Healthcare assistants are far less regulated than other professionals. Robert Francis QC, in his inquiry into Mid Staffordshire Foundation Trust, pointed out that a minicab driver taking a patient to hospital is likely to be subject to strict regulation but the HCA who washes the patient and accompanies him or her to the toilet is not. Currently, it is up to the ward or setting employing HCAs to decide how much experience and what qualifications they need. There are no minimum standards of training. Although the NMC code of conduct stipulates nurses must supervise junior staff, this depends largely on their judgement. Mr Francis highlighted much of HCAs’ work is unsupervised.

Recommendations
Mr Francis’ recommendations include:

» All HCAs working in the UK should be listed on a professional register. Only those whose names are on the register will be permitted to provide direct physical care to patients under the care and treatment of a nurse or doctor.

» HCAs who are deemed unsafe should be removed from the register and potential employers would be able to find out about any past concerns. A register would also record name changes.

» A code of conduct relating to HCA work, training and standards should be drawn up and maintained by the Nursing and Midwifery Council. This would contain national minimum standards of education and training and require HCAs to undertake the same training and achieve common qualifications.

» A code of conduct would also provide a common standard against which HCAs can be measured to assess their competency to do the job.

» Until the NMC is able to write and maintain this code of conduct, the Department of Health should institute a national system. This should include a fair due process for HCAs who have been dismissed by employers because of a serious breach of the code or being otherwise unfit for the post.

Uniforms and name badges should ensure patients can distinguish between nurses and HCAs easily. The inquiry noted that patients are often unclear about staff roles. As well as common training, it suggested HCAs should have a standardised job title. The report suggests “nursing assistant”, “community nursing assistant” and “midwifery assistant”. The government has commissioned Skills for Health and Skills for Care to develop a code of conduct and standards of good practice, and it is considering a voluntary register. However, Mr Francis raised concerns that, unless there was an obligation to be registered, this might not raise standards. He does, however, concede that trusts are more likely to hire HCAs who are registered than those who are not.

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Fran Entwistle is assistant practice and web editor at Nursing Times.