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Should healthcare support workers be regulated?

Support workers play an essential role in healthcare by providing many aspects of direct patient care and supporting the work of registered nurses and midwives. However, as the scope of support worker practice widens, there is an increasing concern about their lack of regulation and the risks that they may present to public safety. In response to growing calls for the introduction of healthcare support worker regulation, the Nursing and Midwifery Council commissioned the National Nursing Research Unit to undertake a scoping review of the subject; this Policy Plus presents our main findings and conclusions [1].

What is the context for healthcare support worker regulation?

The NHS employs approximately 300,000 healthcare support workers (HCSWs) and greater numbers work in the independent and voluntary sectors. Safeguarding checks and opportunities for education and training exist, but lack of regulation means little control over entry to employment and minimal standardization of roles, competencies and education.

Widening of support worker practice, particularly through the assistant practitioner (AP) grade, has lent increasing urgency to long-standing calls for HCSW regulation. But the environment to implement such a policy is challenging: government seeks proof that regulation will increase public safety [2,3] and diverse opinions exist over the degree of regulation required and the appropriate regulatory body ([1]). Benefits will need to be considered hand in hand with costs, given current economic circumstances. Our review considered government reports on extending regulation, position papers by statutory and professional organisations, research studies, existing models of regulation and the views of an expert group.

What evidence exists on the lack of regulation and on benefits of regulation?

HCSWs perform diverse tasks including various invasive procedures. Assistant practitioners in particular undertake protocol-based nursing tasks. Most HCSWs (over 70%) are trained, mainly at NVQ level 2 or 3, but invasive procedures are sometimes undertaken by HCSWs without requisite training [4]. Trusts differ in proportions of trained to untrained HCSWs [5]. Lack of supervision of tasks that should be supervised is not uncommon [6,7,8]. HCSW deployment may depend on levels of registered staff; trust and departmental policies; perceptions of registered staff; and preferences of HCSWs, rather than on experience and training [4, 6].

There is a lack of robust measures to ensure suitability for employment and there are instances of HCSWs dismissed from one employer obtaining a similar post elsewhere and of nurses removed from the NMC register obtaining employment as a HCSW.

Existing models of regulation are perceived to have benefits [9] but, as reviews of other professions have indicated [10], it is unlikely that evidence can be generated that will demonstrate unequivocally that regulation will prevent risks to public safety. It is equally unlikely, however, that evidence can be generated that will unequivocally demonstrate that regulation will **not** benefit patient safety.

What questions need addressing in taking regulation forwards?

Some models of regulation are perceived as presenting less risk to public safety than others; in particular nationally rather than employer based regulation, and compulsory rather than voluntary regulation. Regulation could have significant but unintended consequences; for example, the extent to which employers consider such staff as 'registered professionals' may tacitly sanction the employment of higher proportions of HCSWs to registered staff with attendant risks to patient outcomes [11].

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Six broad areas of unanswered questions were identified:

- What roles and competencies does the health service require of its support workforce?
- Who should the regulator be?
- Should Assistant Practitioners in nursing be regulated as senior support workers or second level qualified nurses?
- How should education be provided and accredited?
- What is the impact of regulation on recruitment, career progression, expectations and retention?
- What are the risks from the processes and outcomes of regulation itself?
- Any regulation needs to be accompanied by an associated framework of roles and competencies. While many frameworks already exist which provide a partial solution, a new overall framework is required based on decisions about roles required and associated competencies.
- Current educational provision is diverse and would need to be accredited; linking it to a new role and competency framework. Mandatory education raises significant challenges in providing on-site and off-site provision; meeting continuing professional development needs, and ensuring availability of staff time and course funding.
- Clearly, such decisions and work needs to be undertaken taken by or in tandem with the regulatory body, but there is no clear cut answer to the question of who the regulator should be. If all HCSWs are to be regulated as a single group, the Health Professions Council seems a natural solution but HCSWs have taken on work that is already regulated as part of existing professions. For example, those working with nurses and midwives might be regulated by the NMC. Synchronising regulation with safeguarding regulations and registrations could reduce costs and complexity. The nature of task and extent of supervision deployed can also effect decisions on the necessary level of regulation.
- Regulation will have implications for workforce planning and may have unpredictable effects on recruitment; career progress expectations; and retention.

Conclusions and implications

A strong case exists for HCSW regulation given evidence of risks to public and the likelihood that its introduction will further control access to employment and lead to standardized roles, competencies and education.

A wide range of questions need addressing in developing a model of HCSW regulation.

Further work required to inform the process includes:

- Decisions: committing in principle to regulation; and deciding on status of assistant practitioners;
- Reviews: analysing adverse incidents involving HCSWs and identifying how regulation could have reduced risk; drawing together existing information on roles, competencies and education as the basis for a new framework;
- Research: on impacts of regulation on recruitment and retention;
- Analysing specific aspects: synchronizing regulation with safeguarding, allocating costs of regulation between practitioners, employers and central government.

A challenge is where to start, given complex inter-relationships between the various elements of the process and dangers of adopting a piecemeal rather than a holistic approach. Once an overall framework of decisions has been made, a logical starting place is developing a role and competency framework and deciding on the status of APs.

Key issues for policy

- Decisions and actions required to take regulation forwards involve a range of organizations, particularly the four devolved administrations.
- The NMC, as the regulatory body for nursing and midwifery, has a central role in initiating action and providing advice although it does not necessarily follow that they should be the regulator.
- Initially, the NMC should: make the case for regulation; initiate debates on decisions needed; and lead formation of a group of relevant stakeholders to develop a new HCSW role and competency framework.

References and information

1. Griffiths P, Robinson S (2010) Moving forward with healthcare support worker regulation. A scoping review: evidence, questions, risks and options. National Nursing Research Unit, King's College London
2. Department of Health (2009) working to put people first: the strategy for the adult social care workforce in England. Department of Health, London
3. Department of Health (2009) Extending professional and occupational regulation: the report of the working group on extending professional regulation. Department of Health, London
4. Knibbs W, Smith P, Magnusson C et al (2006) the contribution of assistants to nursing. Final report for the Royal College of Nursing. Healthcare Workforce Research Centre, University of Surrey, Surrey
5. Kessler I, Dopson S, Heron P et al (2010) the nature and consequences of support workers in secondary care: end of project conference. Presentation at Said Business School, university of Oxford, Oxford
6. Spilsbury K, Meyer J (2004) Use, misuse and non use of healthcare assistants: understanding the work of healthcare assistants in a hospital setting. Journal of Nursing Management 12: 411-418
7. Bridges J, Meyer J, Glynn M et al (2003) Inter-professional care co-ordinators: the benefits and tensions associated with a new role in UK acute healthcare. International Journal of Nursing Studies 40: 599-607
8. Sandall J, Manthorpe J, Mansfield A et al (2007) Support workers in maternity services: national scoping study of NHS Trusts providing maternity care in England in 2006. King's College London
9. NHS Quality Improvement Scotland (2008) Working to standard. Final project report on pilot for the regulation of healthcare support workers. NHS Quality Improvement Scotland
10. Cornes M, Manthorpe J, Huxley P et al (2007) Developing wider workforce regulation in England: lessons from education, social work and social care. Journal of Inter-professional Care 21: 241-250
11. National Nursing Research Unit (2009) RN+RN = better care. What do we know about the association between registered nurse staffing levels and patient outcomes? Policy Plus issue 20. National Nursing Research Unit, King's College London

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