With healthcare assistant training set to be standardised throughout the NHS, one trust has developed a programme that ensures all its HCAs are trained to the same high standards.

**In this article...**
- Willis Commission and Francis proposals on HCA training
- Implementation of an HCA training programme
- Plans for development

### Keywords:
- Healthcare assistants/
- Development plan/
- Francis report

#### 5 key points
1. **HCAs play a crucial role in patient care**
2. **The number of HCAs in healthcare settings is increasing**
3. **The Willis Commission and Francis reports both recommend standardised HCA training**
4. **Training should focus on delivering care with dignity and compassion, as well as clinical skills**
5. **Scenario-based and interactive learning can help to deliver key messages**

**Background**

Two major national reports, the Willis Commission (2012) and Mid Staffordshire Foundation Trust public inquiry (Francis, 2013) reports, call for regulation of HCAs and assistant practitioners. The Willis Commission also highlights the need for a meaningful career path for NHS staff employed in bands 1-4 or equivalent, while Francis (2013) states: “The safety of patients and the requirements of fundamental standards are obligations [that] need to transcend particular policies and to permeate all considerations within the system.”

A range of national and international drivers have led to an increase in the number of HCAs and support workers employed in healthcare. An increase in the number of patients with long-term conditions, the expansion of primary and community care, the emergence of more advanced technical, pharmaceutical and medical treatments, and a shortage of skilled, qualified health staff have all contributed to this rise (Bosley and Dale, 2008; Centre for Allied Health Evidence, 2006).

An international systematic review of the training requirements for these staff found that the wide variety of training in existence reflected the range of support is a key component of the trust’s success. This was reflected in the national inpatient survey for the past six years (tinyurl.com/CQC-patient-survey), where it received the joint or highest scores for “overall patient care”, and was a significant contributory factor in receiving the Provider of the Year award at the 2012 HSJ Awards.

**Box 1. HCA feedback**

“It was really good to attend this course. It makes you realise... how important it is to make sure patients feel valued and respected. Also, it was nice to meet other healthcare workers. It was very nice to feel the job we do is much appreciated”

“I enjoyed the course immensely... it was very informative and some adjustments, like access to do practical things on computers, will enhance the course”

“Every person involved... was very instructive, polite, helpful and approachable. I feel they covered the topics really well”

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**Abstract**

roles available across different health settings. The review concluded that there were 15 core requirements included in all programmes covering health and safety, care skills, communication skills and professional issues (Centre for Allied Health Evidence, 2006).

Similarly, a scoping exercise by the National Nursing Research Unit (Griffiths and Robinson, 2010) concluded that: “Lack of regulation [of HCAs] has meant that there is little control over entry to employment and little standardisation of roles, competencies and education.”

HCA development pathway
Based on the factors identified in the literature, and on the trust’s commitment to encouraging and supporting HCAs, we decided to give every HCA employed at the trust the opportunity to attend a bespoke development pathway. This will take place either when they are first employed or, for those already in post, by March 2014.

The first development pathway was run in September 2012. It uses a blended learning approach, providing a theoretical base with practical skills taught in practice and incorporating a variety of learning methods including workshops, presentations, interactive group learning sessions and self-directed study. It is tailored to individual learners’ clinical practice areas and professional responsibilities. Learners keep a record of their personal learning, and maintain a “role development profile” as evidence for their annual personal development reviews, appraisal reviews and continuing development.

The pathway involves an initial three-day programme that ensures each HCA has the necessary basic care and communication skills, technical knowledge and attitude required at the trust. On completion, they are expected to meet outcomes and competencies in a bespoke workbook.

The HCAs are then individually supported by a named mentor, either an assistant practitioner or senior HCA, who discusses personalised aims and objectives with them. Together, they identify and agree learning needs and the mentor guides the HCA through the programme, promoting reflective practice. Mentors are supported with the role through a one-day “Supporting Learners in Practice” course.

The training and subsequent role development profile aim to reward high-performing staff who are committed to providing excellent care and upholding the trust’s values and behaviours. Fig 1 illustrates the pathway and potential career developments leading from it.

The pathway’s objectives are to:

- Provide a supportive induction and orientation programme for HCAs;
- Empower HCAs to accept responsibility and accountability;
- Identify learning needs and develop action plans within a specific timescale;
- Consolidate competencies and learning through regular mentor contact;
- Facilitate reflection and evidence-based care;
- Link into the trust’s development review framework;
- Provide opportunities for future development and progression;
- Develop competent HCAs able to give high standards of personalised care;
- Support staff through the trust’s staff experience vision, which pledges to equip staff with the necessary skills to do their job effectively.

Reflective practice
All HCAs are expected to reflect on their practice and discuss this with their mentor. They will become familiar with reflective practice and are encouraged to use whichever reflective model suits them, evidencing their use of reflection in their professional portfolio. Each HCA needs to be able to use this evidence to rationalise their learning and future outcomes.

Evaluation and lessons learnt
From the September 2012 cohort, 75% of attendees stated that the HCA programme met all their objectives “very well”, with the remaining 25% saying their objectives were met “well” (Box 1). The most highly valued topics included:

- Key requirements of the role;
- Patient stories;
- Clinical skills;
- Dignity scenario workshop;
- Tissue viability;
- Communicating effectively.

Future development
The trust has taken an early step in developing a clear process to ensure all HCA staff follow a role development profile and access the programme. Plans are in place for a full series of HCA pathways during 2013 and 2014, to include all HCAs at the trust (band 2 upwards). Following this initial rollout, the programme will be run at least twice per year and will be updated with each cohort to reflect changing healthcare priorities and staff needs.

On completion and following sign-off of internal competencies, staff who are committed to upholding the trust’s values and behaviours have the option to access further development by undertaking a foundation degree or by secondment to a pre-registration nursing programme.

The HCA pathway was developed to support, assist and encourage all our HCAs to enhance their knowledge and skills so they can contribute to the trust’s vision of providing personalised patient and family centred care. The trust has performed consistently well in terms of patient experience and the HCA programme is expected to reinforce this by supporting them to provide excellent, compassionate and safe care to every patient, every day. NT

References