

**Developing Quality Assured Education and Training for
Personal Assistants in Health
in England**

Final Report

April 2013

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1. Background

In January 2009 the Department of Health piloted the use of 'Personal Health Budgets' as set out in its document 'Personal Health Budgets: First Steps'. There were 60 pilot sites, of which 20 were involved in an in-depth evaluation. The pilot ended in October 2012 and was evaluated independently. Personal health budgets will now be rolled out across England and from 2014 individuals who are eligible for Continuing Healthcare Funding will have a 'right to ask' for a personal health budget.

Personal health budgets will lead to more choice and control for individuals with healthcare needs and will encourage a change in culture rather than systems. The vision for personal health budgets is to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive. Being able to make decisions about their own health care can mean that people have a much greater choice about who they want to deliver that care. Through the introduction of direct payments for health care people are able to directly purchase services and support, this includes being able to directly employ their own Personal Assistants (PAs).

The role of the PA in health is a relatively new and emerging one, and is set to be a growth area over the coming years for the health workforce. Currently no formal qualifications are required to become a Personal Assistant in health. PAs in health carry out many important clinical tasks for people at home, some of which may be delegated by registered health professionals.

The Department of Health has a small delivery team which has launched a programme to prepare the NHS for the roll out of personal health budgets. The roll out plan includes a work stream around workforce issues and training. Training and development of the workforce is seen as one of the main areas for development within the NHS to ensure personal health budgets are implemented in the right way. Awareness training for pre-registration healthcare professionals is currently being developed along with post registration training requirements.

The issue of delegation of tasks from registered health professionals to PAs is emerging as a particular concern since there are many tasks that require a level of clinical skill and competence. A registered practitioner who delegates a task remains accountable for the decision to delegate and cannot delegate that accountability; however the PA is accountable for accepting the delegated task and is responsible for their action in carrying it out. Training of PAs and assessment of competence is therefore one area that has been identified by the Department of Health as requiring further development.

2. The Project

2.1 Project Commission

In March 2013 the Department of Health tendered for a project with the following objectives:

- To identify the units of training needed by PAs supporting personal health budget holders
- To identify which of these already exist and what would be needed to make these suitable for the needs of PAs working within people's homes
- To identify any new units of training that need to be created
- To explore the feasibility of developing a cluster of units into a qualification framework
- To identify issues relating to the delivery of the training and options for overcoming these challenges
- To develop a business case that describes and defines the PA role and competencies, and options for developing the identified training requirement, to include timescales, resources required and a clear specification of the end product to be achieved

The outputs required were identified as:

- A report to the Department outlining the findings of the review of available training and what is required
- A comprehensive plan that outlines an approach for developing the training units required, feasibility of developing these into a qualification framework and options for ensuring effective delivery of the proposed training to PAs
- Stakeholder meetings and workshops organised by the supplier as required

In order to deliver on the objectives and outputs required Skills for Health agreed in their proposal and subsequent commission to:

- Complete a stakeholder map taking guidance from the Department of Health to inform appropriate stakeholder engagement
- Conduct a stakeholder workshop to identify the functions undertaken by Personal Assistants
- Identify core and technical competences and describe these in National Occupational Standards.

- Map the National Occupational Standards to existing units in qualifications accredited to the Qualifications and Credit Framework
- Identify where gaps exist and develop a business case to present to Awarding Organisations
- Produce a final report which will include guidance on which qualifications and units exist for Personal Assistants and recommendations on any issues specifically relating to the uptake of qualifications by Personal Assistants.

2.2 Governance, Timelines & Reporting

An initial project plan was developed with a project completion date of March 2013. This timeline was subsequently amended to April 2013 following an agreement with Department of Health colleagues to extend the project to allow for stakeholders to participate in consultation activities. The project ran to schedule throughout.

Skills for Health held regular teleconferences with the Department of Health to discuss project progress, risks and any issues arising.

3. Methodology

3.1 Consultation

During initial meetings between Skills for Health and the Department of Health, key stakeholders were identified enabling Skills for Health to develop a Stakeholder Map which can be found in Appendix 1. The key stakeholders were invited to attend a workshop event on March 25th 2013. Those invited to attend the workshop and those who attended are listed in Appendix 2.

At the workshop, attendees were asked to identify the tasks and activities (functions) carried out by Personal Assistants in health. Stakeholders were asked which tasks and activities (functions) would be carried out by all PAs and which would be carried out by some PAs depending on the needs of the individual personal health budget holder.

In addition, attendees at the workshop were asked to identify any barriers or issues they thought may impact on the uptake of qualifications by PAs and what solutions might need to be put in place to overcome these barriers.

A small number of PAs were included in consultation activities and, recognising that the PAs were in attendance to support the budget holders, were invited to contribute to the discussions as long as the budget holder was supportive of this.

Key stakeholders were subsequently e-mailed the responses captured at the workshop in order to confirm accuracy and to offer further opportunity to contribute any further detail on the functions carried out by PAs.

3.2 Functional Analysis

Skills for Health reviewed the final responses from stakeholders and initially separated the functions into two categories; those functions carried out by all PAs, which were categorised as 'core' to the PA role, and those functions which are carried out by some PAs depending on the needs of the budget holder, which were categorised as 'technical'. Following feedback at the stakeholder meeting a third category was identified as those functions carried out by PAs with a supervisory or 'in house manager' role.

All of the functions were then located on the Skills for Health 'Health Functional Map' in order to identify appropriate competences in the form of National Occupational Standards (NOS).

NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively.

Skills for Health has lead responsibility for developing NOS for the health sector and works collaboratively with the relevant stakeholders, practitioners and experts to write the competences. Once approved by the UK Commission for Employment and Skills they can be used in many ways, including describing job roles and in the design of education and training. In using NOS as the common language to describe functions

undertaken by roles in the health sector and to inform the content of units and qualifications, employers can be assured that qualifications very closely match the requirements of individual job roles.

The NOS identified by this project as describing the functions undertaken by PAs in health can be found in Appendix 3.

3.3 Mapping to QCF Units/Qualifications

Once the functions undertaken by PAs were described in the form of NOS it was then possible to map the final core, technical and supervisory competences to existing units and qualifications accredited in the Qualifications and Credit Framework (QCF).

Skills for Health consulted with some of the key stakeholders further to obtain clarification about the functions carried out by PAs in certain areas to ensure that identified QCF units accurately reflected the required learning of PAs. Skills for Health contacted Awarding Organisations to see if they were aware of any suitable existing QCF units in the functional areas where there appeared initially to be gaps. Any functional areas which could not be mapped to existing QCF units have also been identified in Appendix 3.

4. Findings

4.1 Competences

All feedback from the stakeholder event was logged onto a spread sheet and comments were grouped under the three headings described in the methodology section. The core, technical and supervisory competences were identified as follows:

4.1.1 Core Competences

- Person-centred approaches to care and support
- Equality, diversity and inclusion
- Duty of care
- Safeguarding
- Health and safety
- Handling information
- Personal development
- Team working
- Effective communication
- Supporting independent living
- Risk assessment
- Infection prevention and control
- Managing emergencies
- Working in someone's home

4.1.2 Technical Competences

- Advocacy
- Personal care
- Pressure care
- Skin/wound care
- Stoma care
- Bowel care
- Catheter care
- Feeding/nutrition

- Moving and assisting individuals and postural care
- Sensory loss
- Assistive technology
- Cognition and learning difficulties
- Behaviour management
- Managing pain and distress
- General healthcare support, including
 - Prepare and support individuals for healthcare activities
 - Monitoring health status
 - Supporting care plan activities
 - Monitoring and maintaining the environment and resources
- Specialist functions delegated from Allied Health Professionals
 - Dysphagia
 - Physical and occupational therapies
- Administering and storing medication (including injections)
- Cannulation
- Infusion
- Venepuncture
- Tracheostomy care
- Managing long term ventilation
- Oxygen therapy
- End of life support

4.1.3 Competences for a PA with a Supervisory/ In-House Manager Role

- Coordinating care plans
- Liaison with health professionals
- Leading team meetings
- Staff development

4.1.4 Knowledge of Specific Health Conditions

In addition to the competences (requiring the acquisition of knowledge and skills), there were a number of specific health conditions which stakeholders identified as being important for PAs to know about, depending on the needs of the budget holder. Whilst these are not 'competences' they signify a group of long term conditions which PAs may be required to understand before being judged competent to care for the budget holder. These included:

- Epilepsy
- Stroke
- Cognitive impairment
- Mental health
- Dementia
- Sensory impairment
- Cortical visual impairment
- Diabetes
- Autistic spectrum disorders
- Acquired brain injury
- Disability

The condition areas listed above reflect the specific health conditions relevant to the stakeholders who attended the meeting in March. If a different group of personal health budget holders and PAs had attended the list would have been likely to contain additional condition areas. Therefore this list is not exhaustive and there may be other topics which some PAs would need to have an understanding of.

4.2 QCF Unit and Qualification Mapping Findings

4.2.1 QCF Units

Almost all of the competences and knowledge requirements identified by stakeholders as relevant to Personal Assistants in health can be mapped to existing QCF units which can be taken as part of an existing qualification (see Appendix 3).

Units available on the QCF must comply with the regulatory requirements of the QCF and are presented in a common format which describes what the learner must know or be able to do (the learning outcomes) and how the learner will be assessed as meeting the learning outcomes (the assessment criteria). Units are then packaged together to create a qualification which will have a clear title, credit value (to indicate the size of the qualification) and a level (to indicate the 'challenge' to the learner).

QCF units can either be for the assessment of competence (knowledge and skills) or knowledge only. The titles of competence units in Appendix 3 will commence with a verb, for example 'Contribute to', 'Promote'

or 'Liaise with'. Knowledge units will commence with terms such as 'Introduction to', 'Understand' or 'Principles of'.

Further detail about individual QCF units including the learning objectives and outcomes for each unit referenced in Appendix 3 can be found by typing the QCF unit reference number into the following web site link.

<http://register.ofqual.gov.uk/unit>

4.2.2 QCF Qualifications

The majority of the QCF units in Appendix 3 are those which assess occupational competence and will be found within one of more of the following qualifications:

- Level 2 Diploma in Health and Social Care
- Level 3 Diploma in Health and Social Care
- Level 2 Diploma in Clinical Healthcare Support
- Level 3 Diploma in Clinical Healthcare Support
- Level 3 Diploma in Allied Health Profession Support
- L2 Award in Emergency First Aid at Work
- L3 Award in First Aid at Work

These qualifications have been developed through collaboration between Skills for Health (and in some cases Skills for Care and Development) and QCF Awarding Organisations. They comprise of units which are derived from NOS and the purpose of the qualification is to attest to occupational competence. Learners undertaking the Level 2 and 3 Diplomas must all complete a common set of mandatory units plus a selection of units which match the requirements of their job. Additional units can be taken for CPD.

The qualifications must be assessed in the work place by occupationally competent assessors and in line with the Skills for Health Assessment Principles. Requirements for external quality assurance are integral to all of the occupational competence qualifications.

There are some units which may be found in other smaller qualifications, some of which are not occupational competence but which are knowledge only. They are included in the spread sheet for completeness and to show the breadth of material available to PAs. They will however be of less significance to this project as they are not a means of assessing skills.

Further detail about individual QCF qualifications can be found by searching for the qualification title within the following web site link.

<http://register.ofqual.gov.uk/Qualification>

4.2.3 QCF Unit Gaps

There appear to be gaps for QCF units in the following areas:

- Epilepsy awareness
- Tracheostomy care
- Managing long term ventilation
- Total parental nutrition (TPN)
- Cortical visual impairment awareness

4.3 Issues and Barriers for Personal Assistants Undertaking Qualifications

At the stakeholder meeting in March, attendees were asked to identify any issues or barriers which may impact upon the ability of PAs to access education and training or to complete a formal qualification.

Issues and barriers were identified in the following broad areas.

- **Location and mode of delivery**

Most of the stakeholders expressed a wish for education and training to take place within the place of work or as close to the individual being cared for as possible. They felt this would allow the training to more personalised and contextualised around caring for individuals within the home environment. Distance learning and e-learning were also raised as suitable options for the delivery of knowledge. The general notion of attending formal classroom based education and training was not favoured.

For certain generic areas, for example communication, it was felt that training could be provided by a local Clinical Commissioning Group or by a voluntary organisation. For specific health tasks, training would be best delivered by a healthcare professional and in some instances the family of an individual or other carers/PAs may be best placed in order to provide expertise around the particular needs of the individual concerned.

- **Assessment issues**

Some stakeholders, notably those holding personal health budgets, were dismissive of the assessment requirements of formal qualifications and expressed preference to make their own judgements of competence. 'Growing your own' and 'I'll make my own mind up who is safe to care for me' were typical statements from budget holders. This sits at odds with the concerns about safe delegation of tasks from health professionals emanating from the pilots sites.

- **Budget/cost implications**

The stakeholder group discussed some of the issues around funding the development of knowledge and competence of PAs. The budgets for training and development will need to take account of:

- training course fees
- transport and expenses costs
- venue costs
- backfill if a PA is attending a training course
- doubling up costs if a PA is shadowing another PA
- costs of supervision

Costs for the training and development of PAs should come out of the Personal Health Budget and the budget holder needs to understand that the training and development needs of PAs. One concern raised by the group was that some budget holders may not understand the value of training and would prioritise spending money elsewhere.

- **Personal Health Budget Holder training requirements**

Several members of the stakeholder group felt that it may be necessary to train budget holders in order to get the most from the PAs working with them. For example, training may be necessary in how to be an employer, how to recruit PAs, how to manage a budget, how to manage boundaries and expectations, how to carry out an appraisal and encourage the professional development of a PA.

5. Project Outputs

Stakeholder Map

The Stakeholder Map for the training of Personal Assistants in Health can be found in Appendix 1. A list of those invited to attend and those who attended the stakeholder workshop can be found in Appendix 2.

Core and Technical Competences

The Core and Technical competences for Personal Assistants in Health, described as National Occupational Standards, can be found in Appendix 3.

Mapping to QCF Units and Qualifications

The existing QCF units which map to the NOS which describe the core and technical competences of Personal Assistants in Health can be found in Appendix 3.

6. Discussion and Recommendations

The role of the PA in health is in its infancy and it is unsurprising that there are concerns, uncertainty and complexities relating to the role which need resolving as the roll out of personal health budgets is accelerated across England. This short project has focussed on describing the functions which PAs can and will be able to carry out and in identifying qualifications which can give assurances that PAs in health are knowledgeable, skilled and therefore safe to care for those who chose to employ them.

6.1 Tasks Undertaken by PAs in Health (Competences)

Stakeholders at the consultation event were chosen because they have a particular interest or experience of PAs in health; however the stakeholder sample was not statistically significant.

Through the consultation event and additional email communications with stakeholders Skills for Health is confident that the core competences are representative of the functions that are undertaken by all PAs in health. The information arising from the consultation has been triangulated with previous work commissioned by the Department of Health to determine a Code of Conduct, National Minimum Training Standards and core and technical competences undertaken by all health and adult social care workers to give additional confidence to the results of this project. Further information on this work can be found at <http://www.skillsforhealth.org.uk/about-us/news/code-of-conduct-and-national-minimum-training-standards-for-healthcare-support-workers/>

However, it would appear that PAs in health are being asked to undertake a very wide ranging selection of tasks which is dependent on the needs of the individual budget holder meaning that it is likely that each PA role will be different. In many cases the PA will be doing whatever the budget holder requires of them and this will be a mixture of functions which could be classed as health or social care. This of course is completely aligned with the underlying philosophy of personal health budgets and increasing personalisation, choice and control but sits uneasily when trying to define the role and determine a scope of practice for PAs in health. This also has implications for meaningful qualification development and delivery.

Given this variance in roles, Skills for Health cannot guarantee that all of the possible technical competences have been captured in this project. It is likely that this variance is also at the root of some of the concerns expressed by healthcare professionals in determining which tasks can be safely delegated to the PA. However, the concern over **which** tasks is perhaps not the most pertinent issue and energies would be better focussed on judging **how** and **when** tasks can be safely delegated.

Stakeholders were also very keen to discuss **how** the PA works rather than simply identifying what tasks they are undertaking. Great importance was put on the way in which the PA carries out their duties, with budget holders and their families particularly citing the attitudes and values of the PA being as important as their competence.

Attitudes and values are generally found in codes of conduct or codes of practice; in March 2013 Skills for Health and Skills for Care published a Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England. <http://www.skillsforhealth.org.uk/about-us/news/code-of-conduct-and-national-minimum-training-standards-for-healthcare-support-workers/>

This Code was developed as part of a project commissioned by Department of Health in 2012 and although its scope was limited to those Healthcare Support Workers who report to registered Nurses or Midwives it is generally thought to be more widely applicable.

Recommendation 1: Publication of the core competences for PAs in health

Recommendation 2: Consider how the Code of Conduct for Healthcare Support Workers can be adopted in the roll out of personal health budgets

6.2 Education, Training and Qualifications

If concern over **which** tasks is perhaps not the real issue and energies would be better focussed on judging **how** and **when** tasks can be safely delegated then the means to make these judgements needs to be clear and trusted by all parties.

From the stakeholder event it was evident that there was limited understanding of the difference between education and training and formal qualifications.

Education and training are the means by which an individual acquires knowledge and skills. Education and training may take many forms and examples include classroom based teaching, e-learning, mentoring, shadowing and self-directed study/reading. Qualifications are the means to define what must be learned and how it will be assessed and are used to signal that a learner has achieved a defined standard. In practice, an individual may need to do several different forms of education and training in order to prepare them to achieve the requirements of a qualification.

Stakeholders were often focussed on 'courses' and 'training days' and were mainly concerned with the lack of training providers who were able to provide what they judged to be suitable training to meet the needs of the PA and the budget holder. Given the very specialist nature and diversity of the technical competences this is not surprising. Training providers will respond to market demand and will only offer training when there are sufficient numbers of learners to make it financially viable. Whilst the numbers of PAs in health remain small this is likely to be an on-going issue which may ease as the roll out of personal health budgets accelerates.

Budget holders and their PAs will also need to understand that by demanding very tailored training they are further fragmenting an already very small market and may need to accept that their PAs will need to travel to be trained with other health and social care workers in order to make training provision viable. This is a real issue for budget holders who already express concerns about the cost implications and backfill requirements when the PA attends training.

Recommendation 3: Consider how additional networks/communities can be developed to encourage for example supervision, peer support and sharing of best practice in training

6.2.1 A Minimum Knowledge Base for PAs

As a minimum the Department of Health may wish to consider how the National Minimum Training Standards (NMTS) could be used in the roll out of personal health budgets. The NMTS were commissioned by Department in 2012 and were jointly developed by Skills for Health and Skills for Care for all healthcare support workers and adult social care workers in England as part of the wider project in developing a Code of Conduct, core and technical competences for support workers.

The NMTS describes the minimum knowledge that a worker should have at the end of their induction period. The knowledge is drawn from the core competences for health and social care workers and whilst achievement of the NMTS does not confer occupational competence it would give some assurances to budget holders and health professionals that the PA has a defined knowledge base on which to develop their skills.

In meeting the NMTS, PAs are acquiring a standardised knowledge base on which they can then build skills and therefore progress to occupational competence.

Recommendation 4: Consider how the National Minimum Training Standards can be adopted in the roll out of personal health budgets to develop a minimum knowledge base for PAs.

6.2.2 The Assessment of Competence of a PA

An individual's competence in the workplace can be assessed informally, or formally, via a nationally accredited QCF qualification.

The Department may wish to consider which method of assessing competence they would recommend to registered health professionals when assessing the competence of a PA to carry out a delegated clinical task, before personal health budgets are rolled out nationally. A registered practitioner who delegates a task remains accountable for the decision to delegate a clinical task to a PA and cannot delegate that accountability. Currently it is up to individual health practitioners to determine when they think a task may be delegated to a 'competent' PA. A registered practitioner may have more confidence to delegate a task if the PA has already achieved a competence based QCF unit in the relevant area since learners who have achieved a QCF qualification have been assessed as achieving a defined set of learning outcomes. Assessment is carried out by a suitably qualified assessor and assessment of QCF competence units requires the direct observation of a particular task being carried out by a PA within the workplace. In addition rigorous external quality assurance systems are in place. The assessment requirements are defined in each QCF unit and overarching principles defined in the Skills for Health QCF Assessment Principles <http://www.skillsforhealth.org.uk/getting-the-right-qualifications/vocational-qualifications/qualifications-and-credit-framework-%28qcf%29-qualifications/>

Given the delegation concerns expressed by healthcare professionals it is important that they make decisions about delegation from an informed position. It is unlikely that there will be a mandatory requirement for all PAs in health to have completed a QCF qualification, and local assessment of competence is likely to continue. Indeed for some budget holders this will remain their preferred method of

assessing competence. However, it is likely that healthcare professionals would benefit from understanding the QCF and the robustness of the assessment that learners must undertake to enable them to make the fully informed decision about delegation.

Skills for Health understand that this issue of delegation and accountability has already been explored and guidance issued for healthcare professionals. However, further guidance on assuring the competence of PAs through appropriate formal qualifications may give additional assurance to health care professionals and budget holders.

Recommendation 5: Develop guidance on assessing competence of PAs undertaking delegated healthcare tasks.

6.2.3 QCF Qualifications for Personal Assistants in Health

Most of the competences identified as core to the PA in health are readily matched to the mandatory units in the occupational competence diplomas in health and health and social care. Those competences that are considered core to PAs but that are not mandatory in the qualifications are available within the optional bank of units in the same qualifications. The majority of the technical competences are readily matched to optional units and should be chosen in accordance with the role of the individual PA. The vast majority of the NOS that have been identified as describing the functions undertaken by PAs in health have been mapped to at least one QCF unit. Conversely, the mandatory units in the health and health and social care qualifications all match to the core competences for PAs in health. This means that there is a ready made source of qualifications which are suitable for PAs in health.

However, the variability in the role means that there is no single qualification which can be identified as an exact match. The PA and their employer would need to determine the competences of the role and decide which of the qualifications most closely matches the PAs role. As the PA role changes over time or when the PA moves from one budget holder to another additional optional units can be taken for the purposes of continuing professional development.

PAs may find it valuable to have their competence assessed via a QCF qualification which has some transferability when they move to work with a new individual, a new sector (commonly moving between health and social care) or to a different part of the country.

Recommendation 6: Develop guidance on how the core competences for PAs in health can be achieved in the QCF Diplomas in health and health and social care (as listed in 4.2.2) and how technical competence requirements for each PA role can be met by choosing the relevant optional units.

6.2.4 The Development of New QCF units

Whilst the great majority of knowledge and competences required by PAs can be mapped to existing QCF units, there do appear to be gaps within the following five areas:

- Epilepsy awareness
- Cortical visual impairment awareness
- Tracheostomy care
- Managing long term ventilation
- Total parental nutrition (TPN)

Given the variability and often unique role of the PA there may be other very specialist tasks, for example the 'assisted cough' that may not have an immediate and obvious match to a unit. However, the development of new QCF units for very specialist functions is very unlikely. Awarding Organisations require a business case for several hundred learners per year and up to one thousand in the first 3 years before they will consider developing new units or qualifications. Whilst looking into the development of a possible business case for Awarding Organisations the Department would also need to bear in mind whether the proposal fits with the identified priority i.e. the need to develop a process of quality assuring the 'training' of PAs whereby health professionals can be confident in the *competence* of PAs when delegating a particular task.

The first two areas identified, 'Epilepsy Awareness' and 'Cortical Visual Impairment Awareness' are knowledge based requirements and so would not necessarily be a priority in terms of the development of a new QCF unit if DH wish to focus on the development and accreditation of the competence of PAs.

Although there appears to be a lack of QCF units on Epilepsy Awareness, training courses do exist via e.g. Epilepsy Action <http://www.epilepsy.org.uk/professionals/courses-training>

The availability of training in 'Cortical Visual Impairment Awareness' is less clear. Stakeholders mentioned that PAs need to be able to understand how to support someone who is blind and may have other communication difficulties. This area of competence could be developed and assessed using an existing QCF unit but in the context of Cortical Visual Impairment using the existing unit:

Support individuals with specific communication needs QCF Ref: T/601/8282

The last three areas listed are all very specific clinical areas and it is unlikely that a business case will be strong enough, in terms of numbers of PAs who would be likely to undertake these units, for Awarding Organisations to consider the proposal. The required underpinning knowledge for each of these areas, however, could be delivered via a non-assessed/non-accredited training course, but the competence required assessed via an existing QCF unit which is contextualised for this area via the existing unit:

Support individuals with multiple conditions and/or disabilities QCF Ref: A/601/5190

Recommendation 7: In the absence of a business case for new QCF units, consider developing guidance on how specialist knowledge and skills can be assessed using training and generic competence units.

6.3 Guidance for Personal Health Budget Holders

For the roll out of Personal Health Budgets to be a success PAs need to have a sound understanding of the needs of the individual they care for. Budget holders also need to have an appreciation of the role of the PA and how the benefit and flexibility of employing one's own staff also comes with the added responsibility of being an employer.

In addition to general guidance on being an employer it may be necessary for the Department to support budget holders in understanding the importance of their role in supporting the personal and professional development of a PA. Budget holders need to understand that costs for the training and development of PAs should come out of the Personal Health Budget and that investing in employees increases retention and job satisfaction for employees and increases the quality and safety of the care provided. Budget holders and PAs will also need to agree on whether training of PAs should be done within the PAs work time or in their own time if it is not directly relevant to the individual they care for.

Skills for Care have developed an on line resource to support Personal Budget Holders in Social Care http://www.skillsforcare.org.uk/how_can_we_help_you/Individual_employers.aspx which could be further modelled and developed for budget holders in health.

Recommendation 8: Consider how guidance could be developed for budget holders in health on becoming an employer, in particular on the importance of investing in the training and development of their PAs

7. Conclusion

The project set out to identify the tasks and functions undertaken by Personal Assistants in Health and describe them as National Occupational Standards so that appropriate qualifications could be identified on the QCF. The project also set out to identify the issues and barriers to the uptake of qualifications by Personal Assistants.

The initial timeline to deliver the outputs by March 2013 was extended to April 2013. The project has delivered a stakeholder map, core and technical competences mapped to existing QCF units/qualifications and recommendations for further consideration by the Department of Health. The project found a small number of gaps in existing qualifications provision but due to the specialist nature of these gaps and the currently small number of Personal Assistants in health there was no business case to take to Awarding Organisations.

Stakeholders demand for education and training that is delivered on site and tailored to meet the individual needs of the budget holder and the Personal Assistant will continue to create tension both with the needs of the delegating healthcare professional and the availability of specialist training and qualifications. This situation is going to need an acceptable level of compromise from all parties: Budget holders will need to understand that health professionals may require the assurances offered by formal qualifications whereas health professionals will need to understand that it is not necessary or possible for all education and training to be formally accredited. For the Personal Assistant, the completion of formally accredited qualifications will give recognition of their learning which can be transferred between employers and built upon throughout their career.

Overall, Personal Assistants in health are well served by the existing QCF Diplomas in Health or Diplomas in Health and Social Care. The development of further guidance on how PA competences can be matched to existing qualifications would be valuable to ensure that PAs, budget holders and health professional delegating tasks understand which units should be taken and how they will be assessed.