



Society for Acute Medicine  
Conference Summary Paper: Nursing.

## **‘Determining the Role of the Health Care Assistant in Acute Medicine Units’**

### **Introduction**

The Society for Acute Medicine held its annual International Conference in Glasgow on October 3<sup>rd</sup> & 4<sup>th</sup> 2013. This paper provides the feedback from a nursing workshop entitled ‘developing national standards: determining the role of the health care assistant in acute medicine’. (Liz Lees delivered and led the session, which was chaired by Helen Pickard – both are the Society for Acute Medicine’s nursing representatives on the council).

It is thought that health care assistants (HCAs) in acute medicine have a different role to that of HCAs on ward based areas and that training needs for these acute and specialist areas are to be designed with that in mind. It is felt that there is an opportunity, while listening to the national debate, to shape the role of the HCA in acute medicine with a Certificate of Specialist Training.

### **Aim**

The aim of the workshop was to outline the key areas of topical debate, around the Health Care Assistant (HCA) role and to stimulate further debate towards the creation of a national framework or set of national training standards for HCAs working in acute medicine.

The initial workshop presentation included:

- Background drivers to change;
- Tension with the HCA role;
- Perspectives on the role;
- E-learning for HCAs

The scene was set and thereafter, the audience were asked to participate in the workshop to contribute to further debate & shape the future role of the HCA in acute medicine.

### **Background**

This work is of topical interest presently following key events (Francis Report, 2012) and key reviews of the HCA role (Cavendish Report, 2013). There has been a joint response to the Cavendish Review by the Royal College of Nursing and Midwives regarding the creation of minimum training standards and code of conduct for health and social care workers in England. There is concern regarding standards of care in nursing and questions regarding how this relates to the standards of care delivered by health care assistants. This was further responded to by the Care Quality Commission (2014) who posseted a Certificate in Fundamental Care as the way forward for non-registered healthcare assistants.

### **Workshop process**

The audience was a voluntary group electing to attend the healthcare assistant workshop at the conference. They comprised a multi-professional group including nurses, physiotherapists and doctors (n=30). Consent was sought to seek the involvement of group members and to use this information within this report. Paper was provided. All data was coded at the point of collection and no names/organisations were collected. Five questions were asked to challenge existing frameworks and individual responses were noted.

### **Workshop questions/activities**

1. Describe the role of the healthcare assistant in acute medicine.
2. Is the role different for HCAs working in acute medicine compared to other ward areas?
3. Do you agree with the basic skills/tasks for HCAs?
4. Do you agree with the advance skills/tasks for HCAs?
5. What should be in a certificate for specialist training?

### **Responses to questions framing the workshop**

#### Question (task) 1

The audience were asked to describe (by writing down) the role of the healthcare assistant in acute medicine.

Examples of the descriptions that were given by the audience are cited below:

**P01:** “ to work as a support to the nurse in delivering care. The registered nurse will supervise and direct this care, assessing all the time, the capacity and capability of the HCA. This situation will depend on the HCA as an individual. They are fundamentally vital people to ensure patient safety as the eyes and ears of the clinical environment, able to feedback clearly to the registered nurse”.

**P13:** “The HCA works with and under the direction of the registered nurse to deliver safe and good quality care. They are first in line to deliver nursing care, washing, dressing and feeding – but under the direction of the registered nurse”.

**P21:** “The HCAs form a team with trained nurses to provide all aspects of patient care. The roles are fluid and would depend on both sides of the partnership – the experience of both RGN and HCA – tasks can be agreed on this basis”.

Following this event, a whole content qualitative framework analysis was undertaken to extract the core theme arising and the key related constructs for each. Four key themes were exposed and three related constructs. Table 1 below demonstrates the results

Table 1 – results of qualitative analysis:

Core themes:	Related Construct 1	Related Construct 2	Related Construct 3
(1) Support registered staff	Assist	Supervised by RGN	Directed by RGN
(2) Meet basic Care needs	Essential care	Tasks	All care
(3) Communication	Report to	Feeds back	
(4) Quality care	Vital	Safety	

Question 2

Once quantified the audience were asked to state either yes, no or unsure – to the question – is the role different for HCAs working in acute medicine compared to other ward areas?

**Q2. Is the role different for HCAs working in acute medicine?**

- 15 (n=30) 50% said YES
- 5 (n=30) 16.5% said NO
- 10 (n= 30) 33.5% said they were unsure
- Comments made:
- P15 – “they have to think on their feet, proactive’
- P02 – “they are far more skilled than a ward HCA”

Although the group found it difficult to articulate exactly what aspects of the HCA role are different in acute medicine, discussion focused upon the difference between HCA and Assistant Practitioners. Therefore it depends upon whether the group members understood the difference in roles. There followed a discussion about 'departmental' and ward areas – stating that an acute medicine unit is a hybrid of the two, which further exacerbates the confusion around HCA role development.

Following on from this the audience were asked share their views on the two skill frameworks (Basic and Advanced) which were extracted and presented from the recent literature (Kessler et al, 2012) and the Kings College Nursing Unit (2010). The frameworks were only used as a starting point to stimulate debate specifically in relation to healthcare assistants working in acute medicine.

### Q3. Are you in agreement with basic tasks?

	Full agreement	No agreement
Bathing	100% (30)	
Feeding	100% (30)	
Bed making	100% (30)	
Collecting TTO		6.5% (2)
Escorting patients		6.5% (2)
Stocking up		6.5% (2)
Taking observations		13.5% (4)
Blood glucose		16% (5)
ECG recording		20% (6)
Stocking up		23.5% (7)
Cannulation		30% (9)
Simple dressing		33.5% (10)

#### Question 4

Are you in agreement with the advance tasks?

	Fully agree	Disagree
Female catheterisation		10
Updating care plans		14
Monitoring using diagnostic machines		15
Change of tracy tubes		15
Complex dressing		16
Giving injections		17
Relaying medical information to relatives		20

#### Question 5

In moving forward having discussed the relative merits and disadvantages of both basic and advanced tasks the final question asked was: What would you include in a specialist certificate of training for HCAs?

There were six responses received, which are listed below:

P09: Understanding of care of skin, dressings, nursing assessment and interpretation of vital signs (NEWs)

P12: Involve HCA in Nursing Risk assessments

P13: Understanding vital signs, dementia care and acting as a special for patients.

P16: Aseptic technique training

P26: Infection control principles, ECG recording

P29: Care & Support of dying patients.

#### **Limitations**

In order not to misinterpret these results it is important to understand that the audience were not given the option to be 'unsure'. Therefore it is not known how many of the audience were in this category. It is known that the oral debate indicated that the professional group that the audience came from framed views. For example, it is known that the respondents were predominantly registered nurses.



## **General discussion**

While this was a relatively small group of staff (n=30) attending a conference workshop the results do indicate that those working in acute medicine feel the HCA role differs from other ward areas – this is at least a starting point to evolve a new framework.

The basic and advanced elements of the HCA role will develop outside of the influence of acute medicine - which should mean that the acute medicine 'specialist' aspects of the HCA role will be 'add on' components to a national framework. To this end – they must be specialist and help to identify what is different about acute medicine HCAs.

## **Concluding points**

We are at the stage in the development of standards/training for HCAs where the Care Quality Commission is likely to generate a 'fundamental certificate of care'. Realistically this will not enhance motivation or education for HCAs with significant experience in the delivery of healthcare. Nevertheless, it would be a significant step in the right direction for newly recruited HCAs. We have an opportunity to determine what the appropriate training should be for HCAs who wish to 'specialise' in acute medicine and thereby build upon their experience. Furthermore, we would then be more likely to retain our HCA workforce and facilitate Assistant Practitioners of the future - as an exit point.

## **Next steps**

To begin to form a valid framework of specialist training - this work needs to be expanded and corroborated with the input of healthcare assistants working in acute medicine. It is proposed to draw together the basic and advanced skills framework, ordered from least opposed to most opposed items presented through a focus group with live reporting as a Delphi Study.

## **Acknowledgment**

Liz Lees and Helen Pickard would like to thank all delegates who attended this session for their invaluable contribution.

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November 2013.