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EVALUATION

Career planning for the non-clinical workforce – an opportunity to develop a sustainable workforce in primary care

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ABSTRACT

Many health and social care systems worldwide have been developing a variety of navigator and signposting roles to help patients negotiate care through increasingly complex systems and multiple provider agencies. This UK project aims to explore, through a combination of job description review and workshops of stakeholders, the common competencies and features of non-clinical roles. The information is collated to develop common job descriptions at four key levels. These form the basis for a career pathway supported by portfolio-based educational programmes, embracing Apprenticeship Training Programmes. The programmes have the potential to support recruitment and retention of an increasingly skilled workforce to move between traditional health and social care provider boundaries. This offers the opportunity to release clinicians from significant administrative workload and support patients in an integrated care system.

What is already known in this area

- New non-clinical roles are proving successful in signposting patients and facilitating complex care, particularly in community settings.
- These roles result in significant reduction in unplanned hospital admission and support patients in signposting, health promotion and care management.
- Non-clinical staff are trained for specific roles. A career pathway for non-clinical staff in the health, social, voluntary care and allied sectors is lacking.

What this work adds

- Common competencies for non-clinical roles in the UK health and welfare systems, at four levels of increasing skill, responsibility and autonomy.
- A proposal for joint training for core transferable competencies in the non-clinical workforce offering opportunities for more collaborative working.
- Eight key themes for defining competencies for training were identified.
- A portfolio-based approach to training to enable non-clinicians to support patients and clinicians consistently and transfer between different provider organisations.

Suggestions for future work or research

- Development of a portfolio to incorporate identified generic competencies at each level.
- Extension of collaboration between providers in health and social care to support integrated, person-centred care.

Introduction

The health and social care needs of ageing populations, the consequences of unhealthy lifestyles [1,2] and the global financial crisis have all compromised efforts to meet current and anticipated population needs.[3] Worldwide shortages of trained medical and nursing staff have led many health and social care services to seek alternative ways of delivering coordinated, sustainable care by involving health, social and voluntary sectors and promoting self-care and support.[4–9] In the UK, many service providers have developed non-clinical roles, such as liaison officers; care navigators; care coordinators

and health champions. Distinct differences between job descriptions make it difficult to develop generic competencies for training and impede transfer between roles. [10–14] Yet to address increasing demand and financial constraints,[15] there is increasing reliance on non-professional groups to deliver or administrate care. Training is often provided on the job ('in-house') with little thought to continuous professional development or career pathways to foster commitment, enthusiasm and retention of staff within health and social care services. In contrast for professionals (doctors; nurses; allied professionals), there are agreed training programmes, led by universities and royal colleges, which regulate roles, training and performance.

The longest established non-professional groups include receptionists (medical; dental; pharmacist etc.) and administrative staff (traditional back-room office staff). They develop considerable knowledge about health and social care services, local populations and providers, and skills in communication and information technology (IT). Training can be inconsistent, not only within their provider network, but also between different provider organisations. Many start work on a part-time basis, with child-care or other caring commitments. They have little opportunity to develop beyond their existing role and sustain their needs in the longer term. Retention is difficult. There is a significant loss of skill and wasted resource as new staff are repeatedly trained for these roles. A similar picture exists in secondary care, where there is urgent need to address inappropriate hospital admissions and deliver smooth discharge of people with complex health and social needs.[16]

Developing a career pathway and framework for progression requires identification of core roles and transferable competencies but also a change in the hearts and minds of clinicians to enable them hand over administrative tasks to non-clinicians. Anxiety has been fuelled by concerns over capability and indemnity and the lack of a career pathway with formalised and accredited training. Developing formal training programmes would enable clinicians to relinquish administrative roles, increase clinical capacity and improve coordination and communication between agencies. All health economies, whether in the developed or developing world could benefit from this approach.

This project aims to collate information and clarify competencies within existing non-clinical roles. Principles of grounded theory [17] are used to identify core common functions and skills at different performance levels. Existing job descriptions are analysed to identify competencies, test them in workshops and form an educational programme for non-clinician health care workers for transfer across different provider organisations. There is little previous work in this field.

Background

London, as for most of the UK, faces a recruitment and retention crisis in its workforce in health and social care. [18] It increasingly relies on voluntary sector input and non-clinical staff who have little formal training and hold titles carrying different responsibilities in different settings. There is little opportunity for career progression or transfer of skills across traditional provider boundaries.

Community Education Provider Networks (CEPNs) have been developed to facilitate innovative developments and education within primary care.[19] CEPNs bring together representatives from all provider groups, (general practice; community; mental health; pharmacy; voluntary groups; social care and secondary care). They are tasked to work collaboratively as providers, taking into account local workforce and population needs to develop and ensure that appropriate training is available. Working together promotes more efficient use of resources as well as opportunities for joint working and learning to meet local needs. South London has well developed CEPNs, with Clinical Commissioning Groups (CCGs – responsible for commissioning community and hospital services) actively engaged. CEPNs have been introducing new non-clinical roles, including health champions in pharmacies, care navigators in practices and communities and patient liaison officers in general practices.

The advent of the Apprenticeship Training Programme, [20] provides opportunity to develop sustainable training, and a career pathway to link emerging new non-clinical roles with structured progression into management, or linked to clinical routes, if desired.

Method

Review of existing roles

Requests were sent to CEPNs in South London for copies of job descriptions of non-clinicians undertaking duties with any patient/client contact, including care coordination, signposting and health promotion. They represented both inner city and suburban populations. Role titles varied, including receptionist; administrator; patient liaison officer; care navigator and health champion. Entry level competencies, as delivered by the Apprenticeship Training Programme, or equivalent, for literacy and numeracy, were assumed as acquired prior to application at any level.

Job descriptions were analysed using principles of grounded theory.[17] They were scrutinised line by line for all functions of a given role, creating open codes. This was an iterative process, with repeated cross checking by both authors and an independent reader. Open codes were further developed through constant comparison looking for similarities and differences between job descriptions

within the context of the specific work environment and the language of the employing organisation. Similar functions, identified twice or more, were further reviewed by the authors for their transferability across different health and social care organisations. The process was concluded when no further new common roles were identified. Resulting axial codes were grouped for similarities and a tiered level of responsibility and competence difficulty identified. Where requirements overlapped between different levels, they were added to both levels.

The selective coding level of responsibility and competence analysis were used to reconstruct generic job descriptions and person specifications. These identified common transferrable themes and core competencies to form the basis of a career progression framework. At each level, job descriptions aimed to build on learning from the level below and contribute to learning of the level above. Once complete, the generic job descriptions were mapped against an existing job evaluation system and salary banding criteria, to ensure there was evidence for competency progression and a framework for discussion on financial implications for career development.

Multidisciplinary workshops

Job descriptions alone can bear little relation to work actually done. To increase validity three workshops were held across London with non-clinicians and employers, recruited from contributing CEPNs. The objectives were to:

(1) Identify current non-clinical roles and competencies for supporting patient care.
(2) Inform training requirements for development of these competencies.
(3) Identify potential requirements for the future development of non-clinical staff.

Participants reviewed the generic job descriptions and discussed their experience of training and gaining skills, and their preferences for types of learning activities.

Workshop with education providers

Education providers from universities, health service and local colleges met to review the proposed career pathway and competencies and suggest ways that would encompass local requirements; address the need for consistent competency standards and enable development of transferable skills.

Results

A total of 32 job descriptions were analysed (Table 1). There were many common roles and functions within them. Saturation was reached after 25 had been reviewed. From these common functions four levels of increasing responsibility and autonomy amongst non-clinical 'navigators' were developed and four draft generic job descriptions created. These were in standard format (incorporating all titles ascribed to the roles), with person specifications, mapped against payment scale banding criteria (Bands 2–5) to confirm appropriateness of responsibility at each level (Supplementary Material).

Workshop attendees included clinical, managerial and non-clinical representatives from general practice; pharmacy; community providers and social care; voluntary agencies; Patient Advisory Groups (PAGs); London Ambulance Service (LAS); community mental health trusts and local secondary care trusts. Groups were mixed, both in terms of roles and localities to enable cross-fertilisation of ideas and local models. The four draft generic job descriptions were shared and discussed within groups. Plenary feedback together with table notes and completed participant evaluation forms were used to review and modify the draft generic job descriptions. Discussions in workshops confirmed eight broad competency areas, into which all identified generic functions could be mapped (Table 2).

Workshop comments are shown in italics:

Table 1. Job descriptions reviewed; titles and employing agency.

Employing agency	General practice	Local authority	Voluntary sector	Community pharmacy	Secondary care trusts	Ambulance service
Titles of roles	Community Connector	Senior support time and recovery officer	Safe and independent living care navigator	Health Champion x2	Mental health primary care navigator	Emergency medical dispatcher x3
	Primary Care Navigator	Service Administrator	Locality navigator – integrated care		Centre receptionist	
	Medical Assistant	Care Navigator x3	Primary care navigator x2		Care navigator x2	
	Care Navigator x2	Health and social care navigator x2			Care co-navigator	
	Receptionist	Health and social care co-ordinator – integrated care			Children's complex needs coordinator	
	Patient Liaison Officer	Housing association Health navigator				
	Administrator					
Total	8	9	4	2	6	3

Table 2. Competencies and core functions at each care navigator level (entry level Apprenticeship training or equivalent expected before Level 1).

Competency	Level 1	Level 2	Level 3	Level 4
Effective communication	• Telephone skills • Listening skills • Recording and responding to information and requests • Proactive patient contacts • Understanding cultural needs	• Understand and able to use common health and social care terminology • Able to communicate in multiple formats in order to engage a variety of patients/clients/agencies/professionals	• Skills in enquiry and interpretation of information to identify areas of concern or risk • Able to give and receive feedback • Able to negotiate with colleagues; patients and external providers	• Skilled in negotiation and planning at strategic level • Able to lead teams in patient/client care
Managing information	• Managing complex information and requests • IT skills :-Appointments/diaries/prescriptions/medication/registrations Information governance • Managing documents and data • Accountability • Follow-through • Effective handover • Attention to detail	• Collating data • Writing reports • Managing databases • Understanding basic principles of audit • Able to take minutes in meetings • Able to develop monitoring systems • Understanding of the Data Protection Act • Able to implement action points from care plans	• Able to use risk analysis software • Able to develop, implement and monitor care plans with patients/clients • Able to receive and prioritise referrals	• Able to monitor standards; and carry out quality improvement projects • Able to plan services and manage budgets • Able to evaluate outcomes of organisation activities in providing care for vulnerable groups
Protecting patients	• Health and safety at work • Basic life support • Safeguarding children and adults – level 2 • Recognising and alerting appropriate others to emergencies – physical, social and mental health • Confidentiality	• Managing vulnerable/distressed people/mental health patients/carers, through communicating with in and outside own organisation • Able to respond appropriately in crises • Safeguarding children and adults – level 3 • End of life care – level 2 • Mental health training – level 2 • Understanding of potential problems and barriers to care associated with disability, learning disorder and dementia	• Understanding principles of assessment for vulnerable patients • Understanding the impact on health of long term conditions including mental health • Able to manage a caseload of stable patients/clients with longterm conditions	• Able to manage complex care needs • Knowledge of local and national public health issues • Able to receive and manage complaints, referring to clinicians or senior management where necessary
Organising and networking skills	• Understanding the organisation, protocols and procedures • Organisation security • Understanding the organisation within the broader concepts of health and welfare services • Awareness of local services and how to access them	• Able to access local resources and signpost appropriately from a range of options • Updating local services register • Understanding local health and social care policy • Able to give presentations within own organisation	• Able to write reports; make case for change and generate proposals • Able to produce and present reports and audit in strategic meetings • Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector) • Able to chair multi professional meetings and reviews	• Able to recruit and be responsible for induction of junior non-clinical staff • Able to contribute to strategic planning at managerial level • Skills in project management
Motivation and supporting skills	• Able to demonstrate empathy and compassion • Able to deal with distressed patients/clients and manage conflict • Recognition of mental health impact on welfare	• Able to co-ordinate meetings/arrange case reviews and understand their functions • Able to run defined group sessions (e.g. carers groups) • Understanding of health promotion; purpose, methods and impact • Motivational interviewing skills	• Skills in education and training for patients and level 1 and 2 care navigators • Skills in advocacy and enabling for patient/clients • Understanding of social care and personal budgets • Motivational interviewing skills	• Able to mentor junior staff, offering advice on role responsibilities and career development within the organisation • Able to debrief with junior staff • Able to coordinate and run appraisal system for non-clinical staff • Able to supervise junior staff • Able to manage workforce capacity/line management/dispute resolution
Developing effective relationships	• Commitment to person-centred working • Reliability • Honesty and integrity • Teamworking	• Ability to engage patients in discussion to encourage healthy choices • Able to manage regular contacts and reviews, supporting patients and carers • Teamworking – decision-making and responsibility	• Able to facilitate supportive working environment for all staff including volunteers • Able to supervise junior staff • Able to provide emotional support for distressed patients/carers • Able to support vulnerable patients post hospital discharge	
Self-awareness	• Prioritising • Time management • Stress management/resilience • Making judgements • Defining boundaries • Personal support	• Able to monitor impact of own work • Knowing own limitations and how to debrief • Resilience	• Self-confident in relating to colleagues and patient/clients • Self-directed in seeking learning opportunities for development • Able to reflect on own work and learning	• Able to reflect on own practice and that of others • Able to use tact and diplomacy in dealing with sensitive issues
Ethical practice	• Understanding stigma and discrimination in social and health care • Understanding own prejudices	• Understanding of legal, ethical and regulatory principles of the health and social care system	• Able to act as a role model for junior staff • Understanding of cultural needs of specific populations	• Able to evaluate proposals for new developments within ethical principles

(1) Effective communication

An ability to communicate well and network between different provider organisations, representing their own organisation and service users.

We need more navigators – with excellent communication skills – our navigator is so helpful when I have limited face to face time with patients

(2) Managing information

Effective record-keeping; information technology (IT) skills; transfer of important information to the right agencies; time and resource management; and ability to collect, *get access to services, take responsibility for databases and follow-up care plans*

(3) Protecting patients

Provision of personalised care; confidentiality and the recognition of the impact of illness on individuals and carers and the triggers for onward referral, particularly in safeguarding and mental health, were agreed. There was debate about whether clinical knowledge was required, but recognition that this varied with level of autonomy. Level of supervision was an important determining factor (see Table 2).

(4) Organisation and networking skills

Competencies included use of specific protocols; detailed knowledge of local resources (social care; housing and benefits; mental health services and NHS structure) and how to access them; understanding of multi-professional working environments and networks within and outside the employing organisation (including higher levels of project management and strategic planning for service development); and the need for clarity and avoidance of professional 'jargon';

They should help people connect and link into what they need

(5) Motivational and supporting skills, coordination and integrated care

These included motivational interviewing; health coaching to promote behaviour change; empathy and compassion; skills in conflict resolution; understanding psychological and mental health issues in health and social care; developing effective relationships with colleagues, other organisations and patient/service users and facilitation of groups and meetings for both service users and providers. At senior levels teaching, mentoring and appraisal of junior non-clinical staff were included.

As long as they can help you with what you need to know – who to contact – feels much safer

(6) Developing effective relationships;

Requirements included compassion, listening skills, availability and continuity to facilitate and coordinate care to support individuals, ensure supportive working environments and collaborate to support vulnerable people. At senior levels skills in supervision and managing workforce capacity were required. Some competencies were identified as person-specific characteristics which might be sought at interview or reviewed at appraisal when discussing career progression.

A 'go to' person who glues it all together, makes things happen

(7) Self-awareness and personal professional development

This theme embraced recognition of 'self' in the process of care; the need for reflective practice; self-confidence; appropriate assertiveness; recognition of limitations and resilience when facing challenging situations.

Reflective practice needs to be ongoing – they need to meet regularly to discuss difficult cases

(8) Ethical practice and professionalism

Appreciation of ethical principles and human rights; avoiding prejudice and discriminative practices and recognising needs of those with disabilities and specific language and cultural needs were essential.

Everyone is different – different needs. You have to understand that and want to help them – whoever they are

An example of the coding process for 'Protecting Patients' competency, with workshop comments is shown in Table 3.

These areas represented core competencies that were transferrable between organisations, enabling smooth progression through a career pathway from administration, through care navigation to senior management. The essential emerging role offered a seamless service between providers, an improved patient journey and effective administration to support the health services.

Workshop participants felt that centrally-based courses or modules would meet lower level training requirements, whilst locally based modular training were preferred for higher level training. The diversity of backgrounds and experience that non-clinical staff would bring to navigator roles would be suited to an adult learning style, using learner-experience in developing skills. Supplementation with supervisor led experiential learning; reflection on practice, and peer support through local and regional networks would be required. This should be appropriate to the level of autonomy and complexity at each career level. Appraisal systems would enable monitoring, and help ongoing professional development.

It was acknowledged that each organisation would have additional training needs, relevant to specific areas of work. It was agreed that this pathway would focus on non-clinical roles, Clinical knowledge in training for non-clinical roles would be limited to mental health awareness and recognition of potential acute illness.

Table 3. Job description coding for the competency 'Protecting Patients'.

Open coding	Axial coding	Selective coding	Additional coding from work-shops
• Knowing health and safety policies at work • Fire training • Infection control • Assessing personal risk • Avoiding risk • Working in a team • Reporting risk and harm	• Knowing current procedures • Staying within boundaries • Staying in contact with seniors	Health and safety at work	'make sure someone knows where you are on lone visiting' 'regular training is important – it is easy to forget'
• Use of risk stratification tools • Seek out people who will benefit from care navigator input • Recognise early warning signs • Noticing suspicious behaviours • Reporting incidents • Escalating concerns • Accurate and timely record keeping • Staying calm in emergencies • Basic life support training • Identifying when there is a need for urgent action (chest pain, breathing difficulties, collapse , accidents, suicide of other threat, eviction, abuse) • Recognise risk in specific environments (care homes. hospitals, living alone) • Dealing with distressed patients/carers • Recognising risks for specific groups (dementia mental health, learning disabilities)	• Recognition of risks that impact on health and welfare • Knowing why early intervention matters • Knowing or feeling a situation is putting someone at risk of harm • Recognising risk in specific environments • Recognising what risk is • Recognising who might be at risk • Taking appropriate action and responsibility	Identifying people at risk Safeguarding – adult and children Responding to crisis	'not everyone wants to tell you they are struggling – you have to have time to talk to them' 'you have to be able to get through to the right people quickly – that's the support you need' 'you can't panic – that only makes things worse – you just have to know what to do'
• Reducing delays • Proper handover of care • Provide information to reduce hospital admissions • Communicate clearly • Access to professionals • Care planning • Clear documentation • Communication with patients/clients • Communication with colleagues/other professionals • Update records to reflect change • Regular debriefing	• Getting a response from care providers to meet needs • Accessing resources to support patients/clients • Use of IT • Clarity of meaning	Timely access and communication Recording events	'some things take ages to organise – sick patients can't cope with that' 'It's important to record things as soon as possible – it's easy to forget when a lot is going on'
• Data Protecting Act compliance • Convey complex information • Giving information to patients/clients • Giving information to professionals • Using discretion • Avoiding discrimination • Privacy • Consent	• Confidentiality • Communication with those who need to know • Using language people can understand	Sharing information	'getting the message across quickly and currently is vital in an emergency'
• Recognising needs of people with dementia; learning disability; mental health; patients at end of life; homeless; long-term conditions; ethnic groups • Assessing needs • Managing care plans • Understand impact of long-term conditions on health and wellbeing (isolation; disability; unemployment) • Supporting carers • Able to manage caseload of stable people with long-term conditions	• Recognising needs of vulnerable groups • Recognising importance of care planning • Able to network between different agencies as patient/client advocate	Supporting people with complex needs	'you need back-up plans a s well as plans'
• Provide signposting to services available • Enable access to services • Give information about health and social care services • Know eligibility criteria for services • Coordinate services for patient/clients	• Knowing what is possible • Knowing local and national health and welfare aims • Anticipating and preventing problems through timely intervention	Knowledge of services and eligibility	'services change all the time – especially the forms – you have to keep up to date'
• Dealing with complaints • Understanding complaints procedure • Investigating complaints • Resolving complaints • De-escalating conflict	• Learning from mistakes • Dealing with negative emotions • Understanding complaints procedure	Management of complaints	'people complain so much now – sometimes it's directed at us and it's not our fault – it's the system'

Non-clinical indemnity, regulation, safety if working independently and the additional burden of supervision gave some concern. This was largely addressed through development of the fourth level, which included supervision of junior levels. At all levels clear lines of accountability and boundaries were recognised as important.

Many competencies could be mapped against existing Apprenticeship Training modules. Areas not obviously

covered by Apprenticeship training included supervision; mentoring; coaching; assessment and giving feedback, as well as ethics at senior levels. These areas need development. Education providers were aware of sources where this would be available. A portfolio-based (possibly e-portfolio) approach to learning would enable core competencies to be acquired through person-specific training, using a range of learning environments from on-line, workplace-based, and local bespoke courses, through to recognised national training.

Discussion

The strengths of this project include enthusiasm and commitment to engage in dialogue by many providers of health and social care, including the voluntary sector, primary and secondary care. Although not claiming to represent every agency, the diversity achieved generated broad debate about emerging roles for non-clinical staff. There was agreement that development of new roles, such as care navigators, should be done collaboratively to achieve consistent and transferrable core skills. Development of a career pathway was seen as a logical progression. The Apprenticeship Training Programme made this feasible and sustainable, both educationally and financially. Initial job description review, with additional input from workshops, enabled the development of generic job descriptions for four career steps. These were agreed across provider groups, which, in itself, was a remarkable achievement. Agreed competencies could be mapped easily against existing apprenticeship programmes which supported the importance of making links to develop consistent pathways. Where gaps were identified portfolio-based learning, work-based assessment and appraisals offered local solutions to deliver consistent competency standards.

Job descriptions enable organisations to develop staff in standardised ways against which targets and performance indicators can be measured.[21] Using these as preliminary sources of information was a time-efficient way of gathering information and gave insight into the context and culture of those organisations.[22] The language used, could have different meaning across organisations, even within role titles. This made the iterative process and independent checking important to achieve reliability. There were no guarantees that job descriptions were fully comprehensive; they may not have recorded all activities – selective deposit – and, in collating information, some activities may have been lost – selective survival.[23] The process of job role development may differ between organisations. There may be variable bias towards functions within different roles and different organisations.

Within these limitations, the analysis of job descriptions has initiated a process not previously addressed.

Triangulation of data through input from workshop participants (both employers and employees), gave direct feedback on current non-clinical roles and added validity to the information gathered, to agree generic, transferrable competencies. Development of a common language between provider groups has offered a step forward in the evolution of the non-clinical career. Gaining agreement from providers to share the experience of implementing new roles demonstrated a willingness to work together to tackle workforce and workload issues within our health care system.

Defining generic transferable skills for non-clinicians offers the potential to support clinical colleagues, reduce administrative workload, support patients/clients to manage chronic disease and disability, and promote healthy lifestyles and self-care.[24] This could positively impact on current workforce and financial pressures within health and social care. The number and variety of new roles evolving to tackle escalating health care needs provides evidence for their relevance,[25] at the same time highlighting the need to support and ensure their credibility. Exploring different tiers of competency and the potential for supervision by more senior levels of junior staff helped dispel many initial concerns expressed by clinicians.

Conclusions

Organisations across all UK health care sectors recognised and welcomed the potential for a career pathway to recruit, develop and retain an increasingly important non clinical workforce. The career framework developed from existing job descriptions and workshop discussions has created a four level model of increasing competency. Most competencies are deliverable through portfolio-based learning using existing Apprenticeship Training programmes. Further work is now necessary to test and formalise competencies in a portfolio-based learning programme to offer a range of options through which generic transferable competencies can be achieved and recorded.

Ethical approval

Ethics committee approval was not sought as this was an exploratory project for service redesign within the NHS and social care sectors.

Disclosure statement

Funding

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