



Council of Deans of Health

## ■ **Healthcare support workers in England:**

**Five proposals for investing  
in education and development to  
deliver high quality, effective  
and compassionate care**

**Council of Deans of Health  
Working Paper**

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## **Introduction**

Healthcare support workers, who comprise 47 per cent of the total NHS workforce<sup>1</sup> (see below) are playing an increasingly important role supporting professional groups in a range of settings. Despite taking on a broader range of tasks from catheterisation to venesection<sup>2</sup>, support workers continue to face challenges in respect of their education, training and development. Access to education opportunities can be fragmented and of variable quality and duration. In addition research suggests there can be a lack of clarity and consistency in role titles, grading and job descriptions, understanding of roles can be poor, and there may be an under-utilisation of skills. It is perhaps not surprising that healthcare support workers are often frustrated that they are unable to fully develop their careers and potential. Lack of education, training and development opportunities contributes to poor quality care.

The Council of Deans of Health welcomes the intention of recent initiatives, such as the Cavendish Review and publication of minimum training standards and code of practice by the sector skills councils, to address these and other issues. Under the national leadership of Health Education England (HEE) there is now a real opportunity to ensure that the contribution of healthcare support workers to safe, compassionate and effective care is maximised through the commissioning and delivery of high quality education and training.

### **The aim of this document**

This document builds on the Council's previous position statements in respect of healthcare support workers<sup>3</sup> and the jointly published Council of Deans of Health and Skills for Health report, *The Higher Education Contribution to Education and Training for Healthcare Support Worker Roles*<sup>4</sup>, to propose five measures aimed at ensuring healthcare support worker education and training meets the needs of employers, employees and, most importantly, the users of services. The measures are:

1. Education commissioning and workforce strategy that recognises the breadth of healthcare support worker roles, including those working across health and social care and non-clinical support workers.

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<sup>1</sup> It is less clear what percentage of the social care workforce is made up of support workers, however, many of the comments made above for the healthcare support worker equally apply to social care support workers.

<sup>2</sup> Waters A (2012) "Healthcare assistants taking on increasingly complex roles", Nursing Standard, 11 January.

<sup>3</sup> <http://www.councilofdeans.org.uk/Default.aspx?pageid=436>

<sup>4</sup> Council of Deans of Health and Skills for Health (2013) *The Higher Education Contribution to Education and Training for Support Worker Roles*

2. Improved workforce planning and intelligence including defining core healthcare support worker roles and responsibilities to allow the design of consistent and transferable qualifications.
3. Improved leadership and the opportunities for partnership working including the creation of a national healthcare support worker strategic partnership forum and local champions and networks.
4. Consistent and sufficient funding for support worker education, training and development.
5. Greater support, through the commissioning of bridging programmes, to assist NHS staff that wish to apply to pre-registration programmes.

There is much good practice in the NHS and much progress has been made in recent years but more needs to be done. The Council hopes this document will contribute to a discussion amongst education commissioners, education providers, employers, managers, support workers and their representatives; along with patients and carers about the best way to overcome the long-standing challenges many healthcare support workers face.

#### **Health care support worker education and training**

Of the 1,193,231 NHS employees, 347,130 are employed in clinical and 215,686 in infrastructure support worker roles. Education and training provision for these employees addresses three broad areas:

1. Recruitment into healthcare employment
2. Education and training of existing staff including progression (for example through mandatory training, the Level 2/3 Diploma in Health and Social Care, apprenticeship frameworks and Foundation Degrees at level 4/5)
3. Access into pre-registration degree programmes

Many universities, often working with Further Education colleagues, deliver a range of innovative education programmes for healthcare support workers, who are usually employed on Agenda for Change pay Bands 2, 3 and 4.

## **1. The broad scope of healthcare support worker roles and responsibilities must be recognised**

### **What is the issue?**

The 562,816 people working in support roles in the NHS undertake a wide range of roles and tasks including working as: porters, cleaners, therapy assistants, receptionists, pharmacy technicians, maternity support workers and nursing Assistant Practitioners. All have a vital role to play delivering and supporting care. Education and training programmes need to reflect this, as does national policy. It is disappointing, for example, that the minimum training standards and code of practice, produced by Skills for Health and Skills for Care only formally applies to support workers reporting to nursing and midwifery colleagues.

### **What needs to be done?**

Workforce policy and education commissioning needs to reflect the diversity of health care support worker education and development needs, including the needs of higher level clinical support workers and non-clinical support workers who comprise nearly two out of ten of the health and social care workforce.

Support workers should not be collectively described in terms of their Agenda for Change pay banding (i.e., “Bands 1-4 staff”). The increasing integration of health and social care requires a common and appropriate language and shared approach to education and training.

### **What are the implications for education and training?**

Training needs analysis and education commissioning (including local Development Reviews) will more closely reflect the core and specific needs of support worker roles.

## **2. Healthcare support worker education and training needs to be linked to improved workforce planning processes**

### **What is the issue?**

Effective workforce planning ensures the right numbers and mix (grade and skills) of staff to deliver safe and effective care to meet local health needs. Too often however, research suggests that healthcare support worker roles are poorly planned and designed. As a result support workers access a disparate, non-transferable and inconsistent range of formal and informal learning programmes ranging from just statutory training to Qualifications Credit Framework accredited qualifications such as diplomas and, for Assistant/Associate Practitioners, foundation degrees.

Inadequate workforce intelligence and planning contributes to misunderstandings about roles, inappropriate delegation of tasks, lack of opportunities for support workers to progress their careers limited opportunities to access continuing professional development, inadequate education and training provision and the under-utilisation of skills.

There is also a lack of development opportunities for those working across health and social care.

### **What needs to be done?**

The scope of practice of clinical and non-clinical support worker roles needs to be more clearly defined. Nationally this requires identifying the core tasks and attributes that apply to all support workers at each level<sup>5</sup>, while allowing local flexibility to identify patient/client specific requirements. Should, for example, all Band 3 healthcare support workers be able to undertake vital signs monitoring?

Clarity about the roles and responsibilities of support workers, including the tasks that cannot be performed by unregistered staff, will assist workforce planning and safe delegation as well as supporting the design of fit for purpose education programmes.

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<sup>5</sup> Some progress has already made in this respect in regard of maternity support workers (RCM (2012) *The Role and Responsibilities of Maternity Support Workers*, RCM: London

### **What are the implications for education and training?**

Establishing core tasks will support the design of appropriate, transferable and national qualifications that deliver a consistent and transferable level of knowledge, attitudes and skills regardless of setting. For Assistant/Associate Practitioner roles foundation degrees or Diplomas of Higher Education should become the standard qualification, given the complexity of the tasks performed by the roles and their degree of autonomy.

Beyond the core national tasks, specific care areas will require staff to perform additional tasks, such as wound care, catheterisation or venepuncture, which can be locally determined and taught through additional accredited programmes.

The use of so-called *Skills Passports*<sup>6</sup> as an integral part of formal education programmes will allow support workers to demonstrate their competence, which in turn, improves the confidence of registered staff to appropriately delegate tasks. *Skills Passports* also clarify the tasks support workers cannot perform, thereby addressing 'task drift'.

Improving workforce planning will allow workforce development (and associated education support), to better align with service needs.

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<sup>6</sup> Originally developed by NHS Education for Scotland and now used by a number of universities particularly for foundation degree programmes.

### **3. Healthcare support worker education and development will be improved through leadership and partnership working**

#### **What is the issue?**

Leadership at all levels of the health and social care system, including local clinical leadership, is a critical factor in raising the standards of education and training. Too often this is lacking, as are opportunities for partnership working.

At national level, there is a need for a strategic forum to discuss support worker education, training and development issues. While a number of Strategic Health Authorities supported local healthcare support worker forums at a regional level, many of these have not yet been re-established by local education commissioning groups. Partnership also requires greater involvement of service users and the public in the design, delivery and evaluation of education for support workers (as is normal practice in pre-registration nursing, midwifery and Allied Health Professions courses). There is also a need for partnership working between health and social care providers.

#### **What needs to be done?**

*Nationally* - under the leadership of HEE a national forum should be created comprising, amongst others: NHS Employers, professional bodies and trade unions, patient representatives, Health and Wellbeing Boards, National Apprenticeship Service, the Council of Deans of Health and the sector skills councils. Such a body could create task and finish groups to consider specific strategic issues of national significance.

*Regionally* – Education commissioners must demonstrate that they are actively engaging with all relevant partners to ensure appropriate education commissioning, design and evaluation of support worker programmes that meet patient needs.

*Local employers* need to ensure senior level engagement, including Directors of Nursing, Therapy Heads and Heads of Midwifery, with support worker education, training and development strategies, policies and practices. Appropriate mechanisms should be established to allow all local stakeholders – including support workers themselves – to discuss education and development to ensure healthcare support workers are able to provide compassionate and competent care and support.

Building on the apprenticeship champion's model, healthcare support worker development champions should be identified nationally, regionally and locally.

### **What are the implications for education and training?**

The Council of Deans of Health has previously called for healthcare support worker education to be delivered within a national framework to more effectively address the enduring challenges discussed at the beginning of this paper. Clear national and local leadership along with partnership working, including with patients, will assist the design, delivery and evaluation of fit for purpose education and training.

## **4. Funding for healthcare support worker education, training and development must be consistent, sustainable and transparent**

### **What is the issue?**

At present, funding for healthcare support worker education and training varies significantly across the country. Service users must be reassured that wherever they access care those support them have been appropriately trained. Funding must also be sustainable and stable. The changes in funding for 24 year old + and level 3 and 4 vocational programmes being introduced on 1 August 2013<sup>7</sup> has, for example led some trusts to review continuation of advanced apprenticeship programmes.

Effective healthcare support worker education, training and development require employer support and commitment. Lack of access to guided learning in the workplace or to assessors impedes the effectiveness of programmes and transfer of learning. Local learning infrastructures are not always sufficient. Education providers also need to continue to ensure that programmes are delivered as efficiently as possible and address employer pressures (such as releasing staff from the workplace) while maintaining education standards.

### **What needs to be done?**

In addition to quality assuring education provision and providers, Local Education and Training Boards along with employers should be accountable for their workforce development investment decisions. A single monitoring structure should be established to ensure support workers are properly educated and trained and receive an appropriate share of funding.

Quality assurance of programmes should meet the needs of employers and employees and embrace:

- value-based recruitment
- functional skill requirements
- teaching
- workplace learning infrastructure such as mentors, assessors and evaluation.

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<sup>7</sup> <http://skillsfundingagency.bis.gov.uk/providers/programmes/24AdvancedLearningLoans/>

Research undertaken by the Council of Deans of Health shows that support workers value face-to-face teaching and that e-learning courses for this group are at different stages. However, new ways of learning will need to be commissioned for example using blended learning and innovative technologies to support distance learning.

### **What are the implications for education and training?**

Access to education and training for health and social care support workers will be widened in many areas. Funding stability would allow the design of innovative new means of delivery as well as maintaining existing programmes.

## **5. There remains a need to widen access to nursing and other health professional degrees**

### **What is the issue?**

The Department of Health's mandate to HEE includes the aim of increasing access for support workers into nursing degrees. This aim should be extended to all professions. Pre-registration students previously employed in the NHS have greater completion rates when entering pre-registration degree programmes but often require additional support with study and other skills. Vocational education programmes such as diplomas or advanced apprenticeships are rightly designed for service needs, not to facilitate progression into pre-registration education. This often creates a gap in the knowledge and skills required for undergraduate education.

### **What needs to be done?**

The Council of Deans of Health will continue to work with members to ensure that there is appropriate recognition of the skills and knowledge support workers have previously acquired when they apply for pre-registration programmes. The Council is committed to working with the sector skills councils to remove any unnecessary barriers to support workers accessing pre-registration programmes.

In addition the Council supports the Department of Health's proposals, first published in 2010, to create bridging programmes to address knowledge and skill gaps of support workers and allow such staff to apply for entry to pre-registration programmes including, where appropriate, to the second year. A HEE-led task and finish group should be established oversee the design, commissioning and implementation of bridging programmes.

### **What are the implications for education and training?**

These strategies allow the knowledge and skills of existing NHS employees to be taken into account when they apply for pre-registration programmes, supports career progression and fair access to the professions.

## **Moving forward**

The new NHS education commissioning structure led by HEE creates the opportunity for partners to build healthcare support worker capacity and capability. The rising demand for health and social care, including the need to personalise care, alongside constraints on funding, make it imperative that the contribution of healthcare support workers is maximised. The Council of Deans of Health firmly believes that the design and delivery of effective education and training programmes is central to ensuring that service users receive consistent, competent, safe and compassionate care.

While progress has been made in recent years, more still needs to be done. This document makes five proposals that cover recruitment into the NHS, development of existing staff and, for the appropriate candidates, progress into pre-registration programmes. In brief, they are to:

1. Ensure education commissioning and workforce strategy recognises the breadth of healthcare support worker roles, including those working across health and social care and non-clinical support workers
2. Improve workforce planning and intelligence including defining core healthcare support worker roles and responsibilities to allow the design of consistent and transferable qualifications.
3. Improve leadership and the opportunities for partnership working including the creation of a national healthcare support worker strategic partnership forum and local champions and networks.
4. Ensure consistent and sufficient funding for support worker education, training and development.
5. Provide greater support, through the commissioning of bridging programmes, to assist NHS staff that wish to apply to pre-registration programmes.

### **Council of Deans of Health**

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The Council of Deans of Health is the representative voice of the 85 UK university health faculties that provide education and research for nursing, midwifery and the allied health professions and healthcare support staff.

**↗ The Council of Deans of Health is the representative voice of the 85 UK university health faculties providing education and research for nursing, midwifery and the allied health professions. The Council seeks to play an influential leadership role in improving health outcomes through developing an expert health workforce and utilising its collective expertise to inform innovative educational practice and translational research.**

**↗ [www.councilofdeans.org.uk](http://www.councilofdeans.org.uk)**



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