



Action⁴skills

The Healthcare Sector





Action⁴skills

Targeting the sectors
vital to Hertfordshire's
economy



Executive Summary

Key statistics

	Healthcare	All Herts
Business base		
No. of business establishments	730	49,200
Micro-businesses (<10 employees)	450	42,600
% <i>business base</i>	62%	87%
% <i>employment</i>	9%	22%
Workforce		
Total workforce	23,700	549,500
Employees	22,000	487,600
Self-employed as % workforce	7%	13%
Part-time employment	53%	34%
Female employment	84%	50%
Workforce aged under 25	7%	14%
Workforce aged 55 or over	16%	16%
Workforce dynamics		
Employment change 1998-2002	-1,700	-
% <i>Employment change</i>	-7%	-2%
Forecast change 2004-2013	+1,000	-
% <i>Forecast change</i>	+4%	+9%
Labour turnover p.a. (approx)	16%	N.A
% workforce in FT education 1yr ago	2%	3%
Workforce skills		
Workforce with no qualifications	1,700	-
	7%	11%
Low skilled workforce (≤ Level 1)	4,300	-
	18%	25%
High skilled workforce (Level 4+)	12,600	-
	53%	26%
Workforce training in previous 13wks	11,400	-
	48%	27%
Skill needs		
Employers with hard-to-fill vacancies	100	-
% <i>business base</i>	14%	8%
Employers with workforce skill gaps	240	-
% <i>business base</i>	33%	23%

Note: For definitions and sources see main report

Key messages

- Healthcare is an important employment sector in the Hertfordshire economy. The county has significant employment in the hospital activities sub-sector. Employment is forecast to grow.
- Taking into account forecast employment growth and the pattern of workers entering the sector from full-time education, around 850 skilled new entrants to the healthcare workforce are required in Hertfordshire each year.
- The age profile of the workforce is older than that for all industries in the county. The workforce is predominantly female and part-time.
- More than half of the healthcare workforce have high level skills (53% or around 12,500 workers) and a further 29% have intermediate level skills (6,900). 7% of the workforce has no qualifications (1,100 people).

- Around 36% of the healthcare workforce is employed in associate professional and technical occupations. 59% of employment in the healthcare sector is in "sector specific" occupations (approximately 14,000 jobs).
- Despite only accounting for 2% of business establishments, large businesses employing over 200 employees account for almost half (49%) of healthcare employment in Hertfordshire.
- Healthcare employers are more likely to have recently funded training for staff at all levels than in most other sectors. However, the lowest skilled were least likely to have received recent training.
- 83% of healthcare employers funded or arranged job related training for employees in the last 12 months (compared with 57% for all industries) and 82% had funded training leading to a formal qualification (compared with 52%).
- Recruitment difficulties in the sector are high with more employers reporting hard-to-fill vacancies (14% compared to 8%) and skill shortages (8% compared with 3%) than the all sector average.
- Skill gaps are also commonly reported by employers (33% or around 240 establishments). 60% of reported skills gaps for the sector relate to personal service occupations. The most pressing skills gaps amongst staff of this kind are team working, problem solving, and technical and practical skills.
- Management skill gaps and shortages of key workers are having a significant impact on attempts to introduce new working practices and improve the quality of service delivery to meet government objectives.

Conclusions and recommendations

This paper outlines three workforce development priorities for the sector and makes a number of suggestions for employers and stakeholders to consider:

1. Attracting and retaining staff and reducing turnover

- Work with schools and other providers of careers advice to encourage a positive image of the sector among potential new entrants.
- Ensure that national schemes aimed at addressing recruitment and retention issues, such as key worker housing, Apprenticeships and cadet schemes, are promoted locally.
- Encourage clear progression routes and training opportunities for all staff.

2. Developing provision linked to career progression for support staff

- Ensure that the provision on offer for healthcare sector support staff is relevant to both large institutions and smaller employers.
- Help staff with different working patterns to access training by encouraging flexible delivery of provision.
- Build on the work of professional bodies to ensure that there is support available for the full range of support staff in the sector.

3. Improving managerial skills

- Develop flexible management training suitable for female staff with management responsibilities.
- Develop and promote specialised courses in healthcare management where appropriate.

1.0 Introduction

This paper is one of a series that outlines the workforce dynamics and skills and training issues in key sectors in the Hertfordshire economy.

The series sets out:

- The demographics of the workforce in each sector
- The skills and qualifications profile of the workforce
- The likely demand for and supply of new skills and workers, now and in the future
- The local business drivers.

Where possible local data has been used for the analysis. However, where local data was unavailable, inferences have been made from regional and national data to provide a best estimate of local workforce dynamics. Unless otherwise indicated, figures are for Hertfordshire.

For the purposes of this paper, the healthcare sector includes hospital activities, medical practice activities, dental practice activities, and other human health activities (see Annex I). This definition has been chosen to reflect the coverage of the Skills for Health Sector Skills Council.

The sector has been defined using Standard Industrial Classification (SIC) codes. As the definition is industry-based, workers included may be in any occupation, provided they work for an establishment considered to be part of the sector.

Key drivers of change

Public policy is the single most important driving force behind the workforce dynamics of the healthcare sector. However, as a result of the high public profile of policy decisions relating to the sector, the political desire to be seen to be taking immediate action to improve services can sometimes undermine medium and long term planning.

The 2004 Annual Spending Review outlined a significant programme of increased expenditure in the NHS, with spending due to increase to £92 billion in 2007–08. If future administrations continue these policies they will drive future growth and change in the healthcare sector for the next decade.

The government also plans to increase the use of Information and Communications Technology (ICT) in the NHS to improve management information. To date the sector has been late to adopt ICT, and many staff will need training to use new systems.

The willingness of national government to fund sector-based training initiatives gives rise to significant opportunities for workforce development.

The NHS in Hertfordshire is currently undergoing a modernisation programme with an extra £900 million planned for investment in the health services of Bedfordshire and Hertfordshire over the next 10 years. The planned restructuring will involve a new acute hospital for Hatfield, a dedicated cancer centre, reformed hospital services including the establishment of facilities to specialise in acute trauma and planned surgery. In addition, investment in treatment closer to home is set to be doubled under the planned modernisation programme. As a result, overall employment in the healthcare sector in Hertfordshire is predicted to rise.

Demographic change will also have an important impact on the healthcare sector. The proportion of individuals in older age groups in the East of England population has been increasing over recent years and this trend is forecast to continue. An ageing population is more likely to require medical or other healthcare facilities and this will have important implications for the employment needs of the sector.



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In addition, the current healthcare workforce is relatively more concentrated in older age groups than is the case for all industries, which could present a considerable challenge for the sector in the future if more young people cannot be attracted to healthcare careers. This issue is particularly pressing for certain occupations such as nursing.

Workforce development priorities

Workforce development priorities within healthcare are subject to variation across the sector as a result of the diversity of occupations within it. Whilst the sector comprises a significant number of high skilled professional and associate professional occupations, many occupations within the sector have an image of offering low pay, unsociable hours and difficult working conditions.

Job vacancy levels are high throughout the sector, both nationally and within Hertfordshire, with the sector experiencing recruitment difficulties for nursing and non-professional staff in particular. National level evidence also indicates that the sector experiences significant retention difficulties.

Support staff are vital to the healthcare sector, however research indicates that whilst the sector can generally be characterised as offering high rates of work related training, fewer opportunities are open to low skilled employees. Research also suggests the presence of skills gaps and a lack of clear progression routes for staff in these occupations. Whilst no precise figures exist with regard to the proportion of staff with poor basic skills, the issue is widely seen as a significant issue for the sector.

Given that the sector has significant levels of female and part-time employment, the development of flexible more family-orientated working conditions could make an impact. If combined with clear progression and training opportunities, it could also attract new staff to the sector.

Management and leadership skills have also been identified as important issues for the sector. In addition, healthcare employers in the East of England identified management skills as the skill most in need of improvement among associate professionals that are not fully proficient at their role.

This paper suggests that the most pressing workforce development needs over the next 3–5 years for the Hertfordshire healthcare sector will be:

1. Attracting and retaining staff and reducing turnover
2. Developing provision linked to career progression for support staff
3. Improving managerial skills

These issues are revisited in the Conclusions and Recommendations section on page 16.

Figure 1.1

Healthcare sector – SWOT analysis

Strengths

- An important sector in Hertfordshire that is a major source of skilled employment
- National government prioritisation of the sector for assistance and skills development
- Future employment growth guaranteed

Weaknesses

- The complexity of the sector and its institutions
- A negative public perception of the sector as being characterised by low pay, anti-social hours and working conditions
- Substantial recruitment difficulties and skills gaps

Opportunities

- Improved levels of service associated with a better trained and motivated workforce
- Potential for improved IT systems and skills to increase patient focus of care and early reporting of medical successes and shortcomings

Threats

- The highly politicised nature of the NHS undermining medium and long term planning
- An older age profile than the average for all industries with proportionately low numbers of young employees entering the workforce
- A relatively high turnover of staff in some sub-sectors and occupations
- Lack of management skills in some areas holding back the ability to respond to change



2.0 Healthcare in the Hertfordshire economy

This section looks at the importance of the healthcare sector in Hertfordshire and outlines the extent of healthcare employment in the county.

Key messages

- Healthcare is an important sector in the Hertfordshire economy in terms of employment, with a workforce of around 23,600 in the county (22,000 employees and 1,600 self-employed workers). 70% of employment is in hospital activities.
- Within Hertfordshire there is a relatively high concentration of healthcare employment in the district of Stevenage. This is mainly due to the presence of the Lister Hospital.
- Most employment is in large organisations (49%), but there is also a substantial number of micro-businesses.

In terms of employment, the Annual Business Inquiry (ABI) suggests that there are around 700 healthcare establishments in Hertfordshire employing approximately 22,000 employees. The healthcare sector accounts for around 5% of employment in Hertfordshire, slightly below the proportion employed in the sector nationally (7%).

It should be noted that the ABI does not include self-employed people. The Labour Force Survey (LFS), which does include the self-employed, suggests that there are approximately 1,600 self-employed people working in healthcare within Hertfordshire (7% of the healthcare workforce).

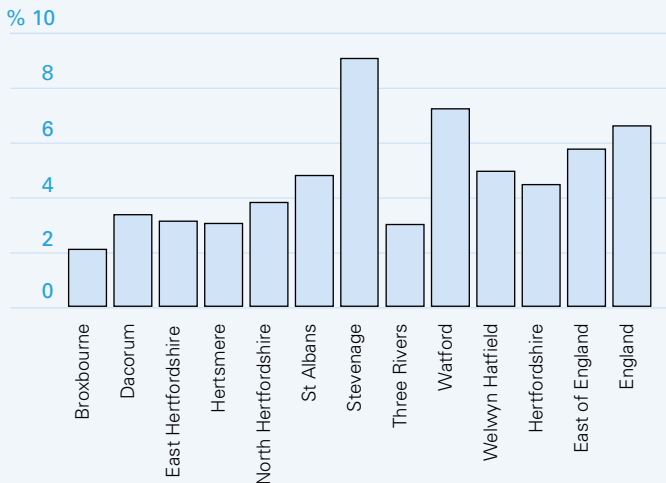
Figure 2.1 shows that healthcare accounts for between 2% and 9% of total employment in each of the ten local districts within Hertfordshire. The proportion of the workforce employed in healthcare is largest in Stevenage where it accounts for 9% (approximately 3,600 people). This is mainly due to the presence of the Lister Hospital within the district.

Figure 2.2 shows that Watford and Stevenage have the highest number of healthcare employees and East Hertfordshire has the highest number of establishments in the sector. Stevenage has the highest concentration of healthcare employment, with a Location Quotient¹ (LQ) of 1.98, and Broxbourne the lowest (0.45).

¹ Location Quotients indicate the relative strength of the sector in the district. An LQ of more than 1 signifies that a district has a higher concentration of employment in the sector relative to Hertfordshire as a whole. An LQ of less than 1 indicates that a district has a lower concentration than Hertfordshire as a whole.

Figure 2.1

Healthcare as a proportion of total employment – Hertfordshire districts



Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

Figure 2.2

Healthcare employees and business establishments in Hertfordshire districts

District	Establishments	Employees	% of sector	LQ
Broxbourne	50	600	2.7	0.45
Dacorum	90	2,200	10.0	0.75
East Herts	100	1,800	8.2	0.7
Hertsmere	80	1,400	6.4	0.68
North Herts	100	1,900	8.6	0.85
St Albans	100	2,600	11.8	1.05
Stevenage	40	3,600	16.4	1.98
Three Rivers	50	800	3.6	0.68
Watford	50	4,200	19.1	1.6
Welwyn Hatfield	80	3,000	13.6	1.07
Total	740	22,000	100	

Source: ONS Annual Business Inquiry, 2002. Numbers are rounded.
Note: Figures do not include the self-employed

Around 62% of healthcare establishments in Hertfordshire are 'micro-businesses' employing between 1 and 10 people. This is significantly below the figure for all industries in the county (87%). However, micro-businesses only account for around 9% of healthcare employment in Hertfordshire (1,900 employees). This is in line with the national and regional average for the sector but below the proportion found for all industries in the county (22%).

While large businesses with more than 200 employees account for only 2% of establishments in the sector, they account for 49% of healthcare employment in Hertfordshire. However, this is lower than the proportion found in the sector in either the East of England (53%) or in England (57%).

The Standard Industrial Classification used in national statistics divides healthcare into four sub-sectors. These are:

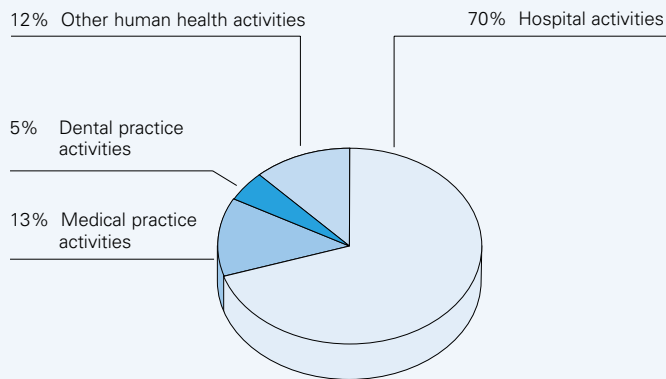
- Dental practice activities
- Medical practice activities
- Other human health activities
- Hospital activities

More details of these sub-sectors can be seen in Annex I.

Figure 2.3 shows that more than two-thirds (70%) of employment in the healthcare sector in Hertfordshire (15,400 jobs) is in hospital activities. A further 25% of the sector's workforce are employed in the medical practice and other human health activities sub-sectors (13% or 3,100 employees and 12% or 2,800 employees respectively).

Figure 2.3

Employment by sub-sector – Hertfordshire



Source: ONS Annual Business Inquiry, 2002

Note: Figures do not include the self-employed

3.0 The Current Workforce

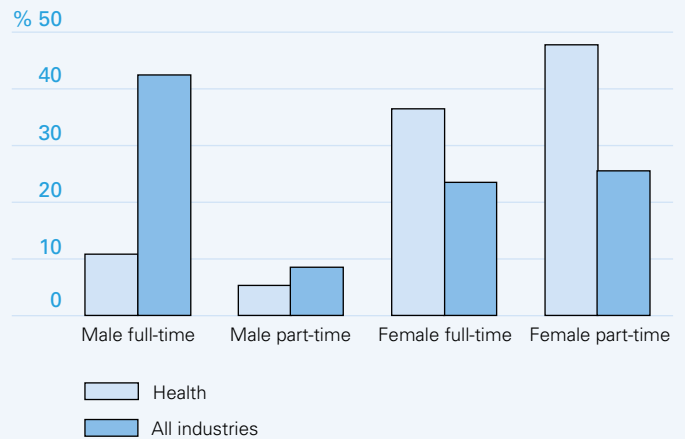
This section profiles the current workforce and typical employment opportunities in the sector. It also looks at the current supply and demand for skills in the healthcare sector.

Key messages

- The Hertfordshire healthcare workforce is reliant on a predominantly part-time and female workforce.
- More than half of the healthcare workforce have high level skills. A further three in ten have intermediate level skills. Around 7% of staff (1,700 people) have no qualifications, compared with 11% in all industries.
- More than a third of all healthcare jobs (36%) are in associate professional and technical occupations (such as nurses, paramedics, and medical and dental technicians).
- Personal service occupations also account for a higher proportion of workers than is found in the economy as a whole.
- Workers are more likely to be aged between 35 and 54 than in all industries and it is likely that many of these older workers are employed in associate professional occupations.
- Recruitment difficulties in the sector are a big problem, with a higher proportion of healthcare employers in the East of England reporting hard-to-fill vacancies and skill shortages than the average for all sectors.
- Skill gaps are also more commonly reported by healthcare employers in the East of England than those in all sectors.
- 59% of personal service staff (around 14,000 workers) are reported to have skills gaps. Team working skills formed the most common gap among personal service staff (82%).
- Associate professional occupations account for 36% of employment in the sector and 16% of skills gaps reported. Managerial skills and problem solving skills are the most frequently cited skill gaps for workers in these occupations.
- Skills gaps are having a significant impact on introducing new working practices and meeting quality standards. Therefore improving skills to address this issue will be central to the achievement of targets within the sector.

Figure 3.1

Gender and employment status – Hertfordshire



Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

Figure 3.2

Gender and employment status of healthcare workers – district areas

	Male full-time (%)	Male part-time (%)	Female full-time (%)	Female part-time (%)
Broxbourne	9	4	35	52
Dacorum	12	5	40	43
East Herts	9	5	36	51
Hertsmere	8	4	35	53
North Herts	9	6	34	52
St Albans	13	5	38	43
Stevenage	10	6	34	49
Three Rivers	13	3	33	51
Watford	13	5	41	41
Welwyn Hatfield	8	5	33	55

Source: ONS Annual Business Inquiry, 2002
Note: Figures do not include the self-employed

Demographics of the sector

The healthcare sector is heavily reliant on female labour. There are around 18,500 female healthcare employees in Hertfordshire, equal to around 84% of the workforce compared with around 50% in all industries.

Around 11,700 healthcare employees (53%) work part-time compared with around 34% for all industries. Approximately 90% of those employed on part-time contracts in the sector are women.

Figure 3.2 shows that the employment structure of the sector is broadly similar across each district within Hertfordshire.

At a national level, employees from ethnic minority communities account for around 16% of employment in the sector, compared with 15% for all industries. Census 2001 data reveals that there is a smaller proportion of people from ethnic minority backgrounds in Hertfordshire than in England and Wales as a whole. We estimate that around 10% (2,500 people) of the healthcare workforce in Hertfordshire is from an ethnic minority background (compared with 9% for all industries).

Figure 3.3 suggests that the healthcare sector in Hertfordshire

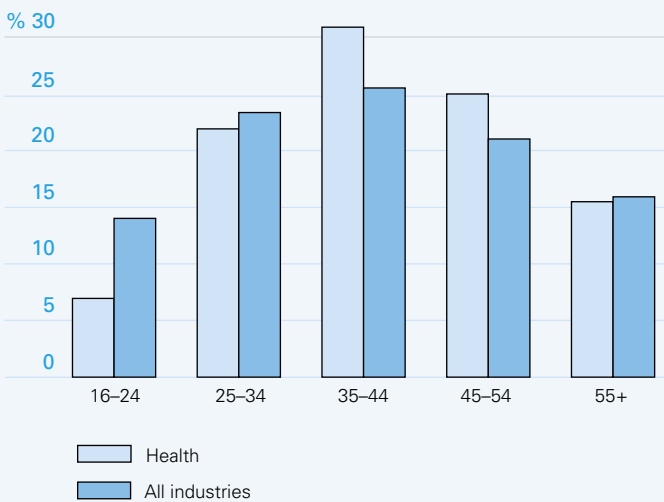
has an older age profile than the average for all industries. Approximately 56% of all workers in the sector are aged between 35 and 54 compared to 47% in all industries.

One possible explanation for the older age profile of the sector could be the number of professional occupations within the sector that require several years of pre-employment study. However, a significantly greater proportion of those in skilled trades occupations within healthcare, such as maintenance workers, gardeners, chefs and cooks, are aged over 45 than in all industries (61% compared with 40%). Managers, process plant and machine operatives (such as drivers, laboratory testers and equipment operators) and administrative and secretarial occupations are also significantly older with between 79–85% of the workforce being aged over 35.

Occupational analysis

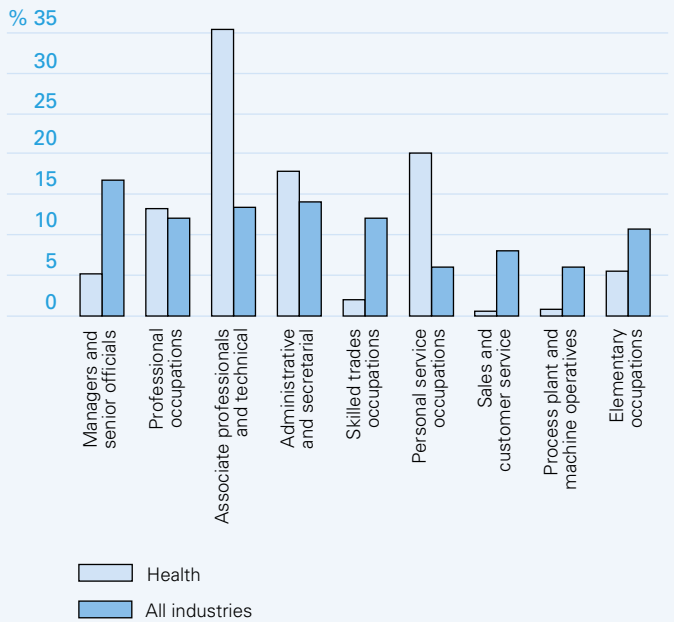
Figure 3.4 shows the broad occupational breakdown of employment in the sector. More than a third of all healthcare jobs (36% or 8,532 jobs) are in associate professional and technical occupations (such as nurses, paramedics, and medical and dental technicians), a significantly larger proportion than is found across all industries (13%).

Figure 3.3
Age breakdown of the sector – Hertfordshire



Source: ONS Labour Force Survey, Spring 2003. Inferred data
Note: Figures include the self-employed

Figure 3.4
Broad occupational breakdown – Hertfordshire



Source: ONS Labour Force Survey, Spring 2003. Inferred data
Note: Figures include the self-employed

Personal service occupations also account for a higher proportion of workers than is found in the economy as a whole (20% or 4,700 compared with 6%).

Administrative and secretarial occupations account for around 18% of the workforce (approximately 4,100 workers).

Figure 3.5 shows that around 59% of employment in the healthcare sector is in "sector specific" occupations (approximately 14,000 jobs). These are occupations where over two thirds of employment is in the sector. The concentration of workers in these occupations would suggest that sector-based initiatives would be most appropriate to develop the skills of these workers.

Nurses account for more than a fifth of employment in the healthcare sector in Hertfordshire (5,200 jobs). Other significant specialist occupations include nursing auxiliaries and assistants (around 10% or 2,300 jobs), and medical practitioners (around 8% or 1,900 jobs).

Figure 3.6 shows the occupations which are not specific to the healthcare sector. Cross-sector initiatives to support workforce development may be more appropriate for these occupations. Receptionists (around 6% or around 1,400 jobs) and care assistants and home carers (around 5% or 1,300) form significant proportions of the healthcare workforce in Hertfordshire.

Figure 3.5**Employment in specialist occupations – healthcare**

Code	Occupation	% of sector employment	Estimated jobs in Herts
3211	Nurses	22.0	5,200
6111	Nursing auxiliaries and assistants	9.5	2,300
2211	Medical practitioners	7.9	1,900
4211	Medical secretaries	3.5	800
6113	Dental nurses	2.8	700
3212	Midwives	1.9	500
1181	Hospital and Health Service managers	1.7	400
3221	Physiotherapist	1.6	400
2215	Dental practitioner	1.5	400
1183	Healthcare practice managers	1.3	300
3222	Occupational therapist	1.0	200
9221	Hospital porters	1.0	200
-	Other sector specific	3.3	800
-	Total sector specific	59.0	14,000

Source: ONS Labour Force Survey, Spring 2003. Inferred data.
Totals may not sum due to rounding
Note: Figures include the self-employed

Figure 3.6**Employment in other significant occupations in healthcare**

Code	Occupation	% of sector employment	Estimated jobs in Herts
4216	Receptionists	5.9	1,400
6115	Care assistants and home carers	5.4	1,300
9233	Cleaners, domestics	2.9	700
4150	General office assistants or clerks	2.2	500
4131	Filing and other record assistants and clerks	2	500
3229	Therapists n.e.c.*	1.7	400
2112	Bio scientists and biochemists	1.5	400
4215	Personal assistants and other secretaries	1.3	300
3218	Medical and dental technicians	1.1	300
9223	Kitchen and catering assistants	1.0	200
-	Other non-sector specific	15.8	3,700
-	Total non-sector specific	40.8	9,700

Source: ONS Labour Force Survey, Spring 2003. Inferred data.
Totals may not sum due to rounding
* Not elsewhere classified
Note: Figures include the self-employed

Skills and qualification issues

The analysis of skills in this paper uses qualifications as a proxy measure for skill level. Whilst this is not ideal, qualifications are the best measure available. Three broad skill levels are used:

Low skill (NVQ 1 or less including those with no qualifications). Common skills requirements for these jobs at this level include basic literacy, numeracy and IT skills and a range of generic skills.

Intermediate skill (NVQ 2–3). Skill requirements in these occupations are often vocational or technical in nature. They may also require higher level generic skills including analytical and problem solving abilities.

High skill (NVQ 4+). These skills are important in managerial and professional and associate professional roles. They are sometimes technical in nature but usually require high level analytical, communication and people management skills.

The LSC Hertfordshire Annual Plan 2004–05 highlights that overall the working population of Hertfordshire has the highest skills levels within the East of England.

Figure 3.7 illustrates the importance of high level skills to the healthcare sector, with over half (around 53% or 12,500) of the workforce possessing skills at this level. Intermediate level skills are less common in the sector than in all industries (29%

compared with 49%) and a lower than average proportion of workers have low level skills.

Within the healthcare sector, around 7% of staff (1,700 people) have no qualifications, equal to 11% in all industries. The proportion of workforce with no qualifications gives an indication of the likely extent of basic skills issues within the sector.

Skills shortages and gaps

The National Employer Skills Survey (NESS) offers some insight into the sectors skills shortages (a lack of suitably skilled people in the labour market) and skills gaps (skills deficiencies in the existing workforce). It is important to note that the NESS does not include the self-employed or businesses with only one employee.

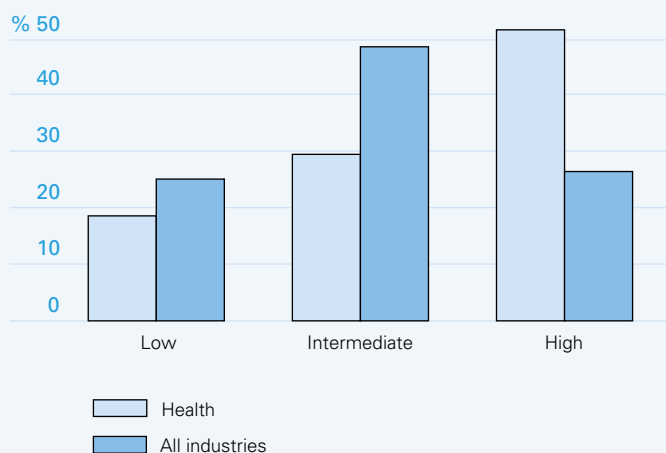
Skills shortages – recruitment difficulties

Figure 3.8 shows that vacancies are more commonly reported by employers in the healthcare sector in the East of England (28%) than the average for all sectors in the region (18%). However, employers in the healthcare sector in England as a whole (33%) reported vacancies more commonly than those in the East of England.

East of England healthcare employers were also more likely to have hard-to-fill or skill shortage vacancies than all employers in the region but less likely to report them than the sector nationally.

Figure 3.7

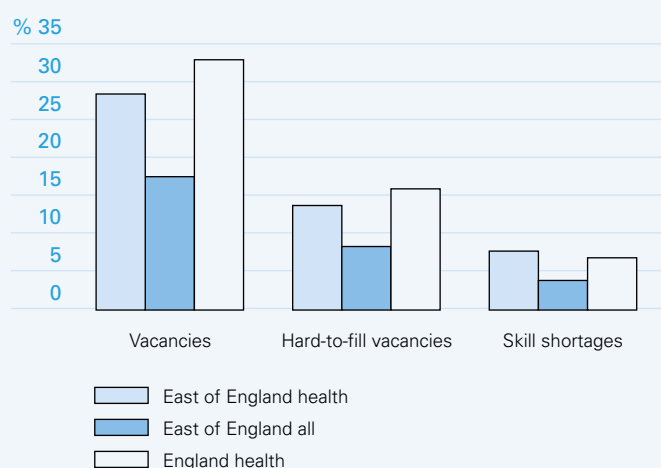
Skill levels – broad analysis – Hertfordshire



Source: ONS Labour Force Survey, Spring 2003. Inferred data
Note: Figures include the self-employed

Figure 3.8

Recruitment difficulties and skill shortages



Source: LSC National Employer Skills Survey, 2003. Inferred data.
Note: Figures do not include the self-employed or businesses with only one employee

Skills gaps

The NESS also suggests that healthcare employers in the East of England have significant skill gaps in their existing workforce. A third of healthcare employers (around 240 in Hertfordshire) report skills gaps compared with 23% in all industries in the region.

Figure 3.9 shows that employers in the healthcare sector in the East of England were most likely to report difficulties in introducing new working practices as a consequence of skills gaps, with 43% (equal to around 310 employers in Hertfordshire) stating that they had experienced this problem.

Figure 3.10 shows the incidence of skills gaps in the three largest occupational groups in the healthcare sector compared with the proportion of the workforce employed in each occupation.

Around 60% of the skills gaps reported by employers in the healthcare sector in the East of England relate to personal service occupations. Skill gaps in this occupation are significantly more common than might be expected from the proportion of the workforce employed (20%).

In comparison, skill gaps among professionals, associate professionals and administrative/secretarial occupations are less commonly reported than might be expected considering their respective proportions of the workforce (see Figure 3.10).

When asked about skills that were lacking among associate professionals who are not fully proficient in their role, healthcare employers were most likely to identify management skills (cited by 93% of employers with skills gaps for this occupation) and problem solving skills (93%) as the areas most in need of improvement.

Team working skills formed the most common gap among personal service staff (82%) whereas administrative and secretarial staff were most likely to lack technical and practical skills (50%).

Figure 3.9

Consequences of skills gaps – East of England

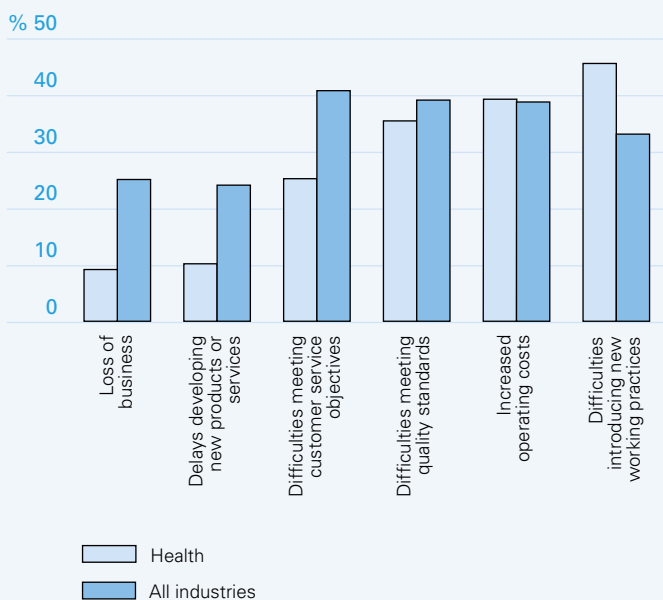


Figure 3.10

Proportion of skills gaps in key occupational groups – healthcare (East of England)

	Professionals	Associate professionals	Admin/secretarial	Personal service
% of workforce with skills gaps in occupation	5%	16%	6%	59%
% of workforce in occupation	13%	36%	18%	20%

Source: LSC National Employer Skills Survey, 2003 and ONS Labour Force Survey, 2003.

Note: Figures do not include the self-employed or businesses with only one employee.

This section looks at the changing nature of employment in the sector, the sector's training activity and the implications for learning provision.

Key messages

- The healthcare sector saw significant increases in employment in 2001/2. Future employment growth is forecast to be around 4% between 2004 and 2010.
- Around 400 jobs in associate professional and technical occupations are forecast to be created in healthcare in Hertfordshire by 2010.
- Overall, workers in the healthcare sector at all skill levels are more likely to undertake job related training than the average for all industries.
- More than 80% of employers had arranged training leading to a formal qualification for their staff in the past 12 months. It is likely that a significant proportion of this training reflects legislative requirements (health and safety training) as well as attempts to upskill the workforce (job-specific).
- An estimated 16% of the healthcare workforce leaves the sector each year. Many of these left the sector for another sector or due to family commitments. If the number leaving could be reduced, or if more could be encouraged to return, this would help to meet the projected growth in labour demand.

Employment in the healthcare sector was at a lower level in 2002 than in 1998, with an overall decrease of around 7% (approximately 1,700 jobs) during this period. However, this overall figure masks an increase in employment of 9% between 2001 and 2002.

Figure 4.2 shows that between 1998 and 2002 employment change in the healthcare sector in Hertfordshire was subject to significant variation between sub-sectors. Medical practice and dental practice activities both saw employment increase by around 2%.

However, employment in hospital activities fell and the other human health activities sub-sector experienced significant decline – a decrease in employment of around a quarter. Other human health activities includes activities such as laboratory work, chiropody and speech therapy.

VAT registrations and de-registrations

VAT registrations and de-registrations also give an indication of sector growth and decline. Figure 4.3 shows VAT registrations and de-registrations as a percentage of business stocks at the end of the year.

Figure 4.1

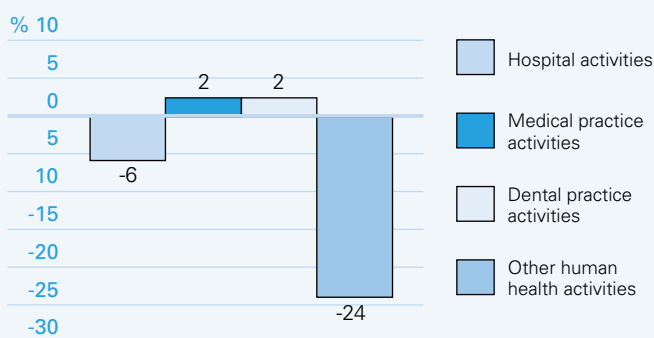
Annual employment change 1998–2002 – Hertfordshire

	1998	1999	2000	2001	2002
Employment	23,740	24,094	21,607	20,187	21,999
% change from previous year	-	+1.5%	-10.3%	-6.6%	+9%

Source: ONS Annual Business Inquiry 1998, 2002
 Note: Figures do not include the self-employed

Figure 4.2

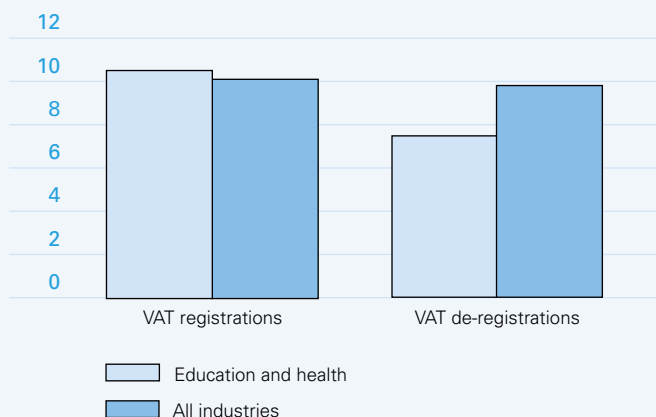
Employment change 1998–2002 by sub-sector – Hertfordshire



Source: ONS Annual Business Inquiry 1998, 2002
 Note: Figures do not include the self-employed

Figure 4.3

VAT registrations and de-registrations 2001–2002 – Hertfordshire



Source: NOMIS, VAT registrations/de-registrations by industry, 2002

[N.B: The data in Figure 4.3 relating to VAT registrations and de-registrations in 2002 has been gathered from NOMIS. The statistics only allow for analysis of 'education and health' and not the healthcare sector in isolation. Therefore, the following statistics can only provide a broad idea about what is and has been happening in the healthcare sector.]

Registrations within education and health are in line with the proportion for all industries in Hertfordshire (10%). De-registrations are slightly lower than for all industries (8% compared to 10%) and account for a lower proportion of business stock than registrations, suggesting that the net stock of businesses grew between 2001 and 2002.

It should be noted that VAT registrations and de-registrations provide only an indication of what is going on in the sector. As well as businesses opening or closing down, the measures also include firms moving above or below the threshold for payment of VAT, currently £58,000 p.a., and therefore very small businesses are not included.

Projected employment change

The Experian Business Strategies (EBS) forecasting model shows that between 2004 and 2010 healthcare employment in Hertfordshire is expected to increase by around 4% (this equates to around 1,000 workers).

Figure 4.4 shows that until 2008 employment in the Hertfordshire healthcare sector will increase at a rate above that for all industries. Healthcare employment is forecast to stabilise between 2008 and 2010.

Employment in process, plant and machine operative occupations is forecast to grow faster than any other occupational group in the Hertfordshire healthcare sector with a projected increase of 50%. However, because relatively few people are employed in these occupations in the sector this growth will only equate to around 80 jobs.

Numerically the greatest growth is forecast to be in associate professional and technical occupations, where employment is expected to increase by around 400 jobs or 4% to 2010. The greatest decline is forecast for employment in elementary occupations.

Employment flows

While projections suggest that new healthcare jobs will be created in the East of England, the majority of annual demand for new staff in any sector is to address natural turnover in the labour market, where people leave their current job through retirement, sickness and job changes, for example.

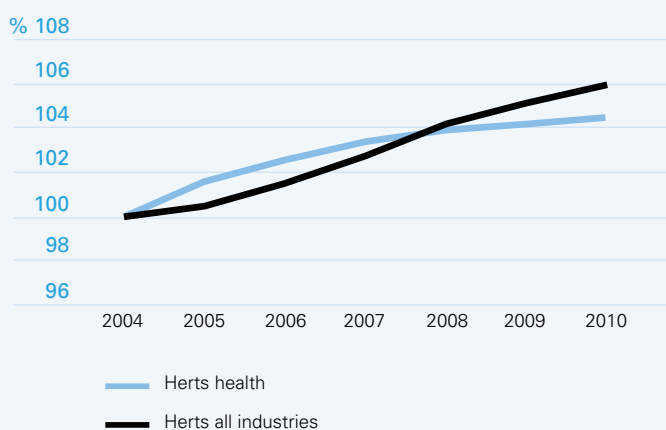
An estimated 16% of the healthcare workforce leaves the sector each year. This does not include people moving between jobs or sub-sectors within healthcare. Therefore, turnover experienced by individual healthcare facilities may be even higher.

A significant proportion of those leaving changed to another sector (41%), while a further 30% left employment due to factors such as family commitments and ill health.

For those joining the sector a large proportion do so from another sector (41%), and nearly a quarter (24%) do so from full-time education.

Figure 4.4

Forecast employment in healthcare 2004–2010



Source: Experian Business Strategies Forecasting Model, 2003.
Note: Figures include the self-employed

Figure 4.5

Forecasted employment change by occupation 2004–2010 – healthcare (Hertfordshire)

Occupation (model categories)	% change in employment 2004–2010	Estimated healthcare jobs in Hertfordshire
Managers and senior officials	5%	+60
Professionals	4%	+120
Associate professional and technical	5%	+420
Administrative and secretarial occupations	4%	+170
Skilled trades occupations	-3%	-10
Personal service occupations	6%	+280
Sales and customer service occupations	14%	+20
Process, plant and machine operatives	50%	+80
Elementary occupations	-9%	-120

Source: Experian Business Strategies Forecasting Model 2003.
Note: Figures include the self-employed.

Newly qualified staff

In 2003, around 600 workers joined the Hertfordshire healthcare sector from full-time education. However, across the four colleges in Hertfordshire, around 3,500 individual learners signed up for healthcare related courses in 2002/03. The broad types of healthcare related courses available from further education provision are outlined in Figure 4.7. The vast majority of enrolments in this area are for health studies (99%).

Around 80 people completed or left healthcare related Work Based Learning (WBL) programmes in 2003–2004. The majority were enrolled on Advanced Apprenticeships (59%). Around 20% were enrolled on NVQ Level 2 programmes and 18% on Foundation Apprenticeships. However, the level of NVQ achievement is relatively poor and improvements need to be made if this is to become a significant route for new entrants.

Recent announcements² on the development of Apprenticeships could increase the importance of this route into the sector and include proposals to:

- Introduce 'Young Apprenticeships' to give more young people 'tasters' of vocational work and learning
- Extend the programme to offer more places to those aged over 25
- Improve the portability of programmes between employers.

² DFES Press Release 10 May 2004. 'New Apprenticeships will widen opportunity and boost business – Clarke

Figure 4.6

Inflow and outflow 2002/3 – healthcare

Inflow	%
Full-time education	24%
Changed sector	41%
Unemployment	9%
Other out of work (including family commitments etc.)	25%
Outflow	
Retirement	17%
Changed sector	41%
Unemployment	11%
Other out of work (including sickness, maternity etc.)	30%

Source: ONS Labour Force Survey, 2003. Inferred data.
Note: Figures include the self-employed

Figure 4.7

FE healthcare provision – programme area

Sub-programme area	% of enrolments
Nursing	1%
Health studies	99%

Source: LSC – Hertfordshire. Individualised Learner Records

Training levels in the current workforce

The proportion of the workforce reporting undertaking job related training in the last three months is significantly higher for healthcare than for all industries (48% compared with 27%).

Figure 4.8 shows that job related training is more common in healthcare at all skill levels. For example, around 28% of the healthcare workforce with low skills levels have undertaken job related training compared with 15% for all sectors.

Figure 4.9 shows that approximately 83% of healthcare employers in Hertfordshire questioned as part of the 2003 National Employer Skills Survey (NESS) had funded or arranged training for some of their employees in the previous 12 months, a higher proportion than the average (57%).

In addition, the proportion of employers who had arranged training leading to a formal qualification was also much higher for the healthcare sector (82% compared with 52%).

Healthcare employers are most likely to fund health and safety (97%), job-specific (93%), or induction training (81%).

The most commonly reported barriers to developing and maintaining a skilled workforce are a lack of cover for training (reported by 55% of healthcare employers), lack of time for training (47%) and unwillingness of staff to undertake training (36%).

Engaging SMEs in learning

Given the presence of small and micro-businesses in the healthcare sector, supporting small employers to train their staff is a key challenge. Encouraging SMEs to engage in workforce development is one of the priorities of Hertfordshire Business Link.

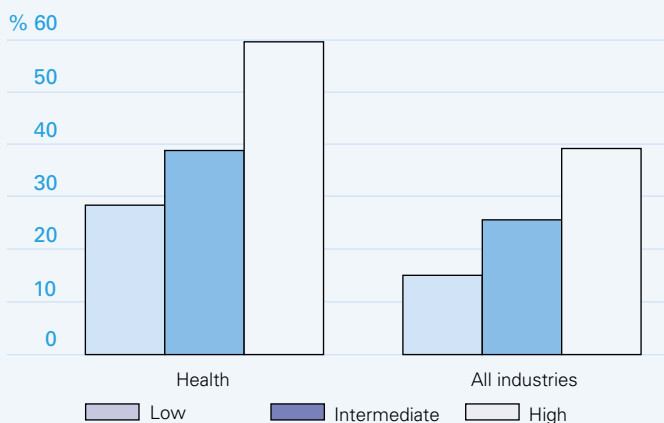
Business Link data suggests that in 2003/04, some 221 visits were made to healthcare establishments by business advisors, a significant proportion of which were to micro-businesses (45%) and businesses with between 10 and 49 employees (14%).

However, relatively few healthcare employers have committed themselves to Investors in People (IiP). IiP is a national quality standard that sets out a level of good practice for the training and development of people to improve business performance. Data supplied by Business Link reveals that two healthcare establishments in Hertfordshire gained IiP in 2003/04 and ten were working towards the standard.

Interestingly, whilst one of the criticisms of the IiP programme in the past has been that it is more tailored to large organisations, all ten of the healthcare employers working towards the standard employ fewer than 50 people. It will be important for any future evaluations of the scheme to investigate why some SMEs feel that the standard is appropriate to them and not others.

Figure 4.8

Those undertaking job-related training in the past 13 weeks – Hertfordshire



Source: ONS Labour Force Survey, Spring 2003. Inferred data.
Note: Figures include the self-employed

Figure 4.9

Establishment has funded job-related training in past 12 months – Hertfordshire



Source: LSC National Employer Skills Survey, 2003.
Note: Figures do not include the self-employed or businesses with only one employee

This section looks at the learning and skills representative bodies active in the healthcare sector, their activities and their plans for the development of the sector. It also sets out the key issues and skills concerns for the sector that they have identified and the efforts they are making to try to address these issues.

Key messages

- There is a history of continual change in the sector which drives a need for new ways of working. The skills need to be in place to support current and future plans for the sector if the government is to address its priorities.
- Recruitment and retention are key challenges, especially in the face of a rising age profile in some occupations, such as nursing.
- IT skills, interpersonal communication skills and management and leadership skills have been identified as requiring improvement.
- The healthcare sector is represented by Skills for Health, the Sector Skills Council (SSC) for the sector, which was awarded SSC status in July 2004.
- Health and social care has been prioritised in the East of England Adult Skills Pilot.
- The Hertfordshire healthcare sector is represented by the Bedfordshire and Hertfordshire Workforce Development Directorate, which brings together NHS and non-NHS employers to develop the sector’s workforce.

Changing working practices

Throughout the 1990s, there was a great debate in the healthcare sector, national government and the media regarding the sector’s performance. All aspects of the sector received attention with discussions ranging from issues such as the funding structure of dental practice, the performance of the National Health Service (NHS) in terms of inequality of provision, to funding and waiting lists. Consequently the sector has been subject to almost continual change within the last 15 years, including the privatisation of dental practice, the introduction of NHS Direct, change to the roles and responsibilities of nurses, and the introduction of internal markets³.

July 2002 saw the introduction of the NHS Plan, setting out priorities for the next 10 years and funding increases of 6.3% per year to 2004. It promised:

- More power and information for patients
- More hospitals and beds
- More doctors and nurses
- Much shorter waiting times
- Cleaner wards, better food and other facilities
- Improved care for older people
- Higher standards for NHS organisations and rewards for the best

Beacon Hospitals have also been introduced to provide examples of best practice in selected types of treatment and after care. The introduction of foundation hospitals will also have a major impact on healthcare provision both regionally and nationally.

An ageing population will place demands on health and welfare services. Average life expectancy is rising but an increase in older people with minor, moderate and severe disabilities will create still greater pressures on healthcare. It is estimated that this could add 12% to health budgets in Europe over the next decade⁴.

Furthermore, the predicted increase in single-person households will place increased demands on the healthcare sector. Estimates suggest that single person households will form 40% of households by 2012. Lack of support in the home will add further to the demands on health and welfare systems. If there is nobody at home to look after a patient following an operation, there is no choice but to extend their hospital stay⁴.

At both regional and sub-regional levels the sector is increasingly moving towards more localised and specialised provision (e.g. centralising casualty departments, hospital specialisation).

Workforce development – national

The infrastructure for workforce development within the healthcare sector is rather well developed with the sector containing a high proportion of professionally qualified staff, several highly evolved education and training systems, many of which are firmly established.

However the healthcare sector’s workforce development infrastructure is also complex. Government health departments have played a significant role in workforce development. The slimming down and merging of the NHS University (NHSU) and the NHS Modernisation Agency to create a new NHS Institute for Learning, Skills and Innovation (NILSI) in July 2005 represents a renewed attempt by government to place learning at the centre of the NHS.

A Sector Skills Council (SSC) for the healthcare sector, Skills for Health, was launched in July 2004 and is supported by the four UK Health Departments, the independent and voluntary sector

Figure 5.1

Health sector SMEs – issues identified by Skills for Health and work planned to address them

Issues identified

- Compliance with National Minimum Standards introduced by the Care Standards Act (2000)
- Difficulties with access to training for locums
- Employability, including basic skills
- Accessing funding for training and skills development
- Continuing professional development
- Concept of ‘Health sector SME’
- Overlap with other Sector Skills Councils
- Nursing recruitment and retention

Planned work to address the issues

- Identifying and analysing more fully employment in the sector
- Working with professional groups
- Regional and country links
- Linking closely with the National Care Standards Commission
- Employer engagement
- Joint working with other Sector Skills Councils
- Considering the resources needed to address SME issues

Source: Skills for Health, Workforce Development Needs of SMEs in the Health Sector, 2004.

³ www.nhs.uk/england/abouttheNHS/history/default.cmsx

⁴ Scase R (2004) ‘Public opinion: Real problem of the public sector’ The Times Online, June 27 2004

as well as staff organisations. The organisation represents both the NHS and the healthcare sector workforce and is charged with working with employers to identify and address skill shortages and gaps.

Although SSCs have the responsibility for representing employers training needs and tackling skills and productivity issues in the sector they cover, the existing healthcare infrastructure means that the activities of Skills for Health are becoming increasingly aligned with those of UK health departments and related organisations.

In gaining SSC status, the sector can build on the expertise of Healthwork UK, the former National Training Organisation for the healthcare sector in the UK. Before its replacement by the SSC, Healthwork UK was responsible for designing occupational standards and led on workforce development issues in the sector.

Skills for Health plans to establish a labour market information/research facility as they develop as a SSC. In a recent assessment of the sector, Skills for Health identified skills gaps in the following areas:

- IT Skills
- Leadership
- Team working
- Generic management skills
- Partnership working
- Customer focus
- Managing diversity
- Communication skills
- Adult basic skills⁵

The SSC has also recently carried out a more detailed study of the workforce development needs of SMEs in the sector. The issues identified through this research and the action planned to address them is set out in Figure 5.1.

As a fully licensed Sector Skills Council, Skills for Health is developing a Sector Skills Agreement (SSA) for the sector. These agreements are designed to allow employers in a sector to come together to identify their skills needs and to work with training

⁵ A Health Sector Workforce Market Assessment, Skills for Health, 2003

Figure 5.2

Activities of the Adult Skills Pilot

- Development of Business Link advisers with specific expertise to support the health and social care sector
- Development of a regional infrastructure to manage supply, demand and resources in the health and social care sector
- Increase the number of tutors, trainers and assessors in the region to deliver literacy, numeracy and language as part of vocational, work-based and workplace programmes in the sector
- Trial of a paperless portfolio system in the sector to replace the collection of evidence for NVQ accreditation
- Skills 4 Tomorrow Project targeting large employers including the NHS to improve skill levels, promote new ways of working, stimulate employer demand, and increase the number of learners

Source: Adult Skills Pilot – East of England

and education providers and other stakeholders, such as LSCs, to meet these needs. Therefore, LSC Hertfordshire will need to ensure that the Conclusions and Recommendations set out in Section 6 of this paper are fed into the SSA research process.

There are several difficulties facing the healthcare sector in terms of recruitment and retention. Nursing staff are particularly high profile in this regard. A report published by the Royal College of Nursing (RCN)⁶ stressed that whilst overall numbers of nurses have grown, the future stability of nursing is still at risk due to an over reliance on agency nurses and nurses from overseas. Recent years have seen a five fold annual increase in the inflow of nurses into the UK, and NHS spending on agency nurses has tripled since 1997.

The RCN report also highlighted that with more than a quarter of registered nurses over 50 the profession has an increasingly ageing profile and that with around one in ten nurses leaving the NHS annually staffing shortages remain.

In a report on hospital acquired infection the National Audit Office (NAO)⁷ linked the higher use of temporary staff, staffing shortages and the dilution of skills to increased incidence of MRSA.

Workforce development – regional

In response to the Comprehensive Spending Review 2002, Regional Development Agencies, local LSCs and other partners were invited by the government to work together towards developing an Adult Skills Pilot. EEDA in conjunction with the region's six local Learning and Skills Councils and Jobcentre Plus, was successful in its bid to lead one of the national pilots. The East of England Adult Skills Pilot is one of four regional pilots being run across the country with the overall aim being:

“to increase employer responsiveness of provision to business needs. To equip adults with the skills, competences, knowledge and understanding which employers need, now and in the future, thereby raising productivity and economic competitiveness.”

The Pilot will run until 2005 and aims to drive strategic change in five areas prioritised by the 2003 FRESA report including health and social care. 'Central to the Pilot is examining new ways of working across the region. As a result projects are required to demonstrate evidence of cross-region cooperation, partnership between agencies and innovation in approach'.

A central concern of the pilot is the identification of 'models of delivery that can be replicated more widely, and which are successful in meeting skills needs which have proved difficult to address in the past.' As part of the Pilot a task group has been established within the region to support the health and social care sector and propose project activity.

Any existing or future regional initiatives to support the skills requirements of the healthcare sector will need to be integrated within the strategic planning framework of the Regional Skills and Competitiveness Partnership, which will take forward proposals for an integrated planning and action system for tackling skills related issues in the region.

The Hertfordshire healthcare sector is served by the Bedfordshire and Hertfordshire Workforce Development Directorate, formerly known as the Bedfordshire and Hertfordshire Workforce Development Confederation. Workforce Development Confederations were established in April 2001 and bring together NHS and non-NHS employers to plan and develop the healthcare workforce. They aim to tackle recruitment and retention issues, modernise the way that staff are trained and increase staff numbers within the healthcare sector.

⁶ Royal College of Nursing, Fragile Future? A Review of the UK Nursing Labour Market in 2003, 2004.

⁷ National Audit Office, Improving Patient Care by Reducing the Risk of Hospital Acquired Infection, 2004.

This section sets out the workforce development priorities for healthcare in Hertfordshire. It explores what is currently being done to address these priorities and what opportunities there may be for further action.

Evidence shows that the healthcare sector is investing in training and workforce development, with employers significantly more likely than those in all industries to fund training or fund training towards a qualification.

However, there is still a disparity between the levels of training received by high skilled workers and those with intermediate and low level skills. There is a need to ensure that all staff and all employers in the sector have access to the training provision that they need.

At the start of this paper, three workforce development priorities for the healthcare sector in Hertfordshire were proposed.

1. Attracting and retaining staff and reducing turnover

Difficulties with the recruitment and retention of staff, particularly in nursing and some lower skilled support occupations, have been identified as an issue affecting the healthcare sector at a national level and this is supported by evidence from East of England healthcare employers who report high levels of vacancies, hard-to-fill vacancies and skill shortage vacancies compared with all industries.

The need to address this problem is likely to become even more pressing in Hertfordshire in light of the predicted growth in the sector and the demographics of the current workforce, 56% of whom are aged 35 or older.

There is a need to attract more individuals, especially young people, to join the sector and to address the perceptions held by some potential entrants that work in healthcare involves low pay, unsociable hours and difficult working conditions. It is also likely that working to change the image of some healthcare occupations seen as traditionally "female" jobs could help to widen the "pool" of individuals with an interest in taking up employment in the sector.

LSC Hertfordshire should seek to work with schools and other providers of careers advice to ensure that students and others contemplating work in a new sector have realistic expectations of the opportunities and rewards of healthcare employment.

The introduction of flexible more family-orientated working conditions could also have an impact here and LSC Hertfordshire could make a difference by working with the sector to encourage clear progression routes and training opportunities for all staff.

Local stakeholders could also attempt to improve recruitment and retention by ensuring that national schemes aimed at addressing these issues are promoted locally. One example of this is the "key worker housing scheme", which helps nurses, occupational therapists and some other NHS staff working in certain high cost areas of Hertfordshire to rent or buy a first or family home without the need to leave the area.

Initiatives aimed at encouraging more young people to enter the sector include Apprenticeships and cadet schemes aimed at widening access to professions within the NHS. These schemes are planned and delivered locally and enable the participant to work in the sector while studying for the qualifications required for entry to professional training.

2. Developing provision linked to career progression for support staff

While healthcare is widely regarded as a high skilled sector, around half of the workforce possess low or intermediate level skills. Approximately 4,300 staff working in the healthcare sector in Hertfordshire are not qualified to Level 2 or above and low skilled workers are around half as likely as their more highly skilled counterparts to have received job related training in the last 13 weeks (around 28% compared to 59%).

However, it is important to ensure that these staff are not overlooked. Skills gaps are relatively common compared with all industries and 60% of these relate to personal service occupations. The range and level of skills required by support staff is likely to increase, for example in response to increased use of ICT in the NHS.

In addition, encouraging training for support staff and setting out clear routes by which they can progress in their career is likely to help them to feel that their contribution is valued and that they have prospects for the future, which should aid retention. Encouraging smaller healthcare establishments to participate in Investors in People could help with this issue.

The sector is investing in training for these staff, with significant government funding allocated for this for example. The Bedfordshire and Hertfordshire Workforce Development Directorate is involved in a number of initiatives aimed at encouraging staff at all levels to participate in learning. These include promoting the "skills escalator", the idea that all staff should have the opportunity to develop and progress at their own rate in order to move up the career ladder, bursaries to help staff to complete work-related learning, and training towards the European Computer Driving Licence (ECDL)⁸.

However, there is a need to ensure that the provision on offer to healthcare employers is relevant to their needs and represents good value for money. There is also a need to ensure that needs of smaller employers are not overlooked as a consequence of the strength of larger institutions and that the provision is flexible to suit the needs of employees in the sector, whose working patterns often include part-time employment or shift working.

In addition, a number of professional bodies have been working to improve the recognition and qualification levels of support staff in their occupational area, including the General Dental Council and the Royal Pharmaceutical Society. These bodies aim to establish compulsory registration for certain support staff, with minimum qualification or experience standards required to practice these roles.

However, because these initiatives are the result of the differing agendas of individual occupational bodies, they are likely to be piecemeal and LSC Hertfordshire should aim to ensure there is support available for the full range of support staff occupations within healthcare.

⁸ Bedfordshire and Hertfordshire Workforce Development Confederation website – www.bedsandhertswdc.nhs.uk

3. Improving managerial skills

Although skills gaps among managers were reported relatively infrequently by healthcare employers in Hertfordshire as part of the NESS, national level research⁹ identifies management and leadership skills gaps.

Succession planning to improve management skills will prove vital in ensuring the sector has the leadership capable of devising new ways of working in the face of changing patterns and practices in healthcare delivery. Managers will need to be able to deal effectively with change and to help their staff to deal with it.

Managers are also regarded as the 'gatekeepers' for training for the entire workforce as they are often responsible for making decisions about funding or arranging training for the entire workforce. Ultimately the improvement of management skills has significant implications for embedding the concept and infrastructure for lifelong learning. Without managers being switched on to learning, engaging and involving the rest of the workforce will prove difficult.

People management skills can also have an important impact on staff retention, as the quality of line management can be a significant factor in an employees' decision to leave or stay in a job.

Management responsibilities are not just restricted to those in "management" roles. Individuals employed in professional or associate professional roles may have high level skills relating to their occupation but may not have had formal management training and could benefit from developing their skills in this area.

⁹ A Health Sector Workforce Market Assessment, Skills for Health, 2003

For example, 93% of employers reporting skills gaps for associate professionals said that their management skills could be improved.

Within the healthcare sector, there is likely to be a particular need for "female friendly" management training. 84% of the sector's workforce are women and associate professional roles such as nursing and midwifery have traditionally been female dominated. It is likely that childcare responsibilities will be an important issue for many of these women, even those who are employed full-time, so training provision needs to be flexible in its methods of delivery.

The development and promotion of specialised courses in healthcare management could be helpful. A lot of the material covered in general management courses may not apply to healthcare while certain other topics, such as change management, may be of use to managers in the sector. Therefore, more specialised provision could be more beneficial. Examples of courses of this kind include those run by professional bodies such as the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (Amspar) and the Institute of Healthcare Management.

Developing existing staff to enable them to progress to management roles could help to address the recruitment difficulties reported for this occupation.

However, it is important to remember that the healthcare sector covers businesses of a range of sizes operating in both the public and private sectors. Around 62% of healthcare establishments in Hertfordshire employ ten people or less and for small independent businesses, traditional management training and/or start up support could be more appropriate.

Annex 1. Sector Description

Healthcare sector: SIC92 definition

8511 Hospital activities

Includes activities in public and private sector hospitals, NHS trusts and nursing home activities

8512 Medical practice activities

Includes medical consultation and treatment in the field of general and specialised medicine by general practitioners, medical specialists and surgeons

8513 Dental practice activities

Includes dental practice of a general or specialised nature and orthodontic activities

8514 Other human health activities

Includes health work done outside hospitals or not by medical doctors – work by paramedical practitioners, hydrotherapy, medical massage, occupational therapy, speech therapy, chiropody, homeopathy, chiropractic, acupuncture, medical laboratories, dental paramedical personnel, blood banks, ambulance transport

Occupational job roles, SOC 2000 (nine key healthcare occupations)

3211 Nurses

Nurses provide general and/or specialised nursing care for the sick, injured and others in need of such care, assist medical doctors with their tasks, and advise on and teach nursing practice.

Both non-graduate, graduate and postgraduate entry is possible. Training lasts up to four years depending upon the method of study. There is a lower age limit of 16 years 6 months to enter training. Post registration training is available for a range of clinical specialisms.

Tasks

- assists medical doctors, deals with emergencies and prepares patients for examination;
- monitors patients' progress, administers drugs and medicines, applies surgical dressings and gives other forms of treatment;
- participates in the preparation for physical and psychological treatment of mentally ill patients;
- plans duty rotas and organises and directs the work and training of ward and theatre nursing staff;
- advises on nursing care, disease prevention, nutrition, etc. and liaises with hospital board/ management on issues concerning nursing policy.

2211 Medical practitioners

Medical practitioners diagnose mental and physical injuries, disorders and diseases, prescribe and give treatment, recommend preventative action and where necessary, refer the patient to a specialist.

Entrants require a university degree from a medical school recognised by the General Medical Council followed by a year of pre-registration training as a house officer. Once the pre-registration period is completed, doctors undertake up to two years postgraduate training in a chosen speciality.

Tasks

- examines patients, arranges for any necessary x-rays or other tests and interprets results;
- diagnoses condition and prescribes and/or administers appropriate treatment/surgery;
- administers routine medical tests and inoculations against communicable diseases;
- supervises patients' progress and advises on diet, exercise and other preventative action;
- refers patients to specialist where necessary and liaises with specialist;
- prepares and delivers lectures, undertakes research, and conducts and participates in clinical trials.

6111 Nursing auxiliaries and assistants

Nursing auxiliaries and assistants assist doctors, nurses and other health professionals in caring for the sick and injured within hospitals, homes, clinics and the wider community.

There are no formal academic entry requirements. Off- and on-the-job training is provided. NVQs/SVQs in Care are available at Levels 2 and 3.

Tasks

- performs basic clinical tasks such as taking patients' temperature and pulse, weighing and measuring, performing urine tests and extracting blood samples;
- prepares patients for examination and treatment;
- distributes and serves food, assists patients in feeding and prepares snacks and hot drinks;
- assists patients in washing, dressing, toiletry activities and general mobility;
- changes bed linen, makes beds and tidies wards.

4211 Medical secretaries

Medical secretaries file and maintain medical and other records, transcribe notes and dictation into typewritten form and perform other routine clerical tasks in hospitals/surgeries and other medical establishments.

Entrants require GCSEs/S grades or an Intermediate GNVQ/GSVQ Level II. To qualify as a medical secretary, entrants take a one-year full-time or two year part-time diploma in medical secretarial studies. NVQs/SVQs in Administration are available at Levels 2, 3 and 4.

Tasks

- sorts and files correspondence;
- writes down dictated matter in shorthand and transcribes it into typewritten form;
- transcribes audio dictation into typewritten form;
- maintain patients' records and arranges appointments;
- answers enquiries and refers patients to appropriate experts;
- organises and attends meetings and keeps records of proceedings.

6113 Dental nurses

Dental nurses prepare patients for, and assist with, dental examinations, prepare and sterilize instruments and maintain case records.

Entry is most common with GCSEs/S grades. Training is available both off- and on-the-job. Most entrants work towards the National Certificate for Dental Nurses.

Tasks

- prepares patients for examination;
- prepares and sterilises instruments;
- hands required equipment and medication to dentist during examination;
- assists with minor treatment, such as preparing materials for fillings;
- maintains records, processes and mounts x-ray films and undertakes reception duties.

3212 Midwives

Midwives deliver, or assist in the delivery of babies, provide antenatal and postnatal care and advise parents on baby care.

Entry is most common as a Registered General Nurse (RGN) to shortened pre-registration training lasting 18 months. For non-registered nurses, entry to the three year pre-registration training programme requires GCSEs/S grades or an approved educational equivalent. Some institutions allow candidates who do not possess the minimum entry requirements to take an educational test. There is a lower age limit of 17 years to enter training.

Tasks

- monitors condition and progress of patients during pregnancy;
- delivers babies in normal births and assists doctors with difficult deliveries;
- monitors recovery of mother in postnatal period and supervises the nursing of premature and other babies requiring special attention;
- advises on baby care, exercise, diet and family planning issues.

1181 Hospital and health service managers

Managers in this unit group plan, organise, direct and co-ordinate the resources and activities of healthcare providers and purchasers at both district and unit level.

Entrants require a degree or equivalent qualification, a professional qualification and/or relevant experience. Off- and on-the-job training is provided through management training schemes. The nature of schemes vary between regions and occupational areas.

Tasks

- the day-to-day management of a service or unit;
- liaises with professionals to determine short and long term needs and how to meet these objectives within budgetary constraints;
- negotiates contracts with providers and purchasers of healthcare services.

9221 Hospital porters

Hospital porters perform various manual tasks in hospitals to assist nursing and domestic staff with the care of patients.

There are no formal academic entry requirements. Training is provided off- and on-the-job. Entrants must typically pass a medical examination and may be required to hold a driving licence.

Tasks

- lifts, escorts and wheels patients between hospital wards;
- assists with the delivery of meals, laundry, medical supplies and post to the wards or theatres;
- collects and disposes of refuse from wards and other departments;
- assists with unloading and delivery of supplies.

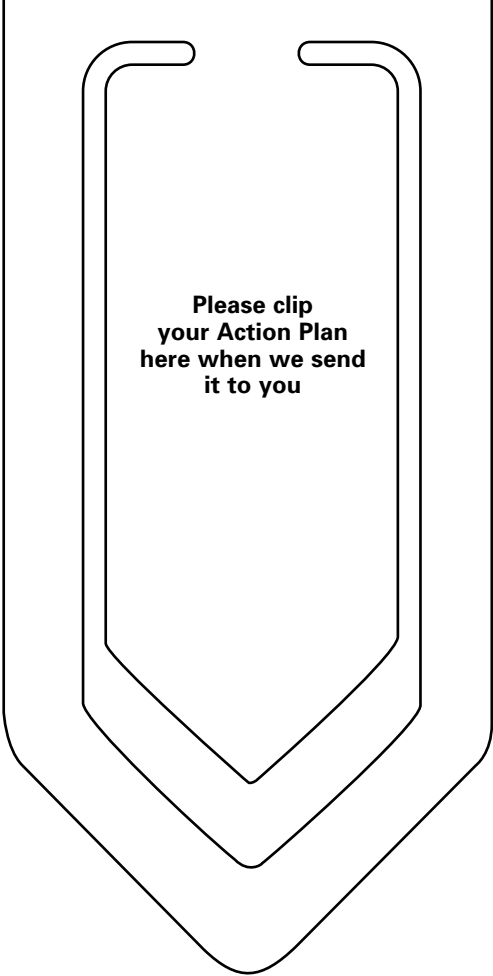
2215 Dental practitioners

Dental practitioners diagnose dental and oral diseases, injuries and disorders, prescribe and administer treatment, recommend preventative action and, where necessary, refer the patient to a specialist.

Entrants require a university degree and must have completed a period of postgraduate vocational training. Specialist fields require further study and training.

Tasks

- examines patients' teeth, gums and jaw, using dental and x-ray equipment;
- administers local or general anaesthetics;
- drills, prepares and fills cavities in teeth;
- constructs and fits braces, inlays, dentures and other appliances;
- supervises patients' progress and advises on preventative action;
- refers patients to specialist, where necessary;
- prepares and delivers lectures, undertakes research, and conducts and participates in clinical trials.



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your Action Plan
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it to you**



Action⁴skills

Targeting the sectors
vital to Hertfordshire's
economy

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