review” of particular influence
- Publication of UK Government White Paper (February 2007):
  - *Govt in England will consider outputs from Scottish pilot*
  - *Govt will consider whether there is demand for statutory regulation for levels 3 & 4 – against criteria*
- Definition of “Healthcare Support Worker” important in Scottish pilot

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

- Develop a model of “employer-led” regulation for HCSWs (with national consistency) built on the premise of patient safety / public protection
- Hold a centralised list / “register”
- Negotiate nationally agreed standards for
  - safe recruitment and induction,
  - code of conduct for HCSWs,
  - code of practice for employers

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## Actions since 2005

- Consultation on standards and codes 31 May – 31 August 2006
- Overwhelming support for principle of **public protection**
- Positive response to standards
- Call for mandatory status
- Plain English Society input
- Scottish Ministerial launch of standards and pilot - November 2006
- Piloting of model of standards and listing - January 2007-> December 2008

# The Scottish Government Standards – issues addressed prior to consultation

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

# The Scottish Government Public Protection “standard statements” 1.

- Build ‘customer’ relationships
- Communicate appropriately with patients / others
- Work within confidentiality and legal frameworks
- Work in accordance with the equality, diversity, rights and responsibilities of patients
- Protect patients from harm and abuse
- ‘Whistle–blow’ in cases of harm and abuse

# The Scottish Government Public Protection “standard statements” 2.

- Personally develop – knowledge and practice
- Reflect on practice to enhance knowledge
- Work within own limits
- Manage yourself as a resource
- Contribute to team work



# The Scottish Government Public Protection “standard statements” 3.

- Be personally fit at work
- Maintain Health and Safety at work
- Assess risk associated with work
- Report incidents at work

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## Code of Conduct

- Complementary to induction standards
- Focuses on “Working to Standard”
- Concepts covered:
  - Accountability, Awareness, Integrity, Advocacy, Sensitivity, Objectivity, Consideration & Respect, Consent, Confidentiality, Cooperation, Protection, Development, Alertness
- Well received to date

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## Potential use of Career Framework for HCSWs

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

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- MORE SENIOR STAFF - LEVEL 9**  
More senior staff with ultimate responsibility for clinical caseload decision-making and full on-call accountability.
- CONSULTANT PRACTITIONERS - LEVEL 8**  
Staff working at very high level of clinical expertise and/or have responsibility for planning services.
- ADVANCED PRACTITIONERS - LEVEL 7**  
Experienced clinical practitioners with high level of skill and theoretical knowledge. Will make high level clinical decisions and manage own workload
- SENIOR PRACTITIONER/SPECIALIST PRACTITIONER LEVEL 6**  
A higher degree of autonomy and responsibility than level 5 or managing one or more service in clinical environment.
- PRACTITIONERS - LEVEL 5**  
Registered practitioners consolidating pre-registration experience and getting ready for a higher level of functioning
- ASSISTANT / ASSOCIATE PRACTITIONER – LEVEL 4**  
Studying for HND/Dip HE some work involving protocol based care under the supervision of a registered practitioner.
- SENIOR HEALTHCARE ASSISTANT/TECHNICIAN – LEVEL 3**  
Higher level of responsibility than support worker and studying for or attained S/NVQ 3/4 or NHC / Cert HE.
- SUPPORT WORKERS – LEVEL 2**  
Frequently entitled 'Healthcare or Care Assistant', probably studying for or attained a vocational qualification (S/NVQ) at level 2.
- SUPPORT WORKERS – LEVEL 1**  
e.g. domestic/support staff or those in roles that require very little formal education.

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## Pilot

- Initially for a year from January '07 onwards – *timescale now extended to secure evidence base for policy decision*
- In 3 NHS Board areas and one independent hospital in Scotland
- In NHSS; Mental Health, Children's and Older People's services
- All HCSWs in chosen areas (clinical and non-clinical)

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## Pilot implementation

- Nationally agreed assessment tool for achievement of standards
- SWISS (e-workforce database) held 'list'
- Compliance monitoring; *self – assessment by Boards and national monitoring of structures and processes – NHS Quality Improvement Scotland*
- Communication!!!

# The Scottish Government Parallel Independent Evaluation Study

- Research tendering exercise Autumn 2006
- Contract awarded -> interviews of key informants and ongoing observation of implementation since
- Outputs will provide evidence to inform future policy decision – this is an area devolved to the Scottish Parliament

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## Questions for evaluation team

Numerous Qs - relating to:

- Implementation phase (infrastructures, etc)
- Operation of model
- Potential impact of model
- Overarching question:
  - “Does the model of *standards* and *listing* have the **potential** to enhance **public protection**?”

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## Progress with evaluation

- Limitations re what is allowed legally
- Interviews, case studies, one to ones, etc.
- Key informants; Chair of Steering Group, UNISON, Directors of nursing, HR, facilities, etc, etc
- Recruitment of HCSWs July 2007 until September 2008
- Extension of pilot to strengthen evidence base
- October 2008 stakeholder event in Edinburgh → policy position



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## Compare and Contrast

### Statutory RB v Employer-led

	<b>Reg Body</b>	<b>Employer</b>
<b>Set standards</b> (conduct, performance, ethics)	Set nationally (UK)	Set nationally (Scotland / UK?)
<b>Fitness to Practise work</b>	Employer and national regulator	Employer (HR policies, CG, SG)
<b>Maintain professional register</b>	National Regulator (at a cost)	Occupational list (being tested)

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## Some relevant questions 1.

- Should the existing regulatory bodies regulate support workers? - > **capacity / rationale / proportionality?**
- Is the professional self-regulation model used by doctors, dentists, nurses, etc, an appropriate one for support workers? - > **would criteria be met?**
- Should there be an independent statutory regulator? – > **cost?**
- Who should pay for this? - > **is it professional “self” regulation or “occupational listing”?**
- What about those working across boundaries / in “hybrid” roles? **Who should regulate?**

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## Some relevant questions 2.

- 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?**
- Would a qualifications based register affect recruitment? – > **how would less ‘able’ cope?**
- What does public safety demand? - > **a threshold standard of performance?**
- What is the risk associated with HCSW practice? - > **supervision / context issues?**

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## Some relevant questions 3

- Aren't **Clinical / Staff Governance** and **Patient Safety Strategies** enough? What about elsewhere in UK?
- What links with “**barring**” lists?
- What is the **role of the employer** in patient safety?
- What are the links with the **DH Working Group** on “**Extending Professional Regulation**” – work on criteria, different models, risk, etc

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## Example of criteria for statutory regulation (HPC) 1

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

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## Example of criteria for statutory regulation (HPC) 2

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

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For more information

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QUESTIONS?