



Using QCF Units to Train and Assess Competence of Personal Assistants in Health Management Summary

May 2016

Version 2BS



Executive summary

The project arose out of a need to enable NHS staff to understand how to provide appropriate training and assessment of competence when delegating clinical tasks to Personal Assistants (PAs). The intention is that this will contribute to ensuring that people using personal health budgets (PHB) to employ their own PAs are confident of receiving high quality, safe, effective and efficient care and support in their own home. It is also believed that providing appropriate training and assessment of competence for PAs will have additional benefits both for healthcare professionals and the PAs themselves.

In January 2014 Skills for Health was commissioned by NHS England to work with five NHS demonstrator sites to 'test the use of regulated qualifications in the training of PAs in delegated health care tasks'.

Evaluation was planned throughout the project to answer the following key research questions:

- *"Are QCF units a suitable and sustainable way to train PAs in delegated healthcare tasks?"*
- *"Does the use of QCF units enable healthcare tasks to be delegated to PAs from registered professionals?"*

The review of the evidence gathered indicates that, whilst **QCF units can be used** to provide the knowledge and skills base necessary **to train PAs on healthcare tasks**, sites felt that the time required to complete and the relative complexity of the QCF units mean that they do not fit with the requirement for timely delegation. The cost of delivering the QCF units was also considered to be an issue in terms of sustainability however the issue of cost is related to the model that is implemented.

There were many successes achieved throughout the project, significant outputs were achieved in respect of the number of QCF units delivered and the number of PAs and PHBs engaged in the project. Positive impacts have been identified across the whole range of evaluation activities for site leads, PAs and PHB holders. PAs valued the breadth of learning they were able to undertake as part of the QCF unit approach. They outlined how this had given them a greater understanding of their day to day activities and how they believed this would enhance the care they provide. Site leads developed their knowledge and understanding of the training process and regulated qualifications.

Learning points

The following is a summary of the main learning points arising from the work within the project. These learning points are relevant to anyone who is seeking to examine how delivering training to PAs should be approached and developed:

1. Senior buy-in is needed within CCGs and by other stakeholders in order to successfully develop delegation processes and protocols that include the identification of suitable training and development for PAs.
2. CCGs and commissioners need to consider how best to meet the need for training and assessment of competence associated with delegating clinical tasks to PAs and put in place clear protocols and delivery plans.
3. Training and assessment of competence is one element of the delegation process. Significant work is required to understand and provide clarity relating to how training supports, and is embedded in, the overall delegation process and how assessment and sign off of competence works.
4. Commissioning the right training provider is crucial to the success of training PAs. Not only do PAs require high levels of flexibility in how and when training is delivered, the training also has to be appropriately

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- contextualised to the role of the PA, with training providers recognising how this role is different to other roles in the sector.
5. The provision of a structured programme of training with formal recognition of learning and portable qualifications could contribute to recruitment, retention and career development for PAs. Creating a role that is supported through appropriate skills and development should assist in creating careers for PAs that are interesting and rewarding.
 6. PAs welcome opportunities for training and for getting formal recognition of their learning and there is also significant interest from family carers to participate in training opportunities and get formal recognition of their skills and knowledge.
 7. PAs valued the opportunities for peer support in group training approaches. Whilst timescales did not allow us to explore the long term impact of this, it could have positive effects including increased self- esteem, perceived value and retention for PAs.
 8. QCF units can provide the relevant framework for training and assessment of competence required in specific clinical tasks. However, some sites viewed this as being more than is required to be able to carry out a delegated health care task or some PAs may not carry out the full range of tasks within specific units. It may therefore require more time than is actually needed in relation to the specific task.
 9. If QCF units are to be delivered to PAs, then a classroom based component with a large number of learners enables a more cost effective model for delivery. However the issue of backfill and release of PAs for classroom based activities remains a significant barrier. E-learning could be an appropriate mode of delivery of the knowledge component of the training and may help overcome some of the difficulties associated with releasing PAs to attend training. Training providers need to choose the appropriate blend of modalities that they feel is most appropriate for their PAs
 10. Training in core competences needs to be available for PAs in addition to training in health care tasks.
 11. Training programmes for delegation must take into account the need to relate learning to the individual PHB holder's circumstances and needs, as well as the need to assess competence in the workplace i.e. the home.
 12. Exploring and understanding relevant QCF units can inform the development of non-QCF based local training modules for delegation, where that is considered more appropriate. The QCF approach contains best practice that local training design can learn from.

The full report is available at www.skillsforhealth.org.uk