HEPATITIS C WORKFORCE EDUCATION DEVELOPMENT:
AN OUTLINE OF REQUIREMENTS

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## Contents

**Foreword**

**Executive Summary**

### SECTION 1

1.1 Introduction

1.2 The Hepatitis C Workforce

### SECTION 2

2.1 Policy

2.2 Infrastructure Supporting the Management of Hepatitis C in Scotland

2.3 Education and Training Needs

2.4 Generic Topics in relation to Hepatitis C

2.5 Specific Hepatitis C Topics

2.6 The Change Process and Service Modernisation

2.7 Supporting and Developing Staff Services

2.8 Monitoring Quality & Outcomes of Education & Training Activity

2.9 Developing and Sustaining Partnerships

2.10 Next Steps

### References

**Appendix 1:**

Process for Development of *Outline of Requirements* document

**Appendix 2:**

Hepatitis C-Specific Policy

**Appendix 3:**

Guidelines for Services Providing Injecting Equipment

**Appendix 4:**

Recommendations Relevant to Education and Learning

**Appendix 5:**

Hepatitis C Action Plan Phase II Governance Arrangements

**Appendix 6:**

Hepatitis C Action Plan Phase II Networks and Groups

**Appendix 7:**

Survey of Education and Training Needs

**Appendix 8:**

Generic Topics in relation to Hepatitis C
This publication has been developed in response to a direction from the Scottish Government, which, through its detailed Action Plan (2008-2011), is seeking to improve the services for people infected or affected by the Hepatitis C virus.

Central to the improvement and development of such services is the education and training of individuals and teams responding to the needs of these people.

This publication, entitled *Hepatitis C Workforce Education Development: An Outline of Requirements* (NES 2010), features a specified Care Pathway around which a wide range of knowledge, skills and behaviours can be identified.

The *Outline of Requirements* document is the product of extensive partnership working. I am grateful for the valuable contribution of the organisations and agencies that have been involved in the development of this document. With the continued support of all those involved, I am confident that we will achieve a coordinated, integrated and progressive approach to Hepatitis C workforce education and development.

Malcolm Wright
Chief Executive
NHS Education for Scotland
**Executive Summary**

**Introduction**

Hepatitis C is a blood-borne virus that can seriously damage the liver and affect its ability to function. Its spread is a growing public health concern in Scotland. Health Protection Scotland (HPS) estimates that 50,000 people in Scotland are infected with Hepatitis C, including a number who may not realise they are infected (Scottish Government 2008).

Currently, the main policy driver for Hepatitis C service provision and education is the Hepatitis C Action Plan for Scotland Phase II: May 2008-March 2011 (Scottish Government 2008).

The aims of the Phase II Action Plan are to:
- Prevent the spread of Hepatitis C
- Diagnose Hepatitis C infected people, particularly those most likely to benefit from treatment
- Ensure that those infected receive optimal treatment, care and support (Scottish Government 2008).

NHS Education for Scotland (NES) has developed this document - *Hepatitis C Workforce Education Development: An Outline of Requirements* (NES 2010) – in response to Action 3 in the Phase II Action Plan, which states: ‘A national Hepatitis C Learning and Workforce Development Framework will be developed.’

The aim of this document is to support stakeholder organisations, particularly NHS Boards, build action plans for facilitating, delivering and evaluating workforce education development for staff.

**Specific Hepatitis C topics**

This document contains the range of subject areas and topics specific to Hepatitis C. This range is based on a typical journey an individual may make through the Hepatitis C Care Pathway (see Figure 2 in document). The topics are grouped under four subject areas. These are:
- Raising awareness of Hepatitis C and promoting the benefits of testing
- Testing and diagnosis
- Specialist assessment
- Care and support in Hepatitis C.

Staff working in these areas will require education and training to develop their knowledge and skills in a range of topics and these are set out in this document.

These subject areas and topics will be used to underpin the review of the education and training needs of the Hepatitis C workforce being carried out by NHS Boards.

**Next steps**

This *Outline of Requirements* document will form a basis for action planning to take forward the next steps in workforce development and education as set out in the Phase II Action Plan (Action 4) (Scottish Government 2008). These steps may include:
- Analysis of the organisational needs in relation to supporting progress of the Phase II Action Plan (Action 4)
- Review of the education and training needs of the local workforce
- Critical appraisal of existing education and training opportunities
- Identification of gaps in existing educational provision. This information can then be referred back to the national networks
- Development of robust recording and reporting systems to track workforce development
- Development of systems for local and national communication pathways to support integration and coordination of workforce education development for Scotland in line with the National Communication Plan and local NHS Board Communication Plans.
Hepatitis C workforce education development: An outline of requirements

1.1 Introduction

Hepatitis C is a blood-borne virus that can seriously damage the liver and affect its ability to function. In 2004, the Scottish Government recognised that: ‘Hepatitis C is one of the most serious and significant public health risks of our generation’ (Chisholm 2004).

Scotland’s Hepatitis C Action Plan was launched in 2006. The plan is a two-phased one: Phase I was published in September 2006 (Scottish Executive 2006), with Phase II being published in May 2008 (Scottish Government 2008). The overall aims of the Action Plan are:

• To prevent the spread of Hepatitis C particularly among injecting drug users (IDUs)
• To diagnose Hepatitis C infected persons, particularly those who would most likely benefit from treatment
• To ensure that those infected receive optimal treatment, care and support (Scottish Government 2008).

Phase II covers the period 2008-2011. It comprises 34 individual Actions designed to improve all services applicable to the prevention, diagnosis and care of people living with Hepatitis C.

Action 3 in the Phase II Action Plan states: ‘A national Hepatitis C Learning and Workforce Development Framework will be developed.’ This document - Hepatitis C Workforce Education Development: An Outline of Requirements (NES 2010) – has been developed in response to Action 3 by NHS Education for Scotland (NES) in partnership with other key stakeholders. Appendix 1 explains how this document was developed.

The aim of this document is to help enable the development of a cohesive, integrated approach to education and training for the Hepatitis C workforce. Stakeholder organisations can use the Outline of Requirements document as a basis to build action plans for facilitating, delivering and evaluating workforce education development for staff, and to help directly support Action 4 in the Phase II Action Plan, which states:

‘NHS Boards will review the learning and development needs of the Hepatitis C workforce, and implement a coordinated approach to Hepatitis C Workforce Development consistent with the national Hepatitis C Learning and Workforce Development Framework [now entitled the ‘Outline of Requirements’].’

1.2 The Hepatitis C workforce

The workforce is diverse, spanning staff in the health services, social care services, in private care (for example, pharmacies), and in voluntary organisations, social enterprises, trusts, charities and other non-profit making organisations.

Box 1 contains examples of services in the Hepatitis C workforce - this list is not exhaustive and the types of services may vary between local areas.

Box 1. Examples of services involved in the Hepatitis C workforce

- Specialist Hepatitis C treatment services
- Specialist alcohol and drug services
- Voluntary alcohol and drug services
- Criminal justice services
- Community psychiatric units
- Family services
- Sexual health services
- Social work services
- Education services
- Community Learning and Development services
- Housing services
- General practices and associated services
- Midwifery
- Accident and Emergency services
- Specialist drug advisers
- Scottish Prison Service and associated through-care services
- Support and care services
1.3.1 Hepatitis C

The Hepatitis C virus is spread through blood-to-blood contact. In the UK, the two major routes of transmission of the virus have been the sharing of drug injecting equipment by intravenous drug users (IDUs) and transfusion of infected blood or blood products, prior to virus inactivation treatment of blood products and the screening of blood (introduced in 1987 and 1991 respectively) (SIGN 2006).

Less than 10% of infected people experience an acute symptomatic illness. Around 25-30% spontaneously clear their virus shortly after becoming infected. The remaining 70-75% who fail to clear the virus develop chronic infection and consequently, are at risk of ultimately developing liver failure and/or liver cancer. There is no vaccine available at present to prevent infection, however, effective treatment is available for many people who are infected (SIGN 2006).

1.3.2 Hepatitis C in Scotland

An estimated 50,000 people have been infected with Hepatitis C, around 1% of Scotland’s population (Scottish Government 2008). An estimated two-thirds of Hepatitis C-infected people are male; the great majority are under 50 years of age; and around 38,000 are likely to be Hepatitis C carriers, that is, chronically infected with the virus (Scottish Government 2008).

At the end of December 2008, 25,355 cases of Hepatitis C antibody-positivity had been confirmed (McLeod et al 2009). Of these cases, 41% live in the Greater Glasgow and Clyde NHS Board area, 14% in NHS Lothian, 11% in NHS Grampian and 7% in NHS Tayside, and the rest in the other NHS Board areas.
SECTION 2
2.1 Policy

2.1.1 Hepatitis C-specific policy

The main policy driver for Hepatitis C service provision and education is the Hepatitis C Action Plan for Scotland. The Action Plan is in two phases: Phase I (Scottish Executive 2006) has been completed (HPS 2007); Phase II began in 2008 and is to be completed in 2011 (Scottish Government 2008). Appendix 2 contains further information about the Hepatitis C Action Plan.

2.1.2 Other relevant policy

Management of Hepatitis C: A National Clinical Guideline

The SIGN guideline for Hepatitis C provides evidence-based recommendations covering all stages of the care pathway: screening, testing, diagnosis, referral, treatment, care and follow-up of infants, children and adults with, or exposed to, Hepatitis C infection (SIGN 2006). The guidance is available in full or as a summary pathway on the SIGN website.

National Guidelines for Services Providing Injecting Equipment

As part of the Phase II Action Plan, the Scottish Government has developed national guidelines for services providing injecting equipment to intravenous drug users (Scottish Government 2010). The guidelines outline a series of recommendations for workers and service commissioners. Appendix 3 lists key recommendations from the guidelines relevant to Hepatitis C education and learning.

Drug and Alcohol Workforce Training Strategy

A national working group has been tasked with creating a coordinated national training and development strategy to support a competent, confident, valued and responsive workforce. The strategy uses an approach based on levels of engagement with individuals to identify the training required by different parts of the wider workforce who potentially come into contact with, and could have a positive impact on, alcohol and drug users. It also highlights the role policymakers, commissioners and providers of training and education and employees have in supporting implementation.

2.2 Infrastructure supporting the management of Hepatitis C in Scotland

The governance arrangements for implementation of the Phase II Action Plan are summarised in Figure 1. Detailed governance arrangements are given in Appendix 4.

Figure 1. Hepatitis C Action Plan – Phase II governance framework

A range of networks to support delivery on the actions in the Phase II Action Plan, and the management of Hepatitis C, have been established at national and local levels (Scottish Government 2008, pages 48-49) and are summarised in Appendix 5.
2.2.1 National infrastructure

National networks have been established for Phase II of the Action Plan (refer to Appendix 5) to ensure that experience, best practice and progress can be shared nationally. The networks will also facilitate access to support, advice and guidance. The networks established are as follows:

• Hepatitis C Executive Leads Network for NHS Boards and the Scottish Prison Service
• Managed Care Network (MCN) Leads and Coordinators Network
• Hepatitis C Prevention Leads Network
• Information Generating Initiatives Network
• Education, Training and Awareness Network and an associated Workforce Development and Education Leads Network
• Non-Governmental Organisation (NGO) Network (primarily comprised of voluntary sector organisations with a major Hepatitis C remit)
• Project Management Network for local NHS Board Project Managers.

2.2.2 Local infrastructure

Service infrastructure at local level, particularly in relation to treatment, care and prevention, is being significantly expanded and developed by NHS Boards during 2008-2011 to meet the obligations of the Hepatitis C Action Plan Phase II. Networks at local level will support the planning, development, implementation and audit of services. The following networks have been established in each NHS Board:

• A local Prevention Network incorporating Hepatitis C (led by a Prevention Lead)
• A local MCN for Hepatitis C (led by a Clinical Lead and managed by a Coordinator). The MCNs are managed by NHS Boards and are representative of stakeholders across all sectors – health, social care and the voluntary sector.

2.3 Education and training needs

2.3.1 Conducting a survey of education and training needs

Action 4 in the Phase II Action Plan states that NHS Boards will ‘review the learning and development needs of the Hepatitis C workforce’ (Scottish Government 2008). Hepatitis C Workforce Development and Education Leads in each NHS Board will work with key stakeholders to carry out this review and implement a coordinated approach to workforce development that is consistent with the Outline of Requirements document.

The key elements of conducting a typical education and training survey are set out in Appendix 6.

2.3.2 Options in keeping up to date

Workforce education development is about more than studying courses in higher and further education institutions. The workplace is a core setting for learning and there are many resources available – for example, accessing journals and online sources, meeting and discussing issues with colleagues, in-service training activities and experientially through day-to-day working practice.

Several organisations and resources have been introduced in recent years to support staff to keep up to date with current knowledge and develop practice in relation to Hepatitis C. These include:

• The Scottish Health Protection Information Resource (SHPIR)
• Hepatitis C Resource Centre - Scotland
• NHS Scotland e-Library
• Health Protection Scotland
• Health Protection Agency
• NHS Education for Scotland
• Scottish Intercollegiate Guidelines Network (SIGN) Guideline 92 (SIGN 2006)
• The Hepatitis C Scotland website.
2.3.3 Personal development planning and education and training needs

Personal development planning (PDP) is just one of the means through which staff can reflect on their learning needs with their line managers (the type of system and process followed will vary from sector to sector).

Whatever system or process is followed staff should have opportunities to address education and training needs based on the principles of fairness, openness and transparency. They should also be given opportunities for structured reflection to enable them to identify strengths and gaps in their work and knowledge base.

2.3.4 Setting learning objectives

Teams need to focus on the specific education and training issues that will help them respond to service changes in a way that brings maximum benefits to the population. Teams in organisations involved in Hepatitis C will need support to define team learning needs and to set achievable and appropriate learning objectives that link personal with organisational objectives.

2.3.5 Courses and Resources

Staff should be able to access appropriate courses in the higher/further education sectors and through professional bodies that lead to further qualifications relevant to their work. Places are likely to be determined according to local and service needs and budget allocations.

Staff should similarly be able to access appropriate resources, courses and other opportunities for learning (e.g., conferences, seminars, workshops) within the workplace.

2.3.6 Listening to the population

Organisations working with people infected with or at risk of Hepatitis C should receive and respond to comments and suggestions from members of the community, either formally or informally. The comments received may be used to plan education and training.

2.4 Generic Topics in relation to Hepatitis C

Appendix 7 contains generic topics that are relevant to the education and training of all staff including those working with people infected or at risk of Hepatitis C. These Generic topics can either fit into an accredited course of study or can be studied less formally as part of a staff member’s development.

2.5 Specific Hepatitis C Topics

The Outline of Requirements document encompasses both health and social care staff and those working in the voluntary sector directly involved in the care pathway for management of Hepatitis C and risk reduction (see Fig. 2).
Hepatitis C workforce education development: An outline of requirements

Figure 2. Service provision: typical Hepatitis C care pathway

- Raising awareness of HCV and promoting the benefits of testing
  - Information & awareness raising - signposting to discussion
  - Discussion regarding risk factors
  - Those who need a test
  - Pre-test discussion
  - Those who don’t need a test
  - Support and risk reduction (including injecting equipment provision) - lifestyle advice, preventing or reducing future exposure

- Testing & Diagnosis
  - Testing
  - Does not wish referral to specialist service. Support & refer when ready
  - Post-test discussion
  - Antibody negative or antibody positive / PCR negative
  - Support and risk reduction (including injecting equipment provision) - lifestyle advice, preventing or reducing future exposure (depending on result)
  - Support & referral to specialist centre

- Specialist assessment
  - Specialist assessment
  - Continued follow up
  - Does not wish / not suitable for treatment
  - Continued follow up at specialist centre
  - Treatment & support
  - Post-treatment assessment
  - Sustained viral response (SVR) (cure) to treatment
  - SVR requires further assessment of liver disease
  - Discharge from specialist service

- Care & support in Hepatitis C
  - Lost to follow up.
  - Support & discuss re-referral

- Support and risk reduction (including injecting equipment provision)
During the process of developing the *Outline of Requirements* document, four key stages of activity were identified which correspond to the care pathway. These are:

- Raising awareness of Hepatitis C and promoting the benefits of testing
- Testing and diagnosis
- Specialist assessment
- Care and support in Hepatitis C.

Please note, activities around support, risk reduction and injecting equipment provision take place throughout the care pathway.

Staff working in these areas will require education and training to develop their knowledge and skills in a range of topics. These are listed below in the relevant part of the Hepatitis C pathway to which they apply. It is acknowledged that there is some overlap in the knowledge required at the different stages of the care pathway.

### 2.5.1 Raising awareness of the Hepatitis C virus and promoting the benefits of testing

At this stage of the pathway individuals may or may not suspect that they are infected with Hepatitis C or even that they may be at risk of infection. Staff may be required to answer questions, for example, about:

- Hepatitis C and blood-borne viruses
- Risk factors for infection
- Testing and the implications of positive and negative results.

It is likely that staff involved at this stage of the pathway will have the following training needs to assist in understanding the Hepatitis C community:

- Incidence and prevalence of Hepatitis C
- The local Hepatitis C care pathway
- Routes of transmission of Hepatitis C
- Primary prevention, support and risk reduction (including injecting equipment provision) (refer to Appendix 3)
- How to identify individuals at risk of infection and who should be offered testing
- Benefits of testing (including access to treatment and treatment effectiveness) and implications of testing
- Effectiveness of treatment
- Overview of local testing options, process and results
- Referral pathways and options to local services (e.g., prevention, testing, clinical)
- Social care and voluntary sector support
- Lifestyle management and peer support.

### 2.5.2 Testing and diagnosis

At this stage of the care pathway, individuals may be unaware of what a test for Hepatitis C involves, what options are available to them or the implications for their family. As a result, staff may be required to answer questions about:

- What happens next
- The testing process and the implications of the results
- How to avoid potential infection in the future
- Prognosis
- Self-management and care of others
- Sources of information and support
- Treatment centres and regimens
- Sharing the diagnosis with family/friends/employer
- Implications and risks to friends and family.
It is likely that staff involved at this stage of the pathway will have the following training needs:

• Testing options, process and results
• Pre and post-test discussion
• Communicating results
• Confidentiality and data protection
• Culturally appropriate information for, for example, Black and Minority Ethnic (BME) communities
• Referral pathways and options to local services (e.g., prevention, testing, clinical)
• Social care and voluntary sector support
• Primary prevention, support and risk reduction (including injecting equipment provision) (refer to Appendix 3)
• Lifestyle management and peer support.

2.5.3 Referral to Specialist Assessment Services

Once a confirmed diagnosis of Hepatitis C infection has been made, staff may need to be able to answer questions on:

• What happens next
• Further investigations and the implications of results
• The process of treatment
• Psychosocial support
• Social care and voluntary support.

It is likely that staff involved at this stage of the pathway will have the following training needs:

• Effects and importance of treatment
• Alcohol and drug use
• Clinical assessment
• Sources of information and support for individuals
• Mental health factors
• Motivational/behaviour change skills
• Nutritional screening and support
• Social care and voluntary sector support
• Referral pathways and options to local services (e.g., prevention, testing, clinical)
• Management of side-effects
• Assessment of sustained response (cure) if treatment completed
• Care and follow-up if treatment unsuccessful
• Future treatment therapies and options to assist people living with Hepatitis C
• Monitoring non-reversible liver disease (cirrhosis)
• Assessment of needs if problems with non-adherence to treatment
• Discharge from specialist services
• Lifestyle management and peer support.

2.5.4 Care and support in Hepatitis C

It is likely that staff involved at this stage of the pathway will have the following training needs:

• Incidence & prevalence of Hepatitis C
• Routes of Hepatitis C transmission
• Pre and post-test discussions
• Supporting individuals into testing
• Hepatitis C education and awareness
• Risk reduction and injecting equipment provision
• Meeting the Hepatitis C information needs of people living with and affected by Hepatitis C
• Day-to-day support - living with Hepatitis C
• Coping with stigma & discrimination
• Communication, legal & disclosure issues
• Local referral options
• Supporting individuals to engage and remain engaged with Hepatitis C services
• Lifestyle change support and information/living well with hepatitis C (one-to-one and group support skills)
• Motivational behaviour change skills
• Peer support
• Importance of treatment and understanding of side-effects
• Support through treatment
• Child protection, child and family support requirements
• Continuing support and follow-up if treatment unsuccessful.

Clearly, not all staff will need to have knowledge of these topics (sections 2.5.1-2.5.4 above). The training needs of individuals and of groups of staff can be determined through a survey of education and training needs.

2.6 The Change Process and Service Modernisation

Phases I and II of the Hepatitis C Action Plan (Scottish Executive 2006, Scottish Government 2008) are part of a continual process of change and service development. It is crucial that education and training activity focuses on supporting staff as they implement change and develop services as part of that process. This will include activity and training in the following areas.

2.6.1 Accessing and utilising networks of good practice

The Phase II Action Plan for Scotland requires the development of networks of professionals. Networks have been developed nationally and locally (refer to Appendix 5). The networks will help to ensure that experience, best practice and progress on the Phase II Action Plan can be shared, and that support, advice and guidance can be provided.

Education and training activity should be multi-agency in nature and focus on:
• Helping staff to understand their roles in delivering multi-agency interventions
• Developing staff interpersonal skills.

2.6.2 Developing new roles within teams

New and developed roles have significant education and training implications. Appropriately qualified staff should be able to access education and training to support their role development.
2.7 Supporting and Developing Staff Services

The Outline of Requirements document emphasises the importance of optimal support and supervision being provided for all staff in the Hepatitis C workforce. A framework for support and supervision that promotes a competency-based approach to lifelong learning, linked as appropriate to the relevant health service and local authority frameworks, will go some considerable way to achieving this aim. This approach should, therefore, be adopted, using competency statements issued by appropriate professional and national bodies, where possible, and reflecting pay modernisation initiatives across the sectors.

Organisations providing Hepatitis C services should remain alert to changes in service delivery that have an impact on workforce education development by facilitating education and training for appropriate staff in response to:

- New legislation, hazard warnings, guidelines, protocols, and standards as they emerge
- New equipment and health technologies that become available
- New methods of service delivery designed to improve the health and well-being of the population.

The aim of organisations involved in the management of Hepatitis C should be to ensure staff receive appropriate support throughout their careers, including the following:

- Access to programmes that promote study skills
- Access to appropriate formal education programmes
- Support for trainees and students
- Support for newly qualified and newly recruited staff
- Access to supervision and support throughout working lives
- Access to specialist, probably external, supervision and support for those in specialist roles
- Commitment to honouring ‘protected time’ for education and training as appropriate for individual staff groups, with recognition of the need to put adequate backfill arrangements in place
- Support for the development of professional forums
- Promotion and support for an evidence-based culture
- The opportunity to learn from mistakes.

2.8 Monitoring Quality & Outcomes of Education & Training Activity

Selectivity about the kinds of education and training activities provided or facilitated is essential. Factors that need to be taken into account in relation to all potential activities include personal responsibility, team resources and organisational needs, as well as the following.

- What are the potential benefits to the health and well-being of the public of offering or facilitating the education and training activity?
- What are the potential benefits to staff of offering or facilitating the education and training activity?
- What type of education and training activity is appropriate for the subject, and what is the duration and frequency?
- Is the activity quality assured?
- For which staff would the activity be most appropriate?
- How should the activity be evaluated?
- What kind of resources will be required over the short, medium and long terms as the result of the activity?
- Where will the activity take place, and how frequently?
- How readily can staff be released from regular duties to take part in the activity?
- What are the financial and other resource implications of running the activity?
- Is the activity more cost-effective if arranged locally or collectively?
- What level of competence is a prerequisite of undertaking the activity? Is there a competency framework for benchmarking?
• Does the activity carry academic or professional credit, and can its articulation with levels of the Scottish Education and Qualifications Framework (SCQF) (SQA et al 2001) be demonstrated?

The aim of monitoring quality and outcomes is to make the best use of resources to ensure maximum effectiveness. Education and training activity should, therefore, be linked with organisational and local objectives and be rigorously quality assured and evaluated, using the following processes.

2.8.1 Quality indicators and standards

It is suggested that delivery of education and training for the Hepatitis C workforce, whether delivered locally or by an external provider, be benchmarked against the quality indicators and standards recognised by the education provider.

2.8.2 Education and training activity evaluations

Education and training activity should be rigorously evaluated to ensure ongoing fitness for purpose using the following processes:

• Each education and training activity should have defined learning outcomes
• Participants should be asked for their views on issues such as:
  - Appropriateness of activity to their needs and expectations
  - Process and content of the activity
  - Quality of delivery
  - Potential impact of the activity on enhancing the health and well-being of the population
  - Further education and training activity required
• The effectiveness of activities for individuals should be reviewed through, for example, personal development planning and review processes and team organisational learning plan reviews, to ensure the activities continue to be fit for purpose
• Individuals’ evaluation of services should be monitored, thereby checking the appropriateness of education and training activities in meeting their needs. Comments and responses to public satisfaction exercises should also be monitored to check how education and training activity should be developed. Outcome evaluations should be explored, although the impact of education and training for the individual may be difficult to evaluate effectively.

2.8.3 Widening access to education and training activity

Clearly, education and training does not necessarily need to be course-based. Opportunities for flexible learning should be actively encouraged, including workplace learning, e-learning and shadowing opportunities.

All the communication mechanisms at the organisation’s disposal, including meetings, newsletters, noticeboards, email and the intranet, should be used to increase staff awareness of education and training activities that are available to them.

2.8.4 Recording and reporting education and training activity

It is recommended that NHS Boards and other organisations establish a system for recording staff participation in Hepatitis C education and training activities. This would complement individual and local team records and also help to inform national priorities for Hepatitis C education and training needs with a view to developing future provision.

Use of internal reporting systems can help to promote accountability for education and training activity and transparency and fairness in the disbursement of local education and training budgets.
2.9 Developing and sustaining partnerships

The *Outline of Requirements* document is all about making the best use of resources to provide education and training activities for the Hepatitis C workforce that will help them to enhance the health and well-being of the population. This can be achieved through the measures set out in the previous sections, by sharing good practice, and by utilising the wealth of knowledge, skills and experience possessed by staff, particularly those with specialist expertise.

But while the talent in organisations managing Hepatitis C is recognised and respected, links and partnerships built between organisations are also greatly valued. These partnerships should be strengthened and used to promote quality in, and widen access to, education and training opportunities. Potential partner organisations include the following:

- Scottish Government
- Health Protection Scotland
- NHS Education for Scotland
- NHS Quality Improvement Scotland
- NHS Boards
- Hepatitis C Resource Centre - Scotland
- Skills for Health
- Other UK Health Departments
- Community Health Partnerships
- Specialist sexual and reproductive health providers
- Specialist alcohol and drug action teams
- General Practices
- Managed Care Networks
- Prevention Networks
- Scottish Prison Service
- Local authorities
- Social work departments
- Voluntary organisations.

It should be noted that this list is not exhaustive and organisations in different geographical areas are likely to form different partnerships depending on the education and training needs of staff in that area.

2.10 Next steps

The *Outline of Requirements* document will be an essential part of the next steps in workforce education development as set out in the Phase II Action Plan (Action 4) (Scottish Government 2008). NHS Boards and their partners will need to use the *Outline of Requirements* document to guide a range of activities that will help to achieve Action 4. These activities may include the following.

- Analysis of the organisational needs in relation to supporting progress of the Phase II Action Plan (Action 4).
- Review of the education and training needs of the local workforce.
- Critical appraisal of existing education and training opportunities.
- Identification of gaps in existing educational provision. This information can then be referred back to the national networks.
- Development of robust recording and reporting systems to track workforce development.
- Development of systems for local and national communication pathways to support integration and coordination of workforce education development for Scotland in line with the National Communication Plan and local NHS Board Communication Plans.
References


Appendix 1: Process for Development of Outline of Requirements document

In August 2008, a NES Hepatitis C Education Advisory Group was formed to support the development of the Outline of Requirements document, as a sub-group of the National Hepatitis C Education, Training and Awareness Network. The group refined the parameters of the document and the development process, before using the care pathway in Figure 2 (page 15) to map the specific knowledge and skills relating to Hepatitis C required in each key stage.

At each stage of the process the Education Advisory Group reviewed the draft materials to ensure accuracy and guide development.

In December 2008, the Outline of Requirements document was also critically reviewed at a one-day workshop by a wider group of 40 professionals involved in Hepatitis C services.

Finally, the document was sent out for consultation to a wide group of individuals and organisations involved in the care and management of people with Hepatitis C. They were given a defined remit to comment on specific aspects of the Outline of Requirements document.

The end result is a document against which the education and training needs of individuals and staff groups can be surveyed.

NES Education Advisory Group members

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Leon Wylie, National Substance Use Support Officer (Drugs), Scottish Association of Alcohol and Drug Action Teams
Louise Carroll, Programme Manager (HIV/STIs)/Hepatitis C Workforce Development Lead, NHS Greater Glasgow & Clyde
Steven Black, External Consultant, now National Workforce Development & Education Coordinator (Hepatitis C), NHS Education for Scotland
The main policy driver for service provision and education is the Hepatitis C Action Plan for Scotland. The Action Plan is in two phases and comprises 34 actions spread across the areas of coordination, prevention, testing, treatment, care, support, and raising awareness of education and training.

The overarching aims are to:

- Prevent the spread of Hepatitis C, particularly among injecting drug users (IDUs)
- Diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment
- Ensure that those infected receive optimal care, treatment and support
- Put in place mechanisms to ensure better coordination, planning and accountability of Hepatitis C-related services
- Build on existing activities and interventions to reduce the number of new cases of Hepatitis C in Scotland
- Provide professionals and service users with the information and support they need
- Gather robust data to inform the development and expansion of testing, treatment and care services beyond 2008.

Phase I (SEHD 2006) has been completed (HPS 2007); Phase II began in 2008 and is to be completed in 2011 (Scottish Government 2008).

Appendix 2: Hepatitis C-Specific Policy

The main policy driver for service provision and education is the Hepatitis C Action Plan for Scotland. The Action Plan is in two phases and comprises 34 actions spread across the areas of coordination, prevention, testing, treatment, care, support, and raising awareness of education and training.

The overarching aims are to:

- Prevent the spread of Hepatitis C, particularly among injecting drug users (IDUs)
- Diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment
- Ensure that those infected receive optimal care, treatment and support
- Put in place mechanisms to ensure better coordination, planning and accountability of Hepatitis C-related services
- Build on existing activities and interventions to reduce the number of new cases of Hepatitis C in Scotland
- Provide professionals and service users with the information and support they need
- Gather robust data to inform the development and expansion of testing, treatment and care services beyond 2008.

Phase I (SEHD 2006) has been completed (HPS 2007); Phase II began in 2008 and is to be completed in 2011 (Scottish Government 2008).
Appendix 3: Guidelines for Services Providing Injecting Equipment

**Recommendations Relevant to Education and Learning**

The following recommendations have been extracted from the document *Guidelines for Services Providing Injecting Equipment* (Scottish Government 2010).

**Recommendation 9: Training of IEP service staff**

As a minimum, all individuals involved in the distribution of injecting equipment should receive appropriate training prior to providing a service or during induction in relation to:

- Understanding drug use
- How to engage with drug users
- Injecting risk behaviour
- Correct, single person use of injecting equipment
- Needs of different sub-populations of injectors, including those who are in treatment
- Prevention of HCV and other blood-borne viruses
- Overdose prevention and management
- Procedures regarding safe disposal of used injecting equipment
- Procedures for managing needlestick injury
- Contact details of other local relevant services.

All staff involved in the provision of injecting equipment should have read and understood these guidelines. They should also be familiar with the Lord Advocate’s Guidance (issued in March 2010), and have basic training in child protection awareness. Pharmacists involved in the delivery of IEP services should complete the NHS Education for Scotland (NES) distance learning package on “Pharmaceutical Care of the Substance User.”

Staff training should include information about the importance of sensitivity and confidentiality in delivering an IEP service, and information about how best to liaise with other local services in relation to the needs of their clients.

Ongoing supervision should be provided and training should be updated at least annually.

**Recommendation 10: Identifying and responding to the individual client’s needs**

All clients attending a service for the first time should be welcomed to the service and asked for some basic information about their injecting practices in order that services are able to meet their needs. This initial discussion should be carried out in a private area, separate from the public, to ensure client confidentiality. It should also include the provision of both verbal and written information about safer injecting practices and about safe disposal of used injecting equipment.

As a minimum, IEP services should ask clients:

- How often they inject
- What they are injecting
- How often they (usually, or intend to) visit the IEP service, and
- Whether they are collecting supplies for anyone else.

This is to ensure that clients’ equipment needs are addressed and that they leave the service with sufficient supplies to enable the use of one set of equipment per injection.

**Recommendation 11: Service user education**

As a minimum when providing needles and injecting equipment, IEP services should educate clients about:

- Washing their hands with soap and water before injecting
- The correct use of each item of injecting equipment
- The risks of sharing injecting equipment
- The correct methods of disposing of used injecting equipment.

NHS Boards should ensure that relevant training is made available to staff involved in the distribution of injecting equipment, including counter staff in community pharmacy services, and that these individuals are given all necessary support to attend the training.

Hepatitis C workforce education development: An outline of requirements
Appendix 4: Hepatitis C Action Plan Phase II Governance Arrangements

Scottish Government Public Health and Health Improvement Directorate (SGPHHID)

Action Plan Governance Board
Scottish Government
Lead Organisation Representatives
Chairs of Lead National Networks

National reporting on progress (by exception), high level risks and issues

Action Plan Advisory Board

Legend
ETA: Education, Training and Awareness-Raising
HCV: Hepatitis C Virus
HPS: Health Protection Scotland
ISD: Information Services Division, NSS
LA: Local Authority
LTS: Learning and Teaching Scotland
NES: NHS Education for Scotland
NHS Health: NHS Health Scotland
NHS QIS: NHS Quality Improvement Scotland
SG: Scottish Government
SPS: Scottish Prison Service
MCN: Managed Care Network
NGO: Non-Governmental Organisation
NSS: National Services Division
NES: National Services Scotland
WFDL: Workforce Development Lead

*Action 6: By agreement, NHS Boards are the Lead organisation, accountable and responsible for reporting against this action. BBV Specialist Labs remit is restricted to routine HCV testing only for this action.

**Action 12: BBV Specialist Labs (NSS NSD/HPS) are the lead organisation, accountable and responsible for reporting against this action.

***Action 17: Applicable where relevant to individual NHS Boards.

Lead Organisations: Accountable/Responsible for Delivery and Reporting of Agreed Actions and Project Plans

<table>
<thead>
<tr>
<th>COSLA (Action 9)</th>
<th>SPS (Actions 7, 17**, 23)</th>
<th>NHS Boards (Actions 1, 4, 6*, 8, 10, 13, 15, 16, 30-34)</th>
<th>Scottish Government (Actions 5, 6*, 11, 14, 25)</th>
<th>HPS (Actions 19, 20, 22, 24, 26-29)</th>
<th>LTS (Action 18)</th>
<th>NES (Action 3)</th>
<th>NHS Health Scotland (Action 16)</th>
<th>ISD (Action 21)</th>
<th>NHS QIS (Action 2)</th>
<th>Univ of the West of Scotland (Action 22)</th>
<th>NSS NSD (Specialist Labs) (Actions 6*, 12**)</th>
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</thead>
</table>

Advice, input and shared learning

Lead National Networks (examples): Supporting Delivery, Planning and Development of Best Practice


Key

Advice/shared learning/guidance/support

Accountability

Reporting documentation
### Appendix 5: Hepatitis C Action Plan Phase II Networks and Groups

#### Lead Organisations: Accountable for Action Delivery and Reporting

- **Advice, input and shared learning**
- **National guidance**

<table>
<thead>
<tr>
<th>Network</th>
<th>Description</th>
<th>Lead Organisations</th>
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</thead>
<tbody>
<tr>
<td>Hep C Exec Leads/SPS Network</td>
<td>(1, 13)</td>
<td></td>
</tr>
<tr>
<td>MCN Clinical Leads/Coordinators Network</td>
<td>(1, 2, 6*, 7, 8, 9, 10, 12**)</td>
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<tr>
<td>Local Authority Leads Network</td>
<td>(9)</td>
<td></td>
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<tr>
<td>Workforce Development &amp; Education Leads Network</td>
<td>(4)</td>
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<tr>
<td>Prevention Leads Network</td>
<td>(4, 5, 11, 13, 14, 15, 16, 17***, 18)</td>
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<tr>
<td>Education Training Awareness Network</td>
<td>(3, 4, 5, 11, 16, 18)</td>
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<tr>
<td>Project Management Network</td>
<td>(25, 26, 27, 28, 29, 30, 31, 32, 33, 34)</td>
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<tr>
<td>Information Generating Initiatives Network</td>
<td>(5, 11, 12, 17, 18, 19-24)</td>
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<tr>
<td>Guidelines Development Group</td>
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<tr>
<td>NGO Network</td>
<td>(4, 5, 6*, 8, 11, 16, 18)</td>
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<td>Website Development Group</td>
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<td>LTS Advisory Group</td>
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<tr>
<td>Clinical Database Monitoring Group</td>
<td>(19)</td>
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</tbody>
</table>

#### National Networks and Sub-Groups: Supporting National Delivery, Planning and Best Practice

- **Local MCNs** (1, 2, 4-10, 12**) | Local Prevention Networks (3, 4, 5, 11, 13, 14, 15, 16, 17***, 18) | Lead National Networks (examples): Supporting Delivery, Planning and Development of Best Practice

#### Key

- ETA: Education, Training and Awareness-Raising
- HCV: Hepatitis C Virus
- HPSS: Health Protection Scotland
- ISD: Information Services Division, NSS
- LA: Local Authority
- LTS: Learning and Teaching Scotland
- NES: NHS Education for Scotland
- NHS Health: NHS Health Scotland
- NHS QIS: NHS Quality Improvement Scotland
- SG: Scottish Government
- SPS: Scottish Prison Service
- MCN: Managed Care Network
- NE: Needle Exchange
- NGO: Non-Governmental Organisation
- NSD: National Services Division
- NSS: National Services Scotland
- WFDL: Workforce Development Lead

**Legend**

*Action 6: By agreement, NHS Boards are the Lead organisation, accountable and responsible for reporting against this action. BBV Specialist Labs remit is restricted to routine HCV testing only for this action.

**Action 12:** BBV Specialist Labs (NSS NSD/HPS) are the lead organisation, accountable and responsible for reporting against this action.

***Action 17***: Applicable where relevant to individual NHS Boards.

The aim of a survey of education and training needs is to identify the needs of the organisation and individuals through a process of consultation with staff, service users and others. Organisations can then design an ongoing education and training programme that is systematic, affordable and appropriate to the needs of service users, the organisation and the workforce.

Organisations may require specialist expertise to carry this out.

1. Consultation

Managers, supervisors, workers, service users and the public should be consulted about the design, delivery and evaluation of education and training. Consultation can take place in, for example, focus groups, questionnaires and face-to-face interviews. Smaller organisations may be able to consult all staff and some service users, but representative samples may have to be identified for larger organisations.

2. Information analysis

Some data collection tools (such as ‘tick box’ questionnaires) will need only fundamental arithmetical skills, but more complex methods (such as semi-structured interviews) will require sophisticated analysis. Qualitative data analysis software packages are available for purchase that allow analysis of interview and questionnaire information.

3. Feeding back to interested parties

Conclusions should be fed back to the participants to check for accuracy. All communication systems – staff meetings, education seminars, newsletters, memos, intranet and team briefings, for instance – can be used for this purpose. Time should be allowed for people to respond to ideas.

4. Setting an action plan

The next step is to plan a course of action. Managers, supervisors, workforce representatives, trade union officials, health and safety officials, risk management personnel, human resources staff and finance managers, service users, members of the public, education institutions and accrediting bodies are all examples of the kinds of expertise that can be accessed to inform the process. The action plan should also go through a consultation process.

5. Delivery and evaluation

The plan can then be put into action and the resultant education and training programme (and individual activities with it) evaluated. Further surveys of education needs can be done periodically.
1. Interpersonal skills

Communication and working with communities

Competence in communicating and working with communities includes the ability of:

- All staff to be informative and courteous
- Relevant staff to accurately construct and disseminate messages from a wide range of sources
- Specialist members of staff to explain and educate the public about highly complex issues.

Education and training activity will need to cover these situations to ensure that staff are able to address public concerns. Appropriate media training will also be necessary for selected staff.

Staff will also need access to training in delivering culturally sensitive services.

Team-working

Team-working training will be essential to enable staff from the different sectors involved in Hepatitis C services to work in partnership. All staff will need support and education and training opportunities to help them understand individual roles and team-working at local, regional and national levels, as appropriate.

Leadership and management

Leadership training opportunities should be provided for as many staff throughout an organisation as possible.

Negotiating and change management

Staff at all levels need skills in negotiating and influencing to enable effective team and partnership working, and they will need support to develop and nurture these skills. They may also require effective change management skills to ensure that changes in practice, roles and policies are sustained.

Report-writing and recording information

Staff will require education and training in:

- Report writing
- New ways of recording information using IT systems
- Complying with national, professional, legislative and local guidance
- The legal framework for recording and reporting.

2. Risk analysis

Risk analysis is a generic term used to cover:

- Risk assessment
- Risk management
- Risk communication.

Organisations involved in Hepatitis C services should be identifying the risk analysis training needs of staff across the workforce in a variety of posts. A more detailed explanation of risk analysis in the Health Protection Framework (NES 2006) can be used by organisations to guide such an analysis.

3. Evidence

Staff managing Hepatitis C should have an awareness of research and surveillance and critical appraisal skills. Education and training activities should focus on:

- Introduction to research and surveillance, to provide a basic understanding of the principles
- How to appraise research and surveillance evidence
- How to perform literature searches/reviews
- How to attain or develop scientific skills.
4. Statutory & mandatory training

Staff new to an organisation should undertake appropriate induction and orientation activities, including statutory and mandatory training. Statutory training activities are those required by law. Mandatory training activities are those the government, statutory organisations, employing organisations and/or professional regulatory bodies/Royal Colleges decree are compulsory for all staff (or groups of staff). Activities should be available in both education and work-based settings.

Statutory and mandatory training should be based on an effective surveying and recording system to identify those who need training, in which areas, and when, and a recognition that effective training needs to be offered on an ongoing basis.

Topic areas for statutory and mandatory training change over time, and staff involved in Hepatitis C services should remain responsive to new needs as they arise.

5. Legalethical issues

Staff will need education and training about legalethical issues such as confidentiality and data protection. Organisations should also be aware of the risk of litigation and the training implications it presents.