

Fit to Care: key knowledge skills and training for the multidisciplinary team providing respiratory care

The PCRS Fit to Care document enables healthcare professionals of all disciplines to assess their competencies and any training needs they have to ensure they are delivering safe and effective respiratory care.

Managers and commissioners can also use the document as a reference to ensure that the healthcare professionals they are responsible for are trained to do the job they are doing and to identify any gaps in their educational needs.

In this article three healthcare professionals describe how they use Fit to Care to improve standards of respiratory care in their teams.



Vikki Knowles *Respiratory Nurse Consultant, Guildford and Waverley CCG and member of the PCRS Education Committee*

I have used Fit to Care across my CCG in various ways. After losing several experienced practice nurses across Guildford and Waverley due to retirement, some of our practices have been recruiting new staff straight from training and also from different backgrounds. These nurses are often new to managing long-term conditions and the expectation has been in some cases that they are able to take over pre-existing asthma and COPD clinics without recognising that they do not necessarily have the appropriate training.

I have used the document to highlight what the training needs are of nurses who manage an asthma or COPD clinic. We mapped what the background was of each of the newly recruited nurses and what they were competent to do at each of the levels defined by Fit to Care – standard, expert or advanced.

Working with each nurse, we then set a ceiling on their skills for which they were qualified or felt competent to work based on their knowledge base. We looked to see what expertise they had, what they could cover within their scope of practice and what issues might put their licence at risk in relation to patient safety.

Then I highlighted any additional training they might need to run clinics at the level the practice

is expecting them to work. I put together a file for each nurse which pointed them in the direction of the training they can access such as the Primary Care Respiratory Academy roadshows or online modules, any useful PCRS resources and other courses or GP training run by providers such as Education for Health. We also looked at using Fit to Care to support mentoring within the practice while the healthcare professional gained the necessary knowledge.

Fit to Care gives nurses the self-assurance to stand up and ask their practice managers for the training they need to practise safely and it provides them with a framework to work towards so that they can be confident they are meeting the requirements of their job description.

I have also sent Fit to Care to all the practice managers in my CCG. One called me back and said she was very interested in the document because it gave her guidance about the needs of her nurses.

Practices want to do the right thing but training can be forgotten when they are under pressure to meet QOF deadlines. Fit to Care sets out clearly the importance of having healthcare professionals clinically trained and competent to manage respiratory disease.





Darush Attar-Zadeh *Respiratory Lead Pharmacist Barnet CCG, Behaviour Change Specialist, National Public Health Trainer and PCRS Executive Committee member*

Fit to Care can be used to support pharmacists as they take on increasing roles in respiratory care both in community pharmacies and in general practice.

A project I have been involved with upskilling the knowledge and skills of 22 community pharmacists providing asthma care has demonstrated that they can confidently work in partnership with patients, help them to change their behaviour and improve control of their condition.

There is an aim now for all community pharmacies to become Healthy Living Pharmacies - with pharmacy teams skilling up as behaviour change specialists to deliver services such as smoking cessation, promoting flu and pneumococcal vaccination service, Asthma Right Care in helping patients to reduce their overreliance on SABAs and underuse of ICS, antimicrobial stewardship and to improve their inhaler technique. Pharmacists can use Fit to Care as a checklist to check that they have the right knowledge, skills and accreditation to provide these services and to see what additional training or education they might need. Community pharmacy definitely has the skill set to work alongside general practice delivering respiratory care.



Clare Cook *Physiotherapist, clinical lead of an integrated community respiratory team in Bristol, member of PCRS Executive Committee and Chair of the PCRS Respiratory Leaders Group, has used Fit To Care as an employer, an employee and an education provider.*

Employer

As an employer I have used Fit to Care to write competencies for my team and to benchmark my expectations for them working at different levels. It clarifies what I would expect them to know and be competent to do.

It's a really useful, straightforward document. It has been written for the diversified clinical workforce and can be used by any healthcare professional delivering respiratory care.

Healthcare professionals have a wide range

of different skills, knowledge and training and I have used it to ensure that my team is delivering an equitable service across the community. This means that a housebound person is visited at home by a healthcare professional with the same standard of skills and knowledge as the one working in their GP practice.

Pharmacists can use Fit to Care to check the scope of their own limitations and this way they will keep both themselves and patients safe. Fit to Care can also be very helpful for practice pharmacists because it can be quite daunting being the only pharmacist in a GP practice which will not necessarily understand what level they can work at. If they are being asked to do various tasks – such as co-creating a patient self-management plan or reviewing a patient's medicines after discharge from hospital – for which they need more training, they can take Fit to Care into a practice team meeting and use it to explain that they cannot deliver a particular service until they have done the necessary training and gained the certificate for it.

When I am talking to my pharmacist colleagues in a teaching session I will bring up Fit to Care and explain they can use it as a check list to see how their knowledge and skills have been developing and improving. So I recommend that they refer to the document every now and again to reflect on where they have got to, what have they achieved and learned and what they need to do to progress to the next level.

I have also used the document to plan a programme of training over three years and demonstrate to the funders where money needs to be spent.

Healthcare professionals have a wide range

Employee

As an employee I have used the document to explain to my employer what training I would like to do. My role is to advise and support GPs and practice nurses so the document sets out what level of expertise I need to be able to deliver that service.

The different levels of skills and knowledge are tiered so we can all identify whether we are working at the standard, expert or advanced level and the descriptors are generic across different workforces and different settings. It gives us a framework for setting expectations for ourselves. For example I am not accredited to deliver spirometry but I can make sure when I am doing workforce

modelling for my team that another healthcare professional with the required qualification can deliver spirometry in the patient pathway.

Education provider

As an education provider I have used Fit to Care to write the competencies for the assessment component of a module. This was a very straightforward process.

I can really trust the document because it has been written by a multidisciplinary by a group of peers from a holistic perspective which means it can be used by a wide range of healthcare professionals from different backgrounds.



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