

An Education and Training Framework for Staff Providing Healthcare in Prisons

Prepared for the Department of Health, Prison Health

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Gateway 5557

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Executive Summary

1. The Education and Training Framework for Staff Providing Healthcare in Prisons provides a detailed description of the professional and vocational qualifications which are a pre-requisite for all people who work in or interact with health care services in prisons. It also indicates additional education and/or training which is available to or recommended for staff who may be working in prisons for the first time. It places particular emphasis on the 'mainstreaming' of healthcare staff working in prisons and indicates where there is a direct interface between prison healthcare staff and NHS initiatives such as the Knowledge and Skills Framework (KSF).
2. The Framework is designed to be used as a benchmark to:
 - Identify job roles and describe job descriptions
 - Identify personal development needs (new staff considering working in the prison environment)
 - Identify career development routes
 - Carry out group and individual training needs analysis by managers
 - Develop performance management and appraisal systems
 - Commission training by prison healthcare managers and PCTs
3. Potential users of the framework include:
 - Primary Care Trusts
 - Prison Governors
 - Prison Health Care Managers
 - Staff contemplating working in prisons
 - Providers of training for both discipline officers and prison healthcare staff
 - Providers of training for other occupations who may have responsibility for the health of prisoners in some capacity as part of their job role e.g. visiting dentists, visiting substance misuse specialists.
4. Each occupational area is considered in detail under the following headings:
 - Current professional/vocational qualification requirements
 - Additional qualification/training requirements for working in the prison environment
 - Additional qualification/training available but not mandatory, for those whose job is health related in the prison environment
 - Links to relevant learning frameworks e.g.
 - the NHS Knowledge and Skills Framework (KSF)
 - the Prison Healthcare Skills Toolkit
 - the Prison Health Induction Framework
 - Appropriate National Occupational Standards (NOS)
 - The Ten Essential Capabilities: A Framework for the Whole of the Mental Health Workforce
 - The Capable Practitioner
 - Possible career progression routes

5. Occupations which are included in the Framework are:

Primary Care

- Medical and Nursing Staff:
 - general practitioners
 - nurse practitioners
 - registered nurses (different grades)
 - healthcare officers
 - healthcare assistant
 - designated emergency response healthcare staff
- Dental Staff
 - dentists
 - dental hygienists
 - dental therapists
 - dental nurses
- Pharmacy Staff
 - pharmacists
 - pharmacy technicians
 - pharmacy assistants
- Managers and administrators
 - practice managers
 - clinical nurse manager
 - administrators
- Chiropodists/podiatrists
- Optometrists
- Prison Service Staff
 - prison officers

Secondary Care

- Mental Health Team
 - psychiatrists
 - mental health nurse (including inreach)
 - psychologists
- Midwives
- Substance misuse nurses
- Allied Health Professionals
 - occupational therapist
- Prison Health Referral Trainers

Summary List of Posts and Professions that Fall in Scope

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Primary Care				
General practitioner	Recognised medical degree and registered with the General Medical Council Usually, GPs working in prisons must be undertaking clinical practice as a GP, outside the prison.	<p>Prison Service Induction Framework Primary care services: qualified in accordance with PSI 38/2003 Certificate in the Management of Drug Misuse (Royal College of General Practitioners)</p> <p>Specialist: relevant specialist accreditation is verified or supervised by a doctor with such registration</p>	Providing primary care services to prisoners Clinical Governance Clinical supervision	Prison Healthcare Skills Toolkit DANOS NOS for Mental Health
Nurse practitioner	Registered nurse who has undergone a specific course of study of at least first degree level. Registered with the Nursing and Midwifery Council	Prison Service Induction Framework Are required to undertake CPD activity to maintain professional registration	Makes professional autonomous decisions for which he/she is responsible. Makes an assessment of individual patient's healthcare needs, based on highly developed nursing knowledge and skills including skills not usually exercised by nurses e.g. physical examination	KSF Prison Healthcare Skills Toolkit NOS in Custodial Healthcare NOS for Mental Health DANOS Standards

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Primary Care				
Registered Nurse working in prisons (general)	Diploma or degree plus nursing practice. Registered with the Nursing and Midwifery Council. Some may undertake specialist roles	Prison Service Induction Framework Are required to undertake CPD activity to maintain professional registration	Delivering high quality evidence based patient care within a secure environment	KSF Prison Healthcare Skills Toolkit NOS in Custodial Healthcare NOS for Mental Health DANOS Standards
Healthcare Officers	NVQ in Custodial Healthcare. Many will have been recruited from the discipline officer route so will have undergone POELT training. Some will be registered nurses.	May undertake specialist training e.g. substance misuse, mental health	Support for primary care services to prisoners	Prison Healthcare Toolkit NOS in Custodial Healthcare DANOS Mental Health NOS ESC The Capable Practitioner
Healthcare assistant	Unqualified or possibly NVQ in Care	Prison Service Induction Framework Custodial healthcare NVQ	Day to day provision of care services to prisoners in the healthcare centre	KSF Prison Healthcare Toolkit (If working with prisoners with a mental health disorder, links with NOS for Mental Health. The Ten Essential Shared Capabilities (ESC) The Capable Practitioner may be required)
Emergency Response Officer	Resuscitation Council (UK) Immediate Life Support programme or equivalent	None of recruited from prison officers, otherwise Prison Service Induction Framework	Rapid response to incidents of serious trauma and/or injury	NOS in Custodial Healthcare

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Primary Care				
Dentist	Registered with the General Dental Council. Qualifications must be verified in line with PSI 38.2003.	Prison Service Induction Framework Minimum of 250 hours CPD in a five year period. Prison dentists must be contracted to a local PCT.	Diagnosis and treatment of tooth and gum disease of prisoners	Prison Healthcare Skills Toolkit
Dental Hygienists	Diploma in Dental Hygiene and registration with the General Dental Council	Prison Service Induction Framework	Oral assessment and hygiene treatment e.g. descaling	Prison Healthcare Skills Toolkit
Dental Therapist	Recognised diploma and registration with the General Dental Council	Prison service induction framework	As for dental hygienists but additionally can perform treatments such as pulp therapy and pre-formed crowns	Prison Healthcare Skills Toolkit
Dental Nurse	National Certificate in Dental Nursing	Prison Service Induction Framework	General support for the dentist	Prison Healthcare Skills Toolkit
Pharmacist	Recognised degree and registered with the Royal Pharmaceutical Society plus annual continuing professional development requirements	Prison Service Induction Framework Familiarity with CARATS	Responsible for the management and delivery of pharmacy services to the prisoners, including clinical management and advice, provision of formularies, procedures and policies concerning medication, medication review, drug use review and provision of drug use data	Prison Healthcare Skills Toolkit DANOS

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Primary Care				
Pharmacy Technicians	NVQ level 3 in Pharmacy Services plus registration with RPSGB (Currently voluntary but mandatory from 2007)	Prison Service Induction Framework Familiarity with CARATS	Under the supervision of the Pharmacist, provides the technical aspects of the pharmacy service to prisoners along with clinical and medicines management provision to patients, issuing IP medication and advice to patients	Prison Healthcare Skills Toolkit DANOS
Pharmacy assistant	NVQ level 2 in Pharmacy Services (or demonstrated competence to an equivalent level). Will require further training to provide OTC medication to patients	Prison Service Induction Framework Familiarity with CARATS	Under the supervision of the Pharmacist will be involved in the ordering of medication and the preparation/assembly of medicines and provision of 'over the counter' medicines	Prison Healthcare Skills Toolkit DANOS
Practice Manager	Experience and/or a Diploma in Primary Care Management	Prison Service Induction Framework	Managing the administrative functions of the prison Health Care Centre	KSF Prison Healthcare Skills Toolkit NOS in Leadership and Management NOS in Custodial Administration
Clinical nurse manager	Senior registered nurse	Prison Service Induction Framework	Managing the administrative functions of the prison Health Care Centre as well as senior clinical and supervisory duties	KSF Prison Healthcare Skills Toolkit NOS in Leadership and Management NOS in Custodial Administration

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Primary Care				
Administrator	Experience and/or NVQ in administration with additional units in custodial administration	Prison Service Induction Framework	Providing day to day administrative support for the prison Health Care Centre	KSF Prison Healthcare Skills Toolkit NOS in Custodial Administration
Podiatrist/chiroprapist	BSc in podiatry from a recognised school of podiatry plus state registration	Prison Healthcare Induction Framework	Assessment, diagnosis and treatment of the lower limbs	KSF
Optometrist	Degree in optometry or Parts 1 and 2 of the Professional Qualification Examination, and registration with the General Optometry Council	Prison Healthcare Induction Framework	Examining eyes and prescribing and fitting spectacles/contact lenses	KSF Mental Health NOS
Prison Officer	All officers will, as part of POELT, undergo some basic awareness training in communicable diseases, suicide prevention and self harm. They are required to undergo a basic (2 hour) 'Heartstart' programme. There is also some basic training in mental health awareness	All prison officers will be required to undertake basic mental health awareness training (MHAT). Some will undertake more advanced training in mental health awareness.	Prison Officers are responsible for the day to day care and security of prisoners in custody.	NOS in Mental Health DANOS

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Secondary Care				
Mental Health Team				
Psychiatrist	Recognised degree in medicine, registered with the GMC. Appropriate post graduate training and qualifications permitting membership of the Royal College of Psychiatrists. Appointments will be 'competence' based rather than based on qualifications per se.	Prison Service Induction Framework Familiarity with CARATS Royal College of Psychiatry recommendations for prison psychiatrists (competencies under development)	Screening, diagnosis and treatment of prisoners and the delivery and evaluation of appropriate interventions. Will work with multi-disciplinary teams	Prison Healthcare Toolkit ESC The Capable Practitioner Mental Health NOS DANOS
Mental Health Nurse	Degree plus nursing practice (mental health branch) or Diploma in Higher Education (mental health branch)	Prison Service Induction Framework	Providing specialist care to prisoners with a mental health disorder. May be based within the prison health care centre (inreach) or may be visiting	KSF Prison Healthcare Toolkit NOS for Mental Health. The Ten Essential Shared Capabilities (ESC) The Capable Practitioner

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Secondary Care				
Psychologist (applied, clinical or forensic)	Chartered Psychologist with a certificate of specialist training. This means a 3 year post graduate study and supervised practice in applied psychology	Prison Service Induction Framework Familiarity with CARATS	Will work across the prison estate. Including working with prisoners with a broad range of mental and physical health problems. Works with and co-ordinates a multi-disciplinary team	Prison Healthcare Toolkit ESC The Capable Practitioner Mental Health NOS DANOS
Psychological Assistant	For some posts, 5 GCSEs including English and mathematics. Many will have a qualification in psychology	Prison Service Induction Framework Familiarity with CARATS	Assist with the assessment and treatment referred to the Psychology Services. May deliver accredited and non-accredited intervention programmes	Prison Healthcare Toolkit ESC The Capable Practitioner Mental Health NOS DANOS
Midwife	Registered with the Nursing and Midwifery Council	Prison Service Induction Framework Familiarity with CARATS	Provide appropriate midwifery care to women in a secure environment	KSF DANOS Prison Healthcare Toolkit
Substance misuse nurse (including inreach)	Degree plus nursing practice in substance misuse, May have a post registration qualification in this area	Prison Service Induction Framework Familiarity with CARATS Certificate in the Management of Drug Misuse (Royal College of General Practitioners)	Providing specialist care to prisoners with a substance misuse problem. May be based within the prison health care centre or may be visiting	KSF Prison Healthcare Toolkit DANOS (National Occupational Standards for Drug and Alcohol Services)

Post/Profession	Professional Qualification/training Requirements	Additional Training/Development Requirements/Available for work in prisons	Broad Job Description/Responsibilities	Links with Other Frameworks (KSF, NOS etc)
Secondary Care				
Occupational Therapist	BSc in occupational therapy followed by state registration	Prison Healthcare Induction Framework	Working with individuals to design a programme of treatment. They will work with a multi-disciplinary team within the prison to help prisoners to manage and change their behaviour and practice and help them develop their potential	KSF ESC The Capable Practitioner Mental Health NOS
Prison Health Referral Trainers (being piloted)		Accredited programme for exercise referral trainers is under development for prison PEIs	Working with prisoners to improve their attitude to healthy living. Prisoners are assessed on entry and those with a health related need, including mental health and substance misuse will be referred for a targeted exercise programme	DANOS Mental Health NOS

An Education and Training Framework for Staff Providing Healthcare in Prisons

1. Introduction and Background

1.1. Her Majesty's Prison Service has published figures that indicate that:

- 54% of prisoners were found to have a physical health disorder or disability at reception. The commonest illnesses were epilepsy and asthma
- 90% of all people entering prison (in the region of 150,000 people) have a mental health disorder, a substance misuse problem or both
- 7% of the prison population at any time have a serious and enduring mental health disorder
- 4 times as many people in prison smoke than in the community generally
- 13% of the prison population has diagnosed asthma
- 20% of women in prison ask to see a doctor or nurse each day
- 50% of all prisons fall within the aegis of only 30 Primary Care Trusts (PCTs) and only 28% of all PCTs have a prison that falls within their aegis
- 29% of women prisoners, 24% of male prisoners and 4% of young offenders report injecting drugs at some time in their lives. Studies indicate that 10% of adult prisoners with a history of injecting drugs have hepatitis C antibodies, but only 0.6% of young offenders
- Of a representative sample of prisoners, 0.3% of male and 1.2% of female prisoners tested positive for HIV
- There are indications that prolonged outbreaks of TB can occur amongst drug misusers, prisoners and ex-prisoners
- The amount of untreated dental disease among prisoners is in the region of four times greater than the population at large

1.2. In September 2003 the Government announced the transfer of responsibility for funding and commissioning health care staff working within the prison estate from HM Prison Service to the local Primary Care Trusts (PCTs). This is scheduled to be complete by April 2006. In April 2004, a 'trailblazing' group of 18 PCTs with 34 prison partners received ministerial approval for this transfer of responsibility. Others will work towards transfer in 2005 and it is expected that all commissioning responsibility for healthcare services in all public sector prisons will be completed by April 2006.

1.3. This 'mainstreaming' of healthcare provision in prisons is designed to ensure that prisoners have the right to expect and receive the same quality of care as patients in the community.

1.4. There are however, some healthcare posts that remain mainstream Prison Service posts. In addition, discipline officers may well be 'first on the scene' when first aid or emergency care is required so they too have a responsibility in this area.

- 1.5. In May 2004 PSO 22: Health Services for Prisoners was issued. This Standard is: To provide prisoners with access to the same range and quality of services as the general public receives from the National Health Service.
- 1.6. It is therefore important to consider the education and training needs of all healthcare staff working in prisons, both in relation to their occupational competence i.e. their qualifications in health or health related areas, and any additional education and training needs that may arise from the fact that they are working in a secure environment. The training needs of discipline staff in areas such as first aid should also be considered.
- 1.7. In late 2003, the Department of Health (DH), Prison Health brought together a group of professionals with responsibility for, or an interest in, training and development for people working in healthcare within custodial environments. This group, the Justice and Offender Services Health Education and Development Group (JOSHED), commissioned a project to review the training available to staff working in custodial environments, with a particular focus on substance misuse, communicable diseases and mental health.
- 1.8. The current report builds on this earlier work and has as its focus the development of an education and training framework for those working within HM Prisons, who have or could have some responsibility for healthcare. The key purpose of the framework is to identify:
 - Current professional/vocational qualification requirements
 - Additional training/supervision requirements for working within the prison environment
 - Additional training and development available for working within the prison environment
 - Links to the NHS Agenda for Change and the Skills Escalator
 - Links to existing National Occupational Standards (NOS)
 - Links to other national initiatives and frameworks relevant to health workers in prisons
- 1.9. As explained in paragraph 1.2, in April 2006, the responsibility for procurement of primary care staff within prisons will become part of the role of the Primary Care Trusts (PCT) and this is gradually being phased in over a two year period. The staff considered in this framework may be employed directly by the Prison, be employed by the PCT or be covered by a Service Level Agreement between the Prison and the PCT. The Framework at the moment relates to all those working within Prison Health in HM Prison in England and Wales, including part time and visiting services such as dentistry, podiatry and optometry. It will also cover the roles of some discipline officers within prisons who may become involved in first aid or healthcare for prisoners.
- 1.10. The Framework is flexible and it will be possible in the future to consider the development needs of healthcare staff in other custodial settings and to consider the implications for staff working in custodial healthcare in Scotland and Northern Ireland.

2. Project Stakeholders and Beneficiaries

- 2.1. The key stakeholders and joint commissioners of this project are Department of Health (DH), Prison Health, Skills for Justice and Skills for Health.
- 2.2. Skills for Health is the Sector Skills Council with strategic responsibility for workforce development across the health sector as a whole. As part of the UK Skills for Business network, Skills for Health works with other strategic partners, including the Department of Health, to identify skill needs and skill gaps across the sector as a whole and to facilitate actions to ensure that identified needs are met.
- 2.3. Skills for Justice fulfils a similar role for the Justice Sector which includes Custodial Care (including the Prison Service), Community Justice (including the Probation Service) and the police.
- 2.4. Key priorities for the Skills for Business network are:
 - Establishing an effective skills foresight programme for their sectors
 - Working with employers and others in the sector to ensure that identified skill needs are met
 - Identifying and promoting structured career pathways supported by an appropriate qualifications framework
 - Developing a comprehensive suite of National Occupational Standards for their sector
- 2.5. This Education and Training Framework should support the Sector Skills Councils to meet their priorities and also enable DH Prison Health to support the PCTs to develop and implement appropriate training and development programmes for staff working within the prison estate, based on a structured national framework.
- 2.6. The beneficiaries and potential users of the framework include:
 - Primary Care Trusts
 - Prison Governors
 - Prison Service Healthcare Managers
 - Staff contemplating a career within the prison estate
 - SHAs/WDDs¹ responsible for the commissioning of prison healthcare staff
 - Providers of training for both discipline officers and prison healthcare staff
 - Providers of training for other occupations who may have responsibility for prison health in some capacity as part of their job role e.g. visiting dentists, visiting substance misuse specialists.
- 2.7. The framework can be used as a benchmark to:
 - Identify job roles and inform job descriptions
 - Identify personal development needs (e.g. for new staff considering careers in the prison estate)

¹ Strategic Health Authority/Workforce Development Directorate

- Identify career development routes
- Carry out group and individual training needs analysis by managers
- Develop performance management and appraisal systems
- Commission training by managers and PCTs

3. Occupational Coverage of the Framework

3.1. The framework considers all occupations that work, full or part time, within prison health. Some will be responsible for primary health care, others will offer support services. Visiting staff such as occupational therapists are also included. Consideration is also given to the training needs of discipline staff who may be called upon to provide emergency first aid, e.g. they may be the first officers on the scene where a prisoner, for whatever reason, requires first aid or emergency resuscitation.

3.2. Each occupational area is considered in detail under the following headings:

- Current professional/vocational qualification requirements
- Additional qualification/training requirements for working in the prison estate
- Additional qualification/training available but not mandatory, for health workers working in the prison estate
- Links to relevant learning frameworks e.g.²
 - the NHS Knowledge and Skills Framework (KSF)
 - the Prison Healthcare Skills Toolkit
 - Appropriate National Occupational Standards (NOS)
 - The Ten Essential Capabilities: A Framework for the Whole of the Mental Health Workforce
 - The Capable Practitioner
- Possible career progression routes

3.3. The research methodology adopted for the project consisted of a combination of approaches including:

- Desk research:
 - relevant Prison Service Orders (PSO)
 - job descriptions
 - web search
 - NIMHE procedures, protocols and guidelines
 - Other identified relevant literature
- 1:1 interviews:
 - Skills for Health
 - Skills for Justice
 - Prison Healthcare staff and managers
 - Strategic Health Authority and PCT staff

3.4. The following occupations have been identified as falling within the scope of the project:

3.4.1. Primary Care Provision in the Custodial Setting

Primary Care

- Medical and Nursing Staff:
 - general practitioners

² See Section 4

- nurse practitioners
- nurses (different grades)
- healthcare officers
- healthcare assistant
- designated emergency response healthcare staff
- Dental Staff
 - dentists
 - dental hygienists
 - dental therapists
 - dental nurses
- Pharmacy Staff
 - pharmacists
 - pharmacy technicians
 - pharmacy assistants
- Managers and administrators
 - practice managers
 - clinical nurse manager
 - administrators
- Chiropodists/podiatrists
- Optometrists
- Prison Service Staff
 - prison officers

Secondary Care

- Mental Health Team
 - psychiatrists
 - mental health nurse (including inreach)
 - psychologists
- Substance misuse nurses
- Midwives
- Allied Health Professionals
 - occupational therapist
- Prison Health Referral Trainers

4. National Developments, Frameworks and Initiatives that May Impact on the Education and Training Framework for Staff Providing Healthcare in Prisons

4.1. Introduction

4.1.1. There is a range of relevant initiatives and frameworks that will impact upon the training, development and/or career development of those who work in prison health, whether that work is full time within the prison or as a visiting specialist. This section provides an overview of each initiative and how it may impact on those working in prison health. Each occupation will then include reference to how each initiative will impact on that particular occupational area.

4.2. Agenda for Change

4.2.1. The NHS Agenda for Change is an agreement between relevant Government Departments, Trade Unions and Professional Bodies to introduce a new pay and review system across the NHS. The Agenda for Change applies to all NHS staff except staff who fall within the remit of the Doctors' and Dentists' Review Body and some senior managers and Board members.

4.2.2. Although the Agenda for Change has a primary focus on pay and conditions, it is underpinned by a detailed and structured personnel review and performance management system, the Knowledge and Skills Framework.

4.3. The NHS Knowledge and Skills Framework (NHS KSF)

4.3.1. The KSF describes the knowledge and skills that all NHS staff need to apply in their work in order to deliver quality services to patients. It applies to all staff working within the NHS (except doctors, dentists, some board members and senior managers) including those working within the prison estate.

4.3.2. The stated aims of the KSF³ are to:

- Facilitate the development of services so that they better meet the needs of users and the public through investing in the development of all members of staff
- Support the effective learning and development of individuals and teams – with all members of staff being supported to learn throughout their careers and develop in a variety of ways and in being given the resources to do so
- Support the development of individuals in the post in which they are employed so that they can be effective at work – with managers and staff being clear about what is required about what is required within a post and managers enabling staff to develop within their post
- Promote equality for and diversity of all staff – with every member of staff using the same framework, having the same opportunities for learning and development open to them and having the same structured approach to learning, development and review.

³ From the KSF and Development Review Process Guide

4.3.3. The KSF is made up of 30 dimensions, six of which are core. These are:

1. Communication
5. Personal and people development
6. Health, safety and security
7. Service improvement
8. Quality
9. Equality and diversity

4.3.4. There are 24 specific dimensions which are grouped into themes:

- Health and Wellbeing
- Estates and Facilities
- Information and Knowledge
- General

4.3.5. Each Dimension is assigned 4 levels and for each, there is a detailed levels descriptor e.g.

Dimension	Levels Descriptor			
	1	2	3	4
Communication (Core)	Communicate with a limited range of people on day to day matters	Communicate with a range of people on a range of matters	Develop and maintain communication with people about difficult matters and/or in difficult situations	Develop and maintain communication with people on complex matters, issues and ideas and/or in complex situations
Provision of care to meet health and wellbeing needs (Health and Wellbeing 5)	Undertake care activities to meet individual's health and wellbeing needs	Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency	Plan, deliver and evaluate care to meet people's health and wellbeing needs	Plan, deliver and evaluate care to address people's complex health and wellbeing needs

4.3.6. Each NHS job description will be mapped against the KSF and individual staff development plans put in place as appropriate. It is possible for individual job descriptions to be mapped at different levels for the dimensions e.g. level 3 for communication and level 2 for Health and Wellbeing 5.

4.4. The Ten Essential Shared Capabilities – a Framework for the Whole of the Mental Health Workforce

4.4.1. The 10 Essential Shared Capabilities (ESC) have been developed by the National Institute of Mental Health for England (NIMHE) in conjunction with NHSU and the Sainsbury Centre for Mental Health. They have been developed in response to a

recognition that there are significant gaps in pre and post qualification training including user and carer involvement, values based practice, multi-disciplinary working and working with diversity.

4.4.2. The ESC are designed to make explicit what should be included in all pre- and post-qualifying training for professional and non-professionally affiliated staff. **To support their implementation, they could be embedded** in all induction and continuing professional development programmes.

4.4.3. The ESC are:

- Working in partnership including working with families, carers and colleagues
- Respecting and valuing diversity
- Practising ethically, recognising the rights and aspirations of service users and their families
- Challenging inequality
- Promoting recovery
- Identifying people's needs and strengths
- Providing service user centred care
- Making a difference
- Promoting safety and positive risk taking
- Personal development and learning

4.4.4. It is important to consider the ESC in conjunction with other complementary developments and frameworks including the KSF, the Capable Practitioner Framework, and the Mental Health National Occupational Standards (NOS). This Education and Training Framework for Prison Health provides some indications of how the different initiatives complement each other.

4.5. The Mental Health National Service Framework⁴

4.5.1. The Government has an ongoing programme of national service frameworks designed to enhance quality of service provision and reduce unacceptable variations in health and social services. NHS standards are set by The National Institute for Clinical Excellence (NICE), delivered through clinical governance supported by professional self-regulation and lifelong learning and monitored by the Commission for Health Improvement.

4.5.2. The National Service Framework for Mental Health covers the mental health needs of adults up to the age of 65. The needs of older people, including mental health needs are covered in a separate framework.

4.5.3. Standards have been developed in five areas:

- Standard 1: mental health promotion and the discrimination and social exclusion associated with mental health problems
- Standards 2 and 3: primary care and access to services
- Standards 4 and 5: effective services for people with severe mental illness

⁴ Department of Health 1999

- Standards 6: individuals who care for people with mental health problems
- Standard 7: action necessary to achieve the target to reduce suicides

4.5.4. Standard 2 states:

- Any service user who contacts their primary healthcare team with a common mental health problem should:
 - have their mental health needs identified and assessed
 - be offered effective treatments including referral to specialist services for further assessment, treatment and care if they require it

4.5.5. Standard 3 states:

- Any individual with a common mental health problem should:
 - be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care
 - be able to use NHS Direct for first-level advice and referral on to specialist helplines or to local services

4.5.6. Clearly the implementation of these standards within prisons is challenging although some prisons are providing access to NHS Direct for prisoners.

4.5.7. Standard 7 states:

- Local health and social care communities should support local prison staff in preventing suicides among prisoners.

4.5.8. A complementary development in prisons is the comprehensive Offender Mental Health Care Pathway⁵. This covers the key phases in an offender's progress through the justice system, who will be involved at each phase and what the objectives should be. The key phases identified are:⁶

- Pre-prison
- Reception
- First night and induction
- Prison wing: primary care team
- Prison wing: secondary care mental health intervention
- Acute care in prison
- Acute care outside prison (NHS)
- Through care and pre-release
- Prison transfers and after care

4.5.9. The implementation of the Offender Care Pathway is supported by A Case for Change which specifies the core components of services that will be developed for prisoners. These are:

- Recognition, referral, care and management by non-health staff
- Primary care services
- Wing-based services

⁵ DH January 2005

⁶ It should be noted that this and A case for Change are not mandatory for implementation in the NHS

- Day care services
- In-patient services
- Transfer to NHS facilities.

4.6. The Capable Practitioner

4.6.1. This is a framework and list of practitioner capabilities **which have been developed to support the implementation** of the National Service Framework for Mental Health. It divides capability into 5 areas:

- Ethical practice
- Knowledge
- Process of care
- Interventions
- Application

4.6.2. Each 'capability' includes:

- A performance component which identifies 'what people need to possess' and what they need to achieve in the workplace
- An ethical component that is concerned with integrating a knowledge of culture, values and social awareness into professional practice
- A component that emphasises reflective practice
- Effective implementation of evidence based interventions in the service configurations of a modern mental health system
- A commitment to working with new models of professional education and responsibility for lifelong learning

4.6.3. The capability framework is an overview of the broad tasks required of practitioners working in the service provision. It does NOT describe or measure the outcome of performance in the workplace, the difference between the practitioners who perform that role or the level of capability at which that role will be performed. These more individual practitioner based competencies are more clearly expressed by the National Occupational Standards.

4.7. National Occupational Standards

4.7.1. National Occupational Standards (NOS) are a statement of best practice in terms of what practitioners **should** be able to do and the knowledge they **should** possess to enable them to perform effectively in the workplace. They are outcome statements but can be used in a variety of ways e.g. to:

- Inform individual job descriptions
- Carry out a training needs analysis
- Inform internal training programmes
- Inform the content of nationally accredited qualifications such as National Vocational Qualifications (NVQs), Vocationally Related Qualifications (VRQs) and Foundation Degrees

4.7.2. NOS are developed in consultation with employers and practitioners and are usually maintained and managed by a Sector Skills Council (SSC). The SSCs that have most relevance to Prison Health are:

- Skills for Health: NOS include Mental Health, Drug and Alcohol Services (DANOS),
- Skills for Justice: NOS include Custodial Healthcare (in co-operation with Skills for Health), Custodial Care, Community Justice
- Skills for Care: NOS include the revised standards for health and care (in co-operation with Skills for Health)
- SEMTA⁷: Pharmacy
- Sector Skills Development Agency have appointed the Management Standards Centre (not an SSC) to develop and maintain the leadership and management standards

4.8. The Healthcare Skills Toolkit (published jointly by the DH and HM Prison Service)

4.8.1. The Healthcare Skills Toolkit is a competency based guidance tool for prison healthcare staff. It has been designed to provide prison service managers with a tool to identify the skill needs of their staff to enable them to meet the healthcare needs of prisoners. The Toolkit covers all nursing grades, healthcare managers, pharmacy staff and doctors. It does not at the moment cover allied healthcare professions such as occupational therapists.

4.8.2. The toolkit defines competency as:

- An ability to take on a task based on a combination of either or both formal knowledge (including professional qualifications) and practical skills.

4.8.3. It also suggests that 'a competency must be clearly defined in a way that allows assessment of presence or absence of competency and/or the degree to which it is present'.

4.8.4. The competencies are categorised as custodial competencies, healthcare competencies and management competencies, and for each, there are groups of core and role specific competencies.

4.8.5. Nursing and Healthcare Competencies:

- Custodial
 - Core, levels 1-4
 - Role specific: levels 2-4
- Healthcare
 - Core and role specific: levels 1, 2a, 2b (Mental Health), 2c (learning disabilities), 2d (sick children's nursing), 3a (registered nurse at higher level of practice), 3b (Mental Health, higher level of practice), 3c (learning disabilities, higher level of practice), 3d (children's nursing, higher level of practice), 4 (specialist healthcare practitioner), 5 (healthcare manager)

⁷ Science, Engineering, Mathematics and Technology Association

- Management: levels 1-4

4.8.6. Doctors

- Custodial: as for nursing and healthcare staff
- Healthcare:
 - core competencies 613 – 630
 - role specific: 632- 657
- management: as for nursing and healthcare staff

5.8.8. Pharmacy staff

- Custodial: as for nursing and healthcare staff
- Healthcare:
 - core competencies 659 – 684
 - role specific: levels 1-4
- management: as for nursing and healthcare staff

4.9. The Prison Health Induction Framework

4.9.1. The Prison Health Induction Framework is a very comprehensive document which identifies the areas that should be covered in all induction programmes for staff new to prison healthcare. These include:

- Non-clinicians
- Healthcare managers/nurses
- Prison medical lead/doctor providing primary care
- Pharmacist/pharmacy technicians
- Allied health professionals including dentists, psychologists and visiting health professionals

4.9.2. The induction areas covered are:

- The establishment/department
- Jobs/responsibilities
- Health and safety, security and fire
- Control of cross infection and communicable disease
- Specific health services relating to prisons
- Healthcare centre services (especially primary care)
- Pharmacy and prescribing formulae
- Clinical services for substance misusers
- Mental health
- Transfer and release issues
- Deaths in custody
- Professional conduct

4.9.3. There is an accompanying checklist for new staff to complete and have signed off by their manager. There is no apparent protocol for ensuring the quality of the induction programme or for linking it to relevant NOS.

4.10. The Personality Disorder Capabilities Framework

This is currently underdevelopment by NIMHE so cannot yet be mapped into the framework. It will have an impact on all those working in mental health, including those working in the prison estate. It will also impact on anyone who has an interface with people with personality disorders as part of their work e.g. discipline officers.

4.11. Good Medical Practice for Doctors Providing Primary Care Services in Prison

4.11.1. This guide was published by the DH in January 2003. It provides details of the standards expected of a GP in all areas of their work and indicators of the excellent, acceptable and unacceptable GP. The document also includes additional text relevant to doctors working in prisons.

4.11.2. The guide identifies seven broad headings of care and describes why each is important for GPs. These are:

- Good clinical care
- Maintaining good medical practice
- Relationships with patients
- Working with colleagues
- Teaching and training, assessment and appraisal
- Probity
- Health and the performance of other doctors

4.11.3. A key observation from the guide for doctors working in prisons is:

‘ To ensure the safety of the doctor, the same imperatives apply as in any front line service, for example Accident and Emergency departments and general practice. However, given the higher prevalence of a history of violence, severe behavioural disorder and psychosis, the doctor working in prison must give greater attention to the environment and working practices. The aim should be to manage risk and maintain security without compromising good clinical care.

Each doctor working in prison has a responsibility to ensure that the appropriate equipment and facilities are available to undertake their work and meet the expectations of Good Medical Practice. In prisons, as in other settings such as hospitals, this requires partnership working with prison managers and also between prison service managers and their local NHS colleagues.

The lifestyle of some patients and their lack of previous interaction with health care services may mean that there is an opportunity whilst they are in prison for them to

be advised about and possibly engage in health promotion activities. A doctor working in prison should be aware of the opportunities to influence their patients' lifestyle.

There is also a need for extra emphasis, because of the high incidence of mental health and multiple presentation of illnesses, for a co-ordinated approach to be taken to the provision of clinical care packages.'

4.12. Clinical Governance

4.12.1. Clinical governance was developed by the NHS and can be defined as:

' A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish'.

4.12.2. The main elements of clinical governance are:

- Clear management arrangements for healthcare
- Opportunities for staff training and development (including continuing professional development)
- Compliance with national standards
- Learning from complaints and serious incidents; risk management
- Staff responsibility at every level for quality of care
- Acting on complaints and problems
- External accountability for the quality of care (clinical audit)

4.12.3. **Quality in Prison Healthcare (PSO 3100):** This PSO sets out the requirements for Governing Governors to ensure that arrangements are in place for clinical governance in prison health care. Although not responsible for the delivery of clinical governance, they are accountable for ensuring that is implemented. Clinical governance should be integrated into the overall prison management structures.

4.12.4. The PSO also sets out new audit baselines to monitor clinical governance as a discrete activity in prisons. These are:

- An identified clinical governance lead in health care
- A framework/management document setting out the proposed arrangements
- A baseline assessment carried out by the prison with relevant Prison Health Regional Teams
- An annual review document of progress from 1st April 2004

4.12.5. Although not a direct requirement, clinical supervision of healthcare staff in prisons should be seen as best practice and should be embedded in clinical governance frameworks.

5. Primary Care: General Practitioners

5.1.1. An Overview of Qualification Requirements

Most doctors working in the prison estate are General Practitioners (GPs) and as such, must be registered with the General Medical Council. Registration requires that they have a recognised degree in medicine and the appropriate specialist training and qualifications for GPs. These are:

- A certificate of prescribed or equivalent experience issued by the Joint Committee on Postgraduate Training for General Practice

or

- A legal exemption

or

- An acquired right to practice

The three year vocational training for GPs usually consists of 1 year training as a GP registrar in general practice and 2 years in hospital as a Senior House Officer. This must include training in areas relevant to general practice e.g. paediatrics, geriatric medicine or general medicine.

Qualifications of GPs applying to work in prisons must be checked and verified by the employing prison as specified in PSI 38/2003: Basic Checks on Doctors and Dentists. This applies to all doctors including those working through an agency as a locum or on a fee paying basis.

In the near future, the GMC will be introducing a system of compulsory revalidation will be introduced for all doctors for which they must demonstrate fitness to practice. This is currently being reviewed in the light of the Shipman Recommendations.

Ideally, all GPs working in prisons must be undertaking clinical practice as a GP outside the prison.⁸

5.1.2. Broad Job Role Description

GPs working in prisons are required to provide the same level of care to patients as they could expect to receive in the community.

This means they:⁹

- Make the care of the patient their first concern
- Treat every patient politely and considerately
- Respect patients' dignity and privacy
- Listen to patients and respect their views
- Give patients information in a way they understand
- Respect the rights of patients to be fully involved in decisions about their care
- Keep their professional knowledge and skills up to date

⁸ from: [Good Medical Practice for Doctors Providing Primary Care in Prison](#)

⁹ from: [Good Medical Practice for Doctors Providing Primary Care in Prison](#)

- Are honest and trustworthy
- Respect and protect confidential information
- Ensure personal beliefs do not prejudice patient care
- Act quickly to protect patients at risk if it is suspected that they or a colleague may be unfit to practice
- Avoid abusing their position as a doctor
- Work with colleagues in a way that best serves patients' interests

5.1.3. Additional Training Requirements/Availability for Working in the Prison Service

Newly appointed GPs will be given a full induction programme as laid out in the Prison Service Induction Framework. For doctors, this includes:

- A tour of the healthcare centre
- Relevant policies and procedures e.g. the drug strategy
- Relevant documentation including the Clinical Record
- Service plans and developments including PHDPs¹⁰
- Risk assessment, incident reporting and health and safety including COSHH
- Safety procedures including the access and treatment of dangerous prisoners
- Location and maintenance of emergency equipment
- Policies and procedures relating to the management and treatment of cross-infections and communicable disease and the safe disposal of clinical waste
- Reception screening of prisoners
- Specific health services relating to prisons including information sharing
- Running a surgery
- Arranging escorts and chaperones
- Treatment procedures within healthcare and out on the wings
- Procedures for prisoners who refuse to be seen
- Referral procedures e.g. to a psychologist
- Visiting specialists
- Special clinics (e.g. chronic disease management)
- Emergency care and referral procedures
- Location of pharmacy or pharmacy provision
- Prescribing of medicines
- Clinical services for drug misusers, drug and alcohol unit, CARATs team
- Pregnancy and anti-natal care
- Mental health awareness
- Self harm and suicide awareness
- Transfer and release issues including sharing of information with outside agencies
- Death in custody awareness
- Clinical governance and clinical appraisal
- Compliance with own medical Codes of Practice as laid down by the GMC and also compliance with Good Medical Practice for Doctors Providing Primary Care Services in Prison

¹⁰ Prison Health Delivery Plans

There should also be an established link to an established prison doctor who can provide appropriate mentoring and support. Additional information should be given to new prison doctors about:

- The availability of RCGP support and the Doctors working in secure environments group
- The availability of support from PCT and LMC structures

SECURE – this is a multi-agency resource pack on information exchange. It could be used to inform a CPD programme for GPs working in prisons.¹¹ CPD programmes based on appropriate clusters of the mental health NOS could also be appropriate for GPs working within the prison estate.

The Royal College of General Practitioners has developed a Certificate in the Management of Drug Misuse, Part 1 of which was launched through e-learning in June 2004. This has been mapped against the DANOS standards and is clearly relevant to GPs working in prisons where there is a high incidence of prisoners with a substance misuse problem. GPs should also be familiar with the CARATS¹² programmes for treatment of offenders with a substance misuse problem.

5.1.4. Links with Relevant Frameworks/Codes of Practice

GPs are not subject to the NHS Agenda for Change or the KSF as their terms and conditions of service are negotiated through a different forum. The Healthcare Skills Toolkit does include doctors and it provides at level 3/4, custodial competencies and a range of core and role specific competencies in healthcare. They may also have management responsibilities at level 3 and 4.

GPs in prisons should work towards the 'excellent GP' criteria as specified in Good Medical Practice for Doctors Providing Primary Care Services in Prisons. They must also ensure that they implement appropriate clinical governance processes and procedures as specified in PSO 3100: Clinical Governance: Quality in Prison Healthcare.

GPs in prisons should be actively involved in the clinical governance processes in the prisons and where appropriate, should also be involved in clinical supervision, both of self and for others in the prison health team.

5.1.4. Possible Progression Routes

Progression for GPs working in prisons is the same as for other GPs working in the PCT. In addition, GPs in prisons will take the lead in Clinical Governance of healthcare provision in the prison. Experience of working in prison may provide GPs with specialist interest e.g. substance misuse, mental health, which may be useful in the wider PCT context.

¹¹ Secure is scheduled for revision early in 2005

¹² Co-ordinating, Assessment, Referral, Advice and Throughcare Services

6. Primary Care: Nurses Working in Prison

6.1. Introduction

The challenge for nurses working in the Prison Service is to provide the same standard of health care to patients as they might expect in the community, but in a secure environment. Registered nurses must be qualified to the same level as nurses working in the community. Nurses working in prisons will be employed in the same range of grades as within PCTs.

6.2. Nurse Practitioners

6.2.1. Qualification Requirements

Nurse Practitioners working in prisons are expected to be qualified to the same level as those in the NHS i.e. they must have undertaken a specialist course of at least first degree (honours) and be registered by the Nursing and Midwifery Council (NMC).

6.2.2. Role Definition

A Nurse Practitioner:¹³

- Makes professionally autonomous decisions for which he/she is accountable
- Receives patients with undifferentiated and undiagnosed problems and makes an assessment of their healthcare needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- Screens patients for disease risk factors and early signs of illness
- Makes differential diagnosis using decision making and problem solving skills
- Develops with the patient an ongoing nursing care plan for health with an emphasis on preventative measures
- Orders necessary interventions and provides treatment and care both individually and as part of a team and through referral to other agencies
- Has a supportive role in helping people to manage and live with illness
- Provides counselling and health education
- Has the authority to admit or discharge patients to other healthcare providers as appropriate
- Works collaboratively with other healthcare professionals
- Provides a leadership and consultancy function as required

6.2.3. Additional Training Requirements/Availability for Working in the Prison Service

Newly appointed nurse practitioners will be given a full induction programme as laid out in the Prison Service Induction Framework. This includes:

- A tour of the healthcare centre
- HMP healthcare standard and ethos

¹³ RCN Competencies in Nursing: Nurse Practitioners

- Relevant policies and procedures e.g. the drug strategy
- Relevant documentation including the IMR¹⁴
- Service plans and developments including PHDPs¹⁵
- Risk assessment, incident reporting and health and safety including COSHH
- Safety procedures including the access and treatment of dangerous prisoners
- Location and maintenance of emergency equipment
- Policies and procedures relating to the management and treatment of cross-infections and communicable disease and the safe disposal of clinical waste
- Reception screening of prisoners
- Specific health services relating to prisons including information sharing
- Running a surgery including requests to be seen by a doctor
- Arranging escorts and chaperones
- Treatment procedures within healthcare and out on the wings
- Procedures for prisoners who refuse to be seen
- Referral procedures e.g. to a psychologist
- Visiting specialists
- Special clinics (e.g. chronic disease management)
- Emergency care and referral procedures
- Location of pharmacy or pharmacy provision
- Treatment of other staff
- Prescribing of medicines, obtaining medicines out of hours, stock items and prescription formulary
- Awareness of the medicines Act and Misuse of Drugs act
- Clinical services for drug misusers, drug and alcohol unit, CARATs team
- Pregnancy and anti-natal care (where appropriate)
- Mental health awareness
- Self harm and suicide awareness
- Transfer and release issues including sharing of information with outside agencies
- Death in custody awareness

SECURE could be used to support development in the area of information exchange in the prison.

It may also be possible to develop CPD programmes based on relevant clusters of National Occupational Standards in Mental Health and DANOS.

Other CPD programmes e.g. transcultural healthcare practice and higher level HE qualifications (masters, PhD) may also be available

6.2.4. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for nurse practitioners working in prisons, as with nursing staff employed by PCTs, will be considered under the NHS Agenda for Change and the KSF. The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1 -5. Nurse Practitioners are likely to fall within levels 3 and 4, depending on their level of experience. They may also have managerial responsibilities at level 2 or 3.

¹⁴ Inmate Medical Record

¹⁵ Prison Health Delivery Plans

6.3. Registered Nurses

6.3.1. Qualification Requirements

Like nurse practitioners, registered nurses working in prisons are expected to be qualified to the same level as registered nurses elsewhere i.e. they must hold a recognised diploma or degree in nursing and be registered by the Nursing and Midwifery Council (NMC).

The Diploma is a three year programme consisting of 12 months Common Foundation Programme, followed by two years in one of the four branches of nursing:

- Adult
- Mental health
- Learning disabilities
- Children's nursing

Supervised nursing practice makes up 50% of the programme. This can include a placement in a prison healthcare centre as well as hospital and community placements.

Entry requirements are 5 GCSEs or equivalent.

The degree programme is similar in structure but will last from 3 – 4 years. Entry requirements are 5 GCSEs plus 2 A levels or equivalent. A degree is necessary for progression to senior level nursing posts or for moving into management or teaching.

To maintain NMC registration, all registered nurses and midwives are required to undertake a minimum of 35 hours of CPD learning in each three year period of registration. All such learning must be recorded in a personal professional portfolio.

6.3.2. Broad Job Role Description

A nurse working in prisons will provide the same standard of care for patients as nurses working in primary care or other settings. The difference is that the patients are in a secure environment. Many may be suffering from a diagnosable mental illness and a high proportion are substance misusers.

Prisoners will also suffer from similar illnesses as others in the community and there will be accidents, the results of assaults and self harm, to treat. A growing problem is the increase in communicable disease, not only blood borne diseases such as Hepatitis and HIV/AIDS but others such as tuberculosis. The work is varied and challenging.

6.3.3. Additional Training Requirements/Availability for Working in the Prison Service

Newly appointed nurses will be given a full induction programme as laid out in the Prison Service Induction Framework. This is described in Section 6.2.3.

6.3.4. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for nurses working in prisons as with other nursing staff employed by PCTs will be considered under the NHS Agenda for Change and the KSF. The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1 -5. Registered nurses are likely to fall within levels 3 and 4, depending on their level of experience. Senior grade nurses may also have managerial responsibilities at level 2 or 3.

6.3.5. Possible Progression Routes

A possible progression route for registered nurses is Nurse Practitioner. Other opportunities could be into education or management within the NHS.

6.4. Healthcare Officers

6.4.1. Qualification Requirements

Healthcare Officers are usually recruited from the discipline officers in the prison and will have undergone POELT training. They should not therefore require any additional training in working in a secure environment. They will require additional training in the healthcare aspects of the job. The NVQ Level 3 in Custodial Healthcare has been developed to meet this need.

Some healthcare officers are registered nurse qualified and as such may require training in the secure aspects of prison healthcare. Again, the NVQ in Custodial Healthcare can support this development need.

The Open University has developed a part time, distance learning pre-registration nursing diploma programme. Prison healthcare staff are currently accessing the pre-registration mental health course in collaboration with Trent NHS Workforce Development Confederation.

6.4.2. Broad Job Role Description

The key aspect of the job role is to support the rest of the healthcare team to provide the same standard of care for patients as is provided in non-custodial care settings. The difference is that the patients are in a secure environment. Many may be suffering from a diagnosable mental illness and a high proportion are substance misusers.

Prisoners will also suffer from similar illnesses as others in the community and there will be accidents, the results of assaults and self harm, to treat. A growing problem is the increase in communicable disease, not only blood borne diseases such as Hepatitis and HIV/AIDS but others such as tuberculosis.

6.4.3. Additional Training Requirements/Availability for Healthcare Officers

NVQ Level 3 in Custodial Health Care has been developed to meet this need.

6.4.4. Links with Relevant Frameworks/Codes of Practice

The Healthcare Toolkit should be used to identify job roles both custodial and healthcare but it is likely that healthcare officers will operate at level 3. Those officers working with prisoners with a mental illness should be familiar with the 10 Essential Shared Capabilities and those working with prisoners with a substance misuse problem should be familiar with CARATs. The NOS in Mental Health and the DANOS standards should be considered for informing CPD programmes of development.

6.4.5. Possible Progression Routes

With appropriate training, healthcare officers recruited from the discipline officers could progress to registered nurse status. They could also progress into management or teaching.

6.5. Healthcare Assistants

6.5.1. Qualification Requirements

Healthcare assistants working in primary care are usually employed as Grade A or B nurses. There are no qualification requirements although those working at Grade B have additional responsibilities and may have an NVQ in Care. Similar requirements will apply to healthcare assistants working in prisons.

6.5.2. Broad Job Role Description

Healthcare assistants will be responsible for much of the day to day care of prisoners in the prison healthcare centre. They will work under the direction of a registered nurse.

6.5.3. Additional Training Requirements/Availability for Working in the Prison Service

The Prison Health Induction Framework will also provide important information and this is described in Section 6.2.3.

SECURE – the multi-agency resource pack on information exchange could be used to inform a useful CPD programme for prison healthcare assistants.

If working with prisoners with a mental health or substance misuse problem selected units from DANOS or Mental Health NOS could also be considered to inform CPD programmes

6.5.4. Links with Relevant Frameworks/Codes of Practice

If employed by the PCT, healthcare assistants working in prisons will be considered under the NHS Agenda for Change and the KSF. The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1 -5. It is likely that Healthcare assistants at Grade A or equivalent will fall within the level 1 competencies whilst Grade B or equivalent may fall within levels 1 or 2.

If working with prisoners with a mental illness, healthcare assistants should be aware of the Ten Essential Capabilities Framework (ESC). Those working with prisoners with a substance misuse problem should be aware of the CARATs programme and should work with specialist healthcare staff in this area.

6.5.5. Possible Progression Routes

With appropriate training and qualifications, healthcare assistants could progress to registered nurse status within prisons. If they achieve the NVQ in Care, they could work outside prisons in a range of care settings.

6.6. Emergency Response Officers

6.6.1. Qualification Requirements

Emergency Response Officers are senior healthcare staff who will have considerable experience of working within a secure environment. They may be recruited from prison officer staff or healthcare staff. They should be qualified in emergency procedures to the Resuscitation Council (UK)'s Immediate Life Support Programme (or equivalent)¹⁶.

6.6.2. Broad Job Role Description

As a senior member of the prison healthcare staff, Emergency Response Officers are likely to have considerable management responsibility as well as responsibility for the day to day care of prisoners. Their emergency response responsibility is over and above their other healthcare responsibilities. They must be able to mobilise quickly and to have procedures in place to enable prisoners requiring emergency resuscitation to be treated as quickly as possible.

6.6.3. Additional Training Requirements/Availability for Working in the Prison Service

If newly appointed to work within prisons, they will given will be given a full induction programme as laid out in the Prison Service Induction Framework Services as described in Section 6.2.3.

SECURE – the multi-agency resource pack on information exchange could be used to inform a useful CPD programme for emergency response staff. Relationships with the emergency services are particularly important.

¹⁶ The prison service has developed a tailored training programme for staff, both healthcare and discipline staff, who may be designed as Emergency Response Officers. This is available nationally

A strategy for the development and implementation of emergency trauma and resuscitation procedures in prisons is currently under development and this will include recommendations for a detailed training programme for staff appointed to these posts.

6.6.4. Links with Relevant Frameworks/Codes of Practice

If qualified nurses, the job evaluation and terms and conditions of service for emergency response officers as with other nursing staff within prisons, will be considered under the NHS Agenda for Change and the KSF. If recruited from the discipline staff, this will not be the case. The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1 - 5. Emergency response officers are likely to be senior healthcare staff and as such are likely to fall within levels 3-4 in the toolkit. They may also have some management responsibility at level 2 or 3.

7. Primary Care: The Dental Team

7.1. Dentists

7.1.1. Qualification Requirements

Most dentists working in the prison environment are General Dental Services Dentists and as such must be registered with the General Dental Council (GDC). Registration requires that they have a recognised degree followed by one or two years supervised practice within an approved training practice.

The GDC Lifelong Learning Scheme requires 250 hours of Continuing Professional Development (CPD) in each five year period after initial registration for continued registration.

For work in the Prison Service, Qualifications must be verified in line with PSI 38/2003: Basic Checks on Doctors and Dentists. Prison dentists must also have a contract with a local PCT.

7.1.2. Broad Job Role Description

There are three common models of dental provision within the prison estate:

- NHS dentist with General Dental Services, Personal Dental Services contract working as a part-time visiting dentists
- An NHS Community Dentist working as an outreach dentist
- Private or salaried dentist directly employed by the prison

In all three cases the job role will have the same characteristics:

- Lead the dental care team
- Diagnose dental problems and identify appropriate treatments
- Carry out treatments and dental surgery
- Provide urgent care for dental pain and minor trauma
- Provide advice to patients
- Liaise with prison staff and healthcare team to promote oral health and preventative measures within the prison
- Co-ordinate administrative aspects of the service e.g. patient flow, escort services etc
- Ensure clinical governance of the dental service

7.1.3. Additional Training Requirements for Working in the Prison Service

Before a dentist can work effectively and safely in a prison they must be fully inducted into the prison environment, in particular¹⁷:

- Confidentiality within the prison
- Regulations – security of dental equipment and general security

¹⁷Strategy for modernising Dental Services for Prisoners in England

- Prison complaints system
- Policy regarding professional and patient relationship
- Personal safety
- Clinical waste policy

Additional elements should be added to the programme from the Prison Healthcare Induction Framework. This will include:

- A tour of the healthcare centre
- An introduction to relevant policies and procedures e.g. the drug strategy
- An introduction to relevant documentation e.g. the Inmate medical record (IMR)
- Risk assessment and reporting procedures
- The location and maintenance of emergency equipment
- Health and safety procedures including COSHH
- Relevant policies and procedures for the control of cross infections including safe disposal of clinical waste
- Policies and procedures on patient consent and secure storage of patient information
- Information sharing protocols
- Protocols for the prescribing and dispensing of medicines
- Clinical governance and clinical risk management

SECURE could be used to support development in the area of information exchange in the prison.

7.1.4. Links with Relevant Frameworks/Codes of Practice

Dentists are not subject to the NHS Agenda for Change or the KSF as their contracts and terms of service are negotiated through a different forum. They are not covered within the Healthcare Skills Toolkit.

Dentists must comply with the professional Code of Practice of the General Dental Council. They must practice evidence based dentistry and professional supervision must be documented by the PCT.

CPD will cover aspects such as the audit of local prison activity and involvement in the Local Prison Dental Network.

7.2. Professions Complementary to Dentistry

7.2.1. Dental Hygienists

7.2.1.1. Qualification requirements

Dental Hygienists must be registered with the General Dental Council on the Rolls of Dental Auxiliaries. Registration requires a Diploma in Dental Hygiene from a recognised Dental School. Preferred entry route to this qualification and subsequent employment is through training, qualification and experience as a dental nurse.

Mandatory and approved continuing professional development is required to maintain registration.

7.2.1.2. Broad Job Role Description

Hygienists can:

- Conduct an initial dental assessment and consult with dentists on patient care
- Take dental impressions
- Instruct patients regarding oral hygiene procedures
- Clean and stimulate the gums to prevent gum disease
- Remove stains and deposits from teeth to prevent tooth and root decay
- Apply fluoride treatment
- Take and develop X-rays
- Perform restorative and orthodontic procedures under the supervision of a dentist

7.2.1.3. Additional Training Requirements for Working in Prisons

As with dentists, all dental hygienists will be given as a minimum an induction to the prison and the service. This will include:

- Confidentiality within the prison
- Regulations – security of dental equipment and general security
- Prison complaints system
- Policy regarding professional and patient relationship
- Personal safety
- Clinical waste policy

Additionally, relevant aspects from the Prison Healthcare Induction Framework should be delivered as described in Paragraph 7.1.3.

They are expected to undertake relevant CPD.

7.2.1.4. Links with Relevant Frameworks/Codes of Practice

Dental hygienists must work to the Code of Practice of the GDC.

7.2.2. Dental Therapists

7.2.2.1. Qualification Requirements

Like dental hygienists, dental therapists must be registered with the General Dental Council and are required to hold a recognised diploma.

7.2.2.2. Broad Job Role Description

As for dental hygienists but additionally they can drill and fill cavities, extract teeth and replace portions of crown under the supervision of a dentist.

7.2.2.3. Additional Training requirements for working in Prisons

As described in paragraph 7.1.3. In addition, they are expected to undertake relevant CPD.

7.2.2.4. Links with Relevant Frameworks/Codes of Practice

Dental hygienists must work to the Code of Practice of the GDC.

7.3. Dental Nurses

7.3.1. Qualification Requirements

While no registration or formal qualifications are required to practice as a dental nurse, good practice suggests that dental nurses should use the vocational training route that leads to the National Certificate in Dental Nursing in order to qualify to work in prisons. This requires formal training, either full or part-time (day release), leading to examination. The National Certificate requires successful passing of the examination, together with two years experience in a dental surgery.

The National Certificate and experience as a dental nurse is one of the accepted entry routes to the Diploma in Dental Hygiene or the Diploma in Dental Therapy at one of the approved Dental Schools.

The General Dental Council is moving towards compulsory registration for dental nurses and an NVQ in Dental Nursing has been developed.

7.3.2. Broad Job Role Description

The role of Dental Nurses working in prisons is to support the dentist in all aspects of patient care. This might include reception duties in terms of receiving patients, retrieving the relevant records and generally ensuring the patients comfort.

Main duties consist of:

- Getting instruments ready
- Mixing materials
- Taking dictated notes
- Tidying the surgery and sterilising instruments
- Ensuring patient comfort and welfare

7.3.3. Additional Training Requirements for Working in Prisons

As with other staff in the dental team, dental nurses will be given as a minimum an induction to the prison and the service as described in Paragraph 7.1.3.

8. Primary Care: The Pharmacy Team

8.1. Introduction

Until April 2000, Pharmacy Services in prisons were separate from NHS provision and this resulted in a wide variation in the quality of service provision across the prison estate. Currently prisons obtain pharmacy services in a range of ways including:

- In House – pharmacy staff employed directly by the prison service
- As a satellite unit served by an ‘in house’ prison pharmacy department
- Contracted ‘in house’ services – provided in house but by a contracted out provider
- Contracted out service provided by a local NHS Acute trust hospital
- Contracted out service provided by a local community pharmacy or pharmacy company

With the current move to transfer both funding and managerial responsibility of prison healthcare services to the Primary Care Trusts and the integration of pharmacy into the overall prisoner healthcare provision, pharmacy services in prisons will be expected to deliver the same standards of care as elsewhere in the NHS.

8.2. Pharmacists

8.2.1. Qualification Requirements

Pharmacists are required to have achieved a degree in pharmacy from one of 13 recognised courses in the UK, and be registered with the Royal Pharmaceutical Society of Great Britain. Registration must be renewed annually. Pharmacists are also required to undertake 30 hours of continuous professional development annually.

8.2.2. Broad Job Role Description

Pharmacists (and other members of the pharmacy team) will be involved in providing services for patients and for members of the prison healthcare team. For patients, this will involve:

- Clinical assessment and validation of prescription prior to dispensing
- Counselling, education and advice on the safe and effective use of medicines, prescribed or purchases
- Advice on medicines for minor conditions
- Pharmacy-led clinics for medicines management, medication review, minor ailments, smoking cessation etc
- Monitoring and review of treatment, particularly in chronic disease management, to ensure the medication remains appropriate and any difficulties in taking the medicines are identified and addressed, including repeat dispensing
- Pharmacists supplying medicines to patients without a prescription under patient group directions

- Pharmacists prescribing medicines for patients as supplementary prescribers. This role is being implemented in primary care
For healthcare staff, services can include:
 - Advice on treatment options, risk management and audit of care
 - Chairing the Drug and Therapeutic Committees
 - Information relating to medicines and related devices
 - Training, support and updating on medicines
 - Involvement in the multi-disciplinary care of patients
 - Provision and development of formularies
 - Development of patient group directions
 - Provision of drug use data

In addition, pharmacy staff will be expected to participate in the assessment of health care and pharmacy needs and audit of services, provide management information and involvement in the development of local and wider policy in relation to prescribing, medicines management and usage. They will also have a professional leadership and line management responsibility.

All medicines MUST be dispensed under the supervision of a pharmacist.

In certain circumstances, registered pharmacists may be designated as the 'supplementary prescriber' for a prisoner. This means that the pharmacist may prescribe as well as dispense a prisoner's prescription. This MUST always be within the overall healthcare plan of the prisoner and with the prisoner's permission. The primary prescriber will always remain the GP.

8.2.3. Additional Training Requirements for Working in the Prison Service

As a minimum, all pharmacy staff will be provided with an induction programme as specified in the Prison Healthcare Induction Framework, This will include:

- A tour of the healthcare centre
- Relevant policies and procedures e.g. the drug strategy
- Relevant documentation including the IMR¹⁸
- Service plans and developments including PHDPs¹⁹
- Risk assessment, incident reporting and health and safety including COSHH
- Location and maintenance of emergency equipment
- Policies and procedures relating to the management and treatment of cross-infections and communicable disease
- Specific health services relating to prisons including information sharing
- Running a surgery
- Arranging escorts (in connection with medication in possession)
- Treatment procedures within healthcare and out on the wings
- Special clinics (e.g. chronic disease management)
- Pharmacy and prescribing formulary including compliance with the medicines and misuse of drugs act
- Clinical services for drug misusers

¹⁸ Inmate Medical Record

¹⁹ Prison Health Delivery Plans

- Mental health awareness
- Transfer and release issues including sharing of information with outside agencies
- Death in custody awareness
- Compliance with professional codes of practice including that of the Royal Pharmaceutical Society of Great Britain
- Critical incident/near miss reporting structure

The Centre for Professional Pharmacy Education (CPPE) and Prison Health have agreed to work in partnership to support learning and development for the prison pharmacy workforce. This will include:

- Access to current CPPE training materials
- Delivery of additional CPPE workshops
- The development and delivery of bespoke learning materials

Prison pharmacy staff can also access training provided by the National Prescribing Centre and should also be able to access training provided by the PCT.

8.2.4. Links with Relevant Frameworks/Codes of Practice

Qualified pharmacists working in prisons should demonstrate compliance with the relevant custodial, healthcare and managerial competencies as specified in the Healthcare Skills Toolkit.

They will not be aligned with the NHS Knowledge and Skills Framework.

They must also comply with the Professional Code of Practice of the Royal Pharmaceutical Society of Great Britain.

8.3. Pharmacy Technicians

8.3.1. Qualification Requirements

Pharmacy technicians must hold an S/NVQ level 3 in Pharmacy Services or a qualification that has previously been recognised by employers as valid qualifications. These are:

- BTEC National Certificate in Science (Pharmaceutical)
- BTEC National Certificate in Applied Science (Pharmaceutical)
- BTEC national Certificate in Pharmacy Services
- SCOTEC National Certificate in Pharmaceutical Science
- SCOTVEC National Certificate in Pharmaceutical Science
- SQA national certificate in Pharmaceutical Science
- C&G Dispensing technicians certificate
- Certificate of the Society of Apothecaries
- Dispensing certificate of the Royal Army Medical Corps or the RAF
- NPA 2 year Dispensing Technicians correspondence course completed prior to 1998
- Boots 2 year dispenser training programme completed prior to 1993

(For some of the older qualifications, additional training may be required to meet registration requirements.)

It should be noted that the Royal Pharmaceutical Society is moving towards the regulation of pharmacy technicians that will include registration with the Society. Voluntary registration is now in place and this will become mandatory from January 2007.

8.3.2. Broad Job Role Description

Pharmacy technicians are responsible to the pharmacist and will, under their supervision, carry out the technical aspects of the pharmacy service provision. This can include:

- Accurate dispensing and supply of medicines in appropriate containers, correctly labelled with patient information
- Preparation and supply of medicines held as stock within healthcare
- Procurement of medicines and contract monitoring
- Stock control of medicines in the pharmacy
- Ensuring proper storage and control of medicines in other healthcare settings
- Logistical support

8.3.3. Additional Training Requirements for Working in the Prison Service

The induction programme is broadly comparable with that for qualified pharmacists (8.2.3) but with careful emphasis on the level of responsibility that the pharmacy technician will work within.

CPPE and Prison Health have agreed to work in partnership to support learning and development for the prison pharmacy workforce. This will include:

- Access to current CPPE training materials
- Delivery of additional CPPE workshops
- The development and delivery of bespoke learning materials

8.3.4. Links with Relevant Frameworks/Codes of Practice

Pharmacy Technicians should demonstrate compliance with the appropriate custodial and healthcare competencies described in the Healthcare Skills Toolkit.

Newly qualified technicians must hold the S/NVQ level 3 in Pharmacy Services.

8.4. Pharmacy/Dispensing Assistants

8.4.1. Qualification Requirements

Since January 2005, pharmacy assistants are required to undertake training to a minimum standard equivalent to the NVQ Level 2 in Pharmacy Services. If involved

in the selling or supplying of OTC medicines, they will also need to undertake an appropriate accredited course e.g. Pharmacy Interact.

8.4.2. Broad Job Role Description

Pharmacy assistants can undertake any of the following duties:

- Provision of over the counter medicines and the provision of information to customers on symptoms and products
- Prescription receipt and collection
- The assembly of prescribed items including the generation of labels
- Ordering, receiving and storing pharmaceutical stock
- The supply of pharmaceutical stock
- Preparation for the manufacture of pharmaceutical products (including aseptic products)
- Manufacture and assembly of medicinal products (including aseptic products)

8.4.3. Additional Training Requirements for Working in the Prison Service

As described in paragraph 8.2.3.

8.4.4. Links with Relevant Frameworks/Codes of Practice

Must comply with the Royal Pharmaceutical Society's 2005 minimum training requirements.

8.5. Possible Progression Routes

Qualified pharmacists can progress to managerial positions or to senior clinical consultant positions, either within the Prison Service or outside the Service. Some will enter secondary care as clinical service managers or some will enter community pharmacy and become consultant pharmacists or store managers for pharmacy companies. Some may set up and manage their own business.

Pharmacy technicians could also consider moving into clinical roles, e.g. as clinical/medicine management technicians in PCTs or secondary care, or into management e.g. as senior technicians managing departments or sections of departments. (There are several senior technicians within the prison service, some working as dispensary managers.) They will not be able to become qualified pharmacists without undertaking a recognised university degree and registering with the Royal Pharmaceutical Society. Pharmacy assistants who may work in prisons are S/NVQ level 2 qualified (or equivalent) and may progress to Pharmacy Technician by achieving the relevant S/NVQ level 3 in Pharmacy Services.

9. Primary Care: Management and Administration (May also be part of the Secondary Care Team)

9.1. Practice Manager

9.1.1. Introduction

Practice managers provide the administrative and managerial support for the prison health team. They will not usually be qualified nurses but their work will free up clinicians to focus on the provision of treatment and care to patients. Practice managers in the Prison Service are likely to have worked in a similar position in the community, perhaps as a manager within a GP practice. The Practice Manager is often the Head of Healthcare Services.

9.1.2. Qualification Requirements

The only dedicated qualification available to practice managers is the Diploma in Primary Care Management. The programme is work related and is open to those who are working in a health or social care environment. Candidates must be already qualified to level 3.

9.1.3. Broad Job Role Description

The key areas of responsibility are:

- Managing the Healthcare Practice
- Development and supervision of appointment systems which meet the needs of both patients and clinical staff
- Training and development of administrative staff
- Maintaining record systems and liaising with local health authorities or other relevant outside agencies
- Developing and implementing practice processes and procedures e.g. IT systems

9.1.4. Additional Training Requirements for Working in the Prison Service

Newly appointed practice managers will be given a full induction programme as laid out in the Prison Service Induction Framework. This entails:

- A tour of the healthcare centre
- HMP healthcare standard and ethos
- Relevant policies and procedures e.g. the drug strategy
- Relevant documentation including the IMR
- Service plans and developments including PHDPs
- Risk assessment, incident reporting and health and safety including COSHH
- Safety procedures including the access and treatment of dangerous prisoners
- Location and maintenance of emergency equipment
- Policies and procedures relating to the management and treatment of cross-infections and communicable disease and the safe disposal of clinical waste
- Reception screening of prisoners

- Specific health services relating to prisons including information sharing
- Running a surgery including requests to be seen by a doctor
- Arranging escorts and chaperones
- Treatment procedures within healthcare and out on the wings
- Procedures for prisoners who refuse to be seen
- Referral procedures e.g. to a psychologist
- Visiting specialists
- Special clinics (e.g. chronic disease management)
- Emergency care and referral procedures
- Location of pharmacy or pharmacy provision
- Treatment of other staff
- Prescribing of medicines, obtaining medicines out of hours, stock items and prescription formulary
- Awareness of the medicines Act and Misuse of Drugs act
- Clinical services for drug misusers, drug and alcohol unit, CARATs team
- Pregnancy and anti-natal care (where appropriate)
- Mental health awareness
- Self harm and suicide awareness
- Transfer and release issues including sharing of information with outside agencies
- Death in custody awareness

The NOS in custodial administration might also be a useful CPD programme.

SECURE could be used to support development in the area of information exchange in the prison.

CPD programmes based on the new management and leadership NOS might also be helpful.

9.1.5. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for practice managers will be considered under the NHS Agenda for Change and the KSF.

The prison Healthcare Skills Toolkit provides management competencies at levels 1 – 4. Practice managers are likely to perform at level 3/4 in the management competencies of the toolkit.

9.1.6. Possible Progression Routes

Outside the prisons there are many opportunities within the NHS for senior managers in hospitals and Trusts. A generic management qualification could also enable practice managers to move into general management in other sectors.

9.2. Clinical Nurse Managers

9.2.1. Qualification Requirements

Clinical nurse managers are senior registered nurses at Grade G or above. As such, they will have a recognised degree in nursing and be registered with the Nursing and Midwifery Council. They are likely to have post registration qualifications, sometimes in management as the role requires a high level of management responsibility.

9.2.2. Broad Job Role Description

This will vary from prison to prison but broadly, all nurse managers have a combined role in healthcare provision and management. Many will also have a tutoring/teaching role. They will provide clinical advice, support and training to others in the healthcare team as well as to other staff within the prison. They are likely to deputise for the Head of Health Care in their absence.

Managers will be involved in the clinical governance process within the prison and will provide clinical supervision and mentoring support for members of the healthcare team.

They will also be expected to liaise with the PCT as well as other members of the prison staff to ensure the delivery of quality healthcare service to prisoners, provide education, training and clinical supervision to other healthcare staff, and generally provide operational management to the Health Care Department.

9.2.3. Additional Training Requirements for Working in the Prison Service

Newly appointed healthcare managers will be given a full induction programme as laid out in the Prison Service Induction Framework. This is detailed in Section 9.1.4.

SECURE could be used to support development in the area of information exchange in the prison.

CPD programmes based on the new management and leadership NOS might also be helpful.

9.2.4. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for prison nurses including clinical nurse managers, as with other nursing staff will be considered under the NHS Agenda for Change and the KSF.

The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1 - 5. Clinical nurse managers are likely to fall within level 4/5. The toolkit also provides management competencies at levels 1 – 4. Clinical nurse managers are likely to perform at level 3/4 in the management competencies of the toolkit.

9.2.5. Possible Progression Routes

Within the prison, Clinical Nurse Managers could progress to head of the Health Care Department. Outside the prison there are many opportunities within the NHS for senior managers in hospitals and Trusts.

Another possible development route is into teaching in higher education establishments.

9.3. Administrators

9.3.1. Introduction

Prisons, like other organisations and establishments, employ non custodial administrators who are responsible for the day to day administration of the health centre and supporting the healthcare team.

9.3.2. Qualification Requirements

Administrators in prison may be experienced administrators with experience gained outside the prison. Alternatively, they can be recruited as apprentices, following the national framework which leads to and NVQ level 3 in custodial administration. This combines generic administration skills with the additional skills and knowledge required to work in a custodial environment.

9.3.3. Broad Job Role Description

Administrators are responsible for supporting the practice managers and the clinical and healthcare team in all administrative functions.

9.3.4. Additional Training Requirements for Working in the Prison Service

Newly appointed administrators will be given a full induction programme as laid out in the Prison Service Induction Framework and as detailed for Practice Managers above.

The NOS in custodial administration might also be a useful CPD programme for experienced administrators who have been recruited from outside the custodial environment.

SECURE – the multi-agency resource on information exchange could be used to inform a CPD programme for practice managers in prisons as liaising with outside agencies will be important to administrators.

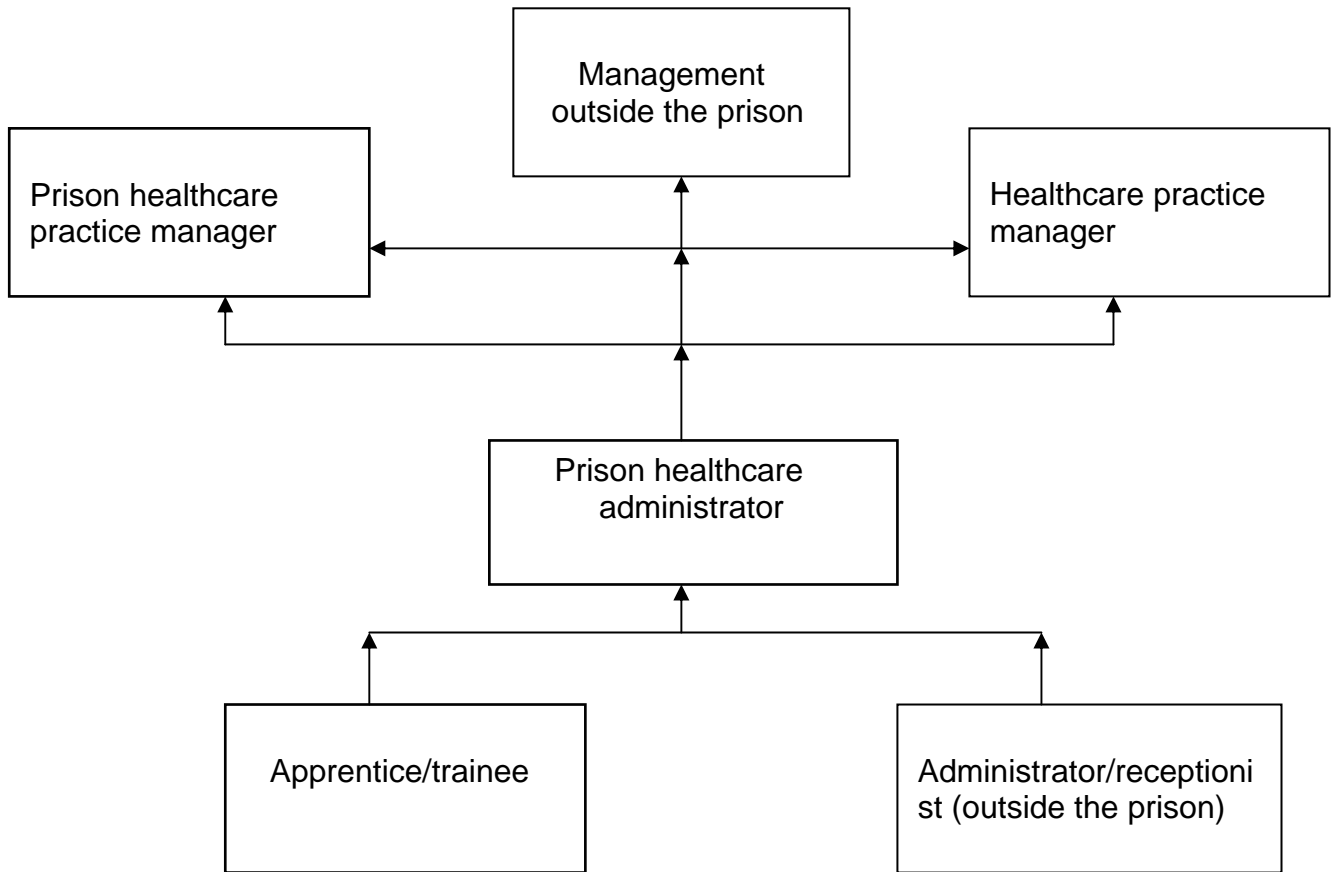
9.3.5. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for prison healthcare administrators will be considered under the NHS Agenda for Change and the KSF.

9.3.6. Possible Progression Routes

Within the prison, administrators could progress to senior administrator or Practice Manager. Outside the prisons there are many opportunities within the NHS for experienced administrators working within hospitals and Trusts or GP Practices. Again, progression to practice manager is a possible career progression route.

Outside the healthcare environment, career opportunities can arise in many different sectors.



10. Primary Care: Podiatrist/Chiropodist

10.1. Qualification Requirements

Podiatrists are qualified to degree level with a degree from a recognised school of podiatry. To work in the NHS, they also need to be registered by the Chiropodists Board, through the Health Professions Council.

10.2. Broad Job Role Description

Podiatrists are concerned with the assessment, diagnosis and treatment of abnormalities of the lower limb. As part of this, they may:

- Assess and treat footcare ailments e.g. verrucas, foot deformities
- Analyse a person's walk or run and correct the anatomical relationship between the different segments of the foot. This can often involve orthotics- custom made soles
- Monitor and manage foot problems and deformities caused by diseases such as rheumatoid arthritis
- Advise and treat patients at high risk of foot problems and amputations such as people who suffer from diseases such as diabetes
- Carry out nail surgery under local anaesthetic

10.3. Additional Training Requirements for Working in the Prison Service

For the most part, podiatrists will be visiting health care specialists in prisons and as such will be provided with an appropriate induction programme as outlined in the Prison Health Induction Programme for Professions Allied to Medicine (now Allied Healthcare Professionals). This will include:

- A tour of the healthcare centre
- Service Level Agreement and necessary documentation
- An introduction to relevant policies and procedures e.g. the drug strategy
- An introduction to relevant documentation e.g. the Inmate medical record (IMR)
- Risk assessment and reporting procedures
- The location and maintenance of emergency equipment
- Health and safety procedures including COSHH
- Safety procedures for accessing and treating dangerous prisoners
- Relevant policies and procedures for the control of cross infections including safe disposal of clinical waste
- Policies and procedures on patient consent and secure storage of patient information
- Information sharing protocols
- Protocols for the prescribing and dispensing of medicines
- Local procedures on handling substance misuse and drug detox., including identification and screening procedures
- Clinical governance and clinical risk management

SECURE could be used to support the development and understanding of information exchange with other professionals both within and outside the prison.

10.4. Links with Relevant Frameworks/Codes of Practice

Registered podiatrists will work to the Code of Practice as laid down by the Chiropodists Board. They will be subject to the NHS KSF if they are employed by the PCT. There are no current links to National Occupational Standards and they are not included in The Prison Healthcare Toolkit.

10.5. Possible Progression Routes

Career progression for podiatrists is good although most opportunities will occur outside the Prison Service. There are opportunities to specialise e.g. in biomechanics or surgery. An alternative route would be to move into management, managing a local chiropody service. Teaching and research are also options.

11. Primary Care: Optometrist

11.1. Qualification Requirements

Professionally qualified Optometrists working in the prison service must be registered with the General Optical Council. Registration requires a degree in optometry or passing the Professional Qualifying Examination Part 1(PQE1), followed by a minimum of one year of clinical experience supervised by a registered optometrist and passing the Professional Qualifying Examination Part 2 (PQE2).

Registration is maintained through up-dating skills and knowledge through recorded and approved continuing professional development. There is a range of post registration qualifications available as part of CPD; for example orthoptics, therapeutic ocular conditions (diabetes and glaucoma).

11.2. Broad Job Role Description

Optometrists' main job role is examining eyes and prescribing and fitting spectacles and/or contact lenses. Within this broad role, typical work activities may include the following:

- Examining the eyes of patients to detect signs of injury, disease, abnormality and defects in vision
- Checking for signs and symptoms of general health conditions (for example diabetes)
- Communicating with patients to get detailed case histories
- Using specialist electronic equipment for diagnosis and testing
- Writing prescriptions for spectacles, contact lenses and other optical appliances
- Fitting and checking prescribed lenses in order to correct vision defects
- Offering advice and reassurance about matters related to vision
- Writing referral notices to doctors
- Administrating, organising and planning the development of the service
- Liaising with relevant healthcare and custodial staff

11.3. Additional Training Requirements/Available for Working in the Prison Service

All optometrists working within the prison service as visiting allied healthcare professionals will receive, as a minimum, an induction to the prison or prisons involved and the service. This is described in section 10.3.

11.4. Links with Relevant Frameworks/Codes of Practice

Optometrists must work to the General Optical Council Code of Practice.

Optometrists are within scope of the NHS Agenda for Change, and will have KSF profiles attached to posts and individual development plans related to their own KSF outline (by October 2005).

12. Primary Care: Prison Officer

12.1. Introduction

Prison Officers are not healthcare staff but in many situations, e.g. accidents or attempted suicide, they may be the first member of staff on the scene. It is important therefore that they should be given appropriate training and support to enable them to respond to emergency situations as they occur.

12.2. Qualification/Training Requirements

All Prison Officers will have undergone POELT training which includes awareness training on topics such as:

- Communicable diseases
- Suicide awareness
- Mental health awareness
- Heartstart (a 2 hour programme on basic resuscitation techniques)

A qualified 'first aider' will be assigned to each wing.

All discipline officers should also be given training in correct emergency incident procedures which includes calling health care staff and the emergency services as appropriate (PSO 1400)

12.3. Broad Job Role Description

The primary role of Prison Officers is custodial. They carry out a range of duties including:

- Supervising prisoners and maintaining order
- Carrying out security checks and searching procedures
- Taking care of prisoners and their property
- Providing appropriate care and support for prisoners at risk
- Taking an active part in rehabilitation programmes for prisoners

12.4. Additional Training Requirements for Working in the Prison Service

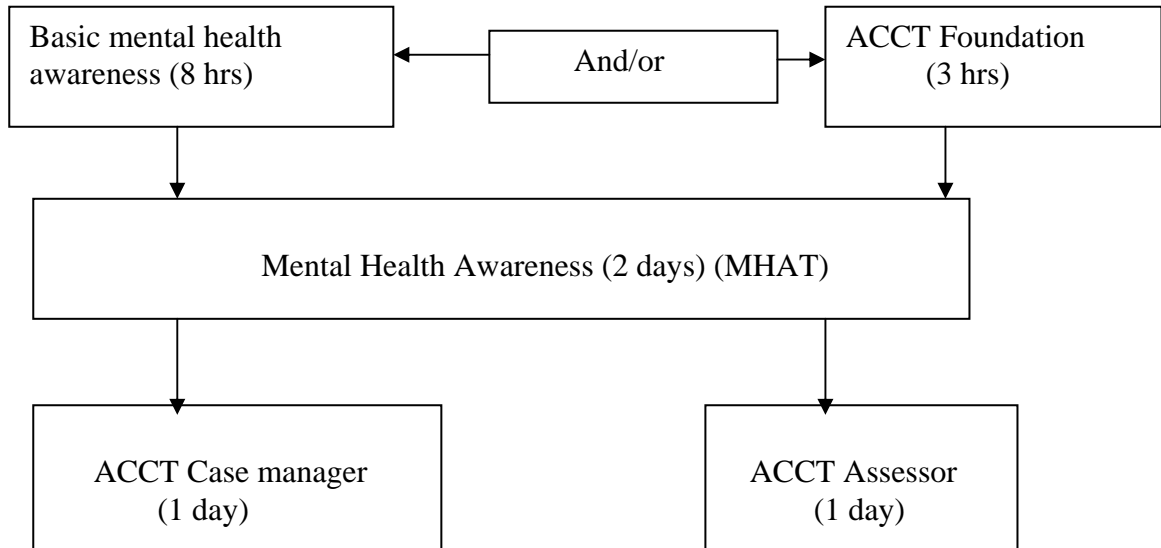
Custodial training is not necessary for these staff as they are already trained as discipline officers.

A recent policy development is that all operational staff should receive Mental Health Awareness Training (MHAT) and/or Assessment Care in Custody Training (ACCT). This is to ensure that all prisoners receive an equitable care for their mental health needs as the general population. The programme is a 4 tier programme:

- Tier 1: all operational staff will receive a CD Rom MHAT and/or the ACCT Foundation module.

- Tier 2: will be targeted at as many operational staff as possible. This is a 2 day mental health awareness programme
- Tier 3: aimed at case managers
- Tier 4: aimed at ACCT assessors

ACCT/MHAT Programme structure



SECURE could be used to support the development and understanding of information exchange. This is an important part of a prison officer's role and will become more so as NOMS is implemented.

12.5. Links with Relevant Frameworks/Codes of Practice

Prison Officers, if they are considering moving into a more formal prison health role, could consider working towards the NVQ level 3 in Custodial Healthcare, developed and maintained by Skills for Justice in partnership with Skills for Health.

12.6. Possible Progression Routes

Discipline Officers may progress within the Prison Service to senior manager levels. Those who wish to be more involved in healthcare could progress in a number of ways:

- Health care officer: would be expected to work towards the NVQ level 3 in Custodial Health Care
- There may be relevant clusters of NOS in mental health and/or substance misuse (DANOS) that would provide further opportunities for healthcare officers to specialise in these areas
- In order to progress further in healthcare, officers would need to complete a recognised diploma or degree in nursing

13: Secondary Care: The Mental Health Team

13.1. Psychiatrists²⁰

13.1.1. Qualification Requirements

Psychiatrists must be registered with the General Medical Council (GMC). Registration requires that they have a recognised degree in medicine and appropriate specialist training and qualification in psychiatry, leading to membership of the Royal College of Psychiatry (MRC Psych). Following General Professional Training, psychiatrists complete a further three years at Specialist Registrar level to achieve a certificate of Completed Specialist Training (CCST) allowing registration with the GMC in one of the recognised specialisms:

- General adult
- Substance misuse
- Old age
- Social community and rehabilitation
- Forensic
- Child and adolescent
- Learning disability
- Psychotherapy

The current working party on the role of the psychiatrist's in prisons recommends that 'a competence based approach to the appointment of consultants be employed rather than opting for either general adult or forensic psychiatrists should fulfil those roles. Depending on local circumstances, appropriate services might be drawn from either speciality. Where psychiatric sessions are provided to a large prison there may be merit in having sessions from both general and forensic practitioners. In dispersal prisons where prisoners are serving long sentences, forensic rehabilitation skills may be particularly useful'.

13.1.2. Broad Job Role Description

While Forensic Psychiatrists and General Adult Psychiatrists are the principal specialists working within prisons, other psychiatric specialists are involved as appropriate.

Job roles will vary depending on the prison, its category and population and the specific job specification or service level agreement. However, most psychiatrists will work with multi-disciplinary teams to deliver in-reach services that provide screening, diagnosis and assessment of prisoners, together with delivering, supervising and evaluating appropriate clinical interventions.

This is likely to include:

²⁰ This section has been informed by discussions with John O'Grady, Chair of the RCP's working party on the Psychiatrists role in prison CHHTs and by briefing papers supplied by him.

- Assessing the prevalence of mental health problems and needs amongst the prison population, including the use of valid and reliable instruments
- Chronic disease management (diagnosis, assessment and treatment). This will include psychosis, bipolar personality disorder, depression and mental health co-morbidity in the presence of drug or alcohol dependency
- Providing clinical leadership to the multi-disciplinary team. The team will include psychologists, occupational therapists, prison and probation staff and other members of the healthcare service, both within the prison and from the NHS
- Providing expert opinions to courts, parole boards, lifer panels and for Multi-Agency Public Protection Arrangements (MAPPA)

Psychiatrists will also have a responsibility for clinical governance strategy and actions within their area of responsibility.

13.1.3. Additional Training Requirements for Working in the Prison Service

Newly appointed psychiatrists or visiting psychiatrists will be given an induction to the prison and the prison service, as described in the Prison Service Induction Framework. This will include:

- A tour of the healthcare centre
- Relevant policies and procedures e.g. the drug strategy
- Relevant documentation including the IMR (Inmate Medical Record)
- Service plans and developments including PHDPs
- Risk assessment, incident reporting and health and safety including COSHH
- Safety procedures including the access and treatment of dangerous prisoners
- Location and maintenance of emergency equipment
- Relevant policies and procedures for the control of cross-infections, including safe disposal of clinical waste
- Reception screening of prisoners
- Specific health services relating to prisons including information sharing
- Treatment procedures within healthcare and out on the wings
- Procedures for prisoners who refuse to be seen
- Referral procedures to other members of the healthcare team
- Emergency care and referral procedures
- Location of pharmacy or pharmacy provision
- Prescribing of medicines
- Clinical services for drug misusers, drug and alcohol unit, CARATs team
- Transfer and release issues including sharing of information with outside agencies
- Clinical governance and clinical appraisal
- Compliance with own medical Codes of Practice as laid down by the GMC and RC Psych

In addition, the RC Psych recommends that psychiatrists working in prisons require specific competencies which can be summarised as:

- Jail Craft: an understanding of work within enclosed secure institutions

- Interface with the criminal justice system: specific knowledge of how the Criminal Justice system works and how the health service interfaces with it
- Substance misuse

Discussions are underway with the Royal College of General Practitioners to consider the competencies necessary for a specialist role equivalent to an Addiction Psychiatrist. In prisons, the college has produced guidance on the roles and responsibilities for addiction specialists in prison work:

- Specialist training in the wide range of disciplines relevant to case management
- The kind of patient who are appropriate for referral to addiction specialists
- The range of skills required by the consultant addiction specialist

Other areas of expertise for psychiatrist working in the prison estate include:

- Learning disability psychiatry
- Rehabilitation psychiatry
- Psychotherapy

13.1.4. Links with Relevant Frameworks/Codes of Practice

Psychiatrists are not subject to the Agenda for Change or the KSF. While there is no specific mention of psychiatrists within the Healthcare Skills Toolkit, the level 3/4 core custodial competencies will apply.

Psychiatrists work to their own professional Code of Practice, and should comply with the Ten Essential Capabilities Framework and demonstrate how they meet the relevant practitioner capabilities within the Capable Practitioner.

Psychiatrists working with prisoners with substance misuse issues should be familiar with the principles and processes of CARATS and should either demonstrate achievement of the relevant DANOS standards relating to CARATS or registration as a specialist in Substance Misuse.

Psychiatrists working with multi-disciplinary teams developing in-reach services for prisons should be familiar with the Care Programme Approach as detailed in the National Service Framework Standards for Mental Health and the Mental Health Care Pathway for prisons.

13.2. Mental Health Nurse

13.2.1. Qualification Requirements

Mental Health nurses within the Prison Service will usually have been recruited as registered nurses, with specialist training and experience in mental health. This is likely to have been as part of their 2 year pre-registration, post foundation training. They are also likely to have undertaken post registration training in mental health. Some universities offer masters' degrees in this area.

13.2.2. Broad Job Role Description

Mental Health nurses are likely to be working as part of a larger team supporting prisoners suffering from mental illness. They will work closely with psychologists and psychiatrists in prisons as well as other health professionals. The NIMHE care pathway for mental health throughout the criminal justice system has recently been published. Suicide and self harm are particular areas of concern in prisons and mental health nurses will need to be able to work with such prisoners in a constructive way.

Given the known links between mental health and substance misuse, many mental health nurses will also need to be experienced in the health problems associated with substance misuse and with the CARATS programme.

13.2.3. Additional Training Requirements/Availability for Working in the Prison Service

Newly appointed mental health nurses working in prisons will be given a full induction programme as laid out in the Prison Service Induction Framework Services. This is similar to that for registered nurses and is described in Section 6.2.3.

SECURE could be used to support development in the area of information exchange in the prison.

The National Occupational Standards in Mental Health are clearly relevant and CPD programmes could be developed based on appropriate clusters of NOS. For those mental health nurses working with patients who also have substance misuse problem, CPD based on the DANOS standards should also be considered.

A range of other post graduate and CPD programmes have been developed and are available to mental health nurses working within the Prison Estate

13.2.4. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for mental health nurses working in prisons will be considered under the NHS Agenda for Change and the KSF. The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1 - 5. As registered nurses, mental health nurses are likely to fall within levels 3b and 4b.

In addition, they should comply with the Ten Essential Capabilities Framework (ESC) and indicate how they meet the practitioner capabilities of the Capable Practitioner.

If the prisoner's mental illness is also associated with substance misuse the nurses should be familiar with the principles and processes of CARATS and should provide evidence that they have achieved the relevant DANOS standards relating to CARATS.

13.3. Chartered Psychologists

13.3.1. Qualification Requirements:

Professionally qualified psychologists employed by HM Prison Service must have a recognised university degree in psychology and must have chartered applied psychology status from the British Psychological Society (BPS). From late 2005, it is likely that applied psychologists will be subject to statutory regulation through the Health Professions Council (HPC).

Fully qualified psychologists will have a certificate of specialist training. This involves three years postgraduate study and supervised practice in applied psychology.

National Occupational Standards have been developed for applied psychology and the BPS is using these to benchmark their suite of qualifications and CPD awards in each of their 9 divisions.

13.3.2. Broad Job Role Description

Psychologists perform a range of job roles within the prison service and responsibilities will vary from prison to prison and job to job. Most however will involve working with multi-disciplinary teams to provide assessment of prisoners across the prison environment and delivering, supervising and evaluating clinical interventions for prisoners. The multi-disciplinary teams will include psychiatrists, occupational therapists, prison and probation staff and other colleagues from the NHS.

Depending on the individual job specification, prisoner disorders may include a broad range of mental and physical health problems.²¹

Most job holders will be expected to lead a team of staff which may include psychological assistants and trainee psychologists as well as working with a range of other staff as part of multi-disciplinary teams within prisons.

13.3.3. Additional Training Requirements for Working in the Prison Service

All psychologists will be given as a minimum, an induction to the employing prison and the service²². This will include:

- A tour of the healthcare centre
- An introduction to relevant policies and procedures e.g. the drug strategy
- An introduction to relevant documentation e.g. the Inmate medical record (IMR)
- Risk assessment and reporting procedures
- The location and maintenance of emergency equipment
- Health and safety procedures including COSHH
- Safety procedures for accessing and treating dangerous prisoners

²¹ Programme interventions e.g. for sex offenders are likely to be the responsibility of forensic psychologists

²² Prison Healthcare Induction Framework

- Relevant policies and procedures for the control of cross infections including safe disposal of clinical waste
- Policies and procedures on patient consent and secure storage of patient information
- Information sharing protocols
- Protocols for the prescribing and dispensing of medicines
- Local procedures on handling substance misuse and drug detox., including identification and screening procedures
- Clinical governance and clinical risk management

All staff working with dangerous and/or violent prisoners must be trained in the recognition, prevention, de-escalation and management of aggression and violent behaviour and should also be trained in the use of safe restraint techniques.²³

13.3.4. Links with Relevant Frameworks/Codes of Practice

Chartered psychologists all work to their own professional Code of Practice. In addition, they should comply with the Ten Essential Capabilities Framework (ESC) and indicate how they meet the practitioner capabilities of the Capable Practitioner.

Those psychologists who are working with prisoners with a substance misuse problem should be familiar with the principles and processes of CARATs and should provide evidence that they have achieved the relevant DANOS standards relating to CARATs.

As chartered psychologists, psychologists working in prisons are not subject to the NHS KSF and they are not included in the Healthcare Skills Toolkit.

13.4. Psychological Assistants Query: are these staff considered to be part of the prison healthcare team or part of the programmes team?

13.4.1. Qualification Requirements

There are no formal education requirements for Psychological Assistants but most will have 5 GCSE passes (or equivalent) including mathematics and English. Many will have higher levels of academic qualifications and some will have a qualification in psychology.

13.4.2. Broad Job Role Description

As with chartered psychologist posts, this will vary from prison to prison, depending on the needs of the prison and its inmates. Amongst the activities that perform are:

- Involvement in the development, management and delivery of groupwork interventions with prisoners
- Assisting with the assessment of prisoners referred to the Psychology Unit
- Assist with research and reviews carried out by the Psychology Unit
- Assist with staff training as required

²³ NIMHE mental Health Policy Implementation Guide

13.4.3. Additional Training Requirements for Working in the Prison Service

As with psychologists, all psychological assistants will be given as a minimum, an induction to the employing prison and the service as described in paragraph 13.3.3.

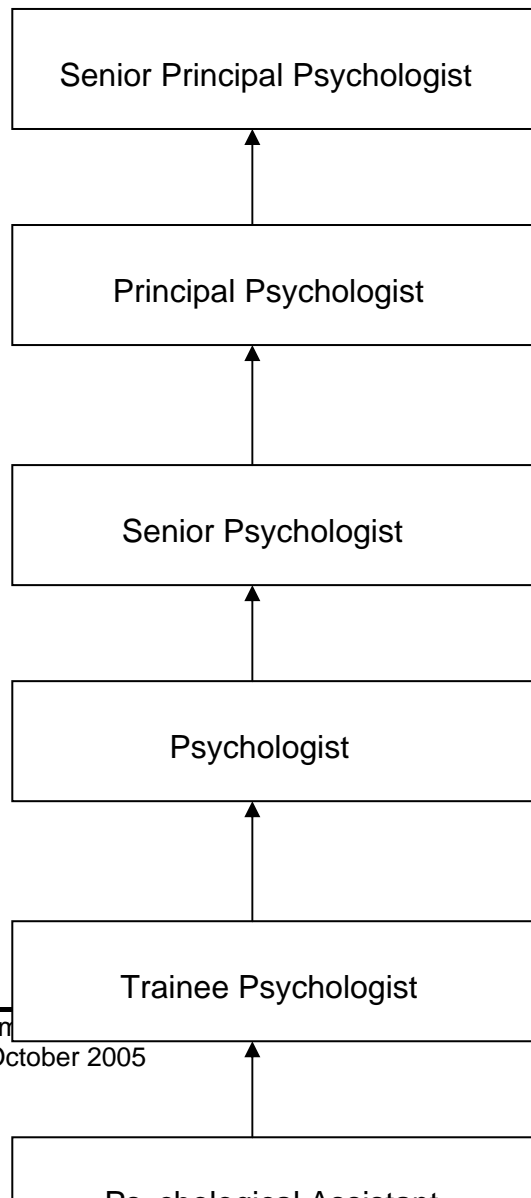
In addition, full training and supervision will be given to new entrants in the areas specific to their job role.

13.4.4. Links with Relevant Frameworks/Codes of Practice

These again will depend on individual job roles but are likely to be similar to those for chartered psychologists. They will work under the supervision of a chartered psychologist and where supervised, the professional responsibility lies with the qualified practitioner.

- They should comply with the Ten Essential Capabilities Framework (ESC) and indicate how they meet the practitioner capabilities of the Capable Practitioner.
- They should be familiar with the principles and processes of CARATs and should provide evidence that they have achieved the relevant DANOS standards relating to CARATs.

13.5 Possible Progression Routes in Public Sector Prisons



14. Secondary Care: Midwives

14.1. Qualification Requirements

Like registered nurses, midwives must also have undergone a recognised diploma or degree in midwifery and must be registered with the Nursing and Midwifery Council. They must undertake 35 hours of CPD training in each three year registration period to maintain their registration.

14.2. Broad Job Role Description

Midwives working in prisons will work with female prisoners, providing pre and post natal support and helping with the birth process. Most such midwives will work on a part time basis in the prison. They may also be involved in advising new parents on caring for their child whilst in prisons and providing support when they leave prison by working with other support agencies such as Social Services.

A particular area of concern amongst pregnant prisoners is the incidence of substance misuse by mothers and the effect that this can have on the unborn child.

14.3. Additional Training Requirements/Availability for Working in the Prison Service

The Prison Service Induction Framework for midwives is similar to that for registered nurses and is described in Section 6.2.3. Because of the possible incidence of substance misuse by pregnant prisoners, it may be appropriate to be familiar with CARATS and the relevant DANOS units and build into these into CPD programmes for midwives.

SECURE – the multi-agency resource pack on information exchange could be used to inform a useful CPD programme for midwives. Establishing relationships with external agencies e.g. health and social care is particularly important for midwives in terms of aftercare for parents and their children. It may also be possible to develop CPD programmes based on relevant clusters of National Occupational Standards in Mental Health.

14.4. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for midwives as with other nursing staff will be considered under the NHS Agenda for Change and the KSF. The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1-5. As specialist practitioners, registered midwives will fall into level 4.

15. Secondary Care: Substance Misuse Nurse

15.1. Qualification Requirements

Substance misuse nurses within the Prison Service will usually have been recruited as registered nurses, with specialist training and experience in health problems associated with substance misuse. They may also have post registration training and qualifications in this area.

15.2. Broad Job Role Description

Substance misuse nurses may be employed on a full time basis within a prison or may be a visiting specialist. They will be responsible for working with prisoners on the treatment and management of substance misuse related healthcare problems. They may also have management and teaching responsibilities.

15.3. Additional Training Requirements/Availability for Working in the Prison Service

The Prison Service Induction Framework for substance misuse nurses is similar to that for registered nurses and is described in Section 6.2.3.

SECURE could be used to support development in the area of information exchange in the prison.

Substance misuse nurses should be familiar with the principles and processes of CARATs and should provide evidence that they have achieved the relevant DANOS standards relating to CARATs.

The Progression Award in Community Justice includes a specialist substance misuse strand. This is a Level 3 Award. The Royal College of General Practitioners' Certificate in the Management of Drug Misuse may also be appropriate.

15.4. Links with Relevant Frameworks/Codes of Practice

The job evaluation and terms and conditions of service for substance misuse nurses as with other nursing staff will be considered under the NHS Agenda for Change and the KSF. The Healthcare Skills Toolkit also includes core and role specific competencies at levels 1 -5 As senior members of staff, substance misuse nurses are likely to lie within the level 3/4 competencies. They may also have some managerial responsibilities at level 2 or 3.

They may also need to have some awareness of mental health as it can be associated with substance misuse health related problems. They should therefore be familiar with the Ten Essential Capabilities Framework (ESC) and indicate how they meet the practitioner capabilities of the Capable Practitioner.

16. Secondary Care: Occupational Therapist

16.1. Qualification Requirements

Occupational Therapists are qualified through an HPC approved occupational therapy degree course accredited by the College of Occupational Therapists. To practice in the UK, therapists must be a state registered occupational therapist (SROT) and must be registered with the Health Professions Council (HPC), the UK Regulatory Body.

There are a number of routes to achieving the qualification, designed to widen access to the profession. These include:

- 3 year full time
- 2 year accelerated, for those with a relevant first degree
- 4 year part time and/or in-service course

16.2. Broad Job Role Description

Broadly, occupational therapists work with an individual to design a programme of treatment based on the person's lifestyle, environment and aspects such as learning style and physical and mental capacity. They will work with a multi-disciplinary team within the prison to help prisoners to manage and change their behaviour and practice and help them develop their potential. Occupational Therapists help to promote independence, including preparing to return to work. Their core skills include:

- The use of purposeful activity and meaningful occupation as therapeutic tools in the promotion of health and wellbeing
- The selection and application of occupations as specific therapeutic media to treat people who are dysfunctional in daily living tasks, interactions with others and occupational roles.

Occupational therapists may specialise in working with people with a mental health disorder and such therapists will work closely with the prison psychologists, psychiatrists and the mental health team.

16.3. Additional Training Requirements for Working in the Prison Service

Many occupational therapists are employed in the prison. Others will be visiting health care specialists in prisons and as such will be provided with an appropriate induction programme as outlined in the Prison Health Induction Programme for Professions Allied to Medicine (now Allied Healthcare Professionals). This has been described in detail in Section 10.3.

SECURE could be used to support the development and understanding of information exchange between professionals both within and outside the prison.

16.4. Links with Relevant Frameworks/Codes of Practice

Occupational Therapists must work to both the regulatory and their own professional Code of Conduct. In addition, those working with prisoners with mental health disorders **should in future consider compliance** with the Ten Essential Capabilities Framework (ESC) and demonstrate how they **could** meet the requirements of the Capable Practitioner.

They may also benefit from working towards the achievement of selected Mental Health NOS developed and maintained by Skills for Health.

17. Secondary Care: Prison Health Exercise Referral Trainers

17.1. Introduction

The Government White Paper 'Choosing Health', published in November 2004, proposed a **vision which encourages better** access to an NHS accredited health trainer. Such trainers will provide advice and support to help people choose to lead a more healthy lifestyle. This includes a consideration of all aspects of their lives which may contribute to an unhealthy lifestyle including socio-economic factors.

There are a number of initiatives within prisons which are designed to support Choosing Health in prisons by helping prisoners to address unhealthy lifestyles. These include 'walk the way to prison health' and the development of exercise referral programmes. A new role of 'health referral trainer' is being introduced in a number of prisons. Prisoners will be assessed on entry and those with a health related problem, including mental health and/or substance misuse will be referred to a trainer for a targeted exercise regime. Exercise referral trainers are normally professional PE staff.

17.2. Qualification/Training Requirements

Where the Prison Health Exercise Referral Trainers are recruited from existing prison staff, no additional training in custodial care will be required. The PE College in Lilleshall is currently piloting an appropriate training programme and it is hoped that this will be nationally accredited through an HEI. It is planned that the new service will be piloted across a range of establishments over an 18 month period, starting in the Autumn of 2005.

17.3. Broad Job Role Description

To work within prisons and with prisoners, to improve their life attitudes in relation to healthy living, including nutrition, exercise and substance misuse including alcohol and smoking.

17.5. Links with Relevant Frameworks/Codes of Practice

Prison Health Exercise Referral Trainers may be working with prisoners with substance misuse problems and/or mental health disorders. They may benefit from working towards appropriate clusters of DANOS units and units from the NOS in Mental Health.

17.6. Possible Progression Routes

It is possible that Prison Health trainers could progress in health or in the fitness sector. They could for example move into a management role e.g. managing a fitness centre or they could become more involved in health promotion and education in the community.

18. Career Progression: The Skills Escalator

- 18.1. An important aspect of the Education and Training Framework for Prison Health is to provide people, both within the Prison Service and those outside but possibly interested in working within prisons, with an indication of possible career progression routes. It is important that this is benchmarked to the NHS Skills Escalator which is designed to provide those working within the NHS, in whatever capacity, with opportunities to progress both vertically and horizontally within the healthcare sector or into other areas such as management.
- 18.2. There must be opportunities to develop the additional skills that **will facilitate** progression and wherever possible, these are identified using the relevant National Occupational Standards.
- 18.3. The NHS Skills Escalator is a concept which is designed to support recruitment, career development and progression and the design of training and development and qualification routes to enable this progression. It works by providing a metaphor to allow for the opportunities to be presented graphically and in a logical format to enable both potential recruits and existing staff to see the whole picture.
- 18.4. The concept requires Skills Escalators to be developed at NHS strategic level and at organisational level, to provide a composite framework which identifies entry points to careers within the healthcare organisation at different levels, progression routes both vertically and horizontally, and the required standards and qualifications to support development and progression. The levels of the Skills Escalator should equate to the levels within the National Qualifications Framework, so that there is coherence between the career framework and the supporting qualification framework. Such a framework allows staff to see clearly the 'steps' at which they can enter the health service, or re-enter it after career breaks, and what development they need to undertake to progress.
- 18.5. There are seven categories within the Skills Escalator and the Prison Service has developed a Skills Escalator model in line with this

NHS Skills Escalator	Prison Service Model
A. Socially excluded individuals who can be placed on employment orientation programmes to develop an understanding of working life	A. Prisoners preparing for release could be placed on employment orientation programmes to develop an understanding of working life
B. The unemployed placed in starter jobs with structured training and development, in conjunction with job rotation, to provide a good mix of skills required within the workplace, enabling them to gain longer-term employment	B. In collaboration with the 'Custody to work programme' and employment rehabilitation organisations, prisoners could be placed in starter jobs with structured 'skills for life' training. Particularly focusing on prisoners who have experienced or have an interest in mental health or substance misuse

	problems
<p>C. Less skilled or experienced people already working within the NHS can be developed by use of job rotation and training and development programmes in conjunction with their appraisal and personal development plans. This is essential to providing appropriate qualifications for further advancement (e.g. NVQs) as well as developing and providing a greater mix of skills</p>	<p>C. Less skilled or experienced people already working or who wish to work within Prison Health can be develop by use of job rotation and training and development programmes, in conjunction with their appraisal and personal development plans</p>
<p>D. Semi-skilled workers can be developed through NVQs or equivalent vocational qualifications to put them in a position where they can access education towards professional qualifications</p>	<p>D. Existing semi-skilled workers (e.g. unqualified HCOs) can be developed through healthcare NVQs or equivalent qualifications to put them in a position where they can access education towards professional qualifications</p>
<p>E. Through the use of appraisal and development, qualified professionals can identify development needs and use training and job rotation opportunities to acquire a range of skills at staged intervals</p>	<p>E. Through the use of appraisal and development, qualified professionals can identify development needs and use training and job rotation opportunities to acquire a range of skills at staged intervals (e.g. sessional work for Drs working in prisons)</p>
<p>F. Staff in more demanding or complex posts will require support for continued learning and skills development. Staff will be encouraged in role development and flexible working in line with the service priorities and their own career choice</p>	<p>F. Staff in more demanding or complex posts will require support for continued learning and skills development. Staff will be encouraged in role development and flexible working in line with the service priorities and their own career choice (e.g. CBT for mental health in-reach staff)</p>
<p>G. The most advanced staff will continue to develop by means of flexible 'portfolio careers', planned in partnership with employers, informed by appraisal, career and development planning processes</p>	<p>G. The most advanced staff will continue to develop by means of flexible 'portfolio careers', planned in partnership with employers, informed by appraisal, career and development planning processes</p>

Annex 1: Glossary of Terms

Term	Definition
ACCT	Assessment, Care in Custody and Teamwork: Awareness training for prison officers, in mental health
CARATs	Co-ordinating, Assessment, Referral, Advice and Throughcare Services: Programme for prisoners with a substance misuse programme
DANOS	National Occupational Standards for Drug and Alcohol Services
ESC	The Ten Essential Capabilities: a framework of capabilities for all mental health staff
FfA	Framework for Achievement: new framework for nationally qualifications recognised and accredited by the Qualifications and Curriculum Authority
IMR	Inmate Medical Record
KSF	NHS Knowledge and Skills Framework: a description of the knowledge and skills needed by all NHS staff and against which all job descriptions will be mapped
MHAT	Mental Health Awareness Training: for all operational prison officers
NICE	<p>National Institute of Clinical Excellence: Organisation charged with producing guidelines for:</p> <ul style="list-style-type: none"> ▪ Use of new and existing medicines and treatments within the NHS ▪ Appropriate treatment and care of people with specific diseases and conditions within the NHS ▪ Whether interventions used for diagnosis or treatment are safe
NIMHE	National Institute of Mental Health for England

NOMS	National Offender Management Service – emerging service to provide an ongoing service of custody, care and rehabilitation of offenders. Joint provision from the Prison Service and the Probation Service
NOS	National Occupational Standards: statements of the occupational skills and knowledge required to perform effectively in the workplace
PHDP	Prison Health Delivery Plans
SSC	Sector Skills Council: employer led organisations that have been designated by the Government to take a strategic responsibility for workforce development across their occupational sector. Those with primary responsibility in the custodial healthcare area are Skills for Justice and Skills for Health

Annex 2: The National Qualifications Framework and the Framework for Achievement

The Qualifications and Curriculum Authority (QCA) is the agency appointed by Government to oversee the regulation of all publicly funded qualifications up to but not including higher education (i.e. degree level) qualifications.

In 2004, QCA, working with its sister organisation for Higher Education, the Quality Assurance Agency (QAA), introduced a new National Qualifications Framework (NQF) consisting of 9 levels, replacing the previous 5 level framework.

The nine levels are designed to complement the higher education framework and to facilitate access to higher education and professional qualifications. Clearly, any education and training framework **should** indicate, where appropriate, linkages to the NQF and show progression routes where possible.

Summary of the NQF Level Indicators

Level	Example indicator
Entry level	This level is geared towards attaining a range of basic skills and is not geared to specific occupational areas
Level 1	e.g. NVQ level 1; GCSEs grades D-G
Level 2	e.g. NVQ level 2; GCSEs grades A*-C
Level 3	e.g. NVQ level 3; A levels; Certificate for Teaching Assistants. Qualifications at this level allow people to work independently but also should prepare people who may wish to progress to higher education
Level 4	e.g. NVQ level 4, Certificate in Early Years Practice. Such qualifications are aimed at people working in technical or professional jobs and are equivalent to the first year of an HE programme of learning
Level 5	e.g. Foundation Degrees, second year HE programme of learning. Aimed at people working in senior technical, professional or managerial positions
Level 6	e.g. Honours degree. Appropriate for people working as knowledge based professionals or in professional management positions
Level 7	Equivalent to a post graduate qualification e.g. a masters degree
Level 8	Aimed at leading experts in a particular field

Source: A Guide to NQF Framework Levels (QCA)

The Framework for Achievement (FfA)

QCA is also consulting on a more flexible approach to the formal recognition of the achievement of learning. QCA will accredit units of assessed learning. Qualifications will be made up of groups of units but each unit will have currency in its own right.

Units will be assigned a credit rating based on the number of learning hours required to achieve the unit and the content. 1 credit is equivalent to 10 notional learning hours so a unit which takes 40 learning hours would be assigned a credit rating of 4 credits at an agreed level in the framework. This should make the achievement of units and clusters of units easier for individuals to achieve.

The units will have to be formally assessed through an approved Awarding Body.

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