

Chafea/2014/Health/04

Healthcare assistants in Europe

FMO/MAZ/lijschouw doen FMO/MAZ/lijschouw doen
The CC4HCA project

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Commission Expert group on Health Workforce, November 18, 2016



KU LEUVEN



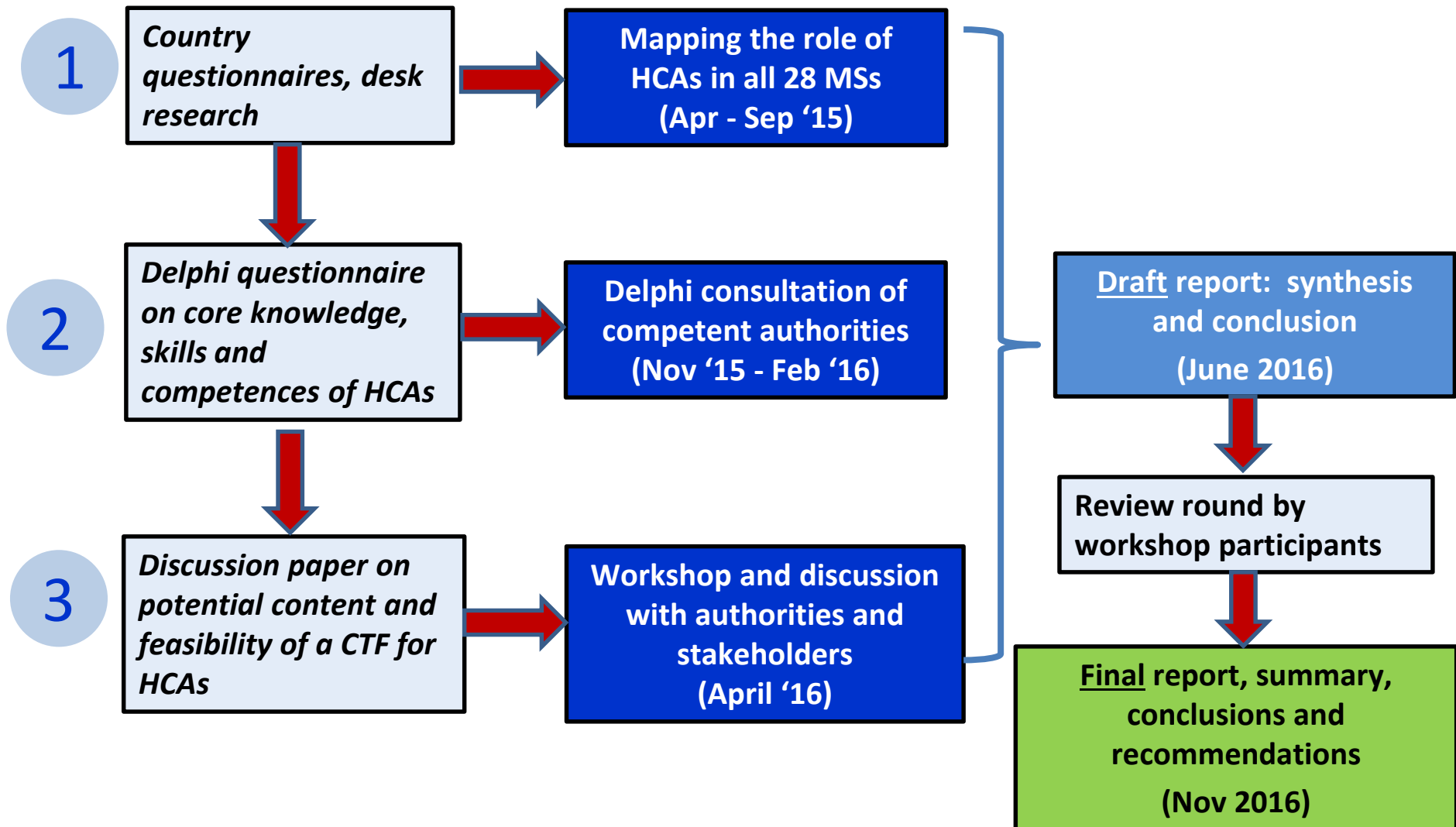
Goal of the CC4HCA study

To explore the level of consensus among all 28 EU countries concerning the desirability and potential content of a common training framework for healthcare assistants within the EU

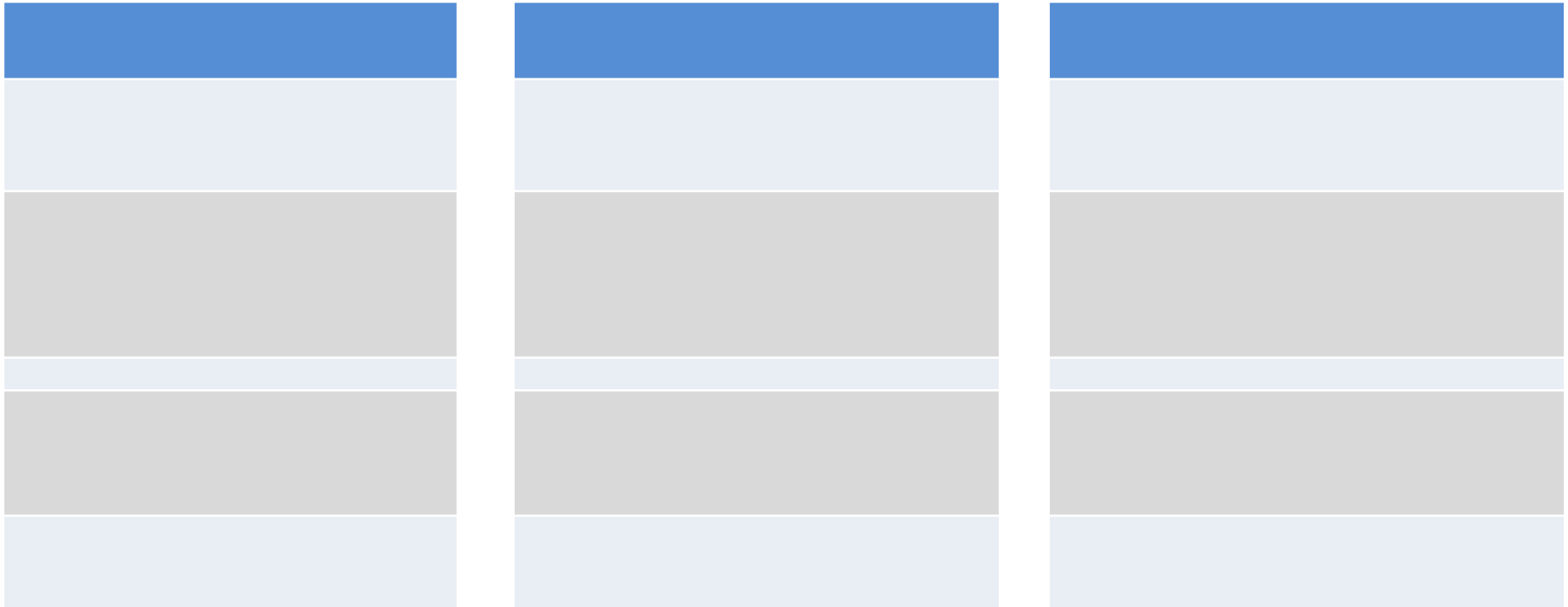
Objectives:

- To identify the **competent authorities** in each Member State and the representative national or European **professional organisations** that are **interested** in working on a suggestion for a CTF for HCAs;
- To set up a network that can establish **a common position on a set of knowledge, skills and competences** combining the knowledge, skills and competences required in at least 12 Member States;
- Provide input (**a common position on the set of knowledge, skills and competences and a feasible roadmap**) for interested representative European or national professional organisations (or competent authorities) that might want to engage in working on a suggestion for a CTF for HCAs.

Steps of the CC4HCA Study



Achievements of the three study parts



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Mapping study

- **Recalling the country informants from 14 MSs participating in the Contec 'Network of Educators'**
- **Recruitment of country informants from the 14 other MSs**
- **100% response on the country questionnaires**
- **93% response on recruiting the appropriate participants for the Delphi study**

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Delphi study

- Two Delphi rounds to validate a list of common knowledge, skills and competences of HCAs across Europe
- One Delphi round to collect positions on allocating the EQF and a CTF for HCA
- 88%-100% response on all the Delphi questionnaire
- 100% response on the invitations to participate in the Workshop

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Workshops

- One F2F workshop in Brussels: plenary and subgroup discussions about the core competences of HCA and the desirability of a CTF for HCAs
- One online workshop from Brussels: plenary discussions about the core competences of HCA and the desirability of a CTF for HCAs
- Representatives from 27 MSs and 5 European stakeholder organizations actively participated
- 21 participants (representatives of 16 MSs and 5 European stakeholder) responded to the draft report consultation

Some results from the mapping study

Occupational titles provided by the Contec country informants in 2011/2012

| | Occupational title | English (back)translation |
|------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| UK | Healthcare Assistant s (Health Care Support Workers, Nursing Assistants, Nursing Auxiliaries, Clinical Support Workers) | Healthcare Assistants (Health Care Support Workers, Nursing Assistants, Nursing Auxiliaries, Clinical Support Workers) |
| Belgium | Aide Soignante, Zorgkundige, Pflegehelfe | Healthcare assistant |
| Ireland | Health care Assistant | Health care Assistant |
| Denmark | Social- og sundhedsassistent | Social and Healthcare Assistant |
| Austria | Pflegehelfer; Heimhelfer | Care assistant; Home helper |
| Finland | Hoiva-avustaja | Care assistant |
| Germany (Lower Saxony) | Staatlich geprüfter Pflegeassistent | Certified Care Assistant |
| Bulgaria | Sanitaries | Health Assistants |
| Czech Republic | Not reported | Medical Assistants |
| Poland | Opiekun medyczny | Medical Carer |
| Italy | OSS – Operatore Socio-sanitario | Auxiliary Staff, Social and Health Auxiliary Workers |
| Netherlands | Verzorgende IG, Helpende zorg en welzijn, Zorghulp | Carers Individual Healthcare; Assistants Health and Welfare; Care Assistant |
| Slovenia | - | Nurse assistant, health care technician, practical nurse |
| Spain | Técnico en cuidados auxiliares de enfermería | Nursing assistants |

Occupational titles provided by the CC4HCA country informants in 2015/2016

| | Occupational title | English (back)translation |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Romania | Infirmiera | Healthcare assistants |
| Slovakia | Zdravotnícky asistent | Healthcare assistants |
| Croatia | Medicinska sestra; medicinski tehničar | Nurse; nurse-technician |
| Luxembourg | Aide-soignant | Care assistant |
| Estonia | Isikuhooldustöötajad; Hooldustöötajad tervishoius;Hooldajad tervishoiuasutustes | Care worker, Healthcare assistant |
| Portugal | Técnico Auxiliar de Saúde | Technical Health Assistant |
| France | Aide soignante hospitalière and à domicile | Hospital and home healthcare assistant |
| Cyprus | Βοηθός Θαλάμου; Βοηθός Οδοντιατρείου | Ward assistants; Dentist assistants |
| Greece | βοηθοί νοσηλευτών or νοσοκόμοι | Nurse's assistants |
| Hungary | Ápolási asszisztens | Nursing associate professional |
| Sweden | Undersköterska, vårdbiträden | Assistant nurse, nursing assistant |
| Latvia | Māsas palīgs | Assistant of nurse |
| Lithuania | Slaugytojo padėjėjas | Nurse assistant |
| Malta | Nursing Aides, Health Assistants, Paramedic Aides, Carers, Assistant Carers, Care Workers, Assistant Care Workers, Care and Support Workers, Social Assistants | Nursing Aides, Health Assistants, Paramedic Aides, Carers, Assistant Carers, Care Workers, Assistant Care Workers, Care and Support Workers, Social Assistants |

The core tasks matched with knowledge and skills of HCAs – as reported by >10 of the country informants

Patient communication

| TASKS |
|------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Communicate clearly in interacting with patients/clients |
| <ul style="list-style-type: none"> Provide basic care |
| <ul style="list-style-type: none"> Prepare and serve food and drinks to clients/patients |
| <ul style="list-style-type: none"> Monitor and measure vital parameters |
| <ul style="list-style-type: none"> Sanitary care support for patients |
| <ul style="list-style-type: none"> Apply hygiene techniques |
| <ul style="list-style-type: none"> Apply cleaning and washing techniques for equipment |
| <ul style="list-style-type: none"> Apply quality and safety procedures |
| <ul style="list-style-type: none"> Support other health professionals |

Basic care, ADL, assisting

| KNOWLEGDE |
|--------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Communication and interaction with patients and co-workers |
| <ul style="list-style-type: none"> Patient rights and rights and duties of HCAs |
| <ul style="list-style-type: none"> Support in Activities of Daily Living |
| <ul style="list-style-type: none"> End-of-life and post-mortem care |
| <ul style="list-style-type: none"> Clerical/administrative/planning knowledge |
| <ul style="list-style-type: none"> Health system knowledge |
| <ul style="list-style-type: none"> Legislation that falls within the scope of HCAs |
| <ul style="list-style-type: none"> Interprofessional healthcare and teamwork |

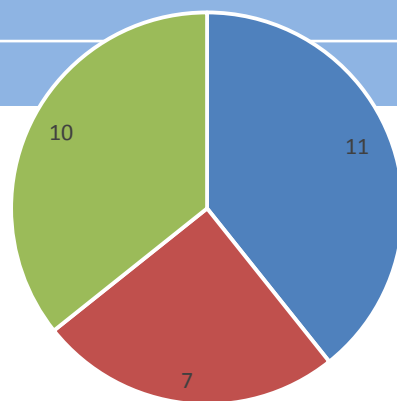
Hygiene and safety

| SKILLS |
|------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Communicate clearly in interacting with patients/clients |
| <ul style="list-style-type: none"> Basic care |
| <ul style="list-style-type: none"> Prepare and serve food and drinks to clients/patients |
| <ul style="list-style-type: none"> Monitor and measure vital parameters |
| <ul style="list-style-type: none"> Preventive care and first aid |
| <ul style="list-style-type: none"> Assist in moving and transfer of patients |
| <ul style="list-style-type: none"> Sanitary care support for patients |
| <ul style="list-style-type: none"> Apply hygiene techniques |
| <ul style="list-style-type: none"> Apply cleaning/washing techniques (manual and mechanical) for equipment/patients |
| <ul style="list-style-type: none"> Apply quality and safety procedures |
| <ul style="list-style-type: none"> Support other health professionals |

Support in teams

Title protection of HCAs as reported by the Contec and CC4HCA country informants

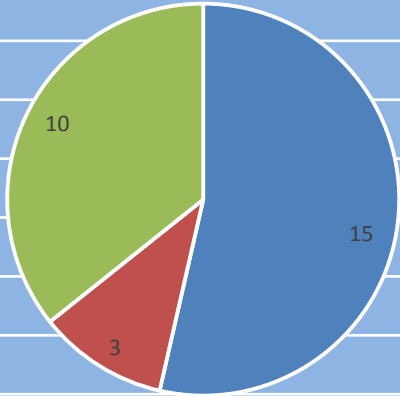
| Protected | Not protected | Not reported |
|---------------|--------------------------|------------------|
| • Croatia | • Estonia | • Latvia |
| • Netherlands | • Malta | • Austria |
| • Cyprus | • Portugal | • Belgium |
| • France | • Romania | • Bulgaria |
| • Greece | • Sweden | • Czech Republic |
| • Hungary | • Germany (Lower Saxony) | • Denmark |
| • Lithuania | • Ireland | • Slovenia |
| • Luxembourg | • Estonia | • Poland |
| • Slovakia | | • Spain |
| • Finland | | • UK |
| • Italy | | |



■ Protected ■ Not protected ■ Not reported

Funding of HCA education as reported by the Contec and CC4HCA country informants

| Public | Private | Mixed |
|--------------------------|--------------------|------------|
| • Hungary | • Lithuania | • Cyprus |
| • Croatia | • Romania | • France |
| • Estonia | • UK (or employer) | • Portugal |
| • Latvia | | • Italy |
| • Luxembourg | | • Spain |
| • Malta | | • Belgium |
| • Slovakia | | • Poland |
| • Sweden | | • Slovenia |
| • Bulgaria | | • Austria |
| • Czech Republic | | • Cyprus |
| • Denmark | | • France |
| • Finland | | |
| • Germany (Lower Saxony) | | |
| • Ireland | | |
| • Netherlands | | |



■ Public ■ Private ■ Mixed

Entry requirements and minimum age as reported by the CC4CHA country informants

| Country | Entry level requirement for education | Minimum age requirement |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Cyprus | Secondary school | No |
| Greece | Basic education (12 years) | No |
| Portugal | 9 years of school | No |
| Sweden | No | No |
| Malta | N/A | N/A |
| Croatia | Elementary school | 15 |
| Luxembourg | Finalisation of a 9th grade class, A favourable opinion to a healthcare profession of the 9th grade class; Entry test of competences | 15 |
| Hungary | Elementary school | 16 |
| Romania | Graduate of eight classes minimum | 16 |
| France | Before high school diploma or “baccalauréat” | 17 |
| Estonia | basic education (9 yrs) or secondary education (12 yrs) | 18 |
| Latvia | No entry requirement | 18 |
| Lithuania | After Secondary school | 18 |
| Slovakia | Basic school + entrance exam or high school | 15 for fulltime, 18 for part-time |

Conclusions of the mapping study

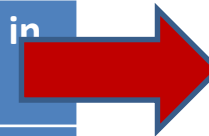
- The mapping study has delivered, for all 28 MSs:
 - A validated country questionnaire and a database of *qualitative* country information about HCAs
 - A complete overview of country informants, stakeholders and competent authorities for HCAs in Europe
- But is also shows, that:
 - Occupational titles of HCAs (and their English translations) differ between MSs
 - Entry requirements, title protection, training duration, regulations and registration differ between MSs (and do not seem to vary by country clusters)
 - HCAs in most countries are not organized or have professional associations
 - Numbers of (professional active, practising, licensed) HCAs are incomplete and hard to compare based on country informant data
- Hence:
 - International initiatives as the Joint Questionnaire are needed to improve the data quality in MSs to complete a *quantitative* mapping of HCAs in Europe
 - In general, additional research and policy is needed to improve the visibility and institutional position of HCAs (on the national and European level)

After the mapping study

A CTF shall comply with the following conditions

(Dir. 2013/55/EU, art. 49a)

- The CTF enables more professionals to move between Member States
- The profession or the education and training leading to the professions is regulated in at least one third of Member States
- The CTF combines knowledge, skills and competences required in at least one third of the Member States
- The CTF is based on European Qualification Framework levels
- The profession concerned is not covered by another CTF and does not benefit from automatic recognition under another system
- Preparation of the CTF following a "transparent due process", including the relevant stakeholders from Member States where the profession is not regulated
- The CTF permits nationals from any Member State to acquire the professional qualification under such a framework without being required to be a member of or registered with any professional organisation.



*Given these conditions:
Is a CTF for
HCAs
desirable
and
feasible?*

3 Delphi study rounds with 26 MSs

2 Workshops with 27 MSs and stakeholders

Conclusions and lessons learned from the Delphi and workshops rounds

The requirements of a CTF reveal that there are 5 'cumulative gaps' that determine the (current) desirability and feasibility a CTF for HCAs:




1. The information that is needed to map the position of a diverse occupation as HCAs across Europe,
2. The information that is needed to define the core knowledge, skills and competences of HCAs across Europe,
3. The willingness of countries that is needed to agree on a minimal set knowledge, skills and competences for HCAs across Europe,
4. The willingness of that countries is needed to actually propose a CTF for HCAs within Europe,
5. The consensus of countries that is needed to define under what conditions cross-border mobility of HCAs would be desirable and feasible

Conclusions based on these 5 gaps

With regard to:

It can concluded that:

- 
1. The
 2. Currently, there is insufficient support for a CTF for HCAs
Still, MSs and stakeholders:
 3.
 - Are interested and motivated to discuss the position of HCA: cooperation with this study was maximum
 4.
 - Are aware that further steps are needed to compare the position of HCAs across Europe
 5.
 - Agree that HCAs omit a 'face' in Europe (and this is the best European picture of them so far)

FINDINGS

Mapping study:

- The position of HCAs within the EU differs on many qualitative aspects
- Different data and sources hinder a solid quantitative mapping
- Competent authorities and relevant stakeholders can be identified in all MSs

Delphi study:

- A basic common set of knowledge, skills and competences of HCAs can be defined across EU MSs ...
- ... but no common allocation of the 'appropriate' qualification level
- There is a willingness to be involved in further exploration of a CTF for HCAs across MSs

Workshops:

- The basic common set of core competences of HCAs is recognized, but needs specification
- As a legal instrument, a CTF for HCAs raises questions about its implications, and concerns about its risk/benefits by MSs and European stakeholders

CONCLUSIONS

Desirability of exploring a CTF for HCAs is present among most MSs; some MSs and EU organizations are restrained

Feasibility of a CTF for HCA is currently uncertain and actually unknown; MSs see uncertainties and risks; some EU organizations are against further exploration

RECOMMENDATIONS

For further exploring the position of HCAs in Europe, joint questionnaire data and the initiation of HCA representative organizations is required

When further exploring a common set of competences for HCAs, the diversities and context-specificity of MSs need to be taken into account

When further exploring a CTF (for any profession), its requirements should not only be seen as binding criteria, but also a gap-analysis-instrument; what is needed for an European approach?

Contact and more info

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