Clinical Healthcare Apprenticeship Scheme in General Practice

In this information pack you will find information regarding:

- Details of the scheme, funding available and the process
- Practice criteria
- Roles and responsibilities
- The training framework
- FAQs
- The application form – separate

Please consider all information carefully before completing the application form and submitting to Sharon Simister (sharon.simister@yh.hee.nhs.uk). The deadline for receipt of forms is COP 2nd May 2016.

Scheme Details

Health Education England working across Yorkshire and the Humber (HEE YH) are running a second cohort of this successful scheme which aims to promote a standardised regional programme to ensure healthcare assistants (HCAs) in general practice have the knowledge and skills required to understand the role they are delegated.

Practices that meet a defined set of criteria are eligible to receive funding to support HCAs completing an apprenticeship in clinical healthcare support, plus primary care specific ‘bolt-on’ modules.

The funding package described below has been defined for this year of the scheme. Whilst we would hope to maintain this level of funding in future years, this will be dependent on available budget. The generous package reflects HEE YH’s commitment to primary care and represents a large proportion of the cost to practices.

The funding provided will be as follows:

- **Apprenticeship support grant of £6800 per apprentice**
  This funding will be distributed as a one-off payment for the full training period of 12-18 months. **Practices will need to pay from this any employer contribution for the apprenticeship training, which is determined by the further education provider.** Please see FAQs for further information. This funding should also be offset against salary costs for the HCA.

- **Fully-funded mandatory primary care training modules**
  The programme contains primary care specific training modules to develop competencies that will not be provided by the local further education providers. HEE YH will meet these costs and enable HCAs to access provision. Please see the training framework for more detail on the education pathway.


The ATP hubs are as follows:
<table>
<thead>
<tr>
<th>Hub</th>
<th>CCG areas covered</th>
<th>Contact details for scheme</th>
</tr>
</thead>
</table>
| Caritas | Calderdale CCG  
Greater Huddersfield CCG  
North Kirklees CCG | Julie Greenberry  
*Julie_Greenberry@GP-B84618.nhs.uk*  
01422 438550 |
| College Lane | Wakefield CCG | Claire Broome  
*Claire.Broome@wakefieldccg.nhs.uk*  
01977 611023 |
| Freshney Green | North Lincolnshire CCG  
North East Lincolnshire CCG | Mandy Rimmer  
*mandy.rimmer@nhs.net*  
01472 372137 |
| Haxby | East Riding of Yorkshire CCG  
Hull CCG  
Scarborough and Ryedale CCG  
Vale of York CCG | Lisa Billingham  
*lisa.billingham1@nhs.net*  
01482 303963 |
| Leeds Student Medical Practice | Leeds North CCG  
Leeds West CCG  
Leeds South and East CCG | Alison Langton  
*alison.langton1@nhs.net*  
0113 295 4488 |
| Primary Care Education Group | Airedale, Wharfedale and Craven CCG  
Bradford City CCG  
Bradford District CCG  
Harrogate and Rural District CCG | Marie Stout  
*Marie.Stout@bradford.nhs.uk*  
01274 425625 |
| Primary Care Works | Barnsley CCG  
Bassetlaw CCG  
Doncaster CCG  
Rotherham CCG  
Sheffield CCG | Louise Berwick  
*slberwick@gmail.com*  
07773 457966 |

*NB. Practices within the Hambleton, Richmondshire and Whitby CCG boundary are still eligible to join the scheme but will be supported by an alternative model as there is currently no ATP hub in this area.*

**Process**

1. Practices complete application form and return by 2nd May 2016
2. Practices must meet the scheme criteria. Practices that are not a GP training practice or an ATP spoke will be visited by their local ATP hub and assessed on this criteria
3. Practices that are successful in joining the scheme will be confirmed
4. Practices recruit to HCA role and receive funding
5. Practices work with the ATP hub and further education provider on local delivery
Criteria for Practices

The practice:

- Is Care Quality Commission (CQC) registered
- Has a philosophy of care/mission statement and appropriate policies, procedures and guidelines
- Team is committed to working effectively together and respects each other’s values and contribution to patient care
- Has education intention present within its ethos
- Can demonstrate that the HCA post is linked to current vacancy or workforce plans
- Can demonstrate commitment to permanent employment for the HCA following successful training
- Has a suitable apprentice supervisor in post who is able to sign off the apprentice’s training completion and provide pastoral support
- Has a named registered professional who will take overall responsibility for the HCA and support the apprentice supervisor
- Can ensure that sufficient learning/education opportunities will be available to meet the learning needs of the HCAs
- Can provide the HCA with opportunities to learn with other healthcare professionals
- Can demonstrate that participating in the scheme is supported by the full practice team
### HEE YH
- Strategic decision-making and overall responsibility for scheme
- Manage stakeholder engagement
- Distribute funding to ATP hubs
- Enable links to Widening Participation and other related agendas
- Provide advice on values-based recruitment where required
- Promote scheme nationally, manage social media and internet marketing
- Manage evaluation process
- Develop awards ceremony/graduation
- Resolve escalated issues where appropriate

### ATP Hubs
- Promote and market scheme to practices
- Visit non-ATP spoke/non-GP training practices and assess against criteria
- Agree patch recruitment figure with HEE YH
- Support apprentice recruitment using appropriate local model
- Provide action plan to HEE YH
- Distribute funding to practices
- Co-ordinate local delivery of education, working with providers of apprenticeship and ‘bolt-ons’
- Support practices involved in the scheme and act as first point of contact
- Monitor progress of apprentices and flag any concerns to HEE YH
- Provide reports to HEE YH and adhoc data as requested

### Practices
- Work with local ATP hub and training providers
- Employ the HCA for the full duration of the scheme and pay the minimum wage set by HEE YH
- Properly define the role of the HCA in practice and communicate this appropriately in recruitment process
- Utilise values-based recruitment
- Provide local induction to HCAs
- Engage with Widening Participation/employability schemes where appropriate, supported by hubs
- Support HCAs to progress and develop
- Designate an apprentice supervisor who is involved in recruitment and has ownership of the HCA
- Distribute funding to further education providers where required
- Commit to specified regular time for the HCA to complete training
- Commit to developing the HCA’s additional knowledge and skills
- Share information and participate in data collection as requested
- Provide HCA with opportunities to learn with other healthcare professionals
- Complete evaluations as requested
- Engage with the Yorkshire and the Humber GP Workforce Tool

### Education Providers
- Provide quality-assured training in line with the training pathway defined by HEE YH
- Provide designated point of contact
- Contribute to evaluation
- Work with ATP hubs and practices where required
- Utilise flexible approach to the delivery of training

**Further Education Providers:**
- Promote scheme, advertise vacancies and assess suitability of candidates
- Register learners onto scheme
- Undertake and complete pre-employment assessment of functional skills for short-listed candidates
Training Framework

Individuals will undertake and gain:
- The Care Certificate competencies
- Level 3 QCF/NVQ Diploma in clinical healthcare support
- Level 3 award in employment and personal learning and thinking skills in health education
- Dementia awareness training (Tier 1)
- Level 2 English and maths - if not already achieved
- ‘Bolt on’ primary care modules – see below

To minimise the time away from the workplace, the level 3 apprenticeship training will be delivered in partnership with an agreed further education provider or college through a blended learning approach locally and on site. Apprentice HCAs will be assigned a college assessor who will support them throughout the programme. They will meet regularly with the HCA and supervisor to support and monitor their progress.

The HCA will need to attend an induction to the qualifications and requirements on commencement. This will include a short English and maths assessment so that any support that is needed can be identified.

Please see Appendix A for the content of the apprenticeship qualification.

‘Bolt-on’ modules

The programme contains primary care specific training modules to develop competencies that will not be provided by the local further education colleges.

These modules are:
- Venepuncture
- ECG
- Wound care
- Motivational interviewing and health promotion
- First aid

ATP hubs will work in collaboration with practices and co-ordinate the local delivery of training. In addition, practices will be required to ensure that other key knowledge is covered during the time the apprentice is in practice, and this should include:

- Requirements and risks when chaperoning patients
- Familiarity with necessary medical terminology
- Practices and procedures around cold chain

It is important that practices fully define the role of the HCA locally to identify specific training needs.
Frequently Asked Questions

Q. What is an apprenticeship?

An apprenticeship is not a qualification in itself, but a combination of separate qualifications and courses known as a framework. A framework would normally consist of:

- Competence qualification - a work related competence-based qualification assessed in the workplace by a college or training provider.
- Knowledge qualification - Such as BTEC or City and Guilds, relevant to the specific occupation and usually delivered by the training provider.
- Functional skills – qualifications in English, maths and ICT that equip learners with the basic practical skills required in everyday life, education and the workplace.
- Employment rights and responsibilities - to develop knowledge and understanding about the world of employment.

This scheme uses an apprenticeship framework as the key learning component alongside additional training ‘bolt-ons’ to enable the achievement of primary care specific skills. Using the existing national framework has a number of advantages:

- The qualifications in the framework have been developed by Skills for Health. Based on national occupational standards the apprenticeship supports the requirements of The Care Certificate and is aligned to the Code of Conduct for HCAs.
- HCAs will achieve transferable and nationally recognised vocational qualifications on a par with HCAs in other settings.
- National Government funding can be accessed to support sustainability and reduce costs.
- Quality assurance processes for the delivery and assessment of the apprenticeship are established.

Q. What are the different levels of apprenticeships and why has the level 3 (advanced apprenticeship) been chosen as the apprenticeship for this scheme?

There are three levels of apprenticeships:

- Intermediate apprenticeships (broadly equivalent to achieving 5 GCSEs A* - C)
- Advanced apprenticeships (broadly equivalent to achieving 2 A Levels)
- Higher apprenticeships (broadly equivalent to a Certificate of Higher Education)

Although the level 2 apprenticeship is often chosen as the entry level for HCAs, the advanced (level 3) apprenticeship in clinical healthcare support is the framework that has been agreed for the HEE YH standardised scheme as it best meets the needs of the HCA role in general practice settings, and will equip those new to the role with the required knowledge and skills to meet the RCGP Competency Framework and District Nursing and General Practice Education and Career Framework and to carry out the role they are delegated safely and competently.

Q. Who can do an apprenticeship?

For this scheme, HEE YH requires a minimum age of 18. Government funding priorities for apprenticeships tend to favour younger people and those who would benefit from gaining higher national qualifications. In the NHS we are keen to recruit staff to posts that have the qualities, values and potential needed in the workforce, therefore funding is available to support apprenticeship training where individuals do not meet Government funding eligibilities. This scheme is open both to employed staff who may be taking on new roles as a development opportunity and new staff, of any age, to increase the workforce. To undertake this apprenticeship the HCA should be in paid employment for a minimum of 30hrs per week.
It is important to note that candidates who have already undertaken a previous apprenticeship or level 4 qualification may incur an financial employer contribution to the FE provider – this would need to be paid from the £6800 grant. This should be discussed with the ATP hub and FE provider during the recruitment process.

Q. How long does the level 3 (advanced) apprenticeship in clinical healthcare support take?

As a guide this apprenticeship usually takes 15 -18 months, with a minimum of 12 months. It is likely that due to the additional primary care specific elements, this scheme will require the full 18 months. It is therefore suggested that practices offer at least a fixed term apprenticeship contract for 18 months to allow the staff member adequate time to complete all components of the proposed programme. If the apprentice completes the learning programme before the eighteen month period the employer can offer substantive or permanent employment at that point.

Q. How could taking an apprentice through this scheme benefit my practice?

Apprenticeships provide a quality developmental route for new recruits or existing staff and a cost effective solution to recruitment and employment. They help organisations grow. There are many benefits to investing in apprenticeships. Some of these are listed below:

- **Taking an apprentice will allow you to build capacity and capability within your nursing team and to develop and train HCAs at an affordable cost**
  - Through this apprenticeship you are able to access funding/resources to support training and salary costs
  - Training apprentices can be more cost effective than hiring skilled staff, leading to lower overall training and recruitment costs
  - This bespoke apprenticeship will deliver skills designed around your needs and help you to develop the skilled workers require for the future to achieve organisational objectives
  - The apprenticeship route is an ideal training route for current staff to gain competence and confidence to take on additional duties. For example practices can use the apprenticeship route to develop non-clinical practice staff (e.g. receptionists) so that they can take on HCA duties/roles
  - Current staff can also share their skills and knowledge through supporting apprentices

- **Investing in apprenticeships can reduce sickness and absenteeism through increased loyalty and motivation, and increase productivity**
  - Employers note that apprentices tend to be eager, motivated, flexible and loyal to the organisation that invested in them. Remember, an apprentice is with you because they want to be – they have made an active choice to learn on the job and a commitment to a specific career

- **Help develop home grown talent**
  - Advertising vacancies as apprenticeship opportunities can attract younger applicants and, as it offers a training and career pathway, can widen the range of applicants applying for vacancies, particularly from within the local community

Q. How will the training on this scheme be organised and delivered?

The training for the scheme is delivered by a range of providers via a collaborative approach. HEE YH source the training providers and work with employers and practices (via Advanced Training Practice hubs) to agree a model for delivery that best meets the need of the local community of practices.
Further education providers e.g. colleges will work with employers to provide quality assured training in line with the pathway defined by the scheme. They will have responsibility to deliver the national apprenticeship framework and will undertake the assessment of learners in the workplace to achieve this. Providers with primary care specific expertise will provide ‘bolt-on’ training enabling the HCAs to gain primary care specific knowledge and skills required for their role and to support the practice nursing team.

Employers will be required to provide the HCA with opportunities to learn with other healthcare professionals and commit to specified regular time for them to complete the apprenticeship qualification and ‘bolt-on’ training.

Most of the training is ‘on the job’; however, there will be as part of the programme day-release or block release training meaning that apprentices will be required to be out of the workplace on occasions. This will be arranged at a local venue to minimise travel and will be agreed in advance and arranged through consultation with the group of practices so that it best meets employer requirements. Where possible a blended learning approach will be promoted.

The training will require venues to be sourced; it is expected that practices who are successful in joining the scheme offer the use of their available rooms where possible – no extra funding will be provided for this.

Q. What are the RCGP competencies for HCAs and how do they fit in with the proposed apprenticeship?

The Royal College of General Practitioners (RGCP) Competency Framework for HCAs in General Practice provides a competence model that articulates the role of HCAs working in general practice environments. As the framework was devised using current quality training and standards for healthcare support workers it has been used to design the content of this scheme.

A copy of the framework document can be accessed from:

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

This scheme also maps to the HEE District Nursing and General Practice Education and Career Framework. This can be accessed here:

https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

Q. How much do apprenticeships cost?

Further education providers will determine the cost of the apprenticeship and in many cases this will be nil cost to employers. HEE YH provides a grant to cover employer contributions - practices will need to pay this directly to the further education provider.

Q. How much should we pay our HCA?

All apprentices must be employed, have a contract of employment and receive a minimum wage from their employer. Practices engaging with this scheme will be required to pay the HCA at least £5.30ph for the first 12 months of training, followed by the age-related National Minimum Wage (NMW) for the remaining months. See below for NMW rates from 1st October 2015:
This wage reflects the clinical and challenging nature of the role whilst also recognising the training opportunity being offered. The decision to set this minimum scheme wage was made after regional scoping and discussions with practices, and has been tested with stakeholders from across the region. The intention is for the scheme to attract high calibre candidates who will successfully complete training and provide quality care to patients. It is felt that offering a wage slightly higher than the minimum apprentice wage will help to achieve this.

Q. What is the process for recruitment?

All apprentices recruited onto the scheme will be recruited through a values based approach (see below). Through this initiative practices will be responsible for recruiting to their own HCA vacancies, but will be supported through the process. Exact details of how this will be managed will be agreed locally once practice involvement in the scheme has been confirmed. Advanced Training Practice hubs will be responsible for supporting apprentice recruitment where necessary and FE providers will be utilised to support elements of the process but ultimately this is the practices’ responsibility.

A generic job description and person specification are available for practices to use. There is a requirement for all apprenticeship vacancy adverts to be advertised on the government “Find an Apprenticeship Service” free of charge https://www.gov.uk/apply.

To attract as many potential applicants as possible, a range of advertisement channels should be utilised. These will be agreed locally so as to appeal to any specific target groups practices may be looking for.

Q. What is meant by the apprentice supervisor?

Practices engaging with this initiative will be required to designate an apprentice supervisor. The person undertaking this role will be involved with recruitment and will have overall responsibility for the apprentice HCA.

They will be:
- A member of practice staff who has the skills and qualities to provide guidance to the HCA apprentice within the workplace
- A familiar face, that helps make the apprentice feel at home, advises them about what to look out for and supports them in the workplace
- Someone who can help the apprentice with issues they may have and who will be there for the apprentice to go to on a day to day basis.
- A person who is familiar with the practice environment and HCA role
- Someone who is willing to provide constructive feedback to both the apprentice and those providing assessment on day to day progress
- Suitable practice staff such as experienced HCAs looking for developmental opportunities and/or their first experience of supervising others

The intention is that the role is formally recognised in the practice; no previous mentorship/supervisory qualifications are necessary. In addition to the apprentice supervisor, the practice should identify a named registered professional to have overall professional responsibility for the HCA and support the supervisor with any issues.

Q. What is The Care Certificate?

<table>
<thead>
<tr>
<th>Age</th>
<th>Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>£5.30</td>
</tr>
<tr>
<td>21-24</td>
<td>£6.70</td>
</tr>
<tr>
<td>25+</td>
<td>£7.20*</td>
</tr>
</tbody>
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*National Living Wage from 1st April 2016*
The Care Certificate is an identified set of induction standards that health and social care workers adhere to in their daily working life. Developed as a result of the Cavendish recommendations, all non-regulated healthcare support workers are now required to demonstrate 15 standards that cover the requirements of a caring role.

The standards that make up The Care Certificate are based on occupational standards and units in apprenticeships and as a result all HCAs on this scheme will automatically gain The Care Certificate within their first 12 weeks. This provides assurance for practices that these HCAs have the same introductory skills, knowledge, behaviours and confidence to provide compassionate safe high quality care and support to patients.

For more information on the Care Certificate standards see: http://www.skillsforhealth.org.uk/standards/item/216-the-care-certificate

**Q. Where can I find more information?**

For further information on this scheme contact your local Advanced Training Practice hub.

For general information on apprenticeships go to the National Apprenticeship website
APPENDIX A

The 15 Care Certificate Standards

The Care Certificate is an induction programme based on 15 standards which link to National Occupational Standards and units in qualifications. This scheme will be delivered to ensure that apprentice HCAs in primary care undertaking this route can demonstrate that they have achieved the introductory skills, knowledge and behaviours to provide passionate, safe high quality care and support to patients and service users. They will do this by completing all 15 standards (detailed below).

- Understand your role
- Awareness of mental health, dementia and learning disability
- Your personal development
- Safeguarding adults
- Duty of care
- Safeguarding children
- Equality and diversity
- Basic life support*
- Work in a person centred way
- Health and safety
- Communication
- Handling information
- Privacy and dignity
- Infection prevention and control
- Fluids and nutrition

*Please note that some further education providers are unable to provide basic life support training; where this is the case the training will be provided externally and funded by HEE YH.

Additional information on The Care Certificate and how this applies to employers can be obtained from the Skills for Health website: http://www.skillsforhealth.org.uk/standards/item/216-the-care-certificate

Content of the Level 3 QCF Diploma in Clinical Healthcare Support

This qualification is the main constituent of the scheme and develops the knowledge and skills for all those working in a support role within clinical healthcare workforce settings.

To achieve this vocational qualification, learners will need to achieve a minimum of 65 credits.

The qualification is made up of the following units, chosen by HEE YH to reflect the RCGP Competency Framework and ensure a consistent qualification across the region:

- The role of the health and social care worker
- The principles of infection prevention and control
- Causes and spread of infection
- Principles of safeguarding and protection in health and social care
- Cleaning, decontamination and waste management
- Engage in personal development in health, social care or children's and young people's settings
- Promote communication in health, social care or children's and young people's settings
- Promote equality and inclusion in health, social care or children's and young people’s settings
- Promote and implement health and safety in health and social care
- Promote person centred approaches in health and social care
- Promote good practice in handling information in health and social care settings
- Principles for implementing duty of care in health, social care or children’s and young people’s settings
- Undertake physiological measurements
- Understand mental health problems
• Understand the process and experience of dementia
• Obtain a client history
• Advise and inform individuals on managing their condition
• Prepare individuals for health activities
• Support individuals undergoing healthcare activities
• Maintaining quality standards in the health sector
• Monitor and maintain the clinical environment and resources during and after clinical therapeutic activities
• Contribute to effective multidisciplinary team working

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