

RCN Policy and International Department RCN Nursing Department Policy briefing 05/14 December 2012 (Revised January 2014)

# The weaknesses of voluntary regulation for health care support workers

RCN Policy and International Department 020 7647 3723 policycontacts@rcn.org.uk www.rcn.org.uk/policy



## Introduction

Patients and the public rightly expect the highest standards of care from whoever delivers their care. The RCN believes that only mandatory regulation of health care support workers (HCSWs), enshrined in law, and core standards of education can provide the peace of mind to patients and assurance to nurses that all HCSWs have the appropriate level of knowledge and skills required for the role.

The RCN has consistently called for the mandatory, statutory regulation of all HCSWs since 2007 and is far from alone. Only recently the Health Select Committee (2011) reported that "The Committee endorses mandatory statutory regulation of health care assistants and support workers and we believe that this is the only approach which maximises public protection." This stance was supported by the independent Willis Commission (2012), whose report concluded that "The commission finds it unacceptable that staff whose competence is not regulated or monitored are caring for vulnerable citizens, notwithstanding the significant challenges involved."

The Government tasked Skills for Health and Skills for Care to develop a code of conduct and minimum training standards for Health Care and Adult Social Care Support Workers (Skills for Health and Skills for Care, 2013a, 2013b). It is envisaged by the government that these resources may be used by bodies wishing to establish voluntary registers for support workers as standards for registration. The RCN has real concerns that a voluntary system will only lead to confusion and inconsistency in both application and approach; leading to continued erosion of patient and professional confidence in the wider regulatory system.

## Why regulate?

Mandatory regulation and core standards of education provide confidence to patients and assurance to nurses that any HCSW has a core level of knowledge and skills that will be applicable in all care settings, underpinned by a clear and consistent regulatory structure if concerns are raised about performance or conduct. It also provides a standardised framework for education and conduct and a career pathway for the HCSWs themselves.

The RCN considers the "assured voluntary registration" approach to be inherently weak for a number of reasons:

## **Patient safety**

A voluntary programme of regulation will do nothing to prevent poorly performing or dangerous support workers from leaving one employer for another; thereby placing patients and public safety at risk. There will be no formal requirement for HCSWs to achieve an appropriate level of education and competence, or for employers to ensure HCSWs develop to specific standards. Equally there will be no requirement in a voluntary system for HCSWs to work within a code of practice and conduct, and no meaningful sanctions for HCSWs who do not achieve or maintain the level of education and behaviour. In particular there is a real danger that those who potentially present the greatest risk are the least likely to join a register. This is "assurance" in name only.



# **Professional practice issues**

Ensuring consistency in delegation has caused a high level of concern for registered nurses as the HCSW role has developed. Studies on HCSWs have shown that registered nurses have a deep anxiety regarding the absence of national regulation of HCSWs, which nurses feel deny them any form of quality assurance about a HCSW's competence to undertake delegated tasks (Kessler et al., 2010).

## **Devaluing nurse regulation**

Since HCSWs are being asked to undertake tasks previously carried out by registered nurses who are subject to statutory regulation, it is unclear why voluntary regulation is now considered appropriate for HCSWs performing the very same tasks.

# Confusion and inconsistency

For HCSWs themselves, a lack of consistency in standards from employer to employer can lead to varying expectations of competence depending on the post held. HCSWs should be confident that they have received the right level of education and training so that they can carry out tasks no matter where they are located. Registered nurses need assurance that all HCSWs have a core level of competence. The absence of core standards leads to a 'postcode lottery' of education and training for HCSWs, which in turn leads to lack of clarity for nurses, HCSWs and patients alike.

Equally the current proposals for voluntary regulation could potentially allow there to be multiple registers, held by a number of bodies, leading to unclear accountability and lack of regulatory cohesion. The absence of a single register and a single point of contact will inevitably lead to confusion and delay if concerns are raised.

Mandatory regulation, enshrined in law and underpinned by core standards, would provide a far better platform for HCSWs to ensure that their skills and knowledge could be transferred with them. It would also ensure that there is clear statutory oversight of the regulatory structure from a specific organisation.

## The European dimension

The regulation of support workers in Europe is not new. Other member states such as Belgium, Denmark and Finland all have forms of mandatory HCSW regulation.

Given the similarity in health care delivery and staffing challenges across Europe, it is unclear why the Government is not willing to implement similar levels of assurance in relation to mandatory regulations, when this is seen as vital in many other countries.

## Additional weakness of current proposed model for England

The codes and standards produced by Skills for Health and Skills for Care for England do not include an employers' code and therefore employers have no guidance in how to implement the HCSW standards. The RCN believes that in the absence of an employers' code a voluntary system will be further undermined as there will be no means of enforcing the proposed codes and standards in England.



# Summary

The RCN believes that mandatory regulation enshrined in law, is the only way to ensure that HCSWs are trained and educated with consistency and working to values and behaviours that all people receiving health care in the UK should expect. No system of voluntary regulation will assure the protection of the public and risks creating confusion rather than consistency.

In the absence of evidence supporting a voluntary system we believe that the Government must support the introduction of mandatory regulation and core education standards for HCSWs. Only then can patients and staff be assured that HCSWs are receiving the right level of education and training to carry out the tasks they are routinely expected to perform.

#### References

Department of Health (2011) *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers.* London: Department of Health. Available at: <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH</a> 124359>.

Griffiths, P., and Robinson, S. (2010) *Moving forward with healthcare support workforce regulation: A scoping review: evidence, questions, risks and options.* London: National Nursing Research Unit. Available at: <a href="http://www.nmc-uk.org/Documents/ResearchPapers/NNRUreportMovingForwardWithHealthcareSupportWorkforceRegulation2010July2010.pdf">http://www.nmc-uk.org/Documents/ResearchPapers/NNRUreportMovingForwardWithHealthcareSupportWorkforceRegulation2010July2010.pdf</a>>.

Health Select Committee (2011) Annual accountability hearing with the Nursing and Midwifery Council, seventh report of the session 2010-2012. London: The Stationery Office Limited. Available at: <a href="http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1428/1428.p">http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1428/1428.p</a> df >.

Kessler, I., Heron, P., Dopson, S., Magee, H., Swain, D. (2010) *Nature and Consequences of Support Workers in a Hospital Setting. Final report.* NIHR Service Delivery and Organisation programme.

Royal College of Nursing (2007) *Policy briefing 11/2007: The regulation of healthcare support*.London: Royal College of Nursing. Available at: <a href="http://www.rcn.org.uk/">http://www.rcn.org.uk/</a> data/assets/pdf file/0003/287715/11-2007 the regulation of health care support workers.pdf>.

Skills for Health and Skills for Care (2013a) Code of conduct for healthcare support workers and adult social care workers in England. Available at: <a href="http://www.skillsforhealth.org.uk/component/docman/doc\_download/2246-code-of-conduct-healthcare-support.html">http://www.skillsforhealth.org.uk/component/docman/doc\_download/2246-code-of-conduct-healthcare-support.html</a>>.

Skills for Health and Skills for Care (2013b) *National minimum training standards for healthcare support workers and adult social care workers in England*. Available at: <a href="http://www.skillsforhealth.org.uk/component/docman/doc\_download/2247-national-minimum-training-standards.html">http://www.skillsforhealth.org.uk/component/docman/doc\_download/2247-national-minimum-training-standards.html</a>.



Willis Commission (2012) *Quality with compassion: the future of nursing education*. Report of the Willis Commission on Nursing Education. London: Royal College of Nursing. Available at: <a href="http://www.williscommission.org.uk/">http://www.williscommission.org.uk/</a> data/assets/pdf\_file/0004/489028/The Willis Report 2012. pdf>.