This report has been authored by:

Professor Mary Lovegrove OBE*
Elisabeth Jelfs ≠
Ian Wheeler #
June Davis*

*Director, Allied Health Solutions
≠ Director of Policy, Council of Deans of Health
# Head of Research and Evaluation at Skills for Health

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1.0 EXECUTIVE SUMMARY

Interest in the education, training and development of support workers in the health sector has grown in recent years. Indeed recent forecasts of how the health sector in the UK might develop have highlighted that these occupations may be one of the few in the health sector to experience growth. Interest in how they are trained and developed has also grown as a result of a number of high profile failures in the health sector. In these instances it is natural to explore whether training and development needs to be improved, or whether the solution resides in better regulation.

This report presents research jointly commissioned by the Council of Deans of Health and Skills for Health in the autumn of 2012. The objective of this study was to gain a greater insight into the role that the higher education (HE) sector plays in the development of the healthcare support workforce and a better understanding of possible future developments for support worker roles.

A sample of Deans of higher education institutions that are members of the Council of Deans of Health were invited to take part in this study. The study asked the views of institutions in each of four nations of the United Kingdom. It asked those who currently educate and train healthcare support workers in partnership with healthcare service providers. In addition there were some interviews with representatives from institutions that have ceased providing programmes, and some which have never provided programmes for this workforce and have no intention of doing so in the future. Expert testimony was also sought from researchers in this field. In addition a brief survey of the Council of Deans of Health member organisations was undertaken to provide further intelligence.

For the purposes of this report the term healthcare support worker is taken to be inclusive of three levels of clinical support:

- The first level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 2 or equivalent and supports patients’ and carers’ basic needs.
- The second level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 3 or equivalent and undertakes delegated tasks. This role is sometimes referred to as senior support worker.
- The third level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 4 or equivalent. This role is referred to as the higher support worker, assistant practitioner or occasionally the associate practitioner. The post holder has greater autonomy and increasingly more clinical responsibility.

The report considers policy developments across the four UK home nations and the drivers for change, including the different approaches taken and the complexity of terminology used to describe this workforce. Notwithstanding the complexity of the field and the differences between the UK home nations, policy makers, HEIs and the
sector skills councils should carefully consider ways in which policy frameworks can support greater standardisation. Because of the timing of the research it was inevitable that the regulation of support workers was a theme that was often referred to in the discussions. However, it is striking that the educators interviewed for this study when asked about regulation were unanimous in calling for some kind of regulation for this workforce.

This study shows that the majority of the HE sector education and training for healthcare support workers prepares them to be employed at Level 4 often as an assistant practitioner. The universities through their faculties of health are well placed to support the development of this workforce in partnership with service providers. Many of the institutions that have a successful and sustainable provision demonstrate an organisational commitment to widening participation and supporting the local community. However very few of the respondents actively recruit to programmes offered at Level 3 or Level 4 of the Qualifications Credit Framework. There was no sign of universities wanting to pull out of this domain of education; in fact many of the universities interviewed intend to further develop their programmes.

However, this study also highlights a number of areas in which HE provision and the frameworks that govern it could be developed. The respondents identified the following areas;

- Improved flexibility and further modernisation of models of delivery in response to changing service pressures and an increased demand for programmes for healthcare support workers employed in the community, including greater use of the range of awards within the Qualifications Credit Framework.
- Greater consistency in award titles, so that support workers can move more easily between different employers.
- The development of a sustainable funding model (in England in particular) including an agreed commissioning fee for initial education and training, CPD for the existing healthcare support workers and recognition that these programmes are resource intensive.
- Further work on the interface between support worker education programmes and pre-registration programmes, particularly looking at preparation for accessing higher education and the equivalence of different qualifications.
- Further research into the effectiveness of this workforce from a service user and carer perspective, for example studies to evaluate the effectiveness of different models of education and training or the impact of this workforce on patient safety.
2.0 INTRODUCTION

2.1 Background and Objective

The research to date concerning the healthcare support workforce is limited. There has been some valuable research into areas such as the introduction of healthcare assistant practitioner roles and the perception that healthcare support workers have of their role in supporting student nurses[^1]. However, there has been relatively little investigation into the education and training offered to healthcare support workers and none that address the involvement of the HE sector and its partner institutions in their development. The objective of this study was therefore to gain a greater insight into the contribution that the HE sector makes to the development of the healthcare support workforce and a better understanding of possible future education and training developments for these support worker roles. The research was focussed around four key themes:

- context setting and nature of provision;
- local workforce vision;
- quality assurance governance for the development of this workforce; and
- future drivers for change.

The report concentrates primarily on the education of healthcare support workers in their own right rather than on the interface between support worker education and pre-registration programmes: no assumption has been made that support workers will necessarily want to move on to become registered health professionals. However, since HEIs have a significant role in developing the pathways that allow support workers to progress into pre-registration education, the study has considered these and makes some suggestions as to how the bridges between educational programmes might be developed.

While this is not a definitive study, the research highlights the main contributions that the higher education establishments currently make to the education and development of those in support roles, the potential for an enhanced contribution and possible further developments.

This project is a joint endeavour between Skills for Health and the Council of Deans of Health.

Skills for Health is the Sector Skills Council for the United Kingdom’s health sector. It works to help the whole UK health sector - public, private and voluntary - develop a more skilled and flexible workforce. Skills for Health’s vision for the health sector is of a flexible, competent and productive workforce with access to high quality healthcare education and training. Skills for Health works with employers to enable them to gain a greater understanding of the suitable learning opportunities that are available so that time and money is not wasted on inappropriate education and training programmes.

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 plays an influential leadership role in improving health outcomes through its role in developing an expert health professional workforce and utilises its collective expertise to inform innovative educational practice and translational research. The Council of Deans of Health has set out its principles for a successful education and training framework for developing healthcare support workers:

- recognising the breadth of healthcare support workers’ roles;
- supporting flexibility in local design and innovation;
- accommodating opportunities for healthcare support workers within a wider education system;
- sustaining funding; and
- addressing regulation.

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2 Skills for Health (2011) UK Sector Skills Assessment
4 Skills for Health (2011) Improve Quality and Productivity
3.0 CONTEXT AND DRIVERS FOR CHANGE

3.1 Introduction and Policy Context

Healthcare support workers have an increasingly important role across the NHS, social care, independent and voluntary sectors, supporting a wide range of health professionals. In 2007 the Royal College of Nursing reported that the numbers of healthcare support workers had doubled in England during the ten year period from 1997-2007. It is widely expected that the number and range of roles undertaken by support workers in both adult social care and healthcare (including integrated roles) will continue to grow over the coming years as a consequence of financial constraints, technological advances and changes in the population’s needs. At the same time, there is an increasing political focus on this workforce, with concerns that lack of training and supervision has contributed to poor quality care in a number of parts of the system, not least in the care of older people at Mid Staffordshire NHS Foundation Trust.

As the number of healthcare support workers has grown, so too have questions about the governance of their roles: whether they should be regulated, how they are trained and educated and their relationship to registered professionals such as nurses, physiotherapists and midwives. With the increased political spotlight in recent years on concerns about quality of care in hospitals and residential settings, interest in these questions has accelerated and most of the home nations in the UK now have specific initiatives looking at the role of healthcare support workers.

3.2 Different Approaches Across the Four Nations

Although many developments in the role and governance of healthcare support work have happened in parallel across the UK, the devolution of health policy has inevitably led to different approaches and progress across the home nations.

In Northern Ireland there is no traditional HEI input to the development of the healthcare support workforce. The approach taken by the Belfast Health and Social Care Trust which employs 8000 staff in support roles, mostly at Band 2, is to develop this workforce through a six month programme. This programme is run in partnership with Belfast Metropolitan College, a Further and Higher Education Institution and includes a one day a week classroom based teaching component.

7 Royal College of Nursing (2007) The Regulation of Healthcare Support Workers
In 2009 NHS Scotland published two important codes associated with healthcare support workers: The Code of Practice for Employers of Healthcare Support Workers in Scotland\(^9\) and Code of Conduct for Healthcare Support Workers\(^10\). The former set out a number of standards the employers must adhere to. The two most important in the context of the project are:

- Provide training and development opportunities so healthcare support workers can strengthen and develop their skills and knowledge.
- Make sure people are suitable to enter the healthcare workforce and that they understand their roles and responsibilities.

In 2010 NHS Education for Scotland also commissioned a review of the impact of Maternity Care Support Workers in NHS Scotland\(^11\). The authors found that support workers, midwives and national stakeholders reported a very high level of satisfaction with the training programme.

Similarly Wales has taken an All Wales approach to healthcare support worker development. In 2009 the National Leadership and Innovation Agency for Health provided funding to support the development of healthcare support workers to level 4 of the Credit Qualification Framework for Wales (CQFW)\(^12\). Their strategy was to offer level 3 of the CQFW plus continuing professional development (CPD). The Welsh Government recognises that some of the service challenges over the next few years can be offset by using support staff in different ways\(^13\). In 2011 The Welsh Assembly published a mandatory Code of Conduct for Healthcare Support Workers and a Code of Practice for Employers\(^14\),\(^15\).

Until recently, the approach taken in England has been one of local determination based on local needs. However in 2012 Skills for Health and Skills for Care were commissioned by the Department of Health in England to draw up a Code of Conduct and National Minimum Training Standards for health and social care support workers\(^16\). These were published in March 2013 following extensive consultation. The

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Code of Conduct\textsuperscript{17} sets out the standards of conduct, behaviours and attitudes expected of workers in these roles and the minimum training standards the minimum knowledge workers must have irrespective of their role. Standard six (appendix 7) in the code requires Healthcare Support Workers and Adult Social Care Support Workers in England to ‘Strive to improve quality of healthcare, care and support through continuing professional development.’ This code only applies to healthcare support worker roles that report to nurses and midwives although there is every expectation that it could be more widely applied. There is a possibility this approach will be formalised through the new health education system with the Local Education and Training Boards (LETBs) informed by a Bands 1-4 Advisory Board reporting to Health Education England (HEE). In parallel, the Government has commissioned a review\textsuperscript{18} of the training and support of healthcare and care assistants and how it can be improved, to be completed by May 2013.

The two objectives of this review are to:

\begin{itemize}
  \item Consider what can be done to ensure that all people using services are treated with care and compassion by healthcare and care assistants in NHS and social care settings.
  \item Make recommendations about the recruitment, training, management, development and support of those staff, who do a challenging but vital job in health and care settings.
\end{itemize}

Although the flexibility and variety of healthcare support worker roles is a great strength, widespread variation in job descriptions and titles makes roles difficult to define\textsuperscript{19}. One of the complexities from the outset is therefore the definition of terms.

In Scotland, the Scottish Government defines the healthcare support worker as staff whose role it is to provide support functions that impact on patient care and treatment to patients and members of the public within the health sector. The healthcare support worker role may be primarily clinical or non-clinical in nature or in many cases may constitute a blend of clinical and non-clinical type functions\textsuperscript{20}. The government in partnership with NHS Education for Scotland has agreed on a set of definitions for each of the four levels of clinical Healthcare Support Workers\textsuperscript{21}.

\textsuperscript{20}The Scottish Government (2010) CEL 23
In Wales the definition is narrower, with healthcare support workers including all those responsible for providing direct and indirect services to patients, but it does not include workers in a contract or other arrangement with persons who provide primary medical services, general dental services, general ophthalmic services or pharmaceutical services\textsuperscript{13}.

In Northern Ireland the Central Nursing and Midwifery Advisory Committee (CNMAC) has been tasked with obtaining consensus on title for support workers at Bands 2 and 3, a common level of education attainment and development opportunities\textsuperscript{22}.

In England there is no single agreed definition, although the NHS Careers website\textsuperscript{23} uses the following definition for the role of healthcare assistants: ‘healthcare assistants can work within hospital or community settings under the guidance of a qualified healthcare professional. The role can be very varied depending upon the area in which the person is employed’.

As policy makers look to reduce variability in support worker education and training, an agreed approach to terminology would strengthen the consistency with which the healthcare support worker roles are developed and assist with the better utilisation of the skills of those in these roles.

For the purposes of this report the term healthcare support worker is taken to be inclusive of three levels of clinical support\textsuperscript{24}.

- The first level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 2 or equivalent and supports patients' and carers' basic needs.
- The second level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 3 or equivalent and undertakes delegated tasks. This role is sometimes referred to as senior support worker.
- The third level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 4 or equivalent. This role is referred to as the higher support worker, assistant practitioner or occasionally the associate practitioner. The post holder has greater autonomy and increasingly more clinical responsibility.

In 2009 in response to healthcare employers’ requests for standardisation Skills for Health defined an Assistant Practitioner\textsuperscript{25} as follows:

\begin{itemize}
  \item The first level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 2 or equivalent and supports patients’ and carers’ basic needs.
  \item The second level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 3 or equivalent and undertakes delegated tasks. This role is sometimes referred to as senior support worker.
  \item The third level is where the healthcare support worker is normally employed at Skills for Health Career Framework Level 4 or equivalent. This role is referred to as the higher support worker, assistant practitioner or occasionally the associate practitioner. The post holder has greater autonomy and increasingly more clinical responsibility.
\end{itemize}

\textsuperscript{23} http://www.nhscareers.nhs.uk
An Assistant Practitioner is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The Assistant Practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The Assistant Practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve.

3.3 Regulation of Healthcare Support Workers

At present, across the UK, healthcare support workers are not regulated professionals. In England, the Government’s 2011 Command Paper, Enabling Excellence took the broad position that the primary responsibility for unregulated workers should lie with employers rather than suggesting regulatory reform. However the paper did recognise the need for adequate assurance systems, both for employers and for the public. The debate on the regulation of support workers has continued, with discussion of voluntary registers, statutory regulation and the concept of a ‘negative list’.

In the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Robert Francis QC made a number of recommendations on healthcare support workers, including that a ‘registration system should be created under which no unregistered person should be permitted to provide for reward direct physical care to patients currently under the care and treatment of a registered nurse or a registered doctors (or who are depended on such care by reason of disability and/or infirmity) in a hospital or care home setting’ (recommendation 209, p. 107). However, the Government announced in Patients First and Foremost that ‘although the idea compulsory, statutory regulation can seem an attractive means of ensuring patient safety’ it is the responsibility of the employers, commissioners and providers to ensure they have the processes in place to deliver the right care to patients.

26 Skills for Health (2009) Core Standards for Assistant Practitioners
26 Department of Health (2011) Enabling Excellence
28 Department of Health (2013) Patients First and Foremost
4.0 THE APPROACH TO THE STUDY

Semi-structured interviews were undertaken with expert representatives from seventeen Higher Education Institutions (HEIs) across the United Kingdom. The expert opinion was provided by Deans or Associate Deans or Programme Leaders. In addition valuable insights were provided by the testimony of two researchers with a particular interest in this field and a third researcher who has recently completed her PhD on healthcare support workers.

Institutions were invited to take part in this study based on the following criteria:

- comprehensive geographic coverage for the project; and
- different levels of engagement with education and training of support workers.

Eleven interviews were held with representatives from organisations that provide education and training for healthcare support workers; four were with representatives from organisations that do not provide programmes for healthcare support workers; one was with a representative from an organisation that had decided to withdraw altogether and one from an establishment that had considerably reduced the provision. This spread of interviews was undertaken to provide insight into the barriers as well as opportunities.

During the discussion the interviewees were asked to consider the four research themes listed in 2.1 above (details of the interview schedules are in appendix 1). A thematic analysis approach to the responses was undertaken to inform the key findings set out in section 5 below.

These qualitative interviews were followed up by a survey of all members of the Council of Deans of Health. The aim of this survey was to gain a greater understanding of the nature of the provision across the UK. An additional 32 members of the Council answered this survey totalling 46 institutional responses out of a total membership of 88 institutions, of which 3 are associate members. This equated to a response rate of 54 per cent from institutions with full membership.
5.0 KEY FINDINGS

This section summarises the key findings of the study, discussed in relation to key literature sources. The findings are set out under two overarching themes: the current situation, which focuses on describing current provision and some of its challenges, and potential developments, which sets out a number of areas in which HEI engagement with support worker education could develop.

Section 5.1 provides an outline of the current situation regarding Higher Education provision for health care support workers including indications of:

- why HEIs commit to educating and training healthcare support workers;
- diversity in education programmes and models of study;
- funding challenges;
- potential competition between providers;
- progression into pre-registration programmes; and
- the research activity into healthcare support workers.

Section 5.2 explores the potential future developments around Higher Education provision for support workers, including

- strengthening quality assurance of the healthcare support worker programmes and the impact on patient outcomes;
- partnerships;
- continuing professional development for healthcare support worker; and
- regulation of healthcare support workers.

5.1 Current Situation

5.1.1 Why HEIs commit to educating and training healthcare support workers

The members of the Council of Deans of Health who were interviewed about their institution’s engagement with education and training provision for healthcare support worker roles were divided between those that were committed to developing this workforce and those that did not see it as part of the role of the HEI. This diversity is further evidenced in the online survey with 67 per cent of the respondents stating they run healthcare support worker programmes and 41 per cent stating they offer social care support worker programmes.

The institutions that are committed to developing this workforce reported that their institutions have always been employment led, with a number of them establishing institutes and networks to support this work.

‘Our University always had an outward looking vocational focus integrated within a career trajectory’.
Examples of mission and vision statements that support the design, development and delivery of the academic programmes for healthcare support workers:

- ‘Transforming lives through professional, employment-focused higher education and distinctive research and innovation relevant to economic, social and cultural need’
- ‘We value the power of higher education to transform individuals, communities, society and the economy’
- ‘Creating professional opportunity for all who benefit’
- ‘To be a leading professional and creative influence, shaping higher education for the benefit of people and employers’
- ‘To be acknowledged for our commitment to student success … and strong local impact’
decision, often because the market position that the university holds or aspires to hold is not aligned to the modes of study used to develop support workers. Comments made that evidence this position include:

‘The new VC is very clear that anything sub-degree is not the business of the University.’

‘There is no encouragement from the university for us to offer sub-degree level awards. Although a Foundation degree is strictly speaking a degree, as an institution we have been moving away from Fds.’

However, some of the institutions are reviewing their approach and would like to get into this market as there is ‘an increasing market in degrees and Fds’. Others value their partnership with the education commissioners and would review their provision if specifically asked to do so. One said:

‘This is not to say we wouldn’t offer them in the future because any request that comes in from the Local Education and Training Board (LETB) we would always consider. If it was deemed we were the correct organisation to deliver a programme we would consider it carefully but it would not be a priority’.

As partnership with local healthcare providers is key to the success of most of the faculties, the view of the chief executives of the service provider trusts is very important. The educators interviewed reported mixed engagement from service, and that some of the heads of these organisations are ‘not really interested in talking about the particular needs of the support worker roles’. However, the interviewees also reported that many service providers are looking for internal solutions to issues around education and training of support workers.

Some of the evidence collected as part of the interviews also indicates that there is a reduction in the numbers of healthcare support workers seeking places on HEI programmes partly because service provider organisations are looking for ways to minimise staff time away from the clinical service. This may therefore call for new models, potentially involving e-learning, to meet employer needs.

A few universities have been forced out of the market altogether or have been required to reduce their portfolio, normally because of financial pressures that make this provision no longer economically viable. Most of these are seeking ways to either re-enter the market or re-establish the faculties as significant providers.

5.1.2 Diversity in education programmes and models of study.

A central feature of this research study has been the significant diversity in the education programmes and models of study that higher education institutions offer to support worker students (appendix 8). These differences occur in almost every area of HE delivery, from the type of award and flexibility of programmes to the length of programme and pattern of academic attendance.
**Types of award**

In response to local service requirements, and without a clear agreed definition of the role of the support worker, HEIs offer a diverse range of education and training awards. The awards currently provided span a continuum from a certificated course of study to a foundation degree. Those students who successfully complete the certificate have passed 60 credits of learning at level 4, which is equivalent to 50 per cent of the first year of study of a full time bachelor’s degree. Those students who successfully complete a foundation degree are awarded 240 credits of learning of which 120 credits are at level 4, equivalent to the first year of a full time bachelor’s degree and 120 credits at level 5 which is equivalent to the second year of a bachelor’s degree.

The exact nature of the award varies across and within the four nations. Scotland has a country-specific credit and qualifications framework; the Scottish Credit Qualifications Framework (SCQF), and England, Wales and Northern Ireland share a Framework for Higher Education Qualifications (FHEQ). It is therefore only possible to draw broad comparisons, rather than direct equivalences, between qualifications and their levels in each of the four nations. An attempt has been made to map some of these broad comparisons against the Skills for Health Support Worker Framework, using information from Ofqual, QCF and data collected from the project (appendix 6).

The majority of providers, particularly in England, offer a Foundation degree as the final award and this is where the focus for the HEIs has been (appendix 3). On successful completion of this programme of study the students are eligible to apply for an Assistant Practitioner post. The system in Scotland is very different and they have their own degree awarding powers. One of the respondents explained that ‘for support worker programmes provided by the HE sector they have higher national programmes and use the SQA award for the health care support worker’. For this institution it is an HNC/D award in Care and Administration.

A few of the respondents reported offering a range of innovative titles such as QCF Diploma Health and Social Care L2 and L3, mapped to Skills for Health Career Framework at support worker and senior healthcare assistant level.

**Flexibility of Programmes**

These myriad approaches to developing the healthcare support worker is further complicated by the fact that some institutions offer very flexible schemes such as model A and others offer award specific programmes such as model B (see below).

Some institutions enable the support worker students to study alongside the pre-registration students to ensure there is the same learning outcome for a shared

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competence and others argue that ‘students who enter assistant practitioner programmes are very different to those who enter the pre-registration programmes. They often have a lot of practice experience and yet quite often do not have the same confidence about their academic skills.’

Many of the HEIs that offer a foundation degree deliver it in a traditional way, i.e. full-time students with one or two days per week in the education institution. It is therefore important that they consider ways in which it is possible to create a two way flexible exchange between the foundation degree model and an emerging apprenticeship model.

**Naming the award**

HEIs and partner Further Education Colleges (FEC) are well placed to promote a shared understanding of the role and skills of the healthcare support worker through careful naming of the programme of study. Many organisations do this very effectively, leaving the potential students and clinical colleagues in no doubt as to the intended outcomes at the end of the programme.

An example of such an award is the Certificate in Higher Education in Health Care Nursing Support Worker Education, which is promoted by the Welsh Health Boards. However in the spirit of flexibility and responsiveness some organisations risk leaving the interpretation to others for example FdSc Health and Social Care. It could be argued that the former title is too wordy but for the potential student, the colleagues in service and the education commissioner it is very clear. In the case of the latter title unless there is a clear statement that this is a framework for assistant practitioners, or there is a clear reference in parenthesis such as assistant practitioner in adult care, the lay reader or education commissioner is left to make their own interpretation.
These findings were further evidenced in the online survey responses as shown in table 1 below:

<table>
<thead>
<tr>
<th>Award</th>
<th>Percentage of respondents offering the programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>FdSc Health and Social Care</td>
<td>75</td>
</tr>
<tr>
<td>FdSc Mental Health</td>
<td>25</td>
</tr>
<tr>
<td>FdSc Rehabilitation Therapies</td>
<td>17</td>
</tr>
<tr>
<td>FdSc Acute Hospital Care</td>
<td>25</td>
</tr>
<tr>
<td>FdSc Maternity Support Worker</td>
<td>17</td>
</tr>
<tr>
<td>FdSc Community Home Support Worker</td>
<td>8</td>
</tr>
<tr>
<td>FdSc/DipHE Healthcare Practice</td>
<td>25</td>
</tr>
<tr>
<td>CertHE in Healthcare Support Worker (Nursing) Education</td>
<td>29</td>
</tr>
</tbody>
</table>

Table 1: Online survey responses

Many of the programmes offered by the HEIs are in response to the service developments in the acute sector. These figures show a relatively low focus on developing higher level support workers for community settings, although some foundation degrees or certificates in higher education will encompass a vertically integrated programme that looks at both primary and secondary care. With the government changes towards an integrated approach to health and social care there will be an increased demand for programmes for healthcare support workers employed in the community. The data has highlighted that there is relatively little provision for support workers that are employed in the community or work in social care. This suggests that workforce planners and policy makers should explore with the sector the possibility to fund and support an increased number of foundation degrees with a community or primary care focus.

Only a minority of respondents that are offering awards within the range of the QCF offer a similar range of title awards in addition to those offered at foundation degree level:

- Level 2/Level 3 Diploma in Health and Social Care
- Level 2/Level 3 Diploma in Health (Clinical Healthcare Support)
- Level 3 Diploma in Health (Allied Health Professions Support)
- Level 3 Diploma in Health (Maternity and Paediatric Support)

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30 http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
**Length of Programme and Patterns of Study**

The length of programme and mode of academic attendance also varies by institution. Those that offer foundation degrees as the final award for the healthcare support worker normally provide these as a full time one day per week attendance pattern over two years at the academic institution with the rest of the time in employment as a student. In contrast, however, there are some foundation degree models emerging whereby the student only attends an FEC and is enrolled at both the university and the FEC. In this situation the student spends 50 per cent of their time in the clinical setting normally as a full-time student rather than an employee.

More contemporary modes of attendance are being developed, for example courses that are primarily delivered through blended learning approaches with an option for distance learning where attendance at the academic institute is very difficult. These programmes are supported by distance learning resources, virtual learning environment (VLE) and robust support mechanisms. For these blended learning programmes the HEIs also offer face to face engagement at remote locations subject to demand.

The online survey also highlighted the fact that the students from the majority of responding organisations spend at least 50 per cent of their study time in clinical practice and four HEIs have an arrangement whereby the students spend at least 70 per cent of their study time in clinical practice. One of the organisations that took part in the interview round offer a two year part-time programme of study during which the student are only allowed out of service for eight days.

**Implications of models of study**

We found very little evidence about the most effective mode of study for healthcare support workers. There is some evidence however on the value of foundation degrees for the assistant practitioner workforce. In 2008 Foundation Degree Forward (FDF) funded a study about the implications and impact of new assistant practitioner roles through foundation degrees. Although this study was primarily about the roles and the impact on the clinical service it did conclude that the foundation degree is an ideal skills development framework for this workforce. A notable positive comment was around the challenging nature of the foundation degree, which was welcomed by students and managers.

This study concluded that a foundation degree delivered by the HEI sector was a good basis for the work of an assistant practitioner. This is not to imply this is the only

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31 Foundation Degree Forward (2008) Assistant Practitioner Foundation Degree Evaluation Project Final Report
suitable basis, however, consideration of any other education sector was outside the remit of this study. In 2011 Skills for Health published an expert paper\textsuperscript{32} in which it was reported that data collected about the nature of training for assistant practitioners in England found that 60 out of the 68 training programmes offered were foundation degrees. Although there has been some improvement in raising the awareness of the value of the foundation degree, academic institutions have an important role in producing evidence about the effectiveness of different modes of study for support workers and the nature of the different models.

In 2006 written evidence submitted to the Health Select Committee\textsuperscript{33} about the development of assistant practitioners underlined that the outcomes of these programmes should be transferable and work-based. Therefore, although there are many positive aspects of having highly local and employer-led education programmes that produces wide variation across the UK, the variation highlighted through this study poses the question as to whether this is hampering the transferability of qualifications, both from one clinical area to another and from one geographical area to another.

Although this study found no evidence to recommend one model of study over another, certain factors should be taken into account in developing education programmes. When designing programmes of study, the education commissioning and provider sectors should be cognisant of the fact that a healthcare support worker employed in one clinical or geographical location area may wish to transfer to another clinical area or location without having to undertake much further study. For example if a student studies a foundation degree from a model A programme where the first year is standardised they may be able to transfer from elderly care to an entirely different area such as maternity care by undertaking specific year 2 modules. However if a student studies for an award on a model B programme they may have to study some year one modules as well as year two if they make the same transition.

Of greater significance is the interoperability of qualifications between employers. For example if a support worker has undertaken a Certificate in Primary Care and Community Support Workers and wishes to relocate to work at an organisation that only employs primary care support workers with foundation degrees they may have to study for at least two more years part time. Alternatively, if they wish to relocate and can only find employment in acute adult care they may also have to study for up to a further two years. While it is recognised that the design, development and delivery of these programmes is significantly influenced by the local service provider organisations, a more standardised approach would support the employee and afford greater standardisation of delivery.

\textsuperscript{32} Skills for Health (2011) The role of Assistant Practitioners in the NHS: factors affecting evolution and development of the role.

\textsuperscript{33} Health Select Committee (2006) written evidence submitted to parliament by John Sargent (WP 94)
Notwithstanding the complexity of the field and the differences between the UK home nations, policy makers, HEIs and the sector skills councils should consider ways in which policy frameworks can support greater standardisation.

5.1.3 Funding challenges

Respondents are concerned by the current approaches to funding, as programmes to develop healthcare support workers are resource intensive. In Wales and Scotland there is national funding for the development of support workers and the Health Boards can determine how this is spent. In Northern Ireland the development of support workers is not funded nor provided by the HE sector. In England funding for HEIs to develop support worker programmes has been devolved to LETBs and is particularly complex, where financial support is varied and the future funding model is uncertain.

The primary concerns in England are the sustainability and cost effectiveness of provision. All the interviewees involved in provision of programmes acknowledged that the change in funding flows has resulted in a strategic review of the fees for the support worker programme. One notable concern is the expectations of the service providers and what they deem as appropriate fees for what they observe is primarily a work based programme.

The wider changes in the higher education landscape in England are important here, particularly the shifts in university undergraduate tuition fees, to which fees for foundation degrees are linked. Until 2011 fees were underpinned by the Higher Education Funding Council for England (HEFCE) and the fees charged by the university were around £3.5k per year for both undergraduates and foundation degrees. However, since changes in the HEFCE funding model in 2012 the universities have rebased their undergraduate fees, to be within the range of £7.5k-£9.0k and many of them have set the foundation degree fees at around £6.0k. In the interviews for this study, educators reported that employers are challenging this position and seeking clarification and justification for the large increase. The faculties argue that it is essential to maintain an appropriate staff student ratio to ensure student competency at the point of successful completion of the award.

The consequence of this approach is that HEIs in England are not making much if any overhead from running support workers programmes in this model. This is a particular concern for universities that have a large provision. In universities where they have managed to keep the fees at £4.0k, to ensure continued supply of students, there is real concern about sustainability and overall risks to the faculty. This is because the real cost of delivering an assistant practitioner programme is calculated to be in the region of £6.5k.
Some universities reported a mixed funding model linked to FEC. For example some of the students pay the £6k fee through a loan system. Other students on the same programme but based in a different Further Education College have two thirds of their fees paid for by the local Strategic Health Authority. The individual trusts decide whether to pay the remaining third or leave it to the student to find the remainder.

Over the past three years the DH in England has been undertaking a review of the costs to the clinical provider organisations of medical and non-medical student training. A new tariff system has been implemented\textsuperscript{34} which outlines how the LETBs will allocate money to clinical departments in recognition of their contribution to pre-registration clinical training. However some universities have already reported requests for money to support the clinical training for healthcare support workers in line with money following other students into service.

5.1.4 Potential competition between providers

A number of current policy frameworks are predicated on the principle that competition between universities drives up the quality of provision\textsuperscript{35}. This study has shown that there is some inevitable competition where universities that provide education and training for healthcare support workers are in geographic proximity. However in the context of education and training healthcare support workers there are two education sectors that educate and train healthcare support workers: the higher education sector and the further education sector. Some institutions from these sectors are directly in competition to deliver the same or similar programmes and no local partnerships are developed. Nonetheless there are other examples of robust partnerships where the local FEC is a vital partner to the HEI to enable them to deliver the education and training for healthcare support workers.

\textsuperscript{34} Department of Health (2012) Guidance to support strategic health authorities and shadow local education and training boards to plan transition to the education and training tariffs.

\textsuperscript{35} Department for Business Innovation and Skills (2011) Higher Education Students at the Heart of the System
As support worker education programmes are developed, it is important that there is more evidence of what these different types of education institutions contribute to the development of the support workforce. This will include understanding the impact of different academic expertise and infrastructure; the different pricing models, and any differences in understanding of the clinical service, with a view to optimising the student’s learning experience.

5.1.5 Progression into pre-registration programmes

As well as educating support workers as a workforce in their own right, HEIs have a particularly important role in supporting and developing pathways from support worker education to pre-registration programmes, enabling support workers to become registered health professionals. Given the plurality in healthcare support worker education and training, this is a complex interface. In 2010 the Department of Health published a report entitled *Widening Participation in pre-registration nursing programmes*36. In this report the Department of Health set out four workforce development models that aim to build confidence in and further develop study skills for the healthcare support workers. The models described relate specifically to pre-registration nursing:

- **Model A**: Progression from foundation degrees to the relevant field programme of the pre-registration nursing degree course.
- **Model B**: Transition from the undergraduate pre-qualifying nursing programme to the foundation degree.
- **Model C**: National vocational qualifications (NVQ) level 3: transition into pre-qualifying nursing degree programmes
- **Model D**: NHS clinical higher apprenticeships

This report is currently being updated by the original authors, to reflect the developments in skills and health policy during the past three years and the recent changes to the Qualifications Credit Framework.

Many respondents reported following these models and provide widening participation pathways in pre-registration nursing. For example, many institutions offer flexible routes into pre-registration programmes and commented on the fact that a percentage want to carry on and study to be nurses or midwives etc. ‘For nursing they can enter the year two of the degree for midwifery; it is used as an entry qualification and is the same for OT and PT.’

Another approach that some institutions take is to specifically recruit access students that have been unsuccessful in gaining a place on a pre-registration nursing

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36 Department of Health (2010) Widening Participation in Pre-registration nursing programmes, NHS
‘Once support workers go through an Fd the numbers who aspire to go on to a pre-registration programme decline in comparison to the numbers at the point of entering the Fd. This suggests that once they have developed in their role they become satisfied with that role.’

However researchers interviewed for the project suggested that this is not the case and that if employers do send them on a foundation degree course they are more likely to keep them in the organisation. Researchers also recommended that with careful analysis and appropriate development of the healthcare support worker role the outcome can be very successful for the individual.

If this research is generalizable then HEIs and policy makers should be careful not to view level 4 or 5 of the FHEQ simply as an entry into pre-registration programmes. Many staff who are recruited into support worker roles may want to stay and develop within that role. However, it is also clear that work remains to be done to ensure a robust pathway for support workers to progress to pre-registration programmes if they have the right skills, values and behaviours.

There are two areas worthy of closer study: Apprenticeships and QCF occupational competence qualification routes. The apprenticeship model provides an opportunity to build in the study skills needed, but the future of this approach is uncertain, with a change in the funding (24+ Learning Loans) and a closer scrutiny of the different types of learners undertaking apprenticeships.

Areas for development may include the interface between functional skills qualifications and the entry requirements for pre-registration programmes and supporting opportunities for support workers to develop study skills through apprenticeships, should they wish to progress to pre-registration programmes.

‘Since we have put our entry requirements up for adults in mental health nursing, some of our applicants are struggling to meet the entry requirements, so one of the things we have offered them, is they can do the foundation degree and then go into the second year of the BSc programme.’

The question of the proportion of support workers that will seek to go on to pre-registration programmes is an important one. One interviewee reported that some employers state ‘we have brilliant support workers and if we send them onto the Fd we will lose them to pre-reg nursing which we do not want to do’.

programme (but who show potential to be excellent students) directly onto a foundation degree so that after two years with appropriate support they will be eligible for access onto the nursing degree.
5.1.6 Research into Healthcare Support Workers

In comparison to the registered health workforce there is relatively little robust evidence concerning the impact on healthcare and effectiveness of healthcare support workers. There are currently eight HEIs in the UK actively involved in research in this field with only two of them involved in delivering healthcare support worker education and training programmes.

Although emerging evidence suggests that appropriately trained support workers can improve services, further research, particularly outside hospital settings is needed. There is therefore scope for the development of a coherent research agenda that would address current gaps in knowledge and support future policy developments.

5.1.7 Current situation: conclusions

The majority of the informants and those that responded to the survey reported extensive and diverse engagement in educating and training the healthcare support workforce. They also stated that they plan to continue with this provision and in some cases seek to expand the portfolio. Only exceptionally do HEIs withdraw from this market. However, a number of representatives from research-led universities or those aspiring to become research-led universities advised that these programmes are not included in their portfolio.

Respondents interviewed reported foundation degree is the award of choice for most universities as this sector works with service providers to develop the assistant practitioner (higher level) support worker. The activity to date has largely been focused on acute services. Some of the larger providers have chosen to market bespoke named programmes while other HEIs market their programmes as foundation degrees in health and social care, with a number of pathways to enable them to be more responsive to service requests. The strategic approach that universities take to designing and developing the foundation degree is important as it will determine the extent to which the students can gain access to pre-registration nursing programmes. The biggest reported concern for the faculties is the lack of a robust funding model and the consequent risk to the provision.

5.2 Potential Developments

This section of the report discusses the areas where higher education can engage further in this provision. It also considers potential policy developments which could impact on this work such as regulation. Finally short and long term trends are considered.

5.2.1 Strengthening quality assurance of healthcare support worker programmes.

The interviewees noted that one of the areas in which the higher education sector can make a particular contribution to support worker education is in the strength of its systems to assess the quality of education. The HEIs that deliver the programmes for support workers are of the view that the rigor applied to the learning for these students is no less than it would be for a pre-qualifying student. It was pointed out that 'when a student is on a learning pathway to a desired cluster of outcomes for a designated role, which might in time become a registerable role, then we should be held to account with all of the evidence that we would expect for any pre-qualifying course'.

There is a widely held view from amongst those that were interviewed that programmes of education and training for healthcare support workers should be designed within a competence framework.

Robust quality assurance of the clinical learning is very resource intensive. An example of such a model is in the box on the following page. For the work-based learning component of the programme of study the universities obtain feedback from the managers about the programme and mentors about the student learning. Where possible universities try to ensure that the academic staff work in the same areas for the support workers as they do for the pre-registration students so that they are confident they understand the clinical area.

Quite often the clinical mentors or the practice educators mentor both pre-registration students and support worker students. Central to effective learning for this workforce is the academic staff’s knowledge of the student’s clinical environment and the needs
of the student and clinical mentors throughout the learning cycle\textsuperscript{38}. In addition, foundation degrees are subject to all the same quality assurance processes as other Higher Education Funded awards. This includes a number of key stages: course monitoring; student evaluation; external examiner scrutiny; institutional mid-cycle review; professional body review (if appropriate).

The HE sector can therefore make a significant contribution to the level of care delivered by the support workforce as it drive up the standards of the quality of the knowledge and skills of the staff. Where the support worker education and training programmes are delivered solely in the clinical service without external scrutiny they are often delivered by ‘people who are not educators and were not looking at pedagogical design and how people learn’.

### 5.2.1.1 Understanding the impact on patient outcomes

In 2011, as part of the development of the Education Outcomes Framework (see appendix 2), the Department of Health commissioned RAND Europe\textsuperscript{39} to undertake a scoping review of the literature on international approaches to using outcome metrics to measure the quality of education and training of healthcare professionals. The authors reported that the ultimate goal of high quality education and training is to assure and enhance the quality of care and the patient experience.

They found that considerable interest exists in further developing and enhancing the education and training of the healthcare workforce. However, this is commonly embedded in broad approaches to workforce development, and there is very little evidence of institutions systematically assessing

\textsuperscript{38} The Widening Participation in Learning Unit (2009) Good Practice Guide negotiated curriculum design and co-delivery
\textsuperscript{39} RAND Europe (2011) Use of outcome metrics to measure quality in education and training of healthcare professionals. A scoping review of international experiences
the quality of the delivery of education and training of the healthcare workforce. The RAND review did not look specifically at the education and training for support workers but the principle of using reliable standardised tools is at the heart of quality assurance in the HE sector.

In relation to the healthcare support workforce, some health faculties have started researching in this field but recognise ‘it is early days and there is very little evidence to rely on’. Where the resources and expertise exists HEIs have instigated an evaluation programme, with a number commissioning programmes about the impact of education and training on patient experience and patient safety; transferability of learning; effectiveness in changing behaviour in the workforce; and service users and carers view of support workers.

HEIs in partnership with service providers should consider how to strengthen consistent evaluation of programmes to develop greater assurance of the quality of the education provided. Historically when evaluations into the effectiveness of a programme have been undertaken they have tended to focus on one programme only. There is little or no research into the comparative effectiveness of different types of programmes used to develop healthcare support workers.

5.2.2 Partnerships

The interviews for this study have shown that sustainable education and training provision for healthcare support workers is underpinned by robust partnerships primarily between the HEIs and their local clinical service provider and between the staff in these organisations. The HE sector is at a point in designing and delivering programmes for support workers where they ‘have to think creatively and flexibly’ and the nature of the partnerships between employers, employees and the education sector is extremely important: where there is a good relationship and trust then more can be achieved.

A number of the interviewees for this study drew attention to the mixed commitment from health service providers in the development of the healthcare support workforce. A key question is therefore how to build these partnerships. One of the largest education providers of programmes for healthcare support workers works closely with

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40 Welsh Assembly Government (2011) NHS Wales Annual Quality Framework
52 different employers. However, the Dean recognises that this approach is very demanding. The faculty has produced a “Wall and Steps” guide to developing Bands 1-4 (see appendix 8) which has been very well received by the trust education leads.

Another very successful development is the model designed by the Health Boards in Wales in partnership with the HEI providers. This model is very clinically focussed, is reported to meet the needs of the service providers and this standardised approach is well understood by managers who commission the programmes.

A third option that has underpinned a number of successful partnerships is where there is a joint appointment between the trust and the HEI. An example of this is where one trust seconded their vocational education lead to the HEI to support the HEI's development of an integrated progressional career model for the trust’s support workers.

Each faculty of health already has a number of service level agreements with local clinical services as part of the pre-registration provision. Where the service providers are committed to developing the healthcare support workers then the next step to agreeing a model of education and training is relatively straight forward. However there are a number of large acute trusts that do not want assistant practitioners and will not commission the university to educate and develop such a workforce. This position may not be held by the neighbouring health economy which may be seeking experienced partners to help develop their assistant practitioner workforce.

‘Our largest local acute trust does not believe in assistant practitioners and hasn’t commissioned any. They haven’t seconded any or taken any responsibility for this workforce at all.’

The nature of the partnerships, where they exist, between the HEIs and FECs to deliver healthcare support worker education and training programmes are very diverse. Some HEIs have partnerships with FECs where the college delivers the same programme but in a different location. For some other HEIs the FECs deliver the whole programme, the students belong to both organisations and get an HEI award on successful completion. A close working partnership to deliver the academic component of any education and training programme for healthcare support workers helps to further the debate as to whether these programmes should be in either or both HE or FE domains. There is currently no evidence that student healthcare support workers perform better if they attend an FEC rather than an HEI.

5.2.3 Continuing professional development for healthcare support workers.

The HE sector is well placed to support the continuing professional development needs (CPD) of healthcare support workers. Universities have extensive experience of delivering flexible CPD programmes for the qualified workforce and provide a range of learning experiences to help the healthcare workforce maintain their skills and
develop throughout their career within their scope of practice\textsuperscript{41}. It has been reported that only half of the assistant practitioner workforce has benefitted from CPD opportunities\textsuperscript{42}, which is less than the opportunities provided for other clinical staff\textsuperscript{18}, and that there should be local and national considerations of CPD to support this workforce.

The definition of the fourth domain of the Education Outcomes Framework (appendix 2) which is based on NHS Values and Behaviours is defined as:

‘Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience education, training and regular Continuing Professional Development, that instils respect for patients.’

The Health Boards in Wales work together and are actively committed to CPD. For example Abertawe Bro Morgannwg University Health Board\textsuperscript{43} runs an across Board CPD meeting at least three times per year and runs monthly sessions in specific locations to support the staffs’ development and learning needs. NHS Education Scotland has collaborated with NHS Health Scotland to provide networks and learning options for their healthcare professionals\textsuperscript{44}.

Trusts will be required to evidence this through their annual workforce development plans. However it has been noted that in the future the trusts may not ‘need a whole development for Band 4 but may wish to extend the Band 2 roles or Band 3 roles’, for example, see box left.

The question the HE sector needs to address is whether such a model of CPD exists that can support Bands 2-4 healthcare support workers and whether the partnership models are sufficiently creative and flexible to enable this to happen. The universities are well placed to nurture these employees throughout their career. There are a small number of Band 5 Assistant Practitioners working in

\textsuperscript{41} Health and Care Professions Council (2012) Continuing professional development and your registration
\textsuperscript{43} http://www.wales.nhs.uk/sitesplus/863/page/55842 accessed April 2013
\textsuperscript{44} http://www.healthscotland.com/learning/continual-professional-development/index.aspx accessed April 2013
healthcare and the HE sector can further support this development. One of the respondents summed up the potential as follows:

The career destination for this workforce should not be through the current HCPC or NMC regulated occupations it should be able to stretch up to level 5, for example, with additional competencies. So we will definitely be building that in. That will be both personal and professional development and the technical safety part as well.

This is a key development area for the HE sector once the funding model is clarified and it recognises that this is a disconnect and an issue that needs to be addressed. Some of the universities that offer CPD for the healthcare support workforce do so through offering CPD modules as free-standing learning opportunities. The risks to the universities are that the service will provide even more of the CPD in-house and that some of the existing CPD funds for the qualified workforce will be directed away from the universities to the service providers.

5.2.4 Regulation of healthcare support workers

In the current policy context it is unsurprising that regulation was a consistent theme that was referred to in the interviews for this study. The consensus of the heads of the faculties of health when asked about regulation of healthcare support workers (appendix 1) was that they should be regulated. There was concern about the absence of mandatory regulation and the current ad hoc approach, relying on the Disclosure and Barring Service.

A repeated concern was around re-employment of the support worker who was sacked from employment A because of poor performance or dangerous practice and then secured a post in employment B. This important issue has been raised by the Royal College of Nursing[45] which advises that regulation would provide not only a code of conduct but would also enable standardisation of education and a career pathway for the HCSWs.

The scale of the problem is not underestimated, with 800,000 healthcare support workers which is more than the numbers regulated by the Nursing and Midwifery Council and the cost to low paid

[45] Royal College of Nursing briefing 40/12 The weaknesses of voluntary regulation for healthcare support workers.
workers of supporting a regulator is currently prohibitive’. There was also concern over healthcare support workers working in primary care, where the variety in standards between the different workplaces results in much confusion in general practice as to what HCSWs are allowed to do.

Of additional concern to the respondents is the extent to which this unregulated workforce is involved in teaching tasks to nursing students. Recent research has recorded that healthcare support workers are involved in teaching not just basic tasks but also specialized and technical tasks sometimes under supervision and sometimes without supervision because of a shortage of registered mentors. Clearly this situation has implications for the learning outcomes for student nurses and further research should be undertaken in this area.

Suggested approaches from respondents included:

1. Adopting some of the techniques published in the Scottish Government’s code of practice for organisations that employed healthcare support workers. The rationale for the code was that in the absence of regulation for this workforce it would play a major part in assuring the public that they were taking patient safety and public protection very seriously.
2. Regulating Bands 4 support workers only. This approach is based on the assumption that Band 4 healthcare support workers will supervise other people such as student nurses and Bands 2 and 3 healthcare support workers.
3. Framework for annual revalidation of skills and competencies of healthcare support workers. This particularly applies to Band 4 healthcare support workers where we are asking them to develop quite extended competencies. The proposed framework could be employer led as long as there is a national standard to enable the approval of a process of validation. If it is employer led it could be subject to CQC (Care Quality Commission) review.

5.2.5 Short and long term future trends

All the universities currently engaged in providing programmes for healthcare support workers plan to stay in this market and to expand their existing provision. Some of the universities that are currently not providers have also indicated that they are open to future discussions with local partners and or the local FEC, should the institution wish to engage in this market. A few institutions have no intention of entering this market.

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A number of different horizon scanning scenarios were proposed by the interviewees, some proposals are relatively short term and others are much longer term.

A. **Short term scenarios**
   
i) Further development of integrated care will bring the healthcare support workforce and the social care support workforce closer together.
   
ii) There will be very little further development of healthcare support worker programmes for the acute sector and all the new developments will be focussed on community care.\(^{48}\)
   
iii) Trusts downgrading with greater focus on the development of support worker and senior support worker roles rather than the assistant practitioner role.
   
iv) Further development in FE with many of institutions developing their own healthcare simulation suites.
   
v) Flexible education and training model that enables an exchange between a traditional foundation degree model and an apprenticeship model. An example of this is the Assistant Practitioner Higher Apprenticeship which includes a foundation degree route.
   
vi) LETBs and/or Local Education and Training Committees (LETCs) will identify leads for developing this workforce. The development of this workforce must be the responsibility of every LETB. Some LETBs may choose to lead on the innovation with regards to the tariff or a framework for healthcare support workers.

B. **Longer term scenarios**
   
i) Universities will establish healthcare centres in university owned premises. These centres could be walk-in teaching clinics to operate like any qualified provider or more sophisticated teaching care homes. These facilities will provide a rich environment for developing and employing healthcare support workers.
   
ii) Development of a research network with the remit of enhancing research into the field of healthcare and social care support workers.
   
iii) Further development of social care support worker education and training programme.

\(^{48}\) Skills for Health (2012) Role redesign for community healthcare
6.0 Final Remarks

These final remarks highlight a number of areas worthy of closer consideration and potential development, both by HEIs themselves and a range of other related organisations that set the framework in which education and training operates.

6.1 Developing flexible models of delivery

There are indications that there is a reduction in the numbers of healthcare support workers seeking places on HEI programmes. This is partly because employers are looking for ways to minimise staff time away from the clinical service.

Faculties of health are at different stages of e-learning course development for this workforce but many have expertise in this model of learning for both health and other students. Respondents indicate that healthcare support worker students value the face-to-face contact with their local HEIs in particular their course tutors and personal tutors. A blend of the two approaches may help to serve the employer and the employee equally well.

A flexible model of delivery is also an area of further development. For example where an HEI offers a two year programme the first year could be core across all the provision leaving the second year primarily service based and responsive to request to change.

Greater consistency was also highlighted as potentially helpful. In particular, the title of the academic award is very important and should reflect the nature of specialist skills. Employers are understandably confused by the raft of different award titles on offer, particularly where there are a number of HEIs situated in close proximity to the service provider.

Such consistency in award titles would also bring potential benefits for support workers wanting to move between employers. This might be beneficial, particularly if there is a move towards regulation of this workforce. Greater harmonisation could be brought in through existing partnerships with the higher education sector and sector skills councils.

6.2 Bridging between support worker and pre-registration education programmes

Although it is only a small proportion of support workers who want to move on to pre-registration education programmes, the interaction between different awards and the bridge between programmes are significant as it offers a pathway. Many HEIs offer a traditional foundation degree model and it is important that they create a two way flexible exchange between the foundation degree model and an emerging apprenticeship model.
Looking at the relationship between functional skills qualifications and entry criteria for pre-registration programmes, and at the opportunity for support workers to complete study skills modules in preparation for accessing an HE programme, could both facilitate the transition.

6.3 Provision for those up to band 4

The majority of the current HEI provision has been developed for the assistant practitioner or the higher healthcare support workers who are often employed at Band 4 on the Agenda for Change pay scale.

The pressures on trusts to save money may lead them to a position where they decide they do not need a whole development for a Band 4 but they would rather develop their Band 2s or 3s in specific areas. HEIs with experience in healthcare education and training are well placed to respond to this request and may choose to market their programmes accordingly.

6.4 Programmes for support workers in community and social care.

There is relatively little provision for support workers that are employed in the community or work in social care within HEIs. It may be that the award titles are not sufficiently explicit or it may be that the HEIs have responded to the expressed needs of the acute sector providers.

Many of the HEIs have graduate provision for staff employed in community and social work. These organisations could be encouraged to develop provision for this workforce which is larger in numbers than the traditional healthcare support workforce.

It is also the case that employers and policy makers should also consider support for healthcare support worker education programmes based around community or social care in order to aid the expected transition of services from acute care to the community.

6.5 Partnerships

Supporting partnerships is a key challenge highlighted by almost all the interviewees. The clinical component of the programmes is normally over 50 per cent and often in extremely diverse settings. The HEIs could look to working with their local LETBs or Health Boards to implement a best practice model, similar to the one established in Wales of a healthcare support worker co-ordinator role at regional or national level.

6.6 Funding model

Repeatedly the interviewees expressed concern about funding; firstly, the overall amount available to support the existing models of delivery; secondly, the growth in
pricing and thirdly, the lack of funding available to support CPD for the healthcare support worker workforce.

With so much uncertainty about the funding sources, there is concern that the courses may become unaffordable for the universities. One solution suggested by respondents would be to have an agreed commissioning fee based on a percentage of the existing undergraduate fee, and an agreed model of university input.

There are possible benefits in greater consistency of an agreed fee. The HEIs could work together, through the Council of Deans of Health, to develop a four nations approach to benchmarking fees for the programmes to develop the healthcare support workers. This exercise should take into account the amount of time that the students spend in service developing clinical skills.

6.7 Continuing Professional Development for the healthcare support worker

Some HEIs have reported developing CPD programmes for the healthcare support workforce, but the development is patchy. The faculties are well placed to enable the healthcare support workers to attend existing modules. The main barrier to developing this aspect of the faculty portfolio is lack of a clear funding stream. However, with an increase in students self-funding for the initial training it is likely that they will be willing to self-fund in the way that many other students already do. It is therefore recommended that greater attention should be paid by both HEIs and workforce planners to the CPD needs of this workforce.

6.8 Research into the healthcare support worker workforce

The HEI sector and other related organisations should be undertaking research into evaluating the impact of this workforce. There are a number of areas where there is a paucity of evidence, for example:

- the effectiveness of the model of education and training
- the impact of this workforce on patient safety
- the role of the healthcare support worker in the training and development of the regulated workforce
- the service users and their carers’ view of the healthcare support worker.

This study found that the small amount of research that is currently undertaken is often done so by research-led institutions that do not work so closely with the support workers in practice. The institutions that are major providers of the education and training of the healthcare support workers could partner with some of these institutions to ensure that the research-practice gap is reduced. Policy-makers may also wish to consider how a coherent research agenda for this workforce can be promoted in a context in which their numbers and breadth of roles is only likely to increase.
6.9 Regulation

Developing statutory regulation of healthcare support workers is not currently planned. However, it is striking that the educators interviewed for this study were unanimous in calling for some kind of regulation for the workforce that they were educating, the vast majority of which were working in an assistant practitioner role.

The potential to segment the workforce suggested by some of the interviewees, so that support workers in particular settings or roles would be regulated, may be seen as a possible move in the future. Monitoring of competence for those working in higher level support roles is also highlighted and could also be considered as a route to reducing the risks to patient safety of a completely unregulated workforce.
7.0 APPENDICES

Appendix 1

Discussion Guide

The following is the guide used for the discussion with representatives from universities. Interviews were held with representatives from universities that a) provide programmes for healthcare support workers; b) have withdrawn (or made dramatic reduction to numbers); c) haven’t entered the market

Introductory remarks

This semi-structured interview is being undertaken on behalf of the Council of Deans and Skills for Health who are jointly conducting research into the training provision for support workers offered by Higher Education establishments.

The research aims to find out the nature and extent of the provision offer by HE to develop the skills and learning of those in support workers roles. We also wish to understand the opportunities and challenges around the continued provision of training for support workers.

The following themes will be discussed.

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<tr>
<th>Aim / Theme descriptions</th>
<th>Areas to be covered in interview</th>
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<tbody>
<tr>
<td>Context setting level and nature of provision.</td>
<td>Ascertain respondent’s employment status, establishment and role.</td>
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<tr>
<td><strong>Aim</strong> - to get an understanding of the extent of the HEI’s offer in the market. How long they have been providing it, etc.</td>
<td>For those who are offering training for support roles</td>
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<td>• When did the organisation start offering training and development for healthcare support workers?</td>
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<td>• What range of learning and skills development provision for healthcare support workers do you offer?</td>
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<td>• Is the offer around support roles and their development (specific roles v generalist roles)?</td>
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<td>• Have there been any recent developments to your offer?</td>
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<td>• Model of delivery of programme i.e. is it part delivered by FE? How many days are spent in HE/FE and how many days in practice? What is the final award?</td>
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<td>• The extent to which these programmes are commissioned by NHS, do they expect any commissions to be continued through LETB?</td>
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<td>• CPD for this workforce</td>
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<td>Additional/replacement questions for those who have</td>
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<td>Aim - To explore the local workforce vision and relationship with employers. To understand the extent to which the HE establishments are taking a strategic view or vendors for training and development in this area.</td>
<td>For those who have withdrawn (or made dramatic reduction)</td>
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<td>• When did the HEI withdraw?</td>
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<td>• Reasons for withdrawal from providing the services</td>
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<td>• Would you re-enter this market? What barriers might there be?</td>
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<td><strong>For those universities that haven’t entered the market</strong></td>
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<td>• What is their rationale for non-engagement in developing this workforce?</td>
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<td>• Has the HEI taken a conscious decision to stay out of this market? If so, why?</td>
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<td>• What areas of health sector education and training do you focus on?</td>
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<td><strong>Aim -</strong> To explore the local workforce vision and relationship with employers. To understand the extent to which the HE establishments are taking a strategic view or vendors for training and development in this area.</td>
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<td>• How do you work with employers to deliver training and development for healthcare support worker roles?</td>
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<td>• How do you see the healthcare support worker role developing over the next 5 to 10 years?</td>
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<td>• What is your vision for developing the healthcare support worker role going forward?</td>
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<td>• How do you engage with the employers in the development of these roles?</td>
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<td>• How would you describe your relationship with employers?</td>
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<td>• What opportunities or difficulties do the relationships with employers present?</td>
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<td>• To what extent do you experience competition for support worker education and what active steps if any do you take to respond to this?</td>
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<td><strong>For those who have withdrawn (or made dramatic reduction)</strong></td>
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<td>• How do you see the healthcare support worker role developing over the next 5 to 10 years?</td>
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<td>• What is your vision for developing the healthcare support worker role going forward?</td>
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<td>• To what extent are senior roles, clinicians effectively engaging in the development of healthcare support worker roles</td>
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<td><strong>For those universities that haven’t entered the market</strong></td>
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<td>Does the development of your programmes take cognisance of the healthcare support worker roles?</td>
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<td><strong>QA and measuring current performance</strong></td>
<td>For those who are offering training for support roles</td>
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<tr>
<td><strong>Aim - what value is</strong></td>
<td>• How do you measure the impact of the training and development for the support worker workforce. .</td>
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</table>
| HE provision able to claim to add to the health sector? And how do they know they are adding value. | • How do you QA your organisations education and training for this workforce?  
• What are your views on how impact measurement and QA might be done better (changes at local system level, national, institutional etc)? |
|---|---|
| The future – drivers for change and possible future business models in the provision of training and development for support worker roles. | For all interviewees  
What do you think the main drivers might be in shaping future education and training provision for healthcare support workers?  
Possible drivers:  
**Funding models**  
How do you they think changes to Higher education and/or health education funding might shape the development of HEI provision of healthcare support worker education and training?  
How do you think it might affect your own institution specifically?  
**Structural change**  
What impact do you think the development of Health Education England and the presence of LETBs will have on HEI engagement with healthcare support worker education and training?  
What are your views on potential development of competition from other providers for this type of education and training?  
**Regulation and guidance**  
What are your views on the development of regulation and the possible regulation of support occupations in the sector. (should there be compulsory regulation, if so who should regulate? Should assistant practitioners be treated differently?)  
Professional body involvement and guidelines and how this might affect the development of training.  
**Other**  
The development of other learning and development initiatives, including higher apprentices, foundation degrees, apprenticeships themselves.  
What do you see as the main ‘business’ risks associated with providing training and development to healthcare support worker roles over the next five years? Main opportunities over a similar time horizon? |
Appendix 2

Education Outcomes Framework

Ensure the health workforce has the right skills, behaviours and training, available in the right numbers, to support the delivery of excellent healthcare and health improvement.

Aim

Domains

1. Excellent Education
2. Competent and Capable Staff
3. Flexible Workforce Receptive to Research and Innovation
4. NHS Values and Behaviours
5. Widening Participation

Quality

Excellent experience for patients

Effectiveness

Safety
### Appendix 3

**Programmes currently offered**

Collated from interviews and responses to survey

<table>
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<tr>
<th>University by number</th>
<th>FdSc Health and Social Care</th>
<th>FdSc Mental Health</th>
<th>FdSc Rehab Therapy</th>
<th>FdSc Acute Hospital Care</th>
<th>FdSc Maternity Support Worker</th>
<th>FdSc Primary Care/Community Care</th>
<th>FdSc Healthcare Practice</th>
<th>Cert HE in Healthcare Support Worker (Nursing) Education</th>
<th>Other awards 1</th>
<th>Other awards 2</th>
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<td>FD in Psychological Support and Helping Skills in NHS Healthcare Settings</td>
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</tr>
</tbody>
</table>

FdSc Caring for Patients and Clients in Healthcare Settings

Certificate Primary Care and Community Support Workers
Certificate Maternity Support Workers
Certificate Occupational Health Technicians
Certificate Nutritional Health

FdSc Supporting Vulnerable Adults in Forensic Settings
FdSc Social Care
<table>
<thead>
<tr>
<th>Code</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCSW</td>
<td>Deliver Programmes for healthcare support worker</td>
</tr>
<tr>
<td>SCSW</td>
<td>Deliver Programmes for social care support worker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FdSc Speech Language and Communication</th>
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<tbody>
<tr>
<td>43</td>
<td>HCSW √</td>
</tr>
<tr>
<td></td>
<td>SCSW x</td>
</tr>
<tr>
<td>44</td>
<td>HCSW x</td>
</tr>
<tr>
<td></td>
<td>SCSW x</td>
</tr>
<tr>
<td>45</td>
<td>HCSW √</td>
</tr>
<tr>
<td></td>
<td>SCSW x</td>
</tr>
<tr>
<td>46</td>
<td>HCSW √</td>
</tr>
<tr>
<td></td>
<td>SCSW x</td>
</tr>
<tr>
<td>47</td>
<td>HCSW √</td>
</tr>
<tr>
<td></td>
<td>SCSW √</td>
</tr>
<tr>
<td>48</td>
<td>HCSW x</td>
</tr>
<tr>
<td></td>
<td>SCSW x</td>
</tr>
<tr>
<td>49</td>
<td>HCSW x</td>
</tr>
<tr>
<td></td>
<td>SCSW x</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>HNC Health Care</th>
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<table>
<thead>
<tr>
<th></th>
<th>FdSc Care Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
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</tbody>
</table>

<p>| | |</p>
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</thead>
<tbody>
<tr>
<td>49</td>
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</tr>
</tbody>
</table>
Appendix 4

HEIs’ likelihood of increasing provision in the future.

Collated from interviews and responses to survey

<table>
<thead>
<tr>
<th>University</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We are currently commissioned by the SHA/LETB, and the work based learning agreement is integral to this. The course is suitable for social care support workers but we have not been able to establish this connection yet and we would like to do this.</td>
</tr>
<tr>
<td>2</td>
<td>No increase planned at present.</td>
</tr>
<tr>
<td>3</td>
<td>We would be interested if the funding streams were in place, this is the real block.</td>
</tr>
<tr>
<td>4</td>
<td>Will depend on demand by local Trust.</td>
</tr>
<tr>
<td>5*</td>
<td>At present the university is not supportive of such activity and the local NHS Trusts are keen to use the OU or in-house programmes.</td>
</tr>
<tr>
<td>6*</td>
<td>Very likely.</td>
</tr>
<tr>
<td>7</td>
<td>Quite likely - This type of unique/bespoke foundation degree model/design and alternative delivery pattern is proving very popular with employers, particularly in the current economic climate.</td>
</tr>
<tr>
<td>8</td>
<td>Possible consider future social care support worker training</td>
</tr>
<tr>
<td>9</td>
<td>Quite likely to very likely</td>
</tr>
<tr>
<td>10</td>
<td>Very likely except in Breast Imaging where aim to maintain current activity.</td>
</tr>
<tr>
<td>11</td>
<td>No comment made.</td>
</tr>
<tr>
<td>12</td>
<td>Very unlikely</td>
</tr>
<tr>
<td>13</td>
<td>No comment made.</td>
</tr>
<tr>
<td>14</td>
<td>We are exploring new models of working with practice partners to increase capacity and reduce cost.</td>
</tr>
<tr>
<td>15</td>
<td>We are currently developing a foundation degree for access by support workers. This is likely to be delivered in collaboration with FECs and will incorporate work based learning for at least 25% of the programme. We intend for successful graduates of this programme to be able to credit this into further higher education should they wish to pursue additional studies or engage in a professional education programme such as nursing.</td>
</tr>
<tr>
<td>16</td>
<td>Very likely to increase our level of provision</td>
</tr>
<tr>
<td>17</td>
<td>Very likely</td>
</tr>
<tr>
<td>18</td>
<td>If funding is available we would increase our provision.</td>
</tr>
</tbody>
</table>
| 19         | Yes want to expand, dependent upon NHS Trusts wanting us to run the programmes, we find many we talk to cannot get their heads
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Through continued collaborative working with our neighbouring health boards to meet clinical needs</td>
</tr>
<tr>
<td>21*</td>
<td>Spreading out to more FE Colleges and linking this with a route into the bachelors for nursing</td>
</tr>
<tr>
<td>22*</td>
<td>Dependent upon funding available</td>
</tr>
<tr>
<td>23</td>
<td>No comment made.</td>
</tr>
<tr>
<td>24*</td>
<td>Maternity Support worker and Dementia Studies</td>
</tr>
<tr>
<td>25*</td>
<td>We would like to extend our business in this market as this market fits the Open University’s widening participation mission</td>
</tr>
<tr>
<td>26</td>
<td>unlikely as other local education providers have programmes in place</td>
</tr>
<tr>
<td>27</td>
<td>No plans at present</td>
</tr>
<tr>
<td>28</td>
<td>Very likely - these are exciting times and I am very keen to extend our provision to non-accredited training and some more bespoke accreditation of work-based learning such as mandatory/in-house training.</td>
</tr>
<tr>
<td>29</td>
<td>The FD has been a very successful programme with a number of students progressing to a full degree or professional registration and a full degree so this is something the University would like to retain and develop. The Cert H.E. was developed in response to a perceived need by providers in Yorkshire and Humber. However, running it as a separate programme is costly so we will be integrating the two, allowing NVQ 2 (or equivalent) support workers, the Cert H.E. candidates, to access the modules of the FD at Level 4 or 5, on a freestanding basis so they can accumulate credit. If they achieve a Cert H.E. successfully they can continue progress to the FD. This approach allows the providers to develop staff in a way that meets service needs and gives the students flexibility in their learning. All of this however, is dependent on the needs of practice areas and funding from the LETB. Though students could, on paper, self-fund this unlikely to happen because of the profile of these students.</td>
</tr>
<tr>
<td>30</td>
<td>No comment made.</td>
</tr>
<tr>
<td>31</td>
<td>No comment made.</td>
</tr>
<tr>
<td>32</td>
<td>Very likely</td>
</tr>
<tr>
<td>33</td>
<td>No plans at present</td>
</tr>
<tr>
<td>34</td>
<td>Dependent upon level of commissions from NHS Trusts – issues about Trusts accessing funding to cover cost of fees – lobbying HEE – WM at the moment to fund cost of assistant practitioner courses. Could grow in light of the Francis enquiry</td>
</tr>
<tr>
<td>35</td>
<td>Formal accreditation of prior experiential learning framework for health care support workers</td>
</tr>
<tr>
<td>36</td>
<td>We are interested in developing our provision in this area.</td>
</tr>
<tr>
<td>37</td>
<td>We would look to increase activity in line with demand and potentially broaden scope of activity into other roles as the modernisation hub demands.</td>
</tr>
<tr>
<td>38</td>
<td>We would like to increase our provision in this area and are working with public sector and private employers. We are currently commissioned by the NHS for the delivery of the FdSc Supporting Vulnerable adults in Forensic Settings.</td>
</tr>
<tr>
<td>39</td>
<td>Yes, it is increasing year on year through NHS commissions.</td>
</tr>
<tr>
<td>40</td>
<td>Likely</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>41</td>
<td>Very Likely</td>
</tr>
<tr>
<td>42</td>
<td>Likely</td>
</tr>
<tr>
<td>43</td>
<td>No</td>
</tr>
<tr>
<td>44</td>
<td>Currently being planned</td>
</tr>
<tr>
<td>45</td>
<td>No</td>
</tr>
<tr>
<td>46</td>
<td>Likely</td>
</tr>
<tr>
<td>47</td>
<td>Possibly</td>
</tr>
<tr>
<td>48</td>
<td>No</td>
</tr>
<tr>
<td>49</td>
<td>No</td>
</tr>
</tbody>
</table>
Appendix 5

Programmes that have been discontinued by HEIs

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>Number of HEIs that have discontinued this course</th>
</tr>
</thead>
<tbody>
<tr>
<td>FdSc Applied Medical Technology</td>
<td>1</td>
</tr>
<tr>
<td>FdSc Diagnostic Imaging</td>
<td>2</td>
</tr>
<tr>
<td>FdSc Mental Health</td>
<td>2</td>
</tr>
<tr>
<td>FdSc Perioperative Practice and Cert HE Peri-operative practice</td>
<td>1</td>
</tr>
<tr>
<td>FdSc Primary &amp; Community Care</td>
<td>1</td>
</tr>
<tr>
<td>FdSc Radiation Oncology</td>
<td>2</td>
</tr>
<tr>
<td>FdSc Secondary Care</td>
<td>2</td>
</tr>
</tbody>
</table>

One university has closed all foundation degree health provision because of lack of funding to support this provision.
Appendix 6 A guide to mapping of Healthcare Support Worker roles to Skills for Health Career Level Framework, QAA level descriptors, QCF, SCQF, CQFW

Adapted from Qualifications can cross boundaries\(^4^9\)-a rough guide to comparing qualifications in the UK and Ireland, July 2011. Note there is not true alignment between the levels.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Description</td>
<td>Level</td>
<td>Award Titles</td>
<td>Level</td>
<td>Award Titles</td>
</tr>
<tr>
<td>2</td>
<td>Support Worker Frequently has the job title of healthcare assistant/technician. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work. People working at level 2 require basic factual knowledge of a field of work. They may have passed or be studying for a national vocational</td>
<td>3</td>
<td>• NVQ Level 3 • Vocational Qualifications • CertHE in Health Care Support Worker (Nursing) Education • Level 3,GCE AS and A Level • Advanced Diplomas (England)</td>
<td>6</td>
<td>• Highers, SVQ Level 3 • Professional Development Awards • National Progression Awards • National Certificates</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level</th>
<th>Qualification</th>
<th>Example Qualifications</th>
</tr>
</thead>
</table>
| 3     | Senior Healthcare Assistant/Technician | - Higher National Certificate (HNC)  
- Certificate of Higher Education (CertHE)  
- NVQ Level 4  
- Higher National Certificates  
- Vocational Qualifications Level 4 |
| 4     | Assistant practitioner/ associate practitioner | - Foundation Degrees  
- Diplomas of Higher Education (DipHE)  
- Higher National Diplomas (HND)  
- NVQ Level 4  
- Higher National Diplomas (HND)  
- Higher National Certificates  
- Vocational Qualifications Level 5 |
| 5     |                     | - Diplomas of Higher Education (DipHE)  
- Higher National Diplomas  
- SVQ Level 4  
- Professional Development Awards |
| 6     |                     | - Advanced Certificate  
- Higher Certificate |
APPENDIX 7


As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. Be **accountable** by making sure you can answer for your actions or **omissions**.

2. **Promote** and **uphold** the privacy, **dignity, rights**, health and **wellbeing** of people who use health and care services and their carers at all times.

3. Work in **collaboration** with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.

4. Communicate in an open, and **effective** way to promote the health, safety and wellbeing of people who use health and care services and their carers.

5. Respect a person’s right to confidentiality.

6. Strive to improve the quality of healthcare, care and support through **continuing professional development**.

7. Uphold and promote equality, **diversity** and inclusion.

Standard 6  Guidance statements

Strive to improve quality of healthcare, care and support through continuing professional development

As a Healthcare Support Worker or Adult Social Care Support Worker in England you must:

1. Ensure up to date compliance with all statutory and mandatory training, in agreement with your supervisor

2. Participate in **continuing professional development** to achieve the **competence** required for your role.

3. Carry out **competence-based** training and education in line with your **agreed ways of working**.

4. Improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), in line with your **agreed ways of working**.

5. Maintain an up-to-date record of your training and development.

6. Contribute to the learning and development of others as appropriate.
APPENDIX 8

Wall and Step

Example of an illustration of an education model for healthcare support workers

Information Leaflet, Institute of Vocational Learning, London South Bank University
Department for Business Innovation and Skills (2011) Higher Education Students at the Heart of the System
Department of Health (2010) Widening Participation in Pre-registration nursing programmes, NHS
Department of Health (2011) Enabling Excellence
Department of Health (2012) Guidance to support strategic health authorities and shadow local education and training boards to plan transition to the education and training tariffs.
Department of Health press release (2013) Patients to get better care from healthcare assistants
Evidence to The Health Select Committee (2006)
Foundation Degree Forward (2008) Assistant Practitioner Foundation Degree Evaluation Project Final Report
Health and Care Professions Council (2012) Continuing professional development and your registration


Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice


RAND Europe (2011) Use of outcome metrics to measure quality in education and training of healthcare professionals. A scoping review of international experiences

Royal College of Nursing (2007) The Regulation of Healthcare Support Workers

Royal College of Nursing briefing 40/12 The weaknesses of voluntary regulation for healthcare support workers

Skills for Health (2009) Core Standards for Assistant Practitioners


Skills for Health (2011) UK Sector Skills Assessment

Skills for Health (2011) Improve Quality and Productivity

Skills for Health (2012) Role redesign for community healthcare


Spilsbury K., Adamson, J., Atkin, K., Bloor, K., Barlett, C., Carr-Hill, R., McCaughan, D., McKenna, H., Wakefield, A. (2011) Challenges and opportunities associated with the introduction of assistant practitioners supporting the work of registered nurses in NHS acute
hospital trusts in England. *Journal of Health Services Research and Policy, vol 16 no. suppl 1* 50-56

The Scottish Government (2010) CEL 23


The Widening Participation in Learning Unit (2009) Good Practice Guide negotiated curriculum design and co-delivery


Welsh Assembly Government (2011) NHS Wales Annual Quality Framework

**On-line sources**

http://www.nhscareers.nhs.uk


http://www.wales.nhs.uk/sitesplus/863/page/55842 accessed