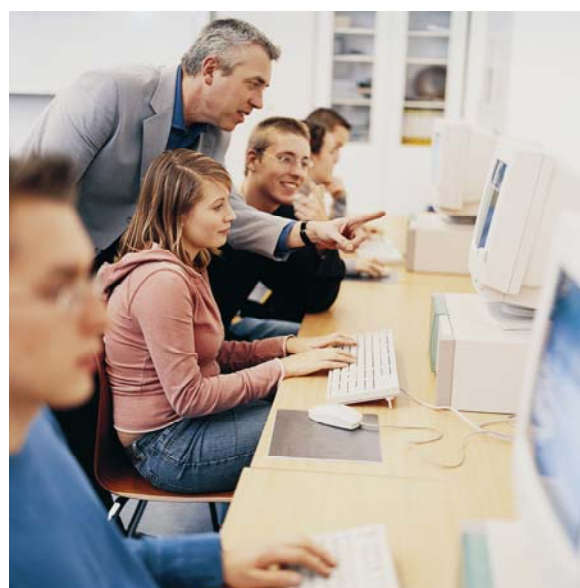




Telehealthcare in Scotland: a strategy for education and training 2010-2012



Foreword

This strategy outlines the first phase of a comprehensive approach to the development and delivery of telehealthcare education and training opportunities in Scotland.

It has been developed by the Joint Improvement Team as part of the national Telecare Development Programme (TDP), in association with the Scottish Centre for Telehealth (SCT). The strategy focuses primarily on the training needs of social care, health and housing staff working with telehealthcare technologies in community based settings. It has been through a long consultation phase and is now intended to be a robust and pragmatic document which identifies a series of actions that we are committed to implementing to ensure staff working in these settings have access to appropriate and well designed education and training.

The Telecare Development Programme and the Scottish Centre for Telehealth have agreed to work in partnership on activities where our work streams converge. This is recognised as being particularly important around workforce development. The TDP and SCT have committed to a further phase of education and training strategy development, which will be undertaken during 2010/11, which will identify and the specific telehealthcare training needs of staff working in acute health settings.



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March 2010

Executive summary

Introduction

This strategy describes plans for the development of telehealthcare education and training opportunities for staff and other key stakeholders who are, or will become, involved in the delivery of telehealthcare services in Scotland. The actions arising from it are intended to support the development and delivery of high quality, effective, and integrated telehealthcare services.

Strategic context

The role of telehealthcare in supporting the delivery of strategic initiatives such as [Shifting the Balance of Care](#)¹ and [Better Health, Better Care](#)² has been increasingly recognised within the Scottish Government, Health Boards, the Long Term Conditions Collaborative and local health, housing and social care partnerships over the last 3 years. New models of service which can be supported and facilitated by technology are anticipated to become progressively more important to assist us address the needs and aspirations of the people who use our services, the anticipated demographic shift and our challenging financial context.

Telehealthcare is seen to be particularly effective in supporting:

- a reduction in unscheduled admissions to hospital and care homes;
- a reduction in the length of stay within hospitals and care homes;
- providing equitable services for patients in remote & rural areas;
- improving access to services e.g. the 62day Cancer pathway, that improves access to key diagnostic tests and specialist services;
- supporting the 18wk RTT programmes for patients;
- self management (self care) of long term conditions; and
- unpaid carers to continue in their caring role.

It is, therefore, important that the education and training requirements associated with the implementation of telehealthcare are embedded into the workforce development activities supporting these strategic policy initiatives.

Identifying the needs of the telehealthcare workforce

The following groups of stakeholders have been identified as requiring some form of telehealthcare training:

¹ Scottish Government (2007). *Shifting the Balance of Care Framework*. [Online] Edinburgh. <http://www.shiftingthebalance.scot.nhs.uk/>

² Scottish Government (2007). *Better Health, Better Care: Action Plan*. [Online] Edinburgh. www.scotland.gov.uk/Publications/2007/12/11103453/0

Stakeholder Group	Description
Elected Members, Board Members, senior strategic and operational managers	In health, social care and housing services (public, private and voluntary sector providers)
Assessors	GPs, nursing professionals, allied health professionals, social workers, housing staff
Equipment installers	Support workers, home carers, technicians
Call handlers	Support workers
Responders	Support workers, home carers, unpaid carers, volunteers
Service users	Service users of all ages
Carers	Carers of all ages

The types of training required for these groups include:

Training type	Stakeholder group
Awareness raising	All stakeholders
Telehealthcare installations and programming	Staff involved in installations, equipment maintenance, asset management
Assessment and prescription (of packages)	GPs, SSA assessors (in health, social care and housing), care managers, etc
Call handling and reporting	Call handling staff
Response	Responders, emergency services, re-ablement teams, etc.

The formats of training delivery required are:

Training format	Description
Induction training	based on nationally agreed core content, locally delivered and non-accredited;
Vocational skills training	various delivery methods and accredited, i.e. validated by the Scottish Qualifications Authority (SQA) ³
Continuing professional development	various delivery methods and SQA accredited;
Topic specific training	e.g. use of technology in dementia care, etc. various delivery methods and accredited, where possible

Establishing an effective approach

This strategy acknowledges the significant work already undertaken by local partnerships to develop awareness raising and training resources to support the delivery of the Telecare Development Programme.

It outlines the further complementary work that will be undertaken at a national level to underpin the future delivery of telehealthcare services throughout Scotland and recognises the importance of agreeing definitions across the different stakeholders that will be tasked with delivering the actions outlined.

³ The Scottish Qualifications Authority (SQA) is the national body in Scotland responsible for the development, accreditation, assessment and certification of qualifications other than degrees - www.sqa.org.uk.

This will involve a two pronged approach which will see the:

- inclusion of training in telehealthcare in the core curriculum of the emerging telehealthcare workforce; and the
- development of accessible, SQA accredited training and CPD opportunities for staff already working within telehealthcare services.

Developing an action plan

Key areas for further action include:

- a continuing national programme of awareness raising for key stakeholders;
- working with regulatory bodies to establish a [National Occupational Standards⁴ \(NOS\) framework](#) for telehealthcare;
- working with academia to promote the inclusion of telehealthcare within the core curriculum of existing vocational training courses for professional staff;
- working with regulatory bodies and Higher Education Institutions (HIEs) to develop a range of new accredited training opportunities for telehealthcare staff;
- exploring funding opportunities, including European funding, to support the delivery of training to the telehealthcare workforce;
- scoping the development of different delivery mechanisms to address the needs of a 21st century workforce e.g. interactive online training tools, etc.

⁴ National Occupational Standards define the competences which apply to job roles or occupations in the form of statements of performance, knowledge and the evidence required to confirm competence. Further information can be found at: www.ukstandards.org.uk.

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1. Vision, aims and objectives

1.1 Defining telehealthcare

Telehealthcare is a relatively new term in Scotland, and one which is often used interchangeably with the terms telecare and telehealth. There continues to be a variety of terms used by different organisations dependent on their primary function. For example, eHealth is used for national implementation of eServices, telecare is used primarily in the social care sector and telehealth is often used in primary and secondary care settings.

While there is a degree of interchangeability when non-specialists use these terms, to the individual practitioner they are often very specific about what they mean by a particular term and what technology or use it implies.

It is important to acknowledge that these definitions will shift as technologies converge and become more embedded in our daily lives.

For the purposes of this strategy, the following definitions are used:

Telehealth is the provision of health services at a distance using a range of digital technologies. Examples of telehealth include video consultations to support diagnosis and management, clinical networks and health professional education.

Telecare is the remote or enhanced delivery of care services to people in their own home or a community setting by means of telecommunications and computerised services. Telecare usually refers to sensors and alerts which provide continuous, automatic and remote monitoring of care needs emergencies and lifestyle changes, using information and communication technology (ICT) to trigger human responses, or shut down equipment to prevent hazards.

Telehealthcare is the convergence of telecare and telehealth to provide a technology-enabled and integrated approach to the delivery of effective, high quality health and care services. It can be used to describe a range of care options available remotely by telephone, mobile, broadband and videoconferencing. There is accelerating convergence between telecare and telehealth technologies, with the introduction and expansion of Long Term Condition's monitoring as part of the "telehealthcare" package available in a person's home, and as part of falls prevention and management

It is essential that the national telecare and telehealth programmes continue to work with stakeholders to achieve a common understanding of telehealthcare and its potential benefits across Scotland.

The convergence of the telecare and telehealth agendas is particularly relevant when exploring workforce development. Issues relating to the education, training and registration of staff, and potential solutions, are common to both agendas.

1.2 Purpose

This strategy describes plans for the development of education and training opportunities for staff and other key stakeholders who are, or will become, involved in the development and delivery of telehealthcare services in Scotland.

The strategy acknowledges:

- the policy agenda driving the development of telehealthcare;
- a greater focus on service users and their carers as partners in the delivery of person centred services;
- the whole system benefits to be derived from the deployment of telehealthcare technology and services;
- the rapidly changing nature of telehealthcare technology and the way it impacts on staff skills, competencies, education and training needs.

In producing this strategy, the Scottish Government's [Joint Improvement Team \(JIT\)](#)⁵ and the [Scottish Centre for Telehealth \(SCT\)](#)⁶ recognise that a substantial amount of telehealthcare training is already being delivered at a local level.

The [Strategy Action Plan \(Section 5\)](#) outlines actions which are intended to provide additional support to those working at a local level as they continue to develop their local telehealthcare education and training strategies and activities.

The strategy focuses on raising awareness within the workforce (and with other key stakeholders) as well as the provision of formal education and training opportunities for staff to promote a high standard of skills and competencies.

⁵ Joint Improvement Team – www.jitscotland.org.uk

⁶ Scottish Centre for Telehealth – www.sct.scot.nhs.uk

1.3 Vision

The development of accredited education and training opportunities for the telehealthcare workforce is seen as an essential requirement to support the expansion and integration of telehealthcare into mainstream service provision.

The JIT and SCT's shared vision for telehealthcare education and training in Scotland is that by 2012:

- Telehealthcare will be widely understood and accepted by service users, carers, health, social care and housing professionals alike.
- Telehealthcare service delivery throughout Scotland will be based upon common ethical framework, principles and standards.
- Staff who deliver telehealthcare services have the knowledge, skills and attitudes required to deliver a high quality, person centred and responsive service.
- There will be more effective and integrated working arrangements between health and care services at a local level, as the knowledge and application of telehealthcare helps to redefine roles and options.

1.4 Aims and objectives

The ultimate aim of this strategy is the successful mainstreaming of telehealthcare throughout Scotland.

In working towards this, the JIT and SCT aim to ensure that:

- Common principles for telehealthcare service provision are established.
- An ethical framework for telehealthcare is agreed.
- Standards for all elements of telehealthcare service delivery are in place.
- Telehealthcare is included in the core curriculum of all pre-registration training for doctors, nursing professions, allied health professionals and social workers.
- All staff involved in the delivery of telehealthcare are able to access a range of accredited training opportunities in a variety of delivery formats to suit with their circumstances and their learning and developments needs (e.g. online, distance learning, institution-based).
- Accredited training is developed in line with the standards for service regulation and professional registration, where applicable.
- Career pathways are developed for telehealthcare support staff, in line with the requirements of the SSSC, where applicable.

2.0 Background

2.1 Telecare Training Group

A Telecare Training Group made up of representatives from the [Telecare Development Programme \(TDP\)](#)⁷, the Scottish Centre for Telehealth and local partnerships was set up in 2008 (see [Appendix 1](#) for *Telecare Training Group membership*).

The Group was tasked with scoping the training needs of, and opportunities for, the telecare and telehealth workforce in Scotland. The Group completed this work in early 2009 and identified the need for a strategic approach to the development of education and training in 'telehealthcare'.

The Training Group found that although knowledge and experience of telehealthcare has grown significantly during the three years of the national Telecare Development Programme and establishment of SCT, the ongoing training needs of all stakeholder groups remain extensive.

2.2 Key areas for action

The Group identified the following key areas for further action:

Awareness raising

Raising awareness of telehealthcare with all stakeholders, including users and carers, elected members, commissioners, regulatory bodies, academia, health, social care and housing staff etc to develop and promote a common understanding of how telehealthcare can support the effective delivery of health and social care services.

Developing skills and competencies in the telehealthcare workforce

In exploring the specific skills and competencies of telehealthcare staff, the Group found that there was a dearth of [Scottish Qualifications Authority \(SQA\)](#)⁸ accredited education and training opportunities available in Scotland to meet their needs. A *Mapping of telehealthcare training* currently available in Scotland is included as [Appendix 2](#).

Agreeing standards and regulation framework

The telehealthcare workforce is made up of a wide range of professionals working across health, social care and housing sectors, each with their own respective occupational standards and regulatory frameworks. This presents a significant challenge when developing suitable education and training opportunities. There will

⁷ Telecare Development Programme - www.iitscotland.org.uk/action-areas/telecare-in-scotland

⁸ The Scottish Qualifications Authority (SQA) is the national body in Scotland responsible for the development, accreditation, assessment and certification of qualifications other than degrees

be a concomitant challenge to ensure providers of education and training are also adequately skilled. An *Overview of regulation and registration* is included as **Appendix 3**.

The Training Group identified that a standards and regulation framework for telehealthcare should be agreed with key regulatory bodies, including the [Scottish Social Services Council \(SSSC\)](#)⁹ and the [Scottish Commission for the Regulation of Care \(SCRC\)](#)¹⁰. Such a framework will underpin the development of all accredited education and training developed in Scotland.

This work will include the development of a Knowledge and Skills Framework for telehealthcare, in partnership with key stakeholders.

Strengthening partnerships

A key strand of this strategy will be the development of partnerships with Higher Education Institutions (HIEs) in order to embed the application of telehealthcare technology within existing vocational and academic educational courses.

The potential for partnerships with academia and private industry will be explored with a view to securing investment in the development of new telehealthcare training opportunities within programmes being offered by HIEs.

The JIT and SCT have actively participated in the [NMAHP eHealth Education Project](#)¹¹ which aims share good practice in the use of Ehealth for nurses, midwives and allied health professionals, as well as identify barriers to its effective implementation which can be addressed both locally and nationally. Working more closely with colleagues in NHS24, specifically taking the opportunity to share the work of inputting to undergraduate students across health and social care will also be an important step in the awareness raising work.

2.3 Establishing an effective approach

A two pronged approach to the development of education and training will be adopted to ensure that the needs of the both the current and future telehealthcare workforce are addressed as quickly as possible.

The ultimate aim is to establish a coherent foundation for accountable, professional practice across all sectors and disciplines throughout Scotland.

See **Section 5 - Education and Training Strategy Action Plan** for a detailed list of actions.

⁹ Scottish Social Services Council – www.sssc.uk.com

¹⁰ Scottish Commission for the Regulation of Care - www.carecommission.com

¹¹ [http://www.nmahp.scot.nhs.uk/topic-rooms/nmahp-ehealth-topic-rooms/nmahp-ehealth-education-project-\(last-updated-2nd-april-2009\).aspx?referer=AAS&un=nousername](http://www.nmahp.scot.nhs.uk/topic-rooms/nmahp-ehealth-topic-rooms/nmahp-ehealth-education-project-(last-updated-2nd-april-2009).aspx?referer=AAS&un=nousername)

3.0 The telehealthcare workforce

3.1 Introduction

The telehealthcare workforce is made up of a wide range of professionals and non regulated staff working across health, social care and housing sectors, most with their own respective occupational standards and regulatory frameworks. This presents a significant challenge when developing suitable education and training opportunities. An *Overview of regulation and registration* is included as **Appendix 3**. A *Map of telehealthcare regulation and training issues* for each telehealthcare staff group is attached as **Appendix 4** for ease of reference.

This strategy also focuses on raising awareness within the workforce (and with other key stakeholders) as well as the provision of formal education and training opportunities for staff to promote a high standard of skills and competencies.

3.2 Identifying the workforce

In examining the education and training needs of telehealthcare services, the Telecare Training Group identified the following groups of key stakeholders (in community based settings):

Stakeholder Group	Description
Elected Members, Board Members, senior strategic and operational managers	In health, social care and housing services (public, private and voluntary sector providers)
Assessors	GPs, nursing professionals, allied health professionals, social workers, housing staff
Equipment installers	Support workers, home carers, technicians
Call handlers	Support workers
Responders	Support workers, home carers, unpaid carers, volunteers
Service users	Service users of all ages
Carers	Carers of all ages

3.3 Identifying training needs

A formal mapping of the training needs of the telehealthcare workforce in Scotland has not been carried out; however the Telecare Training Group used the anecdotal views of telehealthcare partnership representatives to formulate a view of the training needs of the telehealthcare workforce (in community or primary care based settings).

Training needs analysis work has also been undertaken in England by the [Foundation for Assistive Technology \(FAST\)](#)¹² and [The Assistive Technology Forum](#)¹³, culminating in the production of their report – **Assistive Technology: an education, a career, a partnership**¹⁴ (2005). In examining the research undertaken by FAST, the JIT is of the view that the picture within Scotland reflects the findings of the FAST report.

The report described the lack of education and continuing professional development opportunities in Assistive Technology (an umbrella term used for products or services designed to enable independence within which telecare and telehealth are included) for experienced staff and following professional qualification.

Concurring with this view, the Telecare Training Group identified a range of high level education and training needs for the main groups of stakeholders. These have been mapped against the existing Scottish Credit and Qualifications Framework (SCQF) for easy reference – see **Appendix 5 – SCQF and telehealthcare training**.

3.4 Elected Members, Board Members, senior strategic and operational managers

3.4.1 [Training needs identified](#)

Gaining the understanding and commitment to telehealthcare of Elected Members, NHS Board Members and senior strategic and operational managers is essential to secure the investment and resources required to develop a telehealthcare service that is accessible, effective and responsive to service users' and carers' needs.

Raising awareness of the potential application of telehealthcare with this group of stakeholders continues to present a challenge to local partnership leads who are trying to find a way of pushing telehealthcare further up the strategic agenda.

Awareness raising is also an important predecessor to other forms of training for all staff involved in the delivery of telehealthcare services, e.g. assessors, installers, call handlers and responders, etc.

It is equally important for service users and carers to ensure that they are clear about the benefits that telehealthcare can offer them and that they are well informed when making decisions about its use.

¹² Foundation for Assistive Technology – www.fastuk.org

¹³ The Assistive Technology Forum – www.fastuk.org

¹⁴ *Assistive Technology: an education, a career, a partnership* (2005); Foundation for Assistive Technology

The purpose of **awareness raising** training is to:

- provide background information on telehealthcare and its potential benefits as well as highlighting challenges and risks. This should help to inform, as well as encourage, assessors to include telehealthcare as an option when assessing and reviewing packages of care and support;
- help health, housing and social care staff to understand the contribution of telehealthcare to support and care packages that they are contributing to;
- enable service users to see the potential of telehealthcare to help them achieve their goals, maintain their independence and improve their feelings of safety, security and wellbeing;
- enable carers to see how telehealthcare can support them in their caring role, by relieving stress, providing peace of mind and enabling them and the people they care for to live more fulfilling lives.

3.4.2 [Training available](#)

The majority of local partnerships have developed awareness raising materials and programmes for stakeholders, however, the Training Group identified the need for multi-media awareness raising materials to enhance locally derived resources. The need for nationally developed resources to be easily accessible to all stakeholders was deemed to be an important design feature, along with a recognition of different levels of need at different life stages.

In response, the TDP developed a toolkit of multi-media awareness raising resources for use in local partnerships during 2008/09. The toolkit includes a DVD introducing Telecare and a range of Digital Stories (case studies), designed to highlight the potential efficiencies and cost benefits that the effective use of technology brings, as well as the positive outcomes for service users and carers. They are intended to support local partnerships to raise awareness of, and secure investment in, telehealthcare as well as being available to HEIs for education purposes.

Strategy Action 1

Ensure that nationally developed telehealthcare awareness raising resources can be easily accessed via a variety of routes and electronic locations e.g. JIT and SCT websites, to support awareness raising activities at a local and national level.

3.5 Assessors

3.5.1 Training needs identified

This group includes staff from housing, health and social care services (e.g. housing allocation officers, nursing professionals, allied health professionals, social workers, etc) who should be identifying the potential need for telehealthcare as part of their day-to-day work with service users and their carers. They are most likely to do this as part of a *simple or comprehensive shared assessment*¹⁵ or during a case review.

There are two types of training that should be available to assessors – awareness raising and accredited Continuing Professional Development (CPD) training.

Awareness raising for assessors is covered in [Section 3.4.1](#) above. Accredited CPD training is required to enable qualified staff to demonstrate they adhere to registrations requirements to have set amount of time for personal and professional developments as well as to gain Credit points towards the attainment of post-graduate qualifications (e.g. Masters degree, etc).

Most assessors will have a professional qualification and it is currently unlikely that their professional training will have included any detailed reference to telehealthcare, even for newly qualified workers.

Local telehealthcare managers' reported experience is that newly qualified workers have little knowledge or understanding of telehealthcare, and that induction programmes for new staff are the only, and very limited, means of introducing this to them, aside from locally delivered telehealthcare training.

In most partnerships, assessors are the main staff group who are likely to assess and refer for telehealthcare services. A list of the **core** training content that should be included in both pre- and post-registration courses follows:

Training for **assessors** should include:

- definition(s) of telehealthcare
- Scottish / UK policy drivers for use of telehealthcare
- the relationship between common individual needs (e.g. a feeling of security and safety, privacy, a desire to maintain independent living) and the range of telehealthcare equipment that may meet those needs
- the range and practical use of telehealthcare equipment
- basic technical information about what can and cannot be installed
- “jargon busting” – becoming familiar with the technical language associated with telehealthcare equipment
- innovative / creative use of telehealthcare equipment

¹⁵ Scottish Executive (2001) *Guidance on Single Shared Assessment of Community Care Needs (CCD 8/2001)*.

- case studies to highlight the value of telehealthcare to users and carers
- how to explain to potential service users and their carers how telehealthcare can support them as part of a package of care
- how to encourage potential users and carers to see telehealthcare as a way of enabling continuing independence / managing risks;
- the ethical issues associated with the use of telehealthcare
- the impact of information governance on the use of telehealthcare
- sample care pathways - for service users of all ages (including children)

Assessors working in different areas of service provision, e.g. learning disabilities, dementia, physical disabilities, children with disabilities, unscheduled care, etc, would benefit from more in-depth training, specific to their area of work.

Strategy Action 2

Establish common principles for telehealthcare service delivery and develop an ethical framework for telehealthcare to underpin training and education delivery.

Strategy Action 3

Develop a Knowledge and Skills Framework for Telehealthcare to underpin the development of new accredited training opportunities.

Strategy Action 4

Work with Higher Education Institutions (HIEs) to embed telehealthcare within core curriculum for **pre-registration** courses (e.g. social work, nursing and allied health professions) to ensure that newly qualified staff understand the potential application of telehealthcare in the delivery of care.

3.5.2 [Available training](#)

When scoping the availability of telehealthcare related training for qualified staff, the Telecare Training Group used a summary of available e-Health related training (which included telehealth and telecare) compiled by the Scottish Centre for Telehealth to inform their conclusions (see **Appendix 2** for *Mapping of telehealthcare training*).

The mapping identified only 2 SQA accredited courses that are currently available in Scotland. The first is offered by Glasgow Caledonian University - "*Contemporary Perspectives in Assistive Technology*" and the second by Stirling University - "*Design, Technology and Care in Dementia*". Both modules are worth 15 credits working towards an MSc in Health and Social Care.

The Contemporary Perspectives in Assistive Technology module offered by Glasgow Caledonian University provides a generic overview of the application of technology in health and social care environments.

A recent evaluation of the module by TDP-funded students identified that they felt this module had a more theoretical than practical focus, however the course provided a useful background to the use of technology in health and social care services.

The Design, Technology and Care module offered by Stirling University focuses on service and environmental design for people with dementia. An evaluation by TDP-funded students identified that this module is particularly relevant for service planners and first and middle line managers working in services for older people and those with dementia.

This module could potentially be used as a template for the development of other 'specialist' modules on learning disability, physical disability, children with disabilities, sensory impairment, etc. These could be free standing with open access, or form part of an assessed CPD / post qualifying / Masters programme.

Strategy Action 5

Work with partners, including Higher Education Institutions (HIEs), to develop a wider range of Continuing Professional Development (CPD) modular programmes in telehealthcare for **qualified** staff for delivery in a variety of formats e.g. distance and e-learning.

3.5.3 Practice Guides

The JIT has worked with the Dementia Services Development Centre (DSDC) to develop a series of '*Practice Guides*' to support professionals in the use of technology with different user groups, including people with dementia, learning disabilities, physical disabilities and sensory impairment. The content of the guides has been strengthened in consultation with stakeholders.

The Guides combine an in-depth analysis of the nature of conditions within these categories, guidance on the assessment of the needs of people with these conditions, and a summary of the range of current technology available to meet those needs.

The Guides can be accessed via the JIT and DSDC websites from April 2010.

3.6 Installers (and equipment management and maintenance staff)

3.6.1 Training needs identified

Arrangements for the installation, equipment management (i.e. storage, tracking, decontamination and recycling) and maintenance (repairs, battery management etc) vary greatly from partnership to partnership, with some choosing to outsource elements of these processes to equipment suppliers and other service providers.

Where these functions are undertaken on an in-house basis by partnerships, the staff involved in installation may also be involved in call handling and response (sometimes on a rotational basis).

All training currently offered to this staff group is most likely to be either locally developed and /or delivered by equipment suppliers.

Training for **installers** should include:

- range of equipment available
- programming of equipment
- health and safety issues, including personal safety, working with asbestos, etc
- interoperability
- common faults and problem solving
- stock management – battery management, stock control
- cleaning / infection control
- customer care

3.6.2 Available training

There is no accredited training for this group of staff currently available in Scotland. Further work is now required to identify the core skills / competencies required by installers and other staff involved in telehealthcare equipment management, with a view to developing accredited training opportunities.

This group of staff will need access to accredited training at the appropriate level (i.e. SVQ 2) when / if they require to become registered with the Scottish Social Services Council (SSSC)¹⁶ (see **Appendix 3 – Overview of regulation and registration**).

Strategy Action 6

Review existing SVQ portfolio and work with appropriate awarding bodies to develop accredited SVQ optional units in telehealthcare for telehealthcare support staff.

¹⁶ Scottish Social Services Council – www.sssc.uk.com

Strategy Action 7

Develop a model induction programme for telehealthcare installation staff in Scotland.

3.7 Call handlers**3.7.1 Training needs identified**

There are currently approximately 500 telehealthcare call handlers working out of 22¹⁷ different call centres across Scotland. This represents a relatively small staff group.

The training needs of call handling staff were clearly outlined in a report by the Telecare Think Tank “The future direction of call handling in Scotland”. The report stated that *“the need for high quality training is a theme which runs through all service provision, from general awareness (which provides a foundation upon which to build more specific expertise as required) to more specific modules on assessment and equipment prescription, installation, call handling & reporting and response. In each case, good training can be the difference between an excellent service and a poor one, which ultimately lets down service users.”*

Training for **call handlers** should include:

- Effective communication
- Customer awareness, understanding and focus
- Service delivery
- Organisation and service knowledge
- Working with others
- Accountability and responsibility
- Decision making and problem solving
- Dealing with dementia
- Ethics
- Theory / use of assistive technology
- Questioning techniques
- Diffusing the situation
- Tone/ attitude approach
- Taking / keeping control of a situation
- Adult / child protection training
- Fire Safety awareness
- Integrated working e.g. NHS 24
- Falls prevention
- Risk Awareness

¹⁷ This does not include those services provided by Housing Associations, private sector organisations, NHS24 or the Scottish Ambulance Service.

- Quality assurance – seniors / team leaders
- Data management, Analysis & Reporting

3.7.2 [Available training](#)

There are various opportunities for training in basic call handling skills, reflecting the much larger market of call centres. Most telehealthcare specific training for call handlers has been locally developed or bought in from telehealthcare equipment suppliers to date, or has been developed by other related service areas e.g. NHS 24.

The Telecare Training Group produced a model induction programme for call handling staff during 2008 which has been made available to all partnerships for local delivery, where appropriate.

There is no SQA accredited training currently available for this group of staff who have a key role in the provision of a proactive, responsive service. **Strategy Action 6** (above) also applies to the development of SVQ modules which will be relevant and suitable for call handlers.

3.8 Response staff

3.8.1 [Training needs identified](#)

Not all telehealthcare services in Scotland provide a paid response service - a number use 'key holders' - i.e. relatives, neighbours and friends to respond to an alert in the first instance.

Although not strictly part of the telehealthcare "workforce", key holders or unpaid responders also require information and awareness raising about how the telehealthcare equipment works and what is expected of them in their role as a responder. A number of partnerships have produced appropriate information and guidance for unpaid responders as part of their local awareness raising activity.

With regard to paid response staff, they are not usually required to have a professional qualification, nor are they currently required to register with the SSSC (see **Appendix 3** for [Overview of regulation and registration](#)), unless they are part of a wider service provision e.g. home care staff, re-ablement teams.

The type of response required of staff responders varies from partnership to partnership. At a basic level, the responder may attend the service user's home to identify the need for another (emergency) service, the reason for a failure of the service user to respond, or to provide a degree of reassurance and support.

A number of partnerships, however, have established more proactive response teams, often combined with rapid response or night nursing services. These staff may also offer assistance with lifting (after a fall), personal care and / or simple

health care tasks. Their training needs will have much in common with daytime care at home staff; but they may also have particular needs arising from installation and testing duties.

Training for **paid responders** should include:

- Effective communication
- Customer awareness, understanding and focus
- Basic First Aid
- Moving and handling
- Working with others
- Accountability and responsibility
- Decision making and problem solving
- Dealing with dementia
- Ethics
- Theory / use of assistive technology
- Taking / keeping control of a situation
- Adult / child protection training
- Fire Safety awareness
- Falls prevention
- Risk awareness

3.8.2 [Available training](#)

Most training for responders has been locally developed within partnerships. There is no specific SQA accredited training currently available for this group of staff who have a key role in the provision of a proactive, responsive service (unless part of a combined service e.g. including home care). **Actions 3 and 4** above also apply to staff who are involved in telehealthcare response.

Strategy Action 8

Develop a model induction programme for telehealthcare responder staff in Scotland, in partnership with NHS24 and other relevant partners.

3.9 **Service users**

3.9.1 [Information needs identified](#)

As highlighted previously in Section 3.4.1, awareness raising is important for service users to ensure that they are clear about the benefits that telehealthcare can offer them and that they are well informed when making decisions about its use.

3.9.2 [Available information](#)

Much information has been produced for service users and the general public to inform them about telecare services locally. Most partnerships have produced their

own leaflets and awareness raising programmes, examples of which can be found in the Telecare Resource Bank on the JIT website¹⁸.

The TDP has produced a range of resources which are available for national and local awareness raising with service users, including a Telecare DVD and Digital Stories case studies.

3.10 Carers

3.10.1 Background

Unpaid carers are both recipients of services (service users) and net providers of services.

Unpaid carers have a critical role in supporting community care services, enabling individuals to remain in their own homes for longer, thereby reducing admission to residential and hospital care. Without carers as key partners in the delivery of care, the statutory services would struggle to meet the needs of service users. Carers also have a significant role in preventative and anticipatory care.

In May 2004, the British Medical Association highlighted research¹⁹ which demonstrated the economic value of carer information and training leading to substantial reductions in hospital admissions and NHS interventions as a result of carers feeling better informed and supported.

Supporting and training carers in their caring role will materially improve their lives and those that they care for. By involving carers and former carers in the planning, development and delivery of services, more effective and responsive services are provided. Involving carers as key partners, improves the outcomes for the person for whom they care, improves the care planning process and lessens the negative impact of caring on carers health and well being. It also contributes to significant savings to health and social care services by reducing hospital waiting times and improving community recovery time.

To enhance the potential opportunities within the personalisation and shifting the balance of care initiatives, it is essential to invest in the unpaid workforce underpinning the health and social care system.

Carers Scotland, with funding support from the Telecare Development Programme, commissioned the University of Leeds to undertake research to examine and identify the potential benefits and challenges of telehealthcare and its impact on carers lives. The research findings were published in Dec 2009 in a report entitled "*Telecare for Unpaid Carers - A Weight Off My Mind*"²⁰. The evidence from the report highlights

¹⁸ Telecare Resource Bank – <http://www.jitscotland.org.uk/toolkits/implementing-telecare-an-action-guide/telecare-project-tools-and-references/telecare-resource-bank/>

¹⁹ Patel A, Knapp M, Evans A et al (2004) Training care givers of stroke patients: economic evaluation. BMJ 328:1102

²⁰ Prof S Yeandle and K Jarrod (2009) "A Weight Off my Mind"; Carers Scotland And Joint Improvement Team

the urgent need to provide carers with appropriate information and resources about telecare. Doing this will help to sustain and promote carers health and wellbeing, as well as supporting the implementation of telehealthcare in Scotland.

3.10.2 [Training needs identified](#)

Although not part of the paid telehealthcare “workforce”, the information and education needs of carers are key to the successful delivery of the aims of this strategy.

Despite a significant increase in access to telehealthcare packages, particularly in the last 3 years, partnership leads continue to report an apparent lack of awareness of the potential of telehealthcare amongst carers and indeed among health and social care professionals

There is a need for continuing awareness raising for carers – in common with the awareness needs of staff described above. However, awareness raising for carers needs to be targeted directly at them and experience suggests that seeing the benefit of telehealthcare for a real person with whom the carer can identify can be the most powerful medium.

One of the most effective ways of empowering carers and minimising the negative impact of caring on their health, wellbeing and life opportunities is through targeted, tailored and timeous information, support and training.

Training for **carers** should:

- provide an understanding of the potential benefits of telehealthcare on both their own health and wellbeing and for those they care for
- provide information about new or improved telehealthcare developments or other types of equipment.
- provide a general overview of telecare developments both nationally and locally.
- provide practical and locally tailored advice about how telehealthcare services can be accessed.

3.10.3 [Available training](#)

The TDP has produced a series of Digital Stories case studies for use by local partnerships and other stakeholders in awareness raising activities. These have been well received by partnerships and are being utilised in local awareness raising sessions for service users, carers, staff and other key stakeholder groups. Carers Scotland, in partnership with JIT, has also produced a DVD which highlights the positive experience of telecare for both the carer and cared for.

The University of Leeds report (*A Weight Off My Mind*²¹) made a number of key recommendations, the majority of which relate to education and training for carers and professionals. A series of actions have been identified in the Carers Workstream within this **Strategy Action Plan (Section 5)** in response to the report.

Work with national and local carer representative organisations will be required to promote the use of telehealthcare in supporting people and their carers to live more active and fulfilling lives.

Strategy Action 9

Work with key carer organisations to improve awareness of the benefits of telehealthcare for carers, via a range of methods which will include the development of new training materials and training courses in a variety of delivery formats.

²¹ <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/telecare-publications/>

4.0 The way forward

4.1 Resourcing the strategy

Partnerships are currently resourcing the delivery of local awareness raising and training sessions for key stakeholders from their telehealthcare service budgets, which include Telecare Development Programme grant allocations.

The Telecare Development Programme has funded the development of multimedia training resources and guides for local use over the past 3 years. It is also currently funding the development of accredited training for telehealthcare support staff (i.e. SVQ Level 2) and scoping the development of accredited training options for other staff – as outlined within this strategy.

The cost of accessing and expanding new accredited training opportunities, as they become available, will be the responsibility of the employers of the telehealthcare workforce.

Other funding options are being explored (e.g. EU opportunities), to identify whether there are other options to assist partnerships with the delivery of accredited telehealthcare training in the future. This is likely to involve the development of online training tools to support the local delivery of accredited training.

Strategy Action 10

JIT & SCT will explore potential sources of funding to support the delivery of accredited training for the telehealthcare workforce.

4.2 Strategy Action Plan implementation

The implementation of the Strategy Action Plan has already started, under the direction of a newly formed Telehealthcare Training Strategy Steering Group (see [Appendix 6](#) for an overview of [Training Strategy governance arrangements](#)). The group includes representation from the JIT, SCT, NES and partnerships, with significant input provided by the Edinburgh Partnership and Carers Scotland.

The tasks within the Action Plan will be progressed by a series of small, short—life Working Groups made up of partnership representatives with expertise in telehealthcare training. The Working Groups will be supported by Training Reference and Advisory Groups which will include representation from HIEs, SCCC, NHS 24, SQA and other relevant regulatory and education stakeholders.

As outlined in the Strategy Foreword, this Strategy marks the first phase of development of telehealthcare education and training opportunities in Scotland, primarily aimed at staff working in community and primary care settings.

Strategy Action 11

The SCT and JIT will produce a second phase strategy to identify and address the telehealthcare training needs of staff working in acute sector.

4.3 Monitoring and review

It is acknowledged that this is new ground, and we will ensure that robust review and feedback mechanisms will be employed during this two year strategy to enable the approach to be adjusted and refined as necessary.

Regular updates on progress with implementation of the Strategy Action Plan will be posted on the Telecare Action Area on the JIT website – <http://www.jitscotland.org.uk/action-areas/telecare-in-scotland/>.

We welcome your comments on any aspect of the strategy at any time. If you wish to offer views, please contact:

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Website: www.sct.scot.nhs.uk

5.0 Strategy Action Plan 2010-12

Strategy References	Tasks	Responsibility	Timescale
Workstream 1	Ethical Framework		
Strategy Action 2 <i>Establish common principles for telehealthcare service delivery and develop an ethical framework for telehealthcare to underpin training and education delivery.</i>	<ol style="list-style-type: none"> 1. Establish and agree common principles for telehealthcare service provision. 2. Research evidence base on ethical considerations relating to telehealthcare. 3. Develop an ethical framework for telehealthcare. 	Knowledge and Skills Working Group Training Advisory Group Training Reference Group	August 2010 June 2010 September 2010
Workstream 2	Knowledge and Skills Framework		
Strategy Action 3 <i>Develop a Knowledge and Skills Framework for Telehealthcare to underpin the development of new accredited training opportunities.</i>	<ol style="list-style-type: none"> 1. Identify key competencies for each telehealthcare job role. 2. Map competencies against existing standards. 3. Map available training & identify gaps. 4. Produce a Knowledge and Skills Framework for telehealthcare. 	Knowledge and Skills Working Group Training Advisory Group Training Reference Group	March 2010 April 2010 May 2010 July 2010

Strategy References	Tasks	Responsibility	Timescale
Workstream 3	Core Curriculum and CPD		
<p>Strategy Action 4 <i>Work with Higher Education Institutions (HIEs) to embed telehealthcare within core curriculum for pre-registration courses (e.g. social work, nursing and allied health professions) to ensure that newly qualified staff understand the potential application of telehealthcare in the delivery of care.</i></p> <p>Strategy Action 5 <i>Work with partners, including Higher Education Institutions (HIEs), to develop a wider range of Continuing Professional Development (CPD) modular programmes in telehealthcare for qualified staff for delivery in a variety of formats e.g. distance and e-learning.</i></p>	<p>Core curriculum development</p> <ol style="list-style-type: none"> 1. Develop core content for inclusion in Glasgow Caledonian University's Foundations for Practice module for AHPs, nurses and social workers. 2. Evaluate after first run (Sept 2010) to inform further development of content. 3. Meet with other Higher Education Institutions Programme Directors to scope potential for inclusion in their core curriculum. <p>CPD development</p> <ol style="list-style-type: none"> 1. Review evaluation recommendations of JIT funded students to Glasgow Caledonian and Stirling Universities. 2. Work with Glasgow Caledonian University, Stirling University and other HEIs to develop additional CPD modules - for learning disabilities, physical disabilities, children with disabilities, mental health, etc. 	<p>Core Curriculum / CPD Working Group</p> <p>Training Advisory Group</p> <p>Training Reference Group</p>	<p>August 2010</p> <p>November 2011</p> <p>March 2011</p> <p>February 2010</p> <p>September 2011</p>

Strategy References	Tasks	Responsibility	Timescale
Workstream 4	Induction and Accredited Training		
<p>Strategy Actions 7 & 8 <i>Develop a model induction programme for telehealthcare support staff in Scotland.</i></p> <p>Strategy Action 6 <i>Review existing SVQ portfolio and work with appropriate awarding bodies to develop accredited SVQ units in telehealthcare for telehealthcare support staff.</i></p>	<ol style="list-style-type: none"> 1. Develop core content for induction for – <ol style="list-style-type: none"> i. Installers ii. Responders 2. Develop SQA accredited units for SVQ2 in Health and Social Care and Housing 3. Explore the demand for standalone accredited telehealthcare modules. 4. Work with partners to develop SVQ 3 units, if required. 	<p>Induction and Accredited Training Working Group</p> <p>Training Advisory Group</p> <p>Training Reference Group</p>	<p>September 2010</p> <p>September 2011</p> <p>July 2010</p> <p>March 2012</p>

Strategy References	Tasks	Responsibility	Timescale
Workstream 5	Carer awareness raising and training		
<p>Strategy Action 9 <i>Work with key carer organisations to improve awareness of the benefits of telehealthcare for carers, via a range of methods which will include the development of new training materials and training courses in a variety of delivery formats.</i></p>	<ol style="list-style-type: none"> 1. Explore options to support local partnerships to raise awareness of telehealthcare for carers. 2. Explore options to support local partnerships to provide regular information and updates to carers about new or improved telehealthcare developments. 3. Identify methods (and programme for delivery) to ensure that carers have access to appropriate information about access to telehealthcare services. 4. Incorporate telehealthcare for carers in core curriculum and CPD for health and social care staff (links to Workstream 3). 5. Identify methods (and programme for delivery) to facilitate the integration of telecare needs into existing community care and carer assessment processes. 6. Develop core content and supporting materials for carer awareness training at a local level. 7. Identify ways in which carers' organisations and other voluntary agencies can be supported to promote telecare to carers. 	<p>Carers Working Group</p> <p>Training Advisory Group</p> <p>Training Reference Group</p>	<p>April 2010</p> <p>April 2010</p> <p>March 2011</p> <p>September 2010</p> <p>March 2011</p> <p>October 2010</p> <p>August 2010</p>

Strategy References	Tasks	Responsibility	Timescale
Workstream 6	Innovation in Education and Training		
<p>Strategy Action 10 <i>The JIT & SCT will explore potential sources of funding to support the delivery of accredited training for the telehealthcare workforce.</i></p> <p>Strategy Action 1 <i>Ensure that nationally developed telehealthcare awareness raising resources can be easily accessed via a variety of routes and electronic locations e.g. JIT and SCT websites, to support awareness raising activities at a local and national level.</i></p>	<ol style="list-style-type: none"> Develop a virtual telehealthcare training environment to support awareness raising and training activities for users, carers and professionals - <ul style="list-style-type: none"> Prepare a specification for the training tool Identify potential developers Select developer Develop tool Test tool Refine and launch training resource Develop content for inclusion on relevant websites, including professional bodies, carer organisations, NHS and government web-sites, etc. Identify and develop a range of web-based resources to support awareness raising activities. 	<p>Training Innovation Working Group</p> <p>Training Advisory Group</p> <p>Training Reference Group</p>	<p>March 2012</p> <p>November 2010</p> <p>November 2010</p>
Workstream 7	Phase 2 Training Strategy – for acute sector health staff		
<p>Strategy Action 11 <i>The SCT and JIT will produce a second phase strategy to identify and address the telehealthcare training needs of staff working in acute sector.</i></p>	<ol style="list-style-type: none"> Consult with key stakeholders to scope requirements for phase 2 training strategy, including identification of issues which may affect strategy development and implementation Produce second phase strategy and implementation plan Implement final strategy 	<p>Phase 2 Working Group</p> <p>Training Advisory Group</p> <p>Training Reference Group</p>	<p>December 2010</p> <p>March 2011</p> <p>March 2012</p>

6.0 Appendices

- 1. Telecare Training Group membership**
- 2. Mapping of telehealthcare training in Scotland**
- 3. Overview of regulation and registration**
- 4. Map of telehealthcare regulation and training issues**
- 5. SCQF and telehealthcare training**
- 6. Telehealthcare Training Strategy governance arrangements**

Appendix 1 - Telecare Training Groups Membership

Telecare Training Group (2007 – 2008)

Member	Organisation
Brian Kerr	JIT Associate
John Honeyman	Fife Council
Kathryn MacNab	West Lothian CHCP
Louise Bellin	MATCH Project
Fiona Taylor	North Lanarkshire Council
Sandra Blair	North Lanarkshire Council
Morag Auchterlonie	Angus
Carolyn Griffiths	Orkney Council
Donna Fleming	Edinburgh City Council
Ann Allison	NHS Falkirk & Forth Valley
Anne Conlin	Carers Scotland
Nessa Barry	Scottish Centre for Telehealth

Telehealthcare Training Steering Group (2009 – present)

Member	Organisation
Moira MacKenzie	Telecare Development Programme Manager
Nessa Barry	Scottish Centre for Telehealth
Donna Henderson	JIT Action Group
Heather Laing	Edinburgh City Council
Susan Poffley	Edinburgh City Council
Maggie Grundy	NES
Susan Watt	Education Advisor, RCN

Appendix 2 – Telehealthcare Training Mapping (correct at Oct 2009)

A brief scoping exercise of what types of educational or training activities currently available in Scotland revealed that there is a limited spectrum of training on offer – ranging from the elementary ‘how to operate this service’, ‘what is telecare/telehealth’ up to Msc or PhD level education. Please note this is not an exhaustive list, but a “snap-shot” summary.

Provider	Title of course	Themes & targeted audience	Status & Contact
Glasgow Caledonian University Module	Contemporary Perspectives of Telehealth and Telecare	Multidisciplinary: nursing and allied health professionals and non-health social care professionals. Nursing and Social Care Schools have developed this module. The module is available at SCQF level 10 and 11 for 15 academic credits.	Commenced January 2009, second course autumn 2009. Audrey.cund@gcal.ac.uk
Glasgow Caledonian University Module	eHealth	Nursing Students The module is available at SCQF level 9 for 20 academic credits.	Audrey.cund@gcal.ac.uk
Glasgow Caledonian	Chronic Disease Management SCQF level, 9 and 10 (Post registration) as	Nursing undergraduate and	Audrey.cund@gcal.ac.uk

Provider	Title of course	Themes & targeted audience	Status & Contact
University Sessions/lectures within established courses:	part of the BSc/BSc Hons/MSc Advancing Practice in Primary Care Contemporary Leadership and Change Management SCQF levels 9, 10, and 11 (Post registration)	postgraduate students.	
University of Edinburgh Undergraduate & Postgraduate	Medical Informatics	Offered as a vertical theme within the undergraduate curriculum which is a common approach across the universities. Also supporting PhD students/cross school approaches	
University of Edinburgh Undergraduate	Informatics	Nursing students	
University of Edinburgh and Royal College of Surgeons of Edinburgh	Health Informatics Health Information	Targeted at professionals working in the health sector.	The University of Edinburgh also offers Medical Informatics as a vertical theme within the undergraduate curriculum and like other 3 rd level institutions will support PhD students studying in this area (often in interdisciplinary projects).

Provider	Title of course	Themes & targeted audience	Status & Contact
Masters Diploma Certificate	Governance Online Part time		
Royal College of Surgeons Edinburgh Diploma	Remote and Offshore Medicine	More clinical focus CPD modules – do not lead to formal qualification	http://www.fhi.rcsed.ac.uk/
Stirling University 20 credits which may go towards a certificate, diploma or masters degree	Design, Technology and Care 1 day at University + 200 hours online study over 15 weeks. From September 2009	Targeted at those working in field of dementia care.	https://www.dementia.stir.ac.uk Cost £800.00 approx. Dr Louise McCabe, Lecturer in Dementia Studies Course Director, Post-graduate Courses in Dementia Studies Dementia Services Development Centre University of Stirling 01786 466317 l.f.m.mccabe@stir.ac.uk
Remote and Rural Healthcare Educational Alliance (RHEAL)	Working with NHS Education Scotland – provides workforce solutions across the health professions in NHSS.	Two projects targeting medical staff, orthopaedic and general practice that are rural based.	One off course October 2009

Provider	Title of course	Themes & targeted audience	Status & Contact
Chartered Institute of Housing CSHS City and Guilds SVQ	Telecare – supporting users of assistive technology		No current availability in Scotland.
Scottish Medical Schools, Universities: Aberdeen Dundee Edinburgh Glasgow St. Andrews	Learning Outcomes in Medical Informatics	The Scottish Doctor Project: a collaboration between the five Scottish Medical Schools. The remit is to promote high quality medical education in Scottish Medical Schools.	http://www.scottishdoctor.org/
<p><i>There are a growing number of courses offered by telecare providers, charitable organisations etc., those listed below are some examples:</i></p>			
Disabled Living Foundation	Health and non-health professionals using or planning to use telecare for	The course will include hands-on, practical training using the equipment found in the DLF's SmartHome. DLF's	Run by Jennifer Beaumont, an experienced Occupational Therapist who was a core member of the Department of Health Telecare Collaborative and has a special interest

Provider	Title of course	Themes & targeted audience	Status & Contact
Day course	their clients.	SmartHome combines existing mobility equipment with the latest in Telecare.	in electronic assistive technology Trainer: Jennifer Beaumont Dates: 17th September 2009, 26th November 2009 Cost £155.00 + VAT
Online Tunstall telecare training tool			http://www.telecaretrainingtool.co.uk/
Lincolnshire County Council			http://www.lincolnshire.gov.uk/section.asp?catid=13276&docid=58954

Appendix 3 – Overview of regulation and registration

Introduction

There is a wide range of sectors, including health, social work, housing, private and voluntary sectors, involved in the delivery of telehealthcare, each with their own respective standards and regulatory frameworks.

The education and training requirements for staff within these sectors are influenced by service regulation and professional registration requirements. This section provides an overview of the issues and current activity relating to the regulation of telehealthcare services which impact on the delivery of education and training.

A diagram summary of the issues relating to the regulation and registration of services is included as **Appendix 4** for ease of reference.

Regulation of telehealthcare services

Regulation of care services

The Scottish Commission for the Regulation of Care (SCRC) was set up in April 2002 under the Regulation of Care (Scotland) Act 2001 to regulate all adult, child and independent healthcare services in Scotland. The SCRC ensures that all care service providers meet the Scottish Government's **National Care Standards**²² and work to improve the quality of care for service users and carers.

In relation to telehealthcare, where telehealthcare is being operated as part of a care at home, support or housing support service, then it will be the subject of inspection, as part of the SCRC's regulation process.

The SCRC will look for the registered service's staff to be adequately trained to appropriate standards, as identified by the Scottish Social Services Council.

Quality assurance / inspection of health services

Quality Improvement Scotland (QIS)²³ is the government body responsible for inspecting the standards of care within NHS services in Scotland.

It has a lead role in supporting NHS boards and their staff to improve the quality of healthcare in Scotland. It supports NHS Scotland by:

- providing advice and guidance on effective clinical practice;
- driving and supporting quality improvements;
- assessing NHS performance, reporting and publishing its findings.

The education and training of NHS staff is a key area of interest to QIS.

²² National Care Standards - www.scotland.gov.uk/Topics/Health/care/17652/National-Care-Standards-1-1

²³ NHS Quality Improvement Scotland - www.nhshealthquality.org

Codes of Practice

There are a number of private member organisations which have developed codes of practice for telehealthcare service provision. The challenge is to integrate these with the statutory standards framework.

One of the largest organisations is the Telecare Services Association (TSA)²⁴, which is the representative body for the telecare industry in the UK. It launched a revised Code of Practice in 2009, following a wide stakeholder consultation exercise with UK government departments, the Department of Health and TSA members. The TSA developed the Code of Practice primarily for use by telecare service providers to ensure quality standards for service delivery and, critically, to assist commissioners in identifying quality service providers.

The JIT has worked with the TSA to ensure that its Code of Practice addresses the need for a recognised, accredited standards framework for telecare services in Scotland. The TSA's Code of Practice does not, however, include training standards or minimum training requirements, in the code of practice.

Accreditation with the TSA is optional. To date, four²⁵ partnerships in Scotland have achieved accreditation, with a number of others working towards or considering accreditation.

In all aspects of the national telecare development programme, the JIT remains committed to the integration of telecare and telehealth services, and to working with local partnerships, SCT, NHS 24 and others to achieve this. TSA share this aspiration, but their code does not yet detail requirements and standards for telehealth.

The JIT is currently working with the SCT to look at the regulation of telehealth, to ensure that, as far as is possible, comparable and consistent service standards are developed for telehealth.

Regulation of staff working in telehealthcare services

Social services staff

The Scottish Social Services Council (SSSC) is responsible for registering people who work in social services in Scotland and regulating their education and training. Currently, the following social services workers must be registered with the SSSC to be able to practice:

²⁴ Telecare Services Association - www.telecare.org.uk

²⁵ 3 Accredited partnerships – Argyll and Bute, North Lanarkshire, Renfrewshire and West Lothian Councils (correct at Nov 2009)

Social Services Worker Role	Register opened
Social workers	April 2003
Social work students	May 2004
Managers of residential child care services	June 2005
Residential child care workers with supervisory responsibilities	Oct 2005
Residential child care workers	July 2006
Managers of care home services for adults	Jan 2006
Managers of adult day care services	Jan 2006
Managers of a day care of children service	Oct 2006
Practitioners in day care of children service	March 2007
Workers with supervisory responsibilities in a care home service for adults	Oct 2007
Support workers in day care of children service	Oct 2008
Practitioners in care home services for adults	Jan 2009
Support workers in care home services for adults	April 2009
Housing support workers	Dec 2010
Managers of care at home services	Dec 2010

* Register due to open

In relation to telehealthcare, the SSSC registration requirements currently most affect those social services staff who are involved in telehealthcare assessment.

Other social services staff that have a role in delivering telehealthcare – i.e. installers, call handlers, responders, etc, are, in the main, not yet required to register. Those staff who work as support workers for a registered housing support service will require to register with the SSSC from December 2010 when the register opens for them.

The TDP has been seeking to influence SSSC to make sure that telehealthcare staff are included in registration criteria and timetables appropriately.

Health services staff

Staff working within health services – i.e. nurses and allied health professionals - must be registered with their own professional bodies to be able to practice in their named profession. They must meet the required competencies of the National Occupational Standards relating to their professional competencies.

Education of the telehealthcare workforce

The following organisations / agencies are important stakeholders in the development of new education and training opportunities for the telehealthcare workforce.

Scottish Qualifications Authority (SQA)²⁶

The SQA is the national body in Scotland responsible for the development, accreditation, assessment and certification of qualifications other than degrees.

The Scottish Credit and Qualifications Framework (SCQF)²⁷ promotes lifelong learning in Scotland. It supports everyone in Scotland, including learning providers and employers by providing:

- access to appropriate education and training so that people of all ages and circumstances can meet their full potential;
- information and explanation of the full range of Scottish qualifications so that employers, learners and the general public understand how they relate to each other, to other forms of learning, and how different types of qualification can contribute to improving the skills of the workforce.

The SCQF describes the courses and programmes that lead to qualifications and helps development of 'progression routes' for individuals to follow. It allows individuals to make the most of the opportunities to transfer credit points between qualifications.

A diagram indicating where existing or future telehealthcare accredited training may fit within the SCQF is attached as **Appendix 5**.

SQA Accreditation

SQA Accreditation is a distinct, autonomous arm of the SQA. It has a statutory role to authorise and approve vocational qualifications that are offered across Scotland which includes, but is not limited to, Scottish Vocational Qualifications (SVQs).

It also recognises and approves awarding bodies to deliver these qualifications through centres of learning including colleges, employers and private training providers. To achieve this, it:

- Accredits qualifications including, Scottish Vocational Qualifications (SVQs)
- Approves awarding bodies (across the UK) to award accredited qualifications
- Audits awarding bodies to ensure they continue to meet required standards of delivery & quality assurance
- Monitors approved centres of learning to ensure awarding bodies are fulfilling their role adequately at learner level

We will work with the SQA Accreditation in the development of new accredited training opportunities for telehealthcare staff.

²⁶ Scottish Qualifications Authority - www.sqa.org.uk

²⁷ Scottish Credit and Qualifications Framework - www.scqf.org.uk

Social services staff

The Scottish Social Services Council (SSSC) is responsible for the promotion and development of social work education and training. Promoting consistency, quality and raising standards are central to SSSC's work.

The SSSC's has recently introduced its Continuous Learning Framework (CLF)²⁸ which will assist social services staff and employers to identify their training and development needs, including those needs that relate to the delivery of telehealthcare services.

The CLF is for all staff working in social services in Scotland whether in the public, private or voluntary sector. In describing what people need to be able to do their job well and what employers need to do support their employees, it focuses on four key areas:

- the qualifications and training that are needed
- the knowledge, skills, values and understanding required
- personal capabilities that describe the way people manage themselves and their relationships with others and
- organisational capabilities which describe the culture and conditions in the workplace that enable social service workers to be the best they can be.

We will work with the SSSC to identify the knowledge and competencies required for telehealthcare.

Health staff

Within the health sector, NHS Education for Scotland (NES) works to provide better patient care by designing, commissioning and quality assuring services. Where appropriate, NES also provides education, training and lifelong learning for the NHS workforce in Scotland.

We will work with the SSSC to identify the knowledge and competencies required for telehealthcare.

Housing staff

The Chartered Institute of Housing Scotland (CIHS)²⁹ published a report in March 2009 on workforce development within the Housing sector – **Fit for the Future – Developing Skills and Learning in the Housing Sector**³⁰. The report investigates learning and development within the Scottish housing sector, and considers priorities for the future with regard to current policy development and legislative changes.

²⁸ The Framework for Continuous Learning in Social Services; Scottish Government, 2008

²⁹ Chartered Institute for Housing - www.cih.org

³⁰ Fit for the Future – Developing Skills and Learning in the Housing Sector; CIH Scotland, 2009

Senior managers in housing identified telecare as one of the key areas where additional skills development will be required for middle managers and front line staff in the next three to five years.

Development of National Occupational Standards

As part of the strategy, opportunities will be explored to work with partners elsewhere in the UK (for example the Foundation for Assistive Technology (FAST), the Telecare Services Association and NHS Connecting for Health) to develop National Occupational Standards for Assistive Technology which will incorporate occupational standards for the delivery of telehealthcare services.

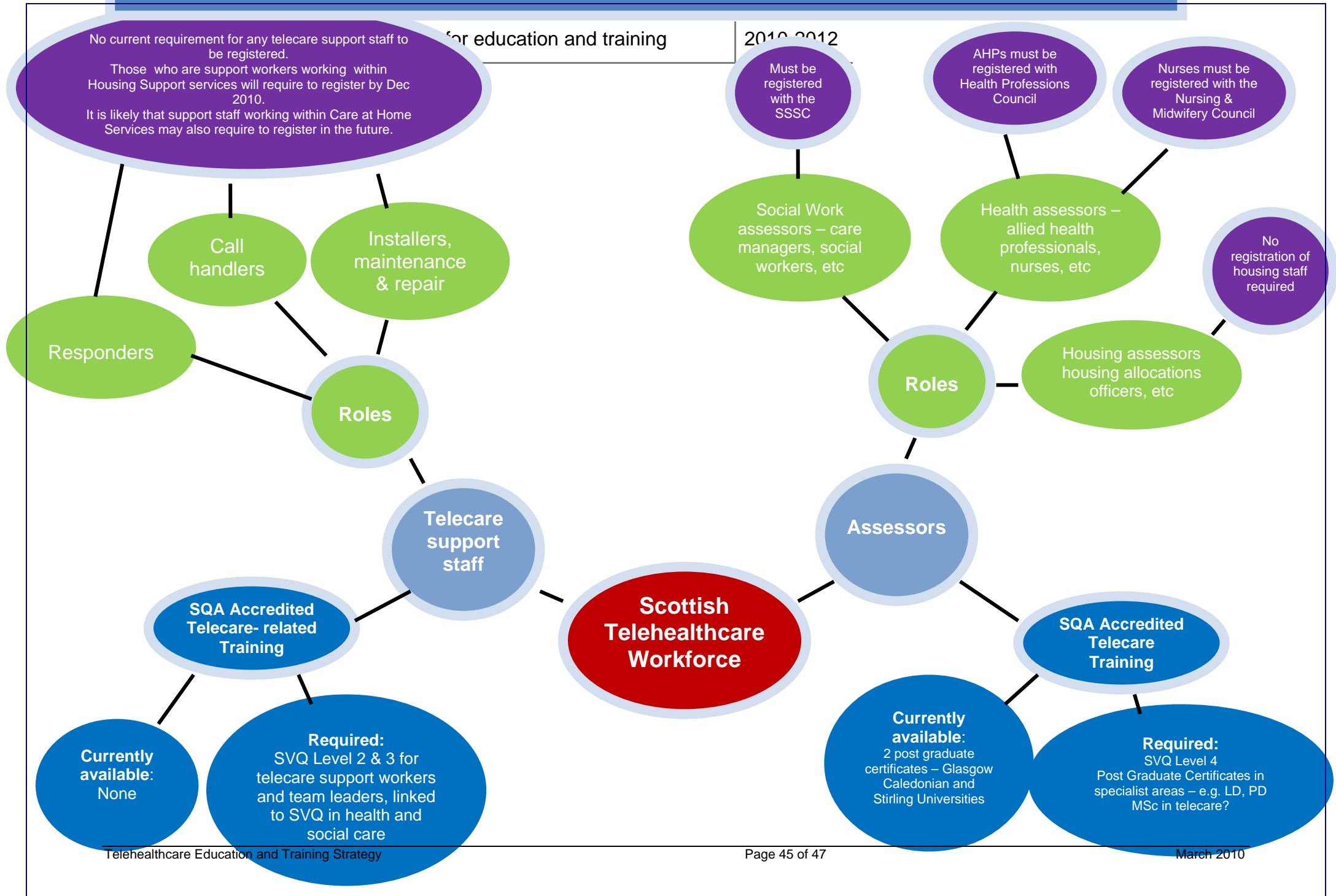
The adoption of an agreed National Occupational Standards framework for telehealthcare will help to establish qualification and continuing professional development benchmarks for practitioners. This will encourage a market for educational provision in telecare and telehealth which is viewed as an essential requirement in Scotland where very few Higher Education Institutions currently offer courses with telehealthcare content.

It must be acknowledged that the development of National Occupational Standards is expected to take some time, however, this work is essential if employers are expected to invest in training for telehealthcare staff.

Conclusion

The regulation of telehealthcare services and the staff who work within them is complicated by the number of agencies involved, each with different professional standards and requirements.

We are committed to working with the key regulatory and educational bodies in Scotland, as well as other UK partners, to ensure that the development and delivery of accredited training opportunities is founded on regulatory requirements and national standards.



Appendix 5: Scottish Credit and Qualifications Framework and telehealthcare training

SCQF Levels	Scottish Qualifications Authority (SQA) Qualifications			Qualifications of Higher Education Institutions (HIEs)	Scottish Vocational Qualifications (SVQs)	Accredited Telehealthcare-related training available / required*	Suitable for?	By when	
12				Doctoral Degree					
11			↑	Int Masters Degree/Masters Degree Post Grad Diploma Post Grad Certificate	SVQ 5	<ul style="list-style-type: none"> Post Grad Cert in Contemporary Perspectives in Assistive Technology (Glasgow Caledonian University) Post Grad Cert in Design, Technology & Care in Dementia Studies (Stirling University) Modules in other areas of service provision – e.g. learning disability; children with disabilities, etc 	<ul style="list-style-type: none"> Assessors (e.g. nurses, social workers, allied health professionals, etc); operational service managers ; Service planners (older people's services) and assessors; Assessors and service planners in specialist areas of service provision; 	Available now Available now 2011/2012	
10				Honours Degree Graduate Diploma Graduate Certificate					
9				Professional Development Award		Bachelors/Ordinary Degree Graduate Diploma Graduate Certificate	SVQ 4	Module in telehealthcare	Service managers involved in the delivery of telehealthcare services
8		Higher National Diploma	Diploma of Higher Education						
7	Advanced Higher	Higher National Certificate	↓	Certificate of Higher Education	SVQ 3	Modules in telehealthcare areas; linked to SVQ in Health and Social Care	Team leaders involved in delivery of telehealthcare services	2011/2012	
6	Higher								
5	Intermediate 2 Credit Standard Grade								
4	Intermediate 1 General Standard Grade	National Certificate	National Progression Award		SVQ 1				
3	Access 3 Foundation Standard Grade								
2	Access 2								
1	Access 1								

Appendix 6 - Telehealthcare Training Strategy governance arrangements

