



A Guide to Healthcare Support Worker
Education and Role Development
revised 2010



Executive Summary

This document has been developed following the Scotland wide consultation with relevant stakeholders during 2008/09 on the education and development of NHSScotland's Healthcare Support Worker (HCSW) workforce.

The overarching title of HCSW is used in other national documentation to include the administration and support staff of NHSScotland (Cowie 2002) but within this document the title HCSW refers to those non-registered staff employed in a clinical role.

The guide sets out the nationally agreed educational requirements and core skills for HCSWs at levels two, three and four of the NHS Career Framework (see Figure 6.1 and Appendix 1). The educational requirements are aligned to the Scottish Credit and Qualifications Framework (SCQF) (see figure 6.2 and Appendix 2). The Knowledge and Skills Framework (KSF) is also key to the education and role development requirements and is addressed.

The educational requirements for the future HCSW workforce within the SCQF are:
HCSW – SCQF level 6
Senior HCSW – SCQF level 7
Assistant Practitioner – SCQF level 8

NHS Boards commissioning educational programmes to support the future education and development of HCSWs will require to meet these new benchmarks of SCQF levels. For those NHS Boards who wish to support existing HCSWs to make the transition to the new benchmark SCQF levels, NHS Education for Scotland (NES) will explore with NHS Boards realistic and feasible strategies to support the migration of their existing HCSW workforce.

The details of the role definitions and parameters, and a potential supervision model are also included in the guide.

A brief description of the potential contents of the HCSW Toolkit which will be a web based resource has been included in Appendix 3. The design and development of the Toolkit will form part of the next phase of work linked to HCSW education and development in NHSScotland.

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1. Introduction

1.1 Background

Strategic redesign of services throughout NHSScotland's individual Health Boards had shown that support worker roles in different health care specialties were already being developed to meet the needs of the service. Whilst this was broadly welcomed, there was a perceived risk that, without a consensus within Scotland, disparity and inconsistency would develop in the education, support and role titles for all types of Healthcare Support Workers (HCSW).

The Chief Nursing Officer's Directorate at the Scottish Government requested the development of a resource which would lay out a broad set of agreed principles to address the training and development needs of HCSWs. Through wide consultation with relevant stakeholders in 2008/09 NES progressed this work, which aimed to achieve a consensus on role definitions and parameters, as well as defining nationally agreed core education and training requirements for staff in HCSW roles.

1.2 Purpose

The purpose of the guide is to make explicit the national agreed core skills, education and training needs for all HCSWs. The guide will form part of an electronic Toolkit for employers, managers, education providers (including NHS Boards, colleges and universities) and for individual HCSWs. The Toolkit will include all of the information required to support the creation of new HCSW roles, harnessing and building on the existing knowledge and skills developed both locally and nationally, as well as enabling the development of career pathways, for HCSWs, Senior HCSWs and Assistant Practitioners.

2. Policy and Strategic context

Recent policy and strategic initiatives including Delivering Care, Enabling Health (SEHD 2006) and Better Health, Better Care (SGHD 2007) have focused on the review and development of NHSScotland's workforce. A significant part of this workforce is made up of HCSWs, who play an important role in delivering a wide range of support and care. The roles that the HCSW workforce undertake have been part of the NHS since its inception and Assistant Practitioner roles have been emerging throughout the UK since 2004 (Wakefield, et al. 2008). When consulting on the way forward for HCSW development the experiences and evaluations from other parts of the United Kingdom (UK) were used to inform this guide.

The demographic changes to Scotland's population and to NHSScotland's workforce are presenting specific and significant challenges in the future provision of care and services. Scotland will be challenged by an ageing population with multiple long term conditions requiring more complex care, at a time when its health and social care workforce is also ageing (SGHD 2007).

NHSScotland currently employs in excess of 21,000 HCSWs (ISD Scotland 2009) and this number is likely to increase in response to changing employment demographics while also meeting the needs of a changing Scottish society. This document is therefore timely, as robust and consistent guidance for the education and training of this developing workforce is essential (SGHD 2009a). It is anticipated that this guidance has the potential for application beyond the healthcare context.

2.1 The Knowledge and Skills Framework (KSF)

Anecdotal evidence suggests that the current HCSW workforce in NHSScotland includes a high percentage of workers who have been in post for many years and have subsequently gained tacit in-depth knowledge and skills that are invaluable to effective and safe patient/client care. The use of the NHS KSF (SEHD 2004) post outlines, the development review cycle and personal development plan (PDP) will assist in making the knowledge and skills of the existing HCSWs explicit leading to their future role development and career progression. The NHS KSF is an integral part of education and development for HCSWs, providing both a framework and a process for identifying existing competencies and capabilities while identifying areas for development.

This national guidance on education and training for HCSWs is designed to augment and support the processes linked to the NHS KSF, to help HCSWs and their managers to recognise their existing strengths, value to the service and future development needs for career progression. Examples of core NHS KSF post outlines for generic HCSWs, Senior HCSWs and Assistant Practitioners will be included in the web-based Toolkit for HCSW development.

2.2 The NHS Career Framework

The Career Framework for Health (Skills for Health 2005) has been reshaped to address NHSScotland's particular workforce needs (Appendix 1). Assistants who work within nursing, midwifery or allied health profession settings are clinical HCSWs and this collective title encompasses the three levels of worker within the HCSW role. The Career Framework identifies three distinct clinical support roles of HCSW, Senior HCSW and Assistant Practitioner (SGHD 2009a).

The purpose of the collective title of HCSW is to give all assistants working in this capacity a nationally recognisable, transparent and transferable identity. The components of these roles will reflect the context in which the HCSW is employed but will meet the broad generic level descriptors in the career framework. It is anticipated that once the guidance on HCSW development is firmly embedded into the NHSScotland culture the term HCSW will be readily identifiable and consistent across the NHS.

3. The Consultation Process and this Guide

A national consultation exercise was undertaken with stakeholders to achieve a consensus for the required education and development of the HCSW workforce. A Project Leader was appointed to co-ordinate and support the necessary work.

3.1 The Consultation Objectives

The objectives of the consultation project were to:

1. Undertake a national scoping exercise to define the characteristics of the HCSW workforce in Scotland and its corresponding education and training needs.
2. Develop a clear national position on the educational requirements for HCSWs.
3. Explore the potential for developing a continuum for education and training of HCSWs.
4. To develop an education and training pathway for Healthcare Support Workers that will form part of the Scottish Government's HCSW Toolkit.

3.2 Consultation Process and Responses

The Project Lead met with various interested parties from all over Scotland and regional workshops were held in July of 2008. Over 150 delegates attended these events. Following this, a consultation document (NES 2008) was prepared and disseminated to all Health Boards through Chief Executives, Nurse Directors, Allied Health Profession (AHP) Directors, Workforce Planning Directors, Practice Development Units and Training and Development Units. The document was also sent out to Scottish Universities and Colleges, NES Practice Education Coordinators for dissemination to local Practice Education Facilitators (PEFs), NES HCSW Advisory Group and Working Group members (see Section 11) and 350 individuals who had attended the regional workshops or had expressed an interest in the project generally. All of the above were requested to disseminate the document as widely as possible. Over 50 responses were received from a range of organisations and individuals.

Four regional information sessions for HCSWs were held in October 2008 and were attended by 430 HCSWs, either in person or via video conferencing. An overwhelming majority of HCSWs were enthusiastic about the developments. Their main concerns were around support from registered staff, having the opportunity to 'earn while they learn' and to have their previous experience and learning acknowledged and recognised, particularly as many have several years experience.

The core skills and educational requirements were reached after this extensive consultation exercise and these have informed this guide.

4. Role Definitions

As an outcome of the consultation an agreement has been reached on the definitions for each level of clinical HCSW. The definitions are considered to be sufficiently different for each level and include the key elements of each role:

Box 4.1

Definition of a Healthcare Support Worker

The HCSW has the awareness and ability to address the basic care needs of individual patients/clients under the direction and supervision of healthcare professionals. They support the multidisciplinary team in the delivery of high quality care. The HCSW will possess, or have the opportunity to attain within an agreed timeframe, education at SCQF level 6.

Box 4.2

Definition of a Senior Healthcare Support Worker

The Senior HCSW can evidence previous experience and/or consolidation of practice as a HCSW or can evidence an appropriate level of knowledge. They will have the understanding and ability to deliver delegated care under the direction and supervision of healthcare professionals and support the multidisciplinary team in the delivery of high quality care. The Senior HCSW will possess, or have the opportunity to attain within an agreed timeframe, education at SCQF level 7.

Box 4.3

Definition of an Assistant Practitioner

The Assistant Practitioner can evidence previous experience and consolidation of practice as a Senior HCSW and/or has the appropriate skills and knowledge and demonstrates the depth of understanding and ability required to participate in the planning and carrying out of holistic, protocol based care under the direction and supervision of healthcare professionals. They will assist and support the multidisciplinary team in the delivery of high quality care. The Assistant Practitioner will possess or have the opportunity to attain within an agreed timeframe, education at SCQF level 8.

The above definitions include the expected SCQF level for each HCSW. All HCSWs require the opportunity and support to attain, within a specified timeframe, relevant learning and assessment at the agreed SCQF level. Further details related to education level is contained in Section 6 of this guide. Opportunities for existing HCSWs to make the transition to the new benchmark SCQF levels may be made available by NHS Boards.

All HCSWs require to work under the direction and supervision (direct or indirect) of a Registered Practitioner. A proposed supervision model is outlined in Section 8 of this guide.

5. Role Parameters

Role parameters were informed by an adaptation of the rationale for support roles as suggested by the Picker Institute et al (2006), and by existing job descriptions, KSF profiles and Scottish Credit and Qualifications Framework (SCQF) level descriptors. This resulted in three specific reasons for the development of support roles in NHSScotland, which are :

1. Relief/substitute: releasing professionals from non-core activities and taking on work previously the remit of registered practitioners.
2. Co-Producer: providing complementary and distinctive capabilities
3. Apprentice: providing a stepping stone into qualified work.

Elements of these rationales are reflected in the role parameters. While recognising that some professional bodies have already defined the scope of practice for assistants employed within their profession, these role parameters provide an extension to the role definitions detailed in Section 4 and articulate how the HCSW roles are placed within the healthcare team.

The role parameters are detailed in Boxes 5.1, 5.2 and 5.3.

Box 5.1 Parameters for a HCSW

- Will work under direction and instruction from registered professionals and/or assistant practitioners.
- Will carry out repetitive, routine and familiar tasks during their working day.
- Through experience and instruction, a HCSW will develop an awareness of what is normal concerning their patient/clients' wellbeing and report that which is outwith normal to registered professionals.
- Will understand and be able to carry out reflective practice.
- Will work on their own initiative concerning their own workload within their role remit which will consist of delegated tasks.
- Will plan and prioritise their own work tasks and activities.
- Can communicate both routine and complex/sensitive information to patients, clients, relatives and staff.
- Will be able to problem solve related to the task at hand.
- Will develop, or will have developed, organisational and time management skills.
- Will recognise risk in relation to care provision.
- As a co-producer will work with patients/clients with varying levels of dependence. At times they may be considered a 'lone worker' and as such will carry out and undertake familiar tasks with minimum supervision.
- Will be able to recognise patient/clients response to care and will recognise the basic care needs of patients/clients.
- In some circumstances the HCSW will spend more time with patients/clients post assessment than registered staff and will be able to report to registered practitioners regarding patient/client progress.
- Will show awareness of patient advocacy and an awareness of wider patient/client issues (e.g. home concerns, etc).
- At all times, will act under the delegation and supervision of a registered practitioner and/or assistant practitioner.

Box 5.2

Parameters for a Senior HCSW

Senior HCSWs will have all the attributes, skills and knowledge described for HCSWs and:

- Will have a generalised knowledge and understanding of their job role and related tasks although it is expected that this will be further developed than a HCSW.
- Will have a broad skill base related to their practice.
- Will possess an awareness and relative understanding of what is normal concerning their patient/clients' wellbeing and report that which is outwith normal to registered professionals.
- Will be able to problem solve and take action regarding patient/client care through an awareness of policy and legislation.
- Following an initial assessment of the patient/client by the registered practitioner, and under guidance and supervision while following set protocols and procedures, will carry out routine elements of assessment to enhance the patient/client journey.
- Will understand and be able to carry out reflective practice.
- Will work on their own initiative within their role remit which may involve more advanced clinical skills and tasks than a HCSW, dependent on the area and site of their work.
- Role remit will consist of delegated tasks and duties which they will plan and prioritise in consultation with registered practitioners.
- Can communicate both routine and complex/sensitive information to patients, clients, relatives and staff.
- Will have developed organisational and time management skills.
- As a co-producer, the senior HCSW will work with patients/clients with varying levels of dependence.
- At times they may be considered a 'lone worker' and as such will carry out and undertake familiar tasks with minimum supervision.
- Will have an awareness of subtle cues concerning patient/client wellbeing and will respond to/take action concerning common symptoms within agreed protocols and guidelines pertinent to their work area.
- Their general workload is likely to increase in complexity where familiar but less routine tasks will be delegated to them.
- Will be expected to participate in running groups and activities, giving help and support to registered colleagues.
- Will recognise risk in relation to care provision and will further develop risk assessment skills.
- Will support and act as a role model to HCSWs.
- Will show awareness of patient advocacy and an awareness of wider patient/client issues (e.g. home concerns, etc). They will recognise and understand their role boundaries and limitations.
- At all times, will act under the delegation and supervision of a registered practitioner.

Box 5.3

Parameters for an Assistant Practitioner

Assistant Practitioners will have all the attributes, skills and knowledge described for HCSWs and Senior HCSWs and:

- Will have an in-depth knowledge and understanding of their job role and related tasks.
- Will recognise the need for evidence based practice and carry out delegated care accordingly.
- Will have a comprehensive skill base related to their practice. Interventions practised by the Assistant Practitioner will be achieved through additional, focused training and education.
- Will also develop knowledge on how and why their care provision and that of others in the multidisciplinary team, impacts on patients'/clients' journey.
- Working within agreed protocols and guidelines, an Assistant Practitioner will modify approaches and activities within care interventions and programmes under the direction and supervision of a registered practitioner.
- Will carry out routine elements of patient/client assessment following protocols and guidelines
- Will problem solve related to needs and tasks and take action within the agreed parameters of the role.
- Assistant Practitioners' workload will increase in complexity where less familiar and less routine tasks will be delegated to them.
- Workload will be directed by the registered practitioner but Assistant Practitioners will participate in planning care.
- Will be responsible for planned, delegated care.
- Will support and act as mentor and role model to senior HCSWs and HCSWs.
- Can be a patient's advocate.
- Will have developed risk assessment skills in relation to patient/client care.
- As a relief/substitute, Assistant Practitioners will develop screening skills within agreed protocols and guidelines and will contribute to discharge planning and make referrals under direction and within agreed protocols.
- Will recognise and understand their role boundaries and limitations and at all times, will act under the delegation and supervision of a registered practitioner.

6. Education and Progression Requirements

6.1 Education and Training Requirements

All education and development for HCSWs will be underpinned by the Public Protection Standards which are at present achieved through induction processes, however changes may occur following the decision by the UK Government regarding future regulatory requirements.

The standards can be accessed via:
www.healthworkerstandards.scot.nhs.uk

Education, training and development requirements for each level of HCSW relate to the Scottish Credit and Qualifications Framework (SCQF) and are as follows:

HCSW:

The essential criterion for entrance into a HCSW role states that previous experience is not essential. However, a new employee at this level may be working towards or have attained a programme of learning at SCQF level 6.

Once in post, a HCSW will be given support to undertake and achieve a relevant programme of learning at SCQF level 6. This will allow a HCSW to develop within their role and, if a relevant accredited programme of learning is completed, will provide a progression route to senior HCSW level.

Learning can be achieved through a variety of approaches such as an accredited programme delivered off or on site by an educational provider or through the use of portfolios of evidence.

Those existing HCSWs who have attained accredited learning at SCQF level 5 may be given

the opportunity and support to undertake further learning and assessment at SCQF level 6.

Senior HCSW:

The essential criteria for entrance into a Senior HCSW role is that the employee must show consolidation of practice at HCSW level or evidence of an appropriate level of knowledge or working towards achieving learning at SCQF level 7.

Once in post, a Senior HCSW will be given the opportunity and support to undertake and achieve a relevant programme of learning at SCQF level 7. This will allow a Senior HCSW to develop within their role and, if a relevant accredited programme of learning is completed, will provide a progression route to Assistant Practitioner level.

Those existing Senior HCSWs who have attained accredited learning at SCQF level 6 may be given the opportunity to undertake further learning and assessment at SCQF level 7.

Assistant Practitioner:

The essential criteria for entrance into an Assistant Practitioner role are varied.

To progress into this role from a Senior HCSW level the employee must show consolidation of practice at Senior HCSW level.

For direct entry into this role a potential employee:

- may have completed a Higher National Certificate in a health care related subject and be working towards achieving learning at SCQF level 8

OR

- may be a pre-registration student who has exited prior to completion of their pre-registration programme. Where a previous pre-registration student seeks employment as an Assistant Practitioner recognition of prior learning (RPL) and/or accreditation of prior experiential learning (APEL) processes would be used to confirm attainment of the required SCQF level. The reasons for non completion of the pre-registration programme would need to be identified. A pre-registration student who does not complete their pre-registration programme would not automatically result in employment at Assistant Practitioner level.

Once in post, an Assistant Practitioner will be given the opportunity and support to undertake and achieve a relevant programme of learning at SCQF level 8. This may include Professional Development Awards or equivalent and other training and education on practical and theoretical components of any speciality, all of which are aligned to SCQF level 8. This will allow the Assistant Practitioner to develop within their role, and if a relevant accredited programme of learning is facilitated, can provide a progression route to entry to a pre-registration undergraduate programme and lead to professional registration.

NHSScotland employees already working as Assistant Practitioners who have attained learning at SCQF level 7 may be given the opportunity and support to undertake and achieve a relevant programme of learning and assessment at SCQF level 8.

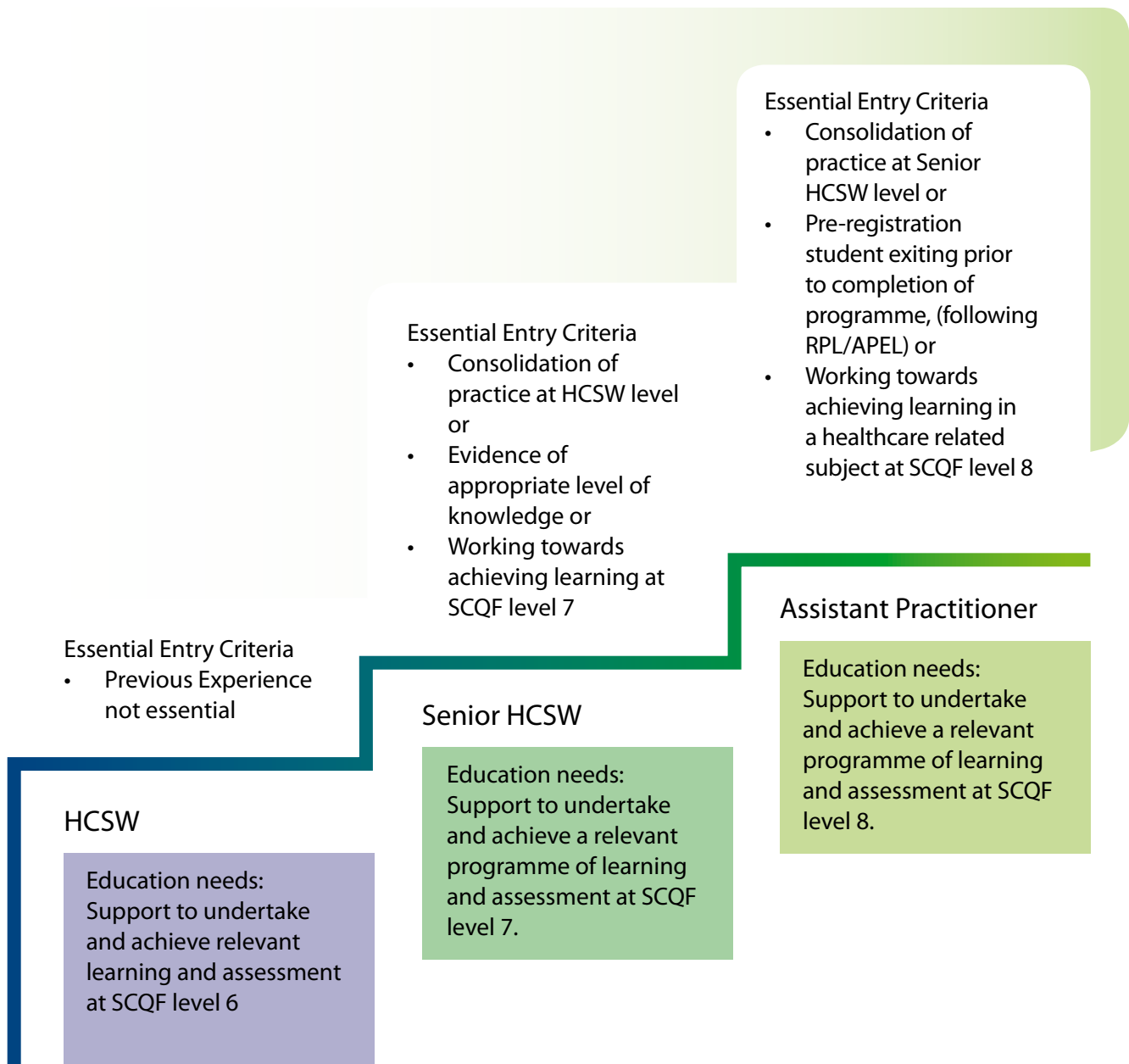
The consultation indicated that direct entry to Assistant Practitioner level is generally welcomed although some concern was raised concerning

a lack of practical experience through this route by some new employees. In general however, most respondents believed that a lack of practical experience was not a particular concern as it was accepted that with appropriate mentorship and preceptorship strategies new employees would develop into their new role.

Figure 6.1 (over the page) demonstrates entrance and exit points for HCSWs on the education, development and career pathways.

Figure 6.1: Education, Training, Development and Career Pathway

Guidance on Education and Training for Healthcare Support Workers in NHSScotland



Underpinned by Public Protection Standards – Achieved through Induction

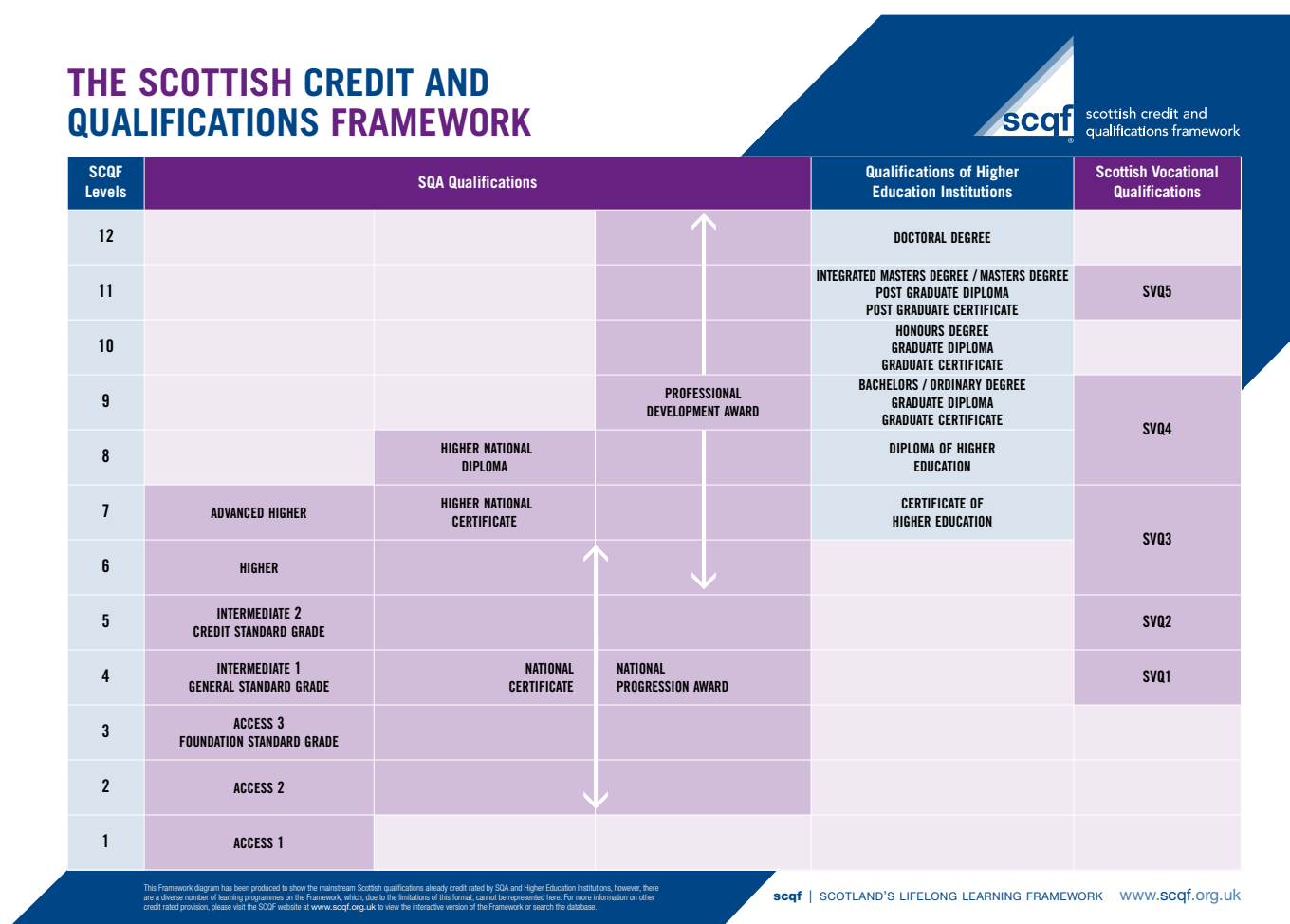
6.2 Structured Route for Educational Progression for HCSW Staff

The structured route for education progression of all HCSWs will be through the Scottish Credit and Qualifications Framework (SCQF). The agreed level of education will meet the requirements of any future regulation for this group of staff

and will allow those already in post to develop fully within their role, regardless of whether they aspire to progress to more senior roles or not. More detail on the SCQF can be found in Appendix 2.

Figure 6.2: The Scottish Credit and Qualifications Framework

Source: www.scqf.org.uk/AbouttheFramework/Overview-of-Framework.aspx



7. Recognition of prior learning

NHS Boards commissioning educational programmes to support the future education and development of HCSWs will require to meet the expected SCQF level of attainment for HCSWs. The existing HCSW workforce may be supported by their employing NHS Board to make the transition to the new benchmark SCQF levels. While there is no shortage of educational provision for clinical HCSWs in NHSScotland, there is an acknowledged lack of consistency, recognition and transferability in the education and training accessed by this workforce. The challenge is to provide education and training which is flexible, readily accessible, consistent and quality assured.

To ensure robust and transferable programmes of learning including in-house teaching for future new roles, NES and the Scottish Qualifications Authority (SQA) are working together to provide guidance for in-house providers to ensure that their programmes of learning are aligned to SCQF level descriptors. This will enable transferability of learning within and across NHS Boards, i.e. learning outcomes and assessment will be consistent across NHSScotland, and will assist with future accreditation of programmes of learning if this is considered desirable.

Information on SCQF level descriptors can be found at: <http://www.nes.scot.nhs.uk/scqf/leaflets/default.asp>. Please consult the NES Website for future updates: www.nes.scot.nhs.uk.

Further guidance in the use of national frameworks when planning career and role development will shortly be published by NES.

NHS Boards may wish to support existing HCSWs to make the transition to the new benchmark SCQF levels. It is anticipated that Recognition of Prior Informal Learning (RPL) systems to credit rate could be deployed. The SCQF guidelines for RPL cover all prior learning which has not been previously assessed or credit-rated. This includes learning achieved through life and work experiences, as well as learning gained informally within the workplace.

NES will explore with NHS Boards realistic and feasible strategies to support the transition to the new benchmark SCQF levels and relevant educational requirements.

Comments from the consultation indicated that some respondents perceived that using portfolios to evidence RPL may become an onerous task for those involved – both registered and non-registered staff. Through the NHS KSF post outlines and development review process and exploring the required level of competencies and capabilities for each member of staff, RPL should emerge naturally and be easily identified. To assist with this, two resources have been developed in partnership between NES and the SCQF entitled *Valuing your learning. Recognition of prior informal learning (RPL). A Brief Overview for the NHS in Scotland*. (NES & SCQF 2008a) and *Valuing your learning. Guidance on the Recognition of prior informal learning (RPL) for the NHS in Scotland* (NES & SCQF 2008b). These leaflets can be found at <http://www.nes.scot.nhs.uk/scqf/leaflets/default.asp> and will go some way to address the issues of RPL.

8. Supervision of HCSW

The suggested supervision model outlined in this section is proposed as a tool for use by both registered practitioners and HCSWs as a guide to support negotiation around the level and type (direct or indirect) of supervision required in any work task or care activity. It is designed to encourage transparency on the issues of accountability and responsibility and to encourage reflection on tasks/care activities undertaken by the HCSW in discussion with the delegating registered practitioner.

8.1 Types of supervision

Direct supervision is where the registered practitioner observes and directs the activities of the HCSW. Working alongside the HCSW allows for immediate guidance, feedback and intervention if required.

Indirect supervision is where the registered practitioner will not be physically present, but there are processes in place for direction, guidance and support.

Decisions on the level and type of supervision should be based on the following criteria:

- the needs of the patient or client
- the nature of the task or care activity
- the relevant experience of the HCSW, including any relevant education and training
- the HCSW's familiarity with the task or care activity, as well as with the patient or client
- the complexity of the task or care activity

Supervision consists of four elements: delegation,

direction, guidance and support. The elements can vary dependent on the context and complexity of the task or healthcare activity. The elements are defined as:

Delegation: assigning to another, the authority and responsibility for functions, tasks and decisions.

Direction: providing advice on the course of action.

Guidance: showing the way for effective learning through visual/verbal/manual/mechanical aid.

Support: nurture, reassure and protect while enabling a person to gain skills and confidence.

As in all healthcare activity, the HCSW remains responsible for the delegated care undertaken by them and they are accountable for accepting delegated tasks or care activities from the registered practitioner. HCSWs are accountable to their employer through their contract of employment and they have a duty of care to their patients or clients to whom they are accountable through civil law and civil courts. HCSWs are also accountable to the public through criminal law and criminal courts.

Registered practitioners have a legal responsibility to determine the knowledge and skill level required by a HCSW to perform a delegated task or care activity (RCN et al. 2006, NMC 2009). The registered practitioner must also

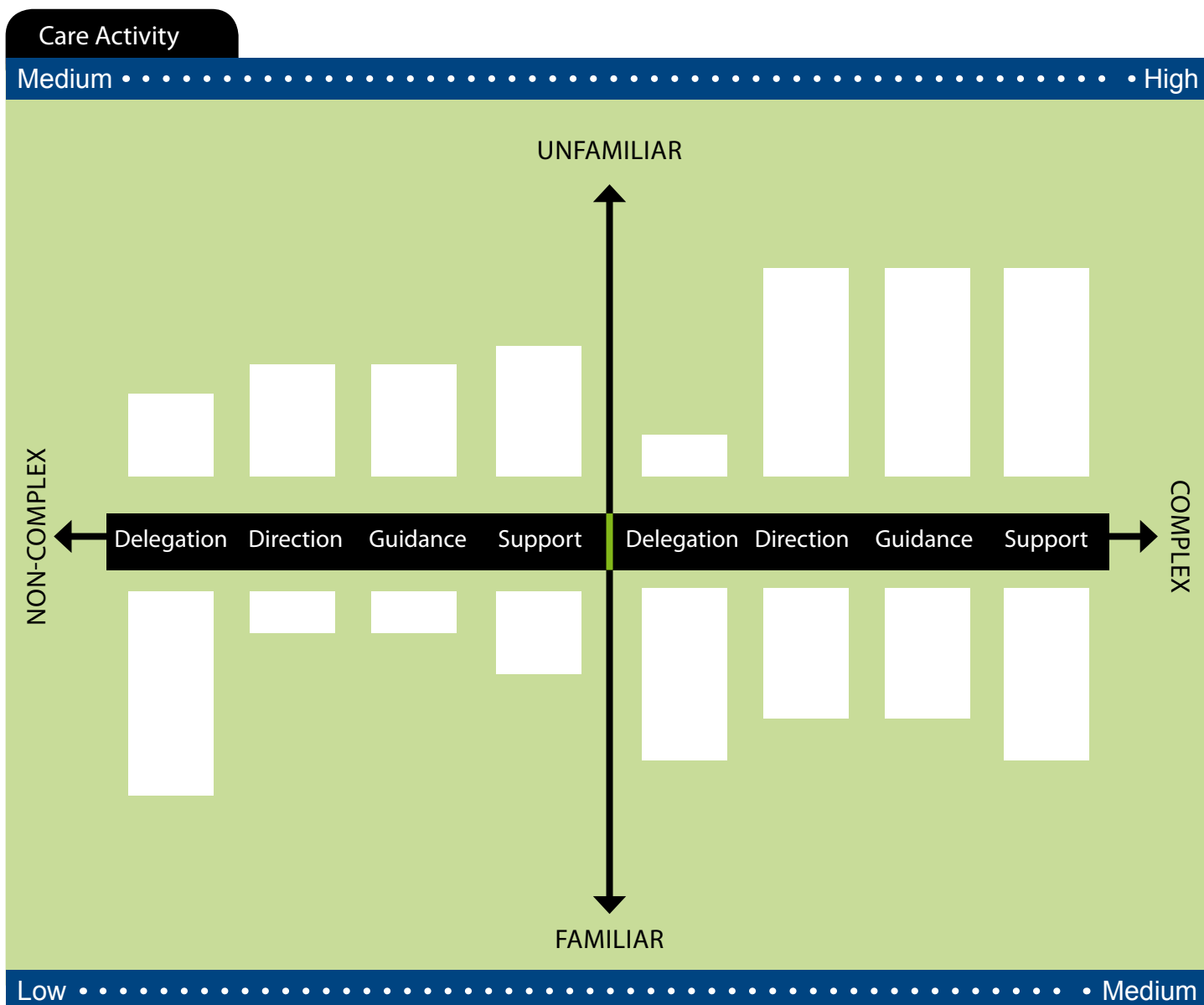
be assured that the individual HCSW has the skills, knowledge and judgement to perform the delegated tasks or care activities and these must fall within guidelines and protocols specific to the workplace or the role. For example the assistant practitioner carrying out a specific activity for which there has been specific training. The level of supervision (direct or indirect) and feedback must be appropriate (RCN et al. 2006, NMC 2009).

The proposed supervision model will assist registered practitioners and HCSWs to consider all of the elements previously discussed, and to work within a safe scope of practice (see Figure 8.1).

The proposed supervision model is arranged in four quadrants highlighting that a care activity could range from non complex to complex and familiar to unfamiliar. Each quadrant should be considered separately, recognising that the elements of delegation, direction, guidance and support within each quadrant will vary dependent on the criteria as previously detailed.

An example of medium supervision of a HCSW could be where a complex care activity is familiar to an experienced HCSW, therefore that care activity could be delegated to the HCSW by the registered practitioner while ensuring ongoing direction, guidance and support of the HCSW in the delivery of the care activity.

Figure 8.1: Supervision Model



9. Future Developments

This document makes explicit the guidance to support:

- the education and development of the HCSW workforce.
- the maintenance of knowledge and skills within the existing HCSW workforce.
- the progression and development opportunities within the HCSW career pathway.

Additional elements which will make up the Toolkit are detailed in Appendix 3.

For those NHS Boards who wish to support existing HCSWs to make the transition to the new benchmark SCQF levels, NES will explore with NHS Boards realistic and feasible strategies to support the migration of their existing HCSW workforce.

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11. Acknowledgements

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Advisory Group:

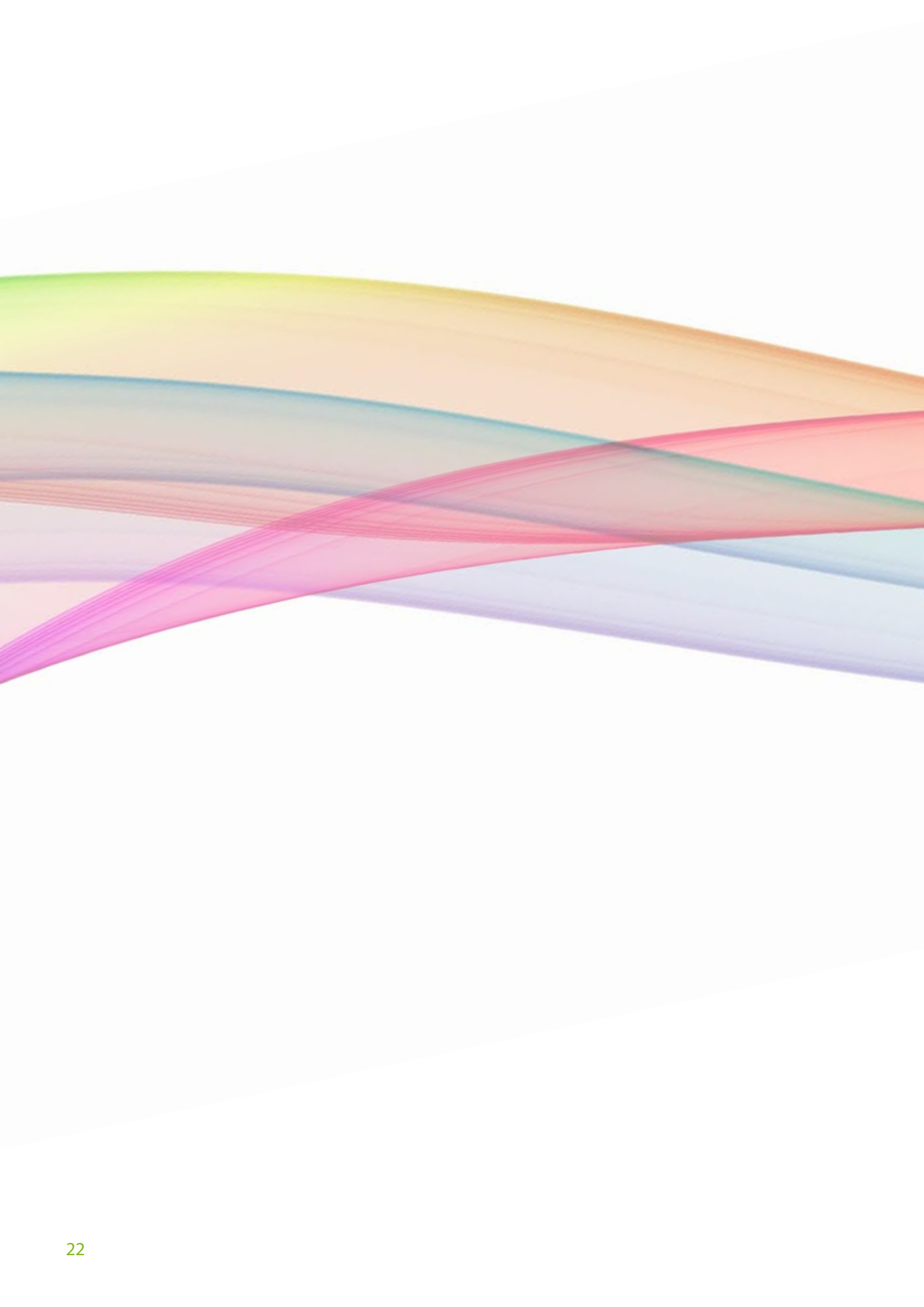
Karen Adams	Educational Projects Manager, NES
Helen Byrne	Workforce Planning Lead Nurse/Team Leader ICU, Golden Jubilee National Hospital
Iain Colthart	Research Officer, NES
Carol Dobson	Programme Director, NES until October 2008
Susanne Forrest	Programme Director Mental Health, NES
Maggie Grundy	Programme Director, NES
Ellen Hudson	Associate Director Learning and Development, RCN
Bridget Hunter	UNISON
Janice Laing	Senior Nurse, NHS Borders
Sonya Lam	Director of Allied Health Professions, NES
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Debbie McCraw	Project Lead, HCSW Development, NES
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Janice Laing	Senior Nurse, NHS Borders
Susan Malone	Senior Practitioner, CSW Team, NHS Lothian
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Christy Brewster	Project Officer, NES
Angela McFetridge	Project Administrator, NES



Appendices

Appendix 1

The Career Framework in NHSScotland



The diagram outlines the Career Framework Levels, the appropriate clinical level title (in brackets), a brief clinical level descriptor and, for illustration, some possible non-clinical role examples. (SGHD 2009)

Appendix 2

The Scottish Credit and Qualifications Framework (SCQF)

Promotes lifelong learning in Scotland. It supports everyone in Scotland, including learning providers and employers by:

- helping people of all ages and circumstances to get access to appropriate education and training so they can meet their full potential;
- helping employers, learners and the general public to understand the full range of Scottish qualifications, how qualifications relate to each other and to other forms of learning, and how different types of qualification can contribute to improving the skills of the workforce.

The Framework:

- describes the courses and programmes that lead to qualifications
- helps to develop 'progression routes' for the individual to follow
- allows individuals to make the most of the opportunities to transfer credit points between qualifications

The Level Descriptors outline the general outcomes of learning at SCQF Levels 2 - 12 under five broad headings:

- knowledge and understanding (mainly subject based)
- practice (applied knowledge and understanding)
- generic cognitive skills (e.g. evaluation, critical analysis)
- communication, numeracy and IT skills
- autonomy, accountability and working with others

Further information and detailed 'Level Descriptors' and examples of matched qualifications for each are available at: <http://www.scqf.org.uk/>

Appendix 3

To further support role development, the Healthcare Support Worker Toolkit is in development and due for launch in Spring 2010. The Toolkit aims to be a “one stop shop” for information and resources which will help employers apply the principles developed through the Guide in practice.

Stakeholder engagement in 2010 and the new Scottish Government Induction Standards and Codes for HCSWs have shaped the content to include the following topics:

- Roles – parameters, working safely, examples of job descriptions and NHS KSF post outlines
- NHS Knowledge and Skills Framework – as the core framework for developing HCSW staff in practice, personal development plans and how to gather evidence
- Learning and Development - covering informal and formal routes to learning, appropriate ways to assess learning at work, resources to support numeracy and literacy skills
- Mandatory Induction Standards and Codes for HCSWs – how to effectively gather evidence and assess that the standards have been achieved
- Resources Section – to guide the options for development using both local and national resources
- The web address can be accessed via the NHS Education for Scotland HCSW webpage:
<http://www.nes.scot.nhs.uk/hcsw>
- Content will continue to be developed in consultation with stakeholders throughout 2010/11.

Further copies of this document are available,
on request, in audio and large print formats,
and in community languages.

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