

The Health Care Support Worker Level 1 - 4

Competency, Skills and Qualification Framework

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Introduction

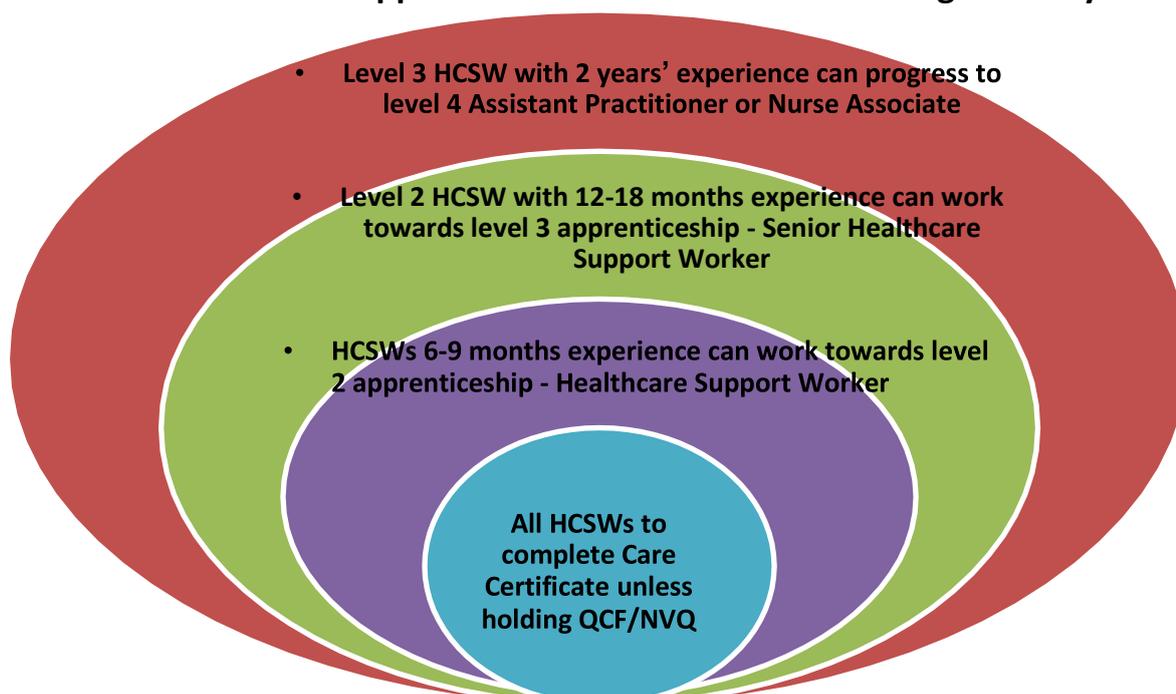
The CCG's across the Sussex and East Surrey STP are committed to the objectives of the General Practice Forward View (NHSE 2017) and the General Practice – Developing confidence, capability and capacity: A ten point action plan for General Practice Nursing (NHSE 2017). Our aim is to have the right staff with the right skills in the right place, embedding the 6Cs and the NHS constitution (NHSE 2016) at the heart of care. Our CCGs recognise the valuable contribution of all staff in the delivery of high quality care for patients and their families and believe that providing the appropriate training and development for all staff is essential in achieving this. One of the fundamental standards of the Care Quality Commission (CQC) is providers must make sure their staff have the qualifications, competence, skills and experience to keep patients safe (CQC 2016) .

In 2017, Health Education England announced educational reform, regulating a qualification framework through an apprenticeship model of delivery. As a result, Health Care Support Worker (HCSW) training is now becoming standardised throughout the NHS and Health Education England are developing new roles and standards for the support workforce. To support these changes, the HCA framework has been updated so all HCSWs continue to have the right skills and competencies to match an educational pathway, ensuring the same high standards throughout Primary Care. This framework is transferable when working in other sectors; however, it may require alignment of skills for different specialisms.

This framework is designed to give HCSWs and Employers

- A clear and practical guide to development opportunities
- Clinical skills and competencies that align to the HCSWs level of knowledge and experience
- Supports career development

Healthcare Support Worker Education and Training Pathway



Working within a framework of competence enables all staff to practice safely at their individual level of knowledge and skill; this contributes to the delivery of high quality and effective healthcare.

Each practice is encouraged to evaluate which tasks they wish their HCSW to undertake and ensure they have appropriate training to underpin their activity.

The HCSW role is defined by the Nursing and Midwifery Council (NMC 2006) as:

‘Those who provide a direct service – that is they have a direct influence/effect on care and treatment to patients and members of the public and are supervised by and/or undertake health care duties delegated to them by NMC registrants.’

The RCGP (2014) state, *‘HCSWs should work at all times within the boundaries of delegated authority and personal level of competence and training. If unsure they should always consult and refer to a registered healthcare professional.’*

All HCSWs should be aware of the legal and professional issues pertinent to working as a Health Care Support Workers (RCGP 2014).

- Accountability and delegation
- Consent including young people’s competency to consent
- Mental health and capacity requirements
- Safeguarding children and adults including statutory child health procedures and local guidance
- Access to health records
- Duty of care
- Vicarious liability
- Record keeping
- The need for professional indemnity ensuring this is put in place by your practice
- Use of clinical guidelines/protocols/patient group directions/patient specific directions
- Duty of candor and reporting of incidents

RCN Accountability & Delegation Guidance

<https://www.rcn.org.uk/professional-development/accountability-and-delegation>

Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

<http://www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf>

If a new staff member joins the practice and has had previous HCSW experience, all previous competencies obtained should be re-checked during the induction period.

Delegating registered nurses or GP’s are accountable for ensuring their HCSW’s remain safe and competent. As such, it is recommended they observe and review their practice on an annual basis.

Healthcare Support Workers new to the role.

Care certificate

(Recruited at NHS pay scale Band 1 or equivalent)

Care Certificate

Following the Francis report (2013) and the Cavendish review (2013), the Care Certificate has been developed for use within all health and social care settings for both new starters at induction, and current HCSW's who have not completed an Apprenticeship or NVQ equivalent.

The Care Certificate has been implemented nationally and has an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives employers and the public, the confidence that these workers have the same basic skills, knowledge and behaviors to provide compassionate, safe and high quality care and support.

The Care Certificate is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate. Each standard is underpinned by full learning outcomes, and assessment of competence is through a workbook in practice.

The Care Quality Commission will expect every HCSW to have the Care Certificate as part of the induction process and have deemed it to be best practice.

15 standards of the care certificate

1. Understand your role
2. Your personal development
3. Duty of care
4. Equality and diversity
5. Work in a patient centered way
6. Communication
7. Privacy and dignity
8. Fluids and nutrition
9. Awareness of mental health, dementia and learning disabilities
10. Safeguarding adults
11. Safeguarding children
12. Basic life support
13. Health and safety
14. Handling information
15. Infection prevention and control

The care certificate workbook and associated materials are a **FREE** resource for employers and can be found on the links below.

<https://hee.nhs.uk/our-work/developing-our-workforce/talent-care/workstreams/get/care-certificate>

<http://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx>

Following the successful completion of the Care Certificate there are specific clinical competencies that should be evidenced as competent. Some of these can be taught in house, some require an external course. HCSWs are required to ensure they are up to date with their statutory and mandatory training (See Appendix 1.0)

COMPETENCY – for new HCSWs
SPECIFIC CLINICAL PROCEDURES according to current guidelines and local recommendations
Venepuncture – Ability to take a venous blood sample from a patient
Blood Pressure Monitoring - Ability to take an accurate blood pressure measurement
Measuring height and weight – Ability to take an accurate height and weight measurement
Recording a heart rate and rhythm – Ability to take an accurate pulse measurement
Recording a body temperature- Ability to take an accurate body temperature
Urinalysis and preparation of specimens for Path lab investigation – ability to dip test a urine sample
<p>NHS Health Checks:</p> <ul style="list-style-type: none"> • Alcohol screening • Exercise • Diet • Motivational interviewing • Mental health awareness <p>Further NHS Health Check information - The NHS Health Check website has a wealth of information and resources about the NHS Health Check programme www.healthcheck.nhs.uk/</p> <p>Further training resources – there are also a number of training resources on the NHS Health Check website, including training videos of NHS Health Check consultations. Visit: www.healthcheck.nhs.uk/commissioners_and_providers/training/</p>

Variety of training available incl Phlebotomy/Venepuncture:

Available at University of Brighton, regular half day workshops at £85 per person
<https://www.brighton.ac.uk/Studying-here/Find-a-course/CPD-in-health-sciences/Study-days-and-workshops/index.aspx>

Or at: FCHC Training@firstcommunitysurrey-cic.nhs.uk

Competencies for New HCSWs

Level 1 Health and Safety (Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)	Activity discussed & observed	Demonstration of knowledge. Activity Performed under supervision	Activity performed independently COMPETENT
	Date/Signature	Date/Signature	Date/Signature
Have a clear understanding of the principles of personal accountability in healthcare			
Work at all times within the boundaries of delegated authority and personal level of competence and training, if unsure consult and refer to registered health professional			
Have a working knowledge of and abide by the following: <ul style="list-style-type: none"> • Duty of candour and incident reporting • Health and safety procedures and documentation within the workplace • Fire procedures • Monitoring and reporting of the state of equipment • Current recommendations for safe use of VDU screens • The importance of identifying and reporting of any concerns • Security of patient information and data • National regulations of the control of substance hazards to health • Reporting any health and safety concerns 			
Recognise and manage situations where specific training is a requirement in order to work within scope of practice			
Know how to use the personal security systems within the workplace			
Act as and understand importance of role of chaperone in accordance with local policy (see chaperone competency)			

<p>Infection Control: Apply infection control measures within the practice according to local and national guidelines:</p> <ul style="list-style-type: none"> • Hand washing (see hand hygiene competency) • Universal hygiene precautions • Collection and handling of laboratory specimens • Segregation and disposal of waste materials • Decontamination of instruments and clinical equipment • Reporting and treatment of sharp injuries • Dealing with blood and bodily fluid spillages • Use of personal protective equipment (PPE) • Understanding and knowledge of which vaccines an HCSW may be required to have, to work in certain aspects of clinical treatments and procedures 			
<p>Emergency situations</p> <ul style="list-style-type: none"> • Knowledge and principles of first aid • Know how to raise an alarm in an emergency • Be able to support the management of emergency response and treatment using local guidelines • Know where the emergency equipment is stored 			
<p>For areas with HCSWs own responsibility</p> <ul style="list-style-type: none"> • Identify situations of potential risk and report and respond appropriately • Adhere to practices confidentiality policy • Recognise and report any significant serious adverse event • Facilitate access for patient to appropriate professional in the team and beyond • Know how clinical governance affects HCSW role and alert senior colleague when situations could adversely affect user of service, especially with regard to the 'whistle blowing' policy 			

<p style="text-align: center;">Level 1</p> <p style="text-align: center;">CHAPERONE</p> <p style="text-align: center;">Ability to Chaperone a Health Care Professional and Patient</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p>
	Date/Signature	Date/Signature	Date/Signature
Provide a safe, comfortable environment where the safety of patients and staff is of paramount importance			
Support the patient and clinician in a sensitive and appropriate manner			
Understand what is meant by the term “chaperone” and ‘confidentiality’			
Understand the rights of the patient			
Understand the policy and mechanism of raising concerns			
Assist as requested by the examining clinician			
Undertake training prior to becoming a chaperone in general practice			
Ensure a sign is displayed in the reception/waiting area or clinical room notifying patients that the surgery offers a chaperone service			

<p style="text-align: center;">Level 1</p> <p style="text-align: center;">HAND HYGIENE</p> <p style="text-align: center;">Preventing the spread of infection</p>	<p style="text-align: center;">Activity observed by HCSW</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p>
	(Date/Signature)	(Date/Signature)	(Date/Signature)
Continually assess the need to perform hand hygiene to prevent the spread of infection			
Remove wrist and hand jewellery, including wristwatches, which harbour micro-organisms. Ensure long sleeves are rolled up before providing care			
Use either liquid soap or approved alcohol-based hand rub products			
<p>When using soap to wash your hands ensure that you:</p> <ul style="list-style-type: none"> • Wet your hands under running water before applying soap • Cover all areas of the hand during washing • Rinse well under running water • Dry your hands thoroughly with soft disposable towels • Do not use nail brushes when washing hands <p>Avoid contamination of your hands between hand hygiene and contact with the patient</p>			
<p>Where alcohol-based hand rub products are available or the only option for hand hygiene:</p> <ul style="list-style-type: none"> • Ensure that it is appropriate to use them • Follow the manufacturer's instructions on quantity, application and usage • Allow your hands to air dry fully and naturally (without using towels) before contact with the patient • Be aware this product is flammable when wet 			
Keep fingernails short and clean, and do not use nail polish or artificial fingernails when providing care to others			
Before each work shift, assess your hands for cuts, cracks and breaks in the skin that could harbour micro-organisms			
Cover any cuts and abrasions with a waterproof dressing, change the dressing when it appears soiled, and keep the area clean to reduce the risk of infection			
Use hand cream to maintain the skin of your hands at appropriate times			
Report any skin problems to your line manager, so that appropriate treatment can be undertaken			

Should you encounter problems with the facilities and supplies for hand hygiene, that you are unable to remedy, inform the person responsible for them and ask them to take action			
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<p style="text-align: center;">Level 1</p> <p style="text-align: center;">BLOOD PRESSURE MONITORING</p> <p>Ability to take an accurate blood pressure measurement</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p>
	(Date/Sign)	(Date/Sign)	(Date/Sign)
Able to describe what a blood pressure is and how blood pressure is initiated by the heart			
Collects the correct equipment for measuring blood pressure manually or using an automated device, including selecting a blood pressure cuff of the appropriate size			
Has basic knowledge of what the systolic and diastolic figures indicate.			
Able to describe activities that change the blood pressure (raise or lower)			
Uses the correct technique to accurately record the person's blood pressure manually or using an automated device			
Is able to identify the person requiring a blood pressure reading and effectively explain the procedure, including gaining their consent			
Is able to state the acceptable systolic and diastolic range for blood pressure and is aware of the how to report, and what action is to be taken, if a person's blood pressure reading is outside this range			
Records fully and accurately onto the patient records			

<p style="text-align: center;">Level 1 MEASURING HEIGHT AND WEIGHT</p> <p style="text-align: center;">Ability to take an accurate height and weight measurement</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p> <p style="text-align: center;">(Date/Sign)</p>
An understanding that the measurement of height and weight form part of a patients basic health information			
To be able to explain both procedures to the patient			
Awareness that scales require annual calibration and take steps to ensure this is carried out.			
A basic understanding of normal/abnormal weight ranges and that of the term Body Mass Index (BMI)			
To be able to add data/information to the electronic records system to calculate a patients BMI status			
Ability to give clear and accurate information to the patient within the level of competency for an HCSW			
Awareness of Patient Information Leaflets and distribute according to specific patient need			
Understands the importance of recording all information accurately on to the patients electronic records and the implications of failure to do so			

<p style="text-align: center;">Level 1 RECORDING A PULSE RATE</p> <p style="text-align: center;">Ability to take an accurate pulse measurement</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT (Date/Sign)</p>
<p>Take the measurement at the prescribed time and in the prescribed sequence, from the radial artery, holding the index and middle fingers inside of the wrist just below the thumb</p>			
<p>Use the appropriate equipment in such a way as to obtain an accurate measurement</p>			
<p>Reassure the individual throughout the measurement and answer questions and concerns from the patient clearly, accurately and concisely within own sphere of competence and responsibility</p>			
<p>Refer any questions and concerns, from or about the patient relating to issues outside own responsibility, to an appropriate member of the clinical team</p>			
<p>Observe the condition of the individual throughout the measurement</p>			
<p>Identify and respond immediately in the case of any significant changes in the individuals condition or any possible risks</p>			
<p>Recognise and report without delay any measurement that falls outside of normal levels including rate and regularity.</p>			
<p>Record accurately in the appropriate documentation</p>			

<p style="text-align: center;">Level 1</p> <p style="text-align: center;">RECORDING A TEMPERATURE</p> <p>Ability to take an accurate temperature measurement</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p> <p style="text-align: center;">(Date/Sign)</p>
Able to describe the normal range (°C) for body temperature			
Is able to define the terms pyrexia and hypothermia and state the temperature (°C) relevant to these terms			
Collects the correct equipment for taking a person's temperature			
Is able to correctly identify the person requiring a temperature reading and effectively explain the procedure, including gaining their consent			
Uses the correct technique to accurately record the temperature			
Correctly and accurately completes appropriate documentation on the person's records			
Correctly describes when to ask for assistance, including reporting the result			
Correctly cleans/disposes of and replaces equipment as appropriate			

<p style="text-align: center;">Level 1 URINALYSIS – URINE TESTING</p> <p style="text-align: center;">Ability to dip test a urine sample</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p> <p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p> <p style="text-align: center;">(Date/Sign)</p>
Has basic knowledge of the renal system in relation to urinalysis			
Collects the correct equipment for urine testing and checks the reagent strips are in date			
Is able to correctly identify the person requiring urine testing and effectively explain the procedure, including gaining their consent			
Effectively obtains a fresh urine sample in an appropriate container - advising the patient which type of sample is required and how to obtain it without contamination			
Washes hands and wears appropriate personal protective equipment (PPE) before performing the urine test			
<p>Uses the correct technique to accurately test the persons urine sample including:</p> <ul style="list-style-type: none"> ○ Fully dips the reagent strip in the urine ○ Removes strip immediately and excess urine is removed ○ Strip is held at an angle to avoid mixing ○ Correct time interval is reached before recording the result for each test pad on the strip 			
Washes hands and cleans/disposes of PPE and all testing equipment correctly. Replaces equipment as appropriate			
Ability to accurately read the test results with an awareness of the indicators and possible causes of abnormal results			
Correctly and accurately completes appropriate documentation on the persons records			
Correctly describes when to ask for assistance, including reporting the results			

<p style="text-align: center;">Level 1 VENEPUNCTURE</p> <p style="text-align: center;">After attending external training course: Ability to draw a venous blood sample from a patient</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p>
<p style="text-align: center;">Date of Initial Course:</p>	<p style="text-align: center;">Date/Sign</p>	<p style="text-align: center;">Date/Sign</p>	<p style="text-align: center;">Date/Sign</p>
Attended appropriate training course			
Has a basic level of knowledge of anatomy and physiology in relation to phlebotomy			
Understands the importance of obtaining patient consent prior to the venepuncture			
Understands the infection control measures that relate to venipuncture			
Awareness of health and safety issues i.e. safe disposal of sharps, management of blood spillage etc			
Demonstrates knowledge of the appropriate storage of equipment			
Demonstrates knowledge of the range of equipment available			
Ability to explain the procedure in a manner which is sensitive to the patient's needs and concerns			
Has a basic overview of the range of tests available			
Demonstrates correct technique when performing venepuncture			
Understands the importance of correct labelling of samples			
Understands the importance of correct completion of laboratory forms			
Understands the importance of requesting assistance if experiencing difficulty, i.e. obtaining a sample			
Ability to give clear and accurate information to the patient regarding the blood test results			
Understands the procedure to be taken in the event of adverse reaction, including collapse			
Ensures the patient is fit to leave the practice before discharging them			

Records fully and accurately onto the computer and understands the importance/implications if fails to do so			
Knowledge of what to do with laboratory specimens taken routinely and out of collection hours			
Undertaken venepuncture successfully 10 times minimum under supervision			

HCSW 6 to 12 months experience working towards:

**Apprenticeship Standard Level 2 Healthcare Support Workers
(Replaced NVQ in 2010 and QCF in 2017)**

(Working towards NHS pay scale Band 2 or equivalent)

Apprenticeship standard level 2 and 3 in Healthcare/Senior Healthcare Support Worker are now the main qualifications expected by the Care Quality Commission (CQC) in England for HCSWs.

Level 2 Apprenticeship for Healthcare Support Workers

This qualification is designed to equip learners with the skills and knowledge needed to care for others in a broad range of health or social care settings. For the Level 2 qualification, the HCSW may have no previous experience, or may be working in care and want to enhance their current skills by increasing their underpinning knowledge.

Apprenticeships are flexible to suit all fields of health and social care. Learners can select a pathway that suits their role - for example, working in general practice, working with people with a learning disability, people with dementia.

For quality assurance, building on Level 1 competencies, Level 2 qualified (or equivalent) HCSWs are to evidence they are competent in their roles by having clinical competencies signed off on the following recommended list

COMPETENCY – HCSWs 6-12 months experience or working at Level 2

SPECIFIC CLINICAL PROCEDURES once competent at 'New' HCSW level and according to current guidelines and local recommendations

Blood glucose testing – ability to take a blood sugar level + lipid screening

ECG – ability to take an accurate ECG

Performing pulse oximetry

24 hour ambulatory blood pressure recording

Peak Flow monitoring – ability to take and record an accurate peak flow measurement

New patient health checks

After formal recognised training, work within guidelines for, undertake and record the following tasks (RCGP 2014)

Smoking cessation – ability to offer health education and monitoring to patients

Role descriptor and key responsibilities

- Staff working at level 2 will function under the supervision of a registered practitioner, but supervision maybe remote or indirect
- HCSWs undertake responsibility for routine clinical and non-clinical duties as delegated by a registered practitioner, including defined clinical or therapeutic interventions in the limits of their competence
- Their work is guided by standard operating procedures protocols or systems of work
- The Level 2 HCSW may be expected to respond to patient questions and report these back to assist in patient care evaluation
- They will be expected to demonstrate key behaviors consistent with the values identified for delivering compassionate care
- If they are highly skilled in a clinical activity such as venepuncture, they may be asked support the development of this skill in other staff **(Health Education England 2015)**

Competencies for Level 2 HCSWs

Level 2 BLOOD GLUCOSE TESTING Ability to take a Blood Sugar Level (BSL) (Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)	Activity observed by HCSW (Date/Sign)	Demonstration of knowledge and activity performed under supervision (Date/Sign)	Activity performed independently by HCSW COMPETENT (Date/Sign)
Is able to correctly identify the person requiring BSL testing and effectively explain the procedure, including gaining their consent			
Able to describe the normal range for BSL levels and define the terms hyperglycaemia and hypoglycaemia			
Able to describe the different sites for BSL sampling, the rationale for using each site and the steps to prepare a person and the site for sampling			
Collects the correct equipment for BSL testing and checks the reagent strips are in date			
Washes hands and wears appropriate personal protective equipment (PPE) before performing BSL testing			
Uses the correct technique to accurately test the person's blood sample including: <ul style="list-style-type: none"> • Correct use of the specific BSL monitor • Appropriate blood sample correctly applied to the test strip pad • Safe disposal of the lancet • Care of the sample site after testing 			
Washes hands and cleans/disposes of PPE and all testing equipment correctly. Replaces equipment as appropriate			
Accurately completes appropriate documentation on the person's records			

<p style="text-align: center;">Level 2</p> <p style="text-align: center;">TAKING AND RECORDING AN ELECTROCARDIOGRAM (ECG)</p> <p style="text-align: center;">(Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p>
	(Date/Sign)	(Date/Sign)	(Date/Sign)
Has a basic understanding of an ECG e.g. recording of the electrical activity produced in the heart			
Ability to explain the procedure to the patient			
Understands the need for privacy/dignity during the procedure			
Awareness of the need to visually inspect cables, electrodes for signs of mechanical damage before each use			
Understanding of relevant safety information and how to avoid hazard e.g. shock hazard			
Ability to correctly load ECG chart paper			
Demonstrates correct positioning of the patient			
Demonstrates correct skin preparation of the patient			
Correctly discards disposable razor if used			
Demonstrates correct application of electrodes			
Demonstrates correct connection of 12 lead patient cable			
Demonstrates correct operation of ECG machine			
Ability to perform accurate ECG tracing			
Awareness of troubleshooting advice within manufacturer's handbook			
Correctly discards of disposable adhesive electrodes			

Understanding of the need for a trained professional to check the ECG tracing according to practice protocol			
Ensures the patient is aware of when to contact the surgery for ECG results			
Demonstrates correct method of cleaning the ECG equipment			
Aware of the need for safe storage of ECG equipment			
Awareness of the need for maintenance checks as per manufacturer's instructions			
Records accurately onto computer records and understands the implications of failure to do so			

<p style="text-align: center;">Level 2 Recording a peak expiratory flow rate</p> <p>Ability to take an accurate peak expiratory flow measurement</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p>
	(Date/Sign)	(Date/Sign)	(Date/Sign)
A basic knowledge of asthma and disease management			
A basic understanding of what peak expiratory flow measures			
A basic understanding of why peak flow measurement is used in the management of asthma			
Able to describe what a peak expiratory flow rate (PEFR) is and why this reading is undertaken			
A basic understanding of the methods of assessing variability in lung function, i.e. reversibility testing, keeping a peak flow diary			
Awareness of the types of peak flow meters available			
Awareness that the age of a child is important when deciding whether or not to use a peak flow meter			
Awareness always to demonstrate to patients the correct technique and positioning when using a peak flow meter			
Awareness that 3 readings must be taken and the highest of the 3 recorded as the actual PEF measurement achieved			
Ability to clearly and accurately explain to the patient how to record his or her own reading in a PEF diary			
Aware that a patient must be referred to a doctor or nurse if advice is required re-asthma diagnosis or management			
Demonstrates infection control measures i.e. use of disposable mouthpieces, cleaning of a peak flow meter			
Records fully and accurately onto electronic records and understands the implications of failure to do so			

HCSW 12 to 18 months experience working towards:

**Apprenticeship Standard Level 3 'Senior Healthcare Support Worker'
(Replaced NVQ in 2010 and QCF in 2017)**

(Working towards NHS pay scale Band 3 or equivalent)

Level 3 Apprenticeships for senior Healthcare Support Workers

Level 3 is ideal if the HCSW has some responsibility within the practice and is able to work with remote or indirect supervision. The framework is similar to the level 2 but at a higher academic level.

To enable Level 3 qualified (or equivalent) HCSWs to be competent in their clinical roles, competencies should be signed off on the following recommended list appropriate for level 3.

Competency with 12-18 months experience working at Level 3
Competencies appendix 1 – 1.3
Ear irrigation
Spirometry – ability to take an accurate spirometry measurement and liaise with appropriate registered practitioner.
Teach patients inhaler techniques
Basic wound care awareness of issues relating to simple wound care. Ability to manage simple wound dressings, suture removal / steristrips
INR testing for anticoagulation
Vitamin B12 injections
Competency level 3 with 2 years' experience
Competencies appendix 1 – 1.3
Learning disabilities. Assistance with yearly checks prior to seeing the relevant registered practitioner.
Immunisations- Influenza, shingles pneumococcal *
Spirometry – ability to take on accurate Spirometry measurement

*The revised Public Health England **National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers (2015)** recommend that:

‘Only HCSWs who have achieved education and training to Level 3 or equivalent with at least two years’ experience should be considered for training in vaccine administration’

And can be trained to administer influenza, shingles and pneumococcal vaccinations to adults and intranasal influenza vaccine to children.

<https://www.gov.uk/government/publications/immunisation-training-of-healthcare-support-workers-national-minimum-standards-and-core-curriculum>

Role descriptor and key responsibilities

- Staff working at level 3 will function under the supervision of a registered practitioner, or band 4 HCSW, but supervision may be remote or indirect.
- Level 3 HCSWs undertake responsibility for clinical and non-clinical duties as delegated by a registered practitioner within the limits of their competence.
- Their work is guided by standard operating procedures protocols or systems of work.
- The Level 3 HCSW is expected to exercise some autonomy within their delegated area of responsibility, to make non-complex decisions and report these back to assist in patient care evaluation, broader service development and quality assurance activities.
- They will be expected to answer simple patient queries and be flexible in supporting patients.
- They will be expected to demonstrate key behaviours consistent with the values identified for delivering compassionate care.
- Level 3 HCSWs may take a role in engaging with students to experience general practice.

(Health Education England 2015)

Competencies for Level 3 HCSWs

Level 3 INR TESTING FOR ANTI-COAGULATION (Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)	Activity observed by HCSW	Demonstration of knowledge and activity performed under supervision	Activity performed independently by HCSW COMPETENT
Date of Initial training Course:	(Date/Sign)	(Date/Sign)	(Date/Sign)
Is able to correctly identify the person requiring INR testing and effectively explain the procedure, including gaining their consent			
Able to describe the normal range for warfarin patients and define the actions for patients outside of this range			
Understands the software supporting INR testing and is competent to use it (internal or external training will support this)			
Collects the correct equipment for INR testing and checks the reagent strips are in date			
Washes hands and wears appropriate personal protective equipment (PPE) before performing INR testing			
Uses the correct technique to accurately test the person's blood sample including: <ul style="list-style-type: none"> • Correct use of the specific INR monitor • Appropriate blood sample correctly applied to the test strip • Safe disposal of the test strip • Care of the sample site after testing 			
Washes hands and cleans/disposes of PPE and all testing equipment correctly. Replaces equipment as appropriate			
Accurately completes appropriate documentation on the person's records			

<p align="center">Level 3</p> <p align="center">BASIC WOUND CARE</p> <p>Awareness of issues relating to simple wound care and ability to manage simple wound dressings</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)</p>	<p align="center">Activity observed by HCSW</p>	<p align="center">Demonstration of knowledge and activity performed under supervision</p>	<p align="center">Activity performed independently by HCSW</p> <p align="center">COMPETENT</p>
<p align="center">Date of Wound Care Course:</p>	<p align="center">(Date/Sign)</p>	<p align="center">(Date/Sign)</p>	<p align="center">(Date/Sign)</p>
A basic knowledge of the stages of wound healing obtained through appropriate in-house or accredited			
Awareness of the factors that prevent wound healing e.g. reduced circulation, poor nutrition, drug therapy, age, obesity,			
Understands why all wounds should have an assessment by a registered health care professional and a plan of care/choice of dressings with appropriate goals stated in the patients records prior to treatment			
Awareness that the effectiveness/response to treatment should be reviewed by a registered health care professional on a regular basis and details recorded in the patient's records			
Understands why complex wounds such as infected wounds, leg ulcers or wounds on diabetic patients should NOT be undertaken by an HCSW			
Demonstrates knowledge of infection control measures as they relate to wound care			
Demonstrates knowledge of where equipment is kept relating to wound care and of any health and safety issues			
Understanding of using sterile equipment, the ability to set up a dressing trolley following the principles of aseptic/clean technique, avoiding contamination of work services and self			
Ability to prepare and support the patient during the procedure in a manner which is sensitive to the patient's needs			
Awareness that effectiveness of care must be evaluated at each dressing and progress or deterioration monitored and			
Awareness that any concerns must be reported immediately to a qualified health care professional			
Ensures that the patient is given appropriate advice following wound care			
Ensure patients are reviewed by a registered health professional before final discharge			

<p style="text-align: center;">Level 3</p> <p style="text-align: center;">REMOVAL OF SUTURES / CLIPS / STERISTRIPS</p> <p>(Both HCSW and supervisor/mentor to sign and date all columns before HCSW can practice without direct supervision)</p>	<p style="text-align: center;">Activity observed by HCSW</p>	<p style="text-align: center;">Demonstration of knowledge and activity performed under supervision</p>	<p style="text-align: center;">Activity performed independently by HCSW</p> <p style="text-align: center;">COMPETENT</p>
<p style="text-align: center;">Date of Wound Care Course:</p>	<p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">(Date/Sign)</p>	<p style="text-align: center;">(Date/Sign)</p>
Recognise the types wound closure			
Identify correct equipment to remove			
Demonstrates knowledge of disposal of equipment			
Identifies signs of wound infection			
Identifies signs of wound healing			
To demonstrate care of patient before, during and following procedure			
Demonstrates knowledge of required responsibility in ensuring effective documentation			
Knowledge of infection control to protect patient self and others during procedure			
Awareness of pain control methods to minimise discomfort			
Demonstrate awareness of correct time to remove wound closure			
Knowledge of correct techniques for removal of wound closure			
Recognition of complications that may occur			

Level 3 MINOR PROCEDURES Ability to assist with minor procedures	Activity observed by HCSW	Demonstration of knowledge and activity performed under supervision	Activity performed independently by HCSW COMPETENT
	(Date/Sign)	(Date/Sign)	(Date/Sign)
Awareness of the different types of procedures which come under the term 'minor surgery'			
Demonstrates basic knowledge of resuscitation equipment			
Demonstrates basic knowledge of infection control measures as they relate to minor surgical procedures, i.e. COSHH, disposal of sharps			
Aware of the need for Hepatitis B vaccination			
Ability to prepare the room for a variety of minor surgical procedures			
Demonstrate a knowledge of where equipment is stored for minor surgical procedures, and the importance of safe storage			
Ability to prepare the patient prior to the procedure			
Ability to support the patient during the procedure in a manner which is sensitive to the patient's needs and concerns			
Ability to recognise and report signs of distress e.g. pallor, sweating and signs of pain			
Ability to set up a working area following the principles of aseptic/clean technique, avoiding contamination of work surfaces or instruments			
Demonstrates a basic knowledge of various instruments used during minor surgical procedures			
Ability to apply a simple non –adherent dressing following minor surgical procedure			
Aware of which containers to use for samples and of correct labelling			
Ensure samples are put in a designated place for transit to the laboratory			
Ensures that patients are given instructions following surgery regarding suture removal or follow up care			
Ensure a record is made of the samples sent to the laboratory and of the procedure undertaken			

<p align="center">Level 3</p> <p align="center">Ability to administer Vitamin B12 (hydroxocobalamin) injection</p> <p align="center">(Both HCSW and supervisor/mentor to sign and date all columns before HCA can practice without direct supervision)</p>	Activity observed by HCSW	Demonstration of knowledge and activity performed under supervision	Activity performed independently by HCSW
	(Date/Sign)	(Date/Sign)	COMPETENT (Date/Sign)
Awareness of the requirement for Vitamin B12, underlying conditions treated by this therapy and possible adverse events and systems for reporting			
Demonstrates knowledge of anaphylaxis management policy and basic life support			
Demonstrates knowledge of infection control measures as they relate to drug administration i.e. COSHH, disposal of sharps			
Confirms patient identification and obtains informed patient consent prior to procedure			
Demonstrates the ability to prepare the patient prior to and during the procedure in a manner which is sensitive to the patient's needs and concerns			
Adheres to safe record keeping - Name of drug, dose route and site of administration, date administered, batch no. and expiry date, signature of person administering			
Demonstrates correct administration technique, including needle choice, needle angle and site of administration			
Administers injectable under patient specific directions; applying principles of safe record keeping			
Ensures that patients are given instructions following administration in regard to on-going therapy regime			

Level 4 HCSW with 2 years' experience

**A Level 3 HCSW can progress to:
Healthcare Assistant Practitioner (AP) or Nurse Associate (NA)**

(Once qualified NHS pay scale band 4 or equivalent)

The Health and Social Care Practice Foundation Degree is suitable for experienced HCSWs who are currently working in a health or social care setting and want to develop their knowledge and skills in preparation to undertake Assistant practitioner or nurse associate.

The Foundation Degree provides a quality assurance that the HCSW has received an education that has met national standards, which means they can take on a much wider scope of practice and enable them to work more independently in a confident and competent manner. This option can also provide a bridge to access level 6 education, or step on to year two of Registered Nurse training.

Assistant Practitioners (APs) work as a part of the wider health and social care team and have direct contact with patients, service users or clients providing high quality and compassionate care. APs work at a level above that of Healthcare Support Workers and have a more in-depth understanding about factors that influence health and ill-health. Assistant Practitioner is a job title applied to a very wide variety of roles that have been developed locally by employers to meet individual service need. Examples of common work activities include assisting in total patient assessment, coordination of care and higher clinical skills such as catheterisation, wound care and discharge planning. APs will therefore develop additional skills and knowledge based on their employer's requirements and the clinical area in which they are working.

Responsibilities and duties of the role: An AP works under the supervision of a registered practitioner in accordance with employer policy, protocols and standard operating procedures. The Registered Practitioner remains accountable for the appropriate and effective delegation of activities and must ensure that the AP has the competency, confidence and expertise to carry out such activities. Having accepted the activity, the AP is accountable for their actions. In a situation where the AP feels they do not have the necessary skills or ability then they must alert the registered practitioner immediately.

Nurse Associates will work alongside Healthcare Support Workers to deliver hands on care, freeing up time for existing nurses so they can use their specialist training to focus on clinical duties and take more of a lead in decisions around patient care. The role is still in its pilot phase. NHS England has clarified that the proposed nursing associate role is intended to be part of developing the multi-disciplinary workforce, and that nursing associates would work under the direction of fully qualified registered nurses. Following their training, nursing associates would

not be registered nurses, but could undertake some of the duties that registered nurses undertake. The new role is intended to complement, rather than replace, registered nurses, enabling them to spend more time on the assessment and care associated with both complex needs and advances in treatment.

The NMC will regulate the NA and develop standards of proficiency and for the first time since Healthcare Assistants were introduced into the workforce, there is now a clear route to becoming a nurse without having to leave to take a degree. For all aspirant nurses, there will be a dual route to a nursing degree and registration via university or through a two stage degree level apprenticeship, or a mixture of the two.

COMPETENCY – Intervention and treatments SPECIFIC CLINICAL PROCEDURES according to current guidelines and local recommendations HCSW Competencies appendix 1- 1.4	Formal Training and Updates
Wound care and doppler training - leading to competence in applying compression bandages for leg ulcer healing and managing hosiery under direction from Practice Nurse	Certified external training and annual update

Role descriptor and key responsibilities

- In addition to level 3; staff in this role work under the supervision of a registered practitioner but have received a level of educational preparation to enable them to take responsibility for delegated activity, including defined clinical or therapeutic interventions.
- Their work is guided by standard operating procedures, protocols or systems of work. Within this Assistant Practitioners (APs) will be expected to exercise some autonomy in their delegated area of responsibility.
- They will make decisions whilst reporting back objectively to assist in patient care evaluation and in broader service development and quality assurance activities.
- Assistant Practitioners may manage their own work and implement programmes of care in line with current evidence, taking action relative to an individual's health and care needs.
- Depending on the skill mix of the team they may be involved in allocating work to other HCSWs of a lower grade and may supervise, develop, teach, mentor and assess other HCSWs and may take a role in supporting students.

Appendix One
Recommended Mandatory and Statutory Training for all HCSWs

	UPDATES
Basic Life Support & Anaphylaxis	Annual
Chaperoning	Once
Conflict Resolution	Initial + 3 yearly
Dementia Tier 1 and Tier 2	Once
Ear Care	Initial Course
Equality, Diversity and Human Rights	Initial + 3 yearly
Fire Safety	2 Yearly
Health, Safety and Welfare	Initial + 3 yearly
Infection Prevention & Control	Annual
Information Governance	Annual
Immunisations	Initial Course + Annual
Moving and Handling	Required refresher periods based upon local assessment.
MCA & DOLS	Once
Safeguarding Adults Level 2	Initial + 3-4 hours level 2 training over 3 years
Safeguarding Children Level 2	Initial + 3-4 hours level 2 training over 3 years

(UK Core Skills Training Framework, Skills for Health 2016)

(Surrey Safeguarding Training Requirements for Primary Care Staff 2017)

Delegating registered nurses or GP's are accountable for ensuring their HCSW's remain safe and competent. As such, it is recommended they observe and review their practice on an annual basis

Appendix Two

References

Cavendish, (2013). *Cavendish review, an independent enquiry into healthcare assistants and support workers in the NHS and social care setting*. Independent review: Gov.uk.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

[Accessed March 2016]

Care Quality Commission, (2016). *The fundamental standards*. Available at

<http://www.cqc.org.uk/content/fundamental-standards> [Accessed Feb 2016]

Francis, R. (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationary Office.

<http://www.kingsfund.org.uk/projects/francis-inquiry-report?gclid=CNuPoar8tcsCFfEV0wodZ9kG-w>

[Accessed February 2016]

Health Education England, (2015). *The Care Certificate* [online] Available at: <https://hee.nhs.uk/our-work/developing-our-workforce/talent-care/workstreams/get/care-certificate> [accessed Feb 2016]

RCGP General Practice Foundation, (2014). *Healthcare assistant General practice competency framework* [online] Available at:

[http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-](http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-teams/HCA%20Competencies_02.as)

[teams/HCA%20Competencies_02.as](http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-teams/HCA%20Competencies_02.as) [Accessed Feb 2016]

Royal College of Nursing, (2015). *Accountability and Delegation: A guide for the nursing team*. London: RCN.

<https://www.rcn.org.uk/professional-development/accountability-and-delegation> [Accessed February

2016]

Royal College of Nursing, (2015). *Registered Nurses and Health Care Support Workers*. London. RCN

Skills for care, (2015). *Care Certificate* [online] Available at:

<http://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx>

[Accessed March 2016]

RCGP HCA – General Practice Foundation Competency Framework for Healthcare Assistants

[http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-](http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-teams/HCA%20Competencies_02.ashx)

[teams/HCA%20Competencies_02.ashx](http://www.rcgp.org.uk/membership/practice-team-resources/~media/Files/Practice-teams/HCA%20Competencies_02.ashx)

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Summary of the Changes to Apprenticeships

The government has reformed apprenticeships and how they are funded. The reforms give employers more control over designing, choosing and paying for apprenticeship training. The funding policy supports the changes to the way apprenticeships are paid for, underpinned by the apprenticeship levy. **From May 2017:**

Levy Employers

Employers pay the levy if they have an annual payroll bill of over £3 million. The levy equates to 0.5% of their payroll bill over the £3 million and can only be used to purchase apprenticeship training for their organisation.

The government adds a further 10% of funding to the levy. Unused levy monies expire after 24 months.

Non-Levy Employers

Organisations with an annual payroll bill of less than £3 million do not pay a levy, instead the government co-invests with non-levy paying employers:

- 90% of the apprenticeship training course fees are paid for by the government, so long as the course fee sits within the funding cap.
- The remaining 10% will be paid monthly by the employer over the duration of the apprenticeship training.
- For employers with less than 50 staff, the government will pay for 100% of training costs for 16-18 year olds. This also applies to 19-24 year olds who were formerly in care or who have an Education and Health Care plan.

Levy and non-levy employers will also receive £1000 for each apprenticeship undertaken by a 16-18 year old, or a 19-24 year olds who were formerly in care or who have an Education and Health Care plan.

- Existing apprenticeship frameworks are being phased out by 2020 and new **apprenticeship standards** are being developed and many will include education pathways to degree-levels.
- The new **Apprenticeships Service** supports employers to select an apprenticeship, a training provider and an end-point assessment organisation. This system via your training provider will also post vacancies for apprentices and manage levy funding. **Non-levy employers will not use the Apprenticeship Service to purchase their apprenticeship training until 2018 and will instead purchase apprenticeship training directly with the training provider.**
- The **Institute for Apprenticeships** has been established to regulate quality, approve and log **apprenticeship standards** and set funding caps for the delivery of apprenticeship standards or frameworks.

What is an Apprenticeship?

Training for a job in a skilled occupation that combines studying for a work-based qualification with working in a related job role. Generally, 20% of an apprentice's time will be off-job training in the workplace and/or at college and 80% of their time will be spent working at work. **Apprenticeships last for a minimum of 12 months and can last up to 5 years depending on the education level.** There are many apprenticeships already available and more being developed from education levels 2 to level 7 offering complete vocational education pathways for occupations including nursing. Apprentices work to an apprenticeship standard or framework which outlines the competencies required to complete the programme. The new standards have been developed by employers, the old frameworks are being phased out.

Who is it for?

Apprenticeships are a great way to develop 16-24 years olds in a particular occupation as they enter the workplace, however apprenticeships also support career progression and there are apprenticeships for all levels. **Apprenticeships are therefore suitable for all ages and for developing both new and existing staff members.**

What are the Benefits?

- Apprenticeships are an effective way to recruit new staff with enthusiasm, talent and fresh ideas
- Apprenticeships are great way to re-train or upskill existing staff which can increase staff morale and reduce turnover
- Apprenticeships can enable career progression via recognised vocational pathways
- The training develops a number of transferable skills, increasing the flexibility of your workforce Apprentices
- could be used as part of your wider plan to manage skill shortages and recruitment issues
- The learning is tailored to specific job roles, making it a flexible way to support your team

Recommendations for Employers

You may wish to review why and how you are currently using apprentices. Consider:

- What benefits can apprenticeships bring to your organisation?
- Are there any skills gaps in your organisation (clinical or non-clinical) that could be filled by apprentices?
- What succession plans do you have in place to cover retirement of existing staff?
- Is the way you work changing, could employing an apprentice help your team to adapt to the change?
- What investment would it require? What is the return on that investment?
- Do you have staff who could benefit from upskilling / further training in their occupation? Could they be released for out-of-workplace training for 20% of their time at work for 12 months or more?
- Do you have experienced staff who could support the development of an apprentice? Could this be a development opportunity for them also?

Investment/ Funding Considerations

For Non-Levy Employers:

- All apprenticeships have funding caps. If you agree a price with your training provider which falls within the specified cap the **government will fund 90%** of the course fees
- The remaining **10% will be paid by the employer** at a monthly rate for the duration of the apprenticeship.
- Anything over the specified cap will have to be paid by the employer.
- For employers with less than 50 staff, the **government will 100% fund apprentices aged 16-18 years old** and 19-24 years old who were formerly in care or who have an Education and Health Care plan and the employer will receive £1000.
- The government will pay funding direct to the training provider to fund the English and Maths qualifications within the apprenticeship if required.
- The apprentice must work enough hours each week so that they can undertake sufficient, regular training and on-the-job activity. This is to ensure that successful completion of the apprenticeship is likely.
- The apprentice must be paid at least the apprenticeship minimum wage in the first year of the apprenticeship, then at least the national minimum wage for their age thereafter to completion.

Next Steps: Accessing Apprenticeships

- 1) Choose the right apprenticeship for your organisation's needs - the right subject and right education level. It is important that the job role the apprentice carries out enables them to meet the competencies required by the apprenticeship standard or framework you select. The **Find Apprenticeship Training** tool can be used to select the right **apprenticeship** <https://findapprenticeshiptraining.sfa.bis.gov.uk/>
- 2) Find a training organisation to deliver the course aspect of the apprenticeship, again the **Find Apprenticeship Training** tool can be used for this. The apprenticeship could be delivered at a local college and/ or in the workplace depending on the delivery model of the training provider. Contract and purchase directly with your chosen training provider. You may wish to have a **Service Level Agreement** with your chosen training provider
- 3) If you are developing an existing staff member, skip to step 5. If you are recruiting a new post, **your training provider will support you to advertise your apprenticeship.**
- 4) Interview applicants and select your apprentice and follow your internal HR processes for a new employee. Apprentice wages should be **at least the apprenticeship minimum wage.**
- 5) Make an **apprenticeship agreement** with your apprentice, your training provider will be able to assist you.
- 6) Pay your apprenticeship training costs via monthly payments, spread over the duration of the apprenticeship, along with the apprentice's salary.
- 7) Support the apprentice throughout their time on the course, ensuring that their job role supports their learning.

For further information please follow the specific links above & go [here for full details on how to take on an apprentice.](#)

Find Out More

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