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Training Plan

TO ENSURE WORKFORCE DEVELOPMENT, RETENTION AND SUSTAINABILITY FOR WOMEN'S HEALTH HUBS

When setting up a
Women's Reproductive Health Hub,
an important consideration is the
workforce required to deliver
and support the service.

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SITUATION

SOLUTION

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When setting up a Women's Reproductive Health Hub, an important consideration is the workforce required to deliver and support the service. You may already have staff members in place who have the skills or are eager to gain the skills required to create a successful Hub.

The training needs of the Hub must be identified and addressed in an action plan to ensure that the best people are recruited/upskilled, and therefore that the provision meets the needs of the local population and will be sustainable for the future.

Identify the workforce required to develop and run the hub – who do you already have in place, who can be 'upskilled', and who do you need to recruit?

Administrators/Care Co-ordinator

(Consider creating a new role through 'Additional Roles and Responsibilities' funding available for PCNs).

Pros:

- Managing the booking system, updating the appointment book, maximising clinic potential and financial viability, for example by booking procedures in together to maximise use of time and resources (i.e. coil fitting requires a HCA so book appointments next to each other).
- Minimising DNAs through patient engagement (sending out appointment reminders).
- Communication with all practices to ensure engagement with and utilisation of the service.
- Promotion of the service to patients.
- Standardised ordering of consumables.
- Identifying training requirements.
- Verifying procedures performed against payments made through the Local Enhanced Service contract.

Nursing/Advanced Nurse Practitioners (ANPs)

To provide clinical services covering a range of skills.

- Pros they are able to offer clinical services covering a range of skills.
- Cons may not be able to prescribe, consider limitations of skills.

Nursing Assistants

To provide a range of clinical services more limited to nurses/Advanced Nurse Practitioners (APN) due to their evolving nature.

- **Pros** cost-effective staff to employ, can follow PSDs.
- **Cons** limited clinical roles to develop, not able to prescribe.

Health Care Assistants

To assist in procedure clinics by acting as a support to:

- The clinician, e.g. setting up procedure trolleys, taking bloods, labelling samples, cleaning up.
- The patient, e.g. as a chaperone.

Doctors/General Practitioners

To provide a range of clinical skills.

- Pros prescribing, can be higher skilled in procedures and more complex problems, can make more complex clinical decisions.
- **Cons** may be expensive to employ (consider various costs; locum, salaried, partner rates).

Physicians' Assistants

(First employed in the UK in 2003, they are medical professionals in all specialities who examine patients, prescribe medicine and order diagnostic tests).

- Pros the scope of their work depends largely on the settings they have worked in, however, if they are experienced in Gynaecology they would be an asset to a Women's Health Hub and cost effectiveness would be a consideration.
- **Cons** it's a relatively new role so limited numbers may be available.

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Training Plan: Clinical governance, upskilling & keeping up to date

In order to provide a Women's Reproductive Health Hub or Hubs, the staff delivering the service must have the skills required. All staff need time to keep their skills up to date. A full training needs assessment and training plan for the Hub is essential to ensure retention of staff and sustainability of the service.

Alongside the compulsory training required on an annual basis such as CPR, the appraisal document should declare all the scope of practice and identify what ongoing training needs to be done annually.

Some of the training certificates require formal recertification, e.g. Letters of Competence (LoCs) and the Faculty of Sexual and Reproductive Health diploma, whereas others are unofficial but should be incorporated in training plans, such as LARC fitters' updates, cytology updates, contraception updates, menopause updates. They can be attended at a national level or arranged locally (which works well as a local support network).

Women's Health Hubs should have an interface with secondary care for advice, referral pathways and pathology services. Local meetings between primary and secondary care can be used for education and support. Multi-disciplinary team (MDT) meetings may be required for more complex services in Women's Health Hubs.

Training requirements needed/ recommended for the following:

- Ring pessaries suggested training requirements: follow the Primary Care Women's Health Forum (PCWHF) resource
- Intrauterine methods FSRH national Letter of Competence (LoC)
- Subdermal implants for contraception FSRH national LoC
- Contraceptive services FSRH Diploma; Universitybased competency course; Essentials for Primary Care course; PCWHF resources; Online courses
- Contraception counselling PCWHF resources; online courses
- **GUM services** Sexually Transmitted Infection Foundation (STIF) course
- Outpatient gynae services non-interventive competencies-based on commissioning requirements, other post graduate course like Bradford PSI diploma
- Colposcopy BSCCP National course
- **Hysteroscopy** BSGE National course
- Cytology National cytology training course
- Menopause basic (to provide a basic level service, eg the PCWHF's Menopause eLearning Foundation Course) or higher-level specialist skills course (to provide a more complex service)
- Ultrasound scanning FSRH specialist skills course
- **Cervical polyp removal** (in development).

Health Education England have the Workforce transformation vision 'to be the first point of contact for provider systems seeking expert support, to build and develop a workforce which drives innovation and improvements for the benefit of patients and populations'. Health Education England, may be contacted at: WTHubMidlands@hee.nhs.uk.

Bayer and Organon may be approached to support practical training for LoCs in subdermal implants and intrauterine methods.

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PHE's reproductive health programme Workstream 4: Workforce

According to Public Health England's reproductive health programme 2020-21: 'A sustainable reproductive health (RH) workforce model is one that balances universal provision for the whole population with targeted provision for more complex patients. The COVID-19 pandemic has further highlighted workforce capacity and training limitations and geographical inequities. A future workforce that is fit for purpose will not only address capacity but also consistency of knowledge, awareness, and communication amongst providers.'

Over the next 5 years, Health Education England (HEE), FSRH and other stakeholders have committed to 'ensuring that the distribution of the specialist and generalist workforce for delivery of universal and targeted RH is fit for purpose. PHE will work alongside these partners to develop a sustainable RH workforce model that meets the needs of the population.'

Work is now underway to gain a better understanding of 'the barriers and facilitators to the provision of the full range of contraception, including longer-acting methods of contraception, in primary care.'

A <u>toolkit</u> which highlights how providers can facilitate, or may unintentionally hinder, women's help-seeking behaviours has been produced by the Public Health Research Team at Warwick. It recommends behaviour change intervention strategies that can be used by those commissioning, developing, and delivering interventions to support women to choose/access a preferred contraception method, plan and prepare for a pregnancy or manage reproductive symptoms.

FITTERS' FORUMS

Fitters' Forums are an opportunity for primary care HCPs to learn more about Long-Acting Reversible Contraception (LARC), enabling HCPs to further increase their knowledge and skills. Set up by fitters for fitters, the meetings include up-to-date guidance and can be held remotely in half day sessions as part of the working day, or alternatively are sometimes held early evening depending on local demand.

The sessions are for anyone working in contraception services who would like to learn more about inserting/removing implants/IUDs, lapsed fitters, fitters who would like a refresher/update, or those who may be interested in becoming a fitter.

The sessions are designed to provide education and support for HCPs as well as providing brainstorming and networking opportunities to share information and best practice. Forums can be tailored to meet local needs for local fitters and people wishing to counsel patients on LARC fitting.

Fitters' Forums are open to all clinicians who would like to attend, supporting increased choice for women in the community.