How can we establish the workforce required to deliver NSF targets for CHD? Experience in the North West of England

Background

The ability to deliver increased cardiac services in line with the National Service Framework (NSF) is dependent on a skilled workforce being developed at an unprecedented rate. The numbers of trained staff are at present inadequate, and they will remain so using traditional models of training. There is already inevitable competition for the limited pool of trained staff across a region. The workforce implications of successfully achieving NSF targets for treatment of coronary artery disease probably represent the biggest challenge of all. Our strategy will need a co-ordinated approach across primary, secondary and tertiary care. The solution will involve thinking beyond the conventional roles of each professional discipline and will involve different, and streamlined, models of training and developing staff. As part of this process it will be vital to identify the workforce gaps that exist presently and find ways in which these gaps can be filled using innovative and creative approaches.

Provisional estimates taken from the business cases for the cardiac centres in the North West of England suggest a requirement for an extra 1,456 new staff (including 814 nurses and 151 medical staff) by the year 2005/6. It is not possible to achieve these numbers through either our traditional training models or by employing traditional staff roles. The enormity of the shortfall in staff involved in the production of one of the local business cases prompted one of the authors (JY) into putting together a proposal to the (then) CHD Regional Task Force to look at the problem across the North West. A number of successful projects have been implemented to address the workforce shortages. The aim of this article is to share these experiences, both to highlight good practice and to generate some debate that may be relevant to other parts of the country.

Workforce development projects

Assistant practitioners

The assistant practitioner role is to provide both general and specific patient care under the direct supervision and guidance of a qualified nurse, whilst being trained to NVQ 3/4. The Heart Centre at Central Manchester and Manchester Children's University Hospital Trust (CMMC) was involved with the Greater Manchester Workforce Confederation in running a pilot for the assistant practitioner roles. Initially, 45 places were developed. This enabled the Trust to access an important pool of potential employees who wanted a career in healthcare but who had previously been excluded. The scheme gave them an opportunity to 'earn as they learn'. Instead of the usual poor response to their advertisements, the Trust received more than 600 enquiries. Such innovation, therefore, has attracted a broad spectrum of applicants interested in a job and career in healthcare. It reduces the number of fully qualified nurses required in some clinical environments.

Fast track cardiology physiologist trainees

There are major problems in recruitment of these trainees. The increase of funding for cardiology demanded a rapid increase in trained staff but exposed the limited number of trainees in the system and highlighted the fact that nationally advertised posts fail to produce the required response. The normal period of training for these posts is four years. By looking at new groups of potential candidates, such as sports science graduates, the number of trainees and the speed with which they can be trained have increased during the past year across the North West. This has been made possible by targeting a group with a proven appropriate level of academic ability in whom much of the basic knowledge of physiology has already been acquired.

The assessment process for this fast track system has been devised and supported by Dr Verity Hicks, Senior Lecturer at Manchester Metropolitan University, Yvonne Slaven, Senior Chief Technician at South Manchester University Hospital Trust and Helen Buckley, Principal Cardiac Technician at CMMC. It has given the Trusts an opportunity to produce competent catheter laboratory (cath lab) physiologists in less than two years. This model of training was originally piloted on a small scale and now it has spread across the North West. It has created a great deal of interest across the country.

At a recent meeting of all the North West cardiology physiology Heads, it became apparent that – as a result of the success of this initiative – there was a need for a placement project manager to support the students and to arrange the increasing number of placements. This role has now been funded on a temporary basis by the workforce confederation.

Medical support worker

By utilising the experience we have gained with the develop-

ment of the assistant practitioner role, we envisage the development of a medical support worker role. This job would have a similar training and development programme as for assistant practitioners and would be aimed at the same (apparently plentiful) recruitment pool. The medical support worker would provide comprehensive administrative and clinical support to the clinical team. The intention would be to reduce the number of hours spent by junior medical staff on the co-ordination of clinical care for in-patients, to improve the efficiency of requesting diagnostic tests and to collate results. We anticipate a reduction in delays in treatment, some of which can arise from poor communication between different departments. This is not a new role: it has been introduced successfully in other Trusts.

Overseas recruitment

We have also been involved in a highly successful overseas recruitment programme for Indian nurses for two of the new cath labs in the North West. Several Trusts have joined together in this initiative, thereby saving on recruitment costs. The success of integrating these staff and training them to appropriate national standards has made a considerable difference to our ability to increase our cath lab capacity. Further recruitment would again use a network of Trusts.

Team approach

As part of the challenge of achieving an adequate workforce, some planning needs to be undertaken to co-ordinate the new healthcare team. This has provided an opportunity to explore the idea of a team approach in conjunction with a small group of consultants and managers. As demonstrated in figure 1, it is envisaged that there would be a shared team to support each consultant group.

Training

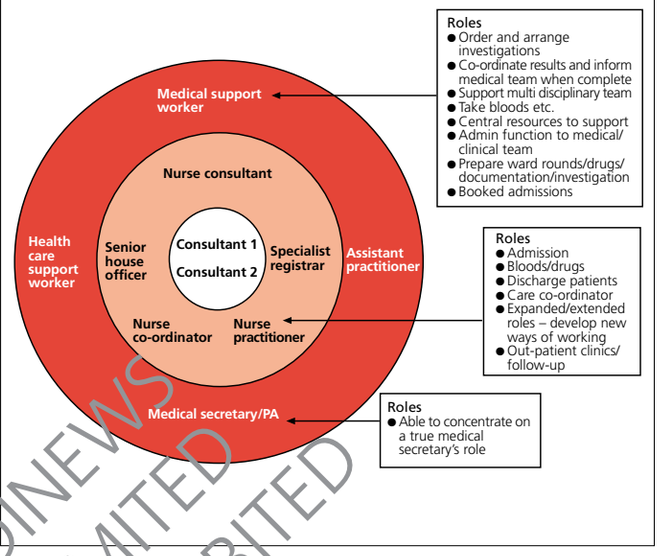
The introduction of new roles increases the amount of training time that is required and the time taken in delivering the training, in a service that is already stretched. As a bid to take some of the pressure off the Trust we have been exploring the idea of using a skills lab. Using this scheme, staff receive practical training off-site. Dedicated practice/development staff would be situated within the Trusts to provide support in the workplace but would also deliver training on a rotational basis at the skills lab. A significant advantage of this model is that it will also provide a training programme that is consistent across the whole region. The programme would be designed, delivered and reviewed by experts. This idea is strongly supported by the clinicians, managers and staff as a way of developing and streamlining training whilst not overburdening clinical service areas.

The introduction of different levels of staff (such as assistant practitioners) is an important and attractive strategy to provide them with a defined career structure, and for this purpose we have been exploring the idea of a 'skills escalator' approach in conjunction with our local workforce development confederation. This ladder would start at NVQ level and go up to practitioner status, with different stopping-off points. It would allow people to join at different levels, for example, either through the new NVQ route or through a traditional route. We have also started to investigate linking this with a North West-wide training programme, in conjunction with the private sector, by utilising their existing training packages in a more co-ordinated manner which could benefit all parties.

Clearly, it is important not to forget about our existing staff. The local aim is, therefore, to establish a post to look at the requirements for training of established in-service staff, together with a list of the available training expertise in the Trusts across the North West. Hopefully, this would allow efficient co-ordination of local training across several Trusts so that they do not all need to provide all aspects of the training programmes.

A national pilot has begun locally, and an associate workforce designer will assist with the projects described above. One specific objective of the pilot project is to develop new ways of working in the cardiac cath labs across the North West. This working environment is ideally suited to a restructuring of traditional roles, and some are already well advanced in multifunctioning and cross-disciplinary tasking. New roles, such as radiographer assistants, have also been

Figure 1. The team approach to addressing additional workforce requirements



tested. The ongoing aim will be to continue to assess and develop new roles, with defined competencies and skills, in order to achieve safe practice.

Conclusion

The workforce demands generated by the NSF targets are challenging. They cannot be met using conventional models of working roles or training for those roles. Early recognition of these facts has allowed the rapid formation of co-ordinated groups looking at strategic solutions to close these workforce gaps. In the North West, this has achieved considerable success in several key understaffed areas of practice, and further novel solutions are on their way. Such strategies may well be relevant to other areas of the country and have attracted national recognition; one of the authors has been invited to join the National CHD Care Group Workforce Team.

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