



Workforce Planning and the Provision of Renal Technical Services

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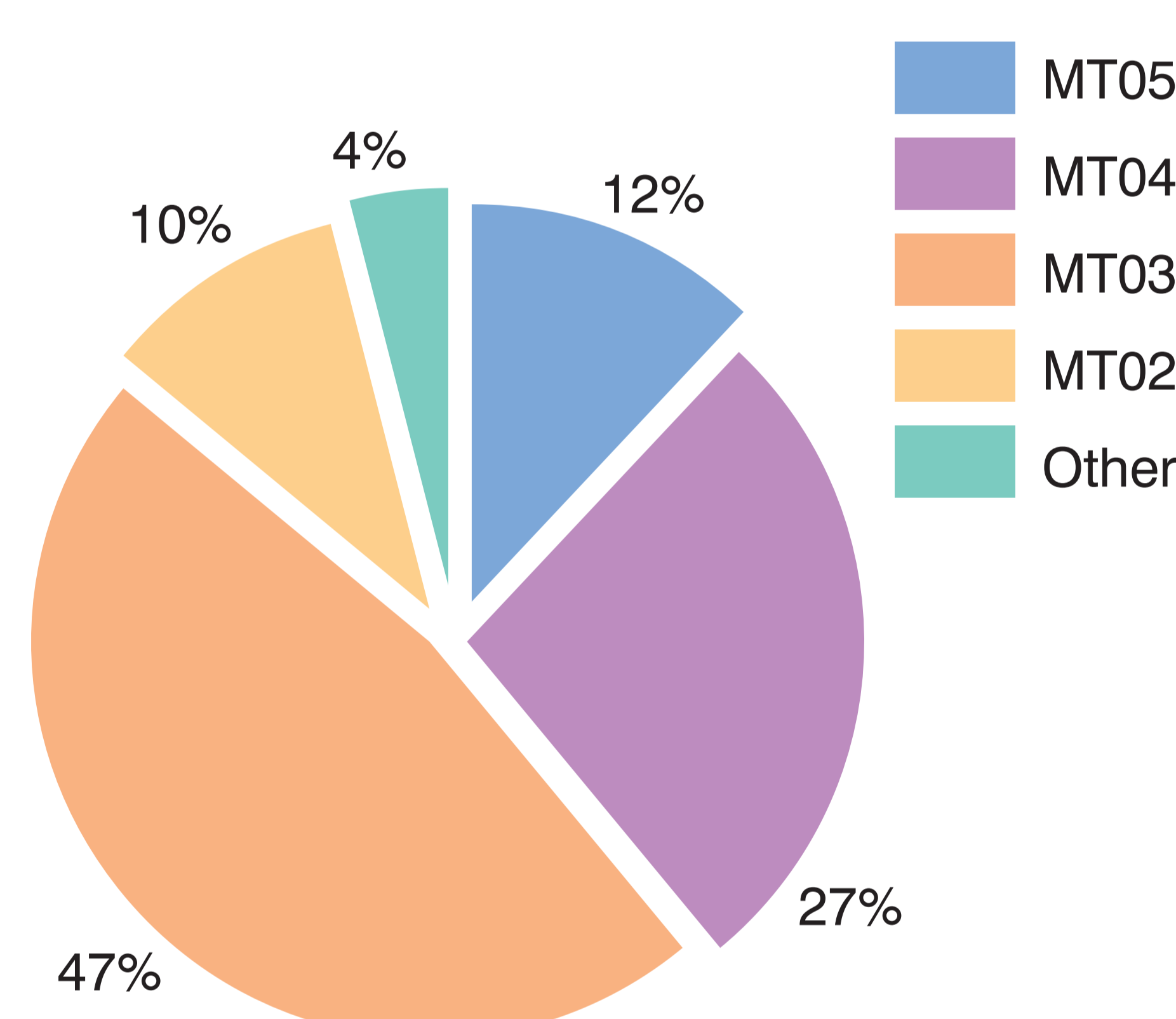
INTRODUCTION

As part of the Renal Workforce Planning Group Project, technicians represented by the Association of Renal Technicians were charged with the task of recommending an appropriate model for renal technical services. The model is aimed at addressing the challenges provided by the provision of Renal Replacement Therapy facilities, with reference to renal technical support services in particular.

The ability to provide regular dialysis to a large client base in a number of situations (hospital dialysis units, remote satellite units and patient homes, as well as other units in the hospital, such as ITU) depends upon the constant availability of dialysis machines. For this reason, a rapid response technical support service is vital if optimal provision of treatment is to be maintained.

This role is generally carried out by Renal Clinical Technologists (Renal Technicians/Engineers). The roles and responsibilities of Renal Clinical Technologists vary between units and includes the maintenance of renal equipment in a condition that promotes confidence in its use and reliability, education and support to clinical staff and training and support to patients, in particular those patients receiving home haemodialysis. Key skills for the technologist therefore include effective communication and the ability to deliver a responsive, reliable and empathetic patient service.

TECHNICIAN POSTS BY GRADE



From the survey carried out in March 2001 by the Association of Renal Technicians

RANGE OF WORK ACTIVITIES

A survey carried out in March 2001 by the Association of Renal Technicians provided the following information regarding technicians' activities.

Activity	Time spent %	Range %
Equipment Management	72.2	35 - 94.5
Water Treatment	8	0 - 20
Administration	10.1	0 - 28
Computing/IT	2.2	0 - 20
Education	4.1	0.5 - 20
Health & Safety	1.7	0.5 - 5
Research & Development	1.7	0 - 14

CURRENT ISSUES

The technicians are part of the science-based group of professions, who are a poorly defined group with different pay scales, staff structures and roles. There is a lack of awareness amongst both NHS employers and the general public on the contribution this group makes to health care delivery.

Shortage of technical staff is due in part to poor promotional prospects and access to education and training. Difficulties in moving between grades and an ill-defined career pathway leads to a lack of succession planning and poor job mobility.

Provision of technical support often not considered when planning services. Not only in terms of staffing, but also concerning infrastructure and facilities.

At present there are no formal training schemes for clinical technologists working in the renal field. They attend manufacturers courses on medical equipment, renal seminars and conferences provided by their own and other related professional groups.

In recent years it has become more difficult to attend courses as funding and staffing levels have become reduced in some hospitals, along with concerns over the advent of privately managed units and PFI programmes.

INFLUENCES AND DRIVERS FOR CHANGE

Making the Change - A Strategy for the Professions in Healthcare Science

This document sets out a framework to bring all scientific and technical staff into one professional grouping with appropriate professional regulation to develop and plan for the future. It 'builds on the impact that science and technology has already had on the NHS and recognises that new developments will continue to be a major driver for change'.

Difficulties in Recruitment and Retention of Renal Technical Staff

Recently (Nov 1999) the Recruitment and Retention Unit of the NHS Executive highlighted the national shortage of technical staff. Amongst the contributing causes noted were lack of pay equity with other health professionals, poor promotional prospects, poor perception of the NHS as an employer, poor access to education and training etc.

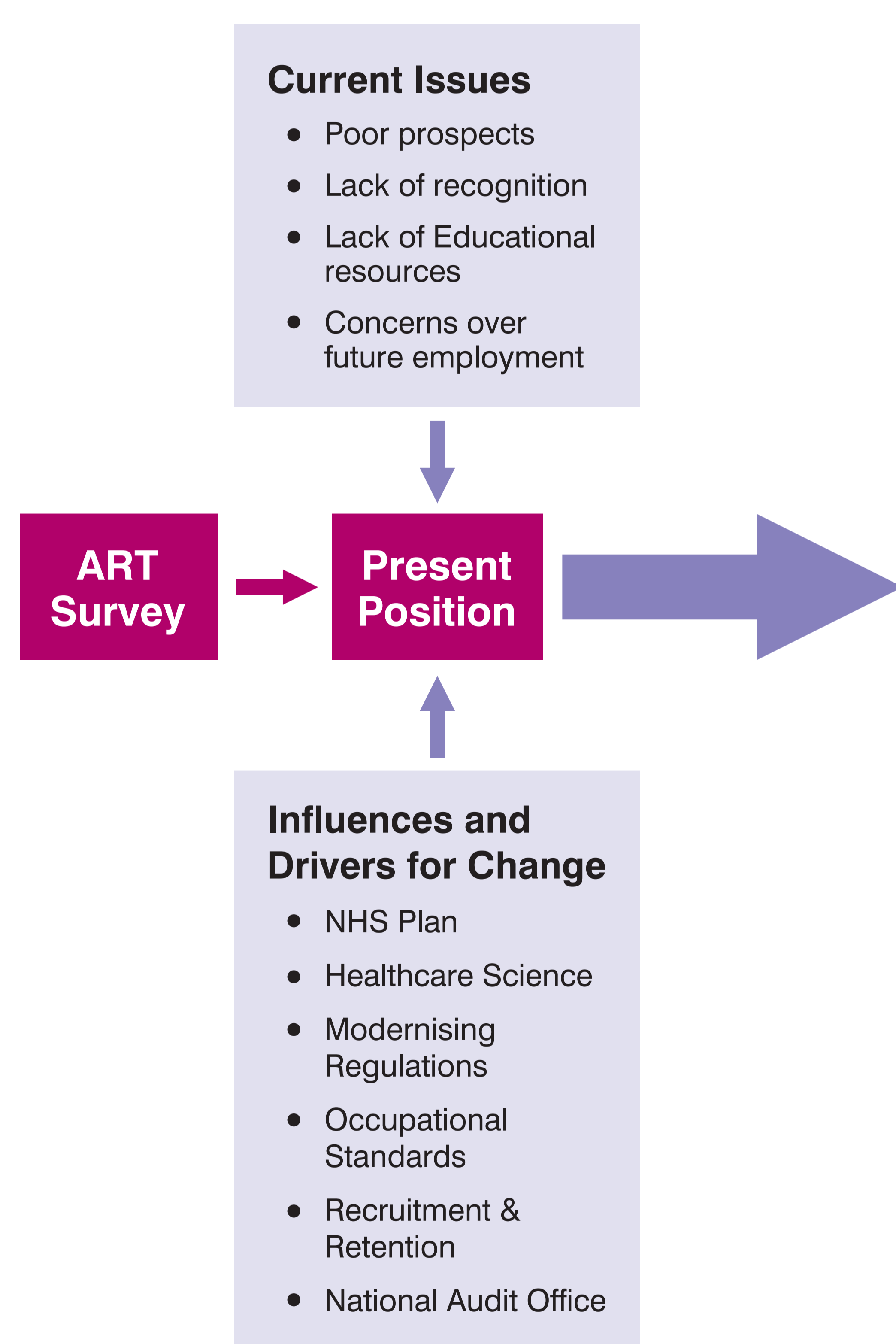
Modernising Regulation - The New Health Professions Council

The Government has recommended that all staff that work in a clinical environment contributing to patient care should be professionally registered and regulated.

National Occupational Standards Project

This project will aim to deliver a set of National Occupational Standards (NOS) for each of the constitutive disciplines within the Healthcare Science workforce, applicable to staff working at all levels. In addition, and integral to the project outcomes is the development of appropriate assessment, educational and implementation (within the service) strategies.

WHERE WE ARE NOW

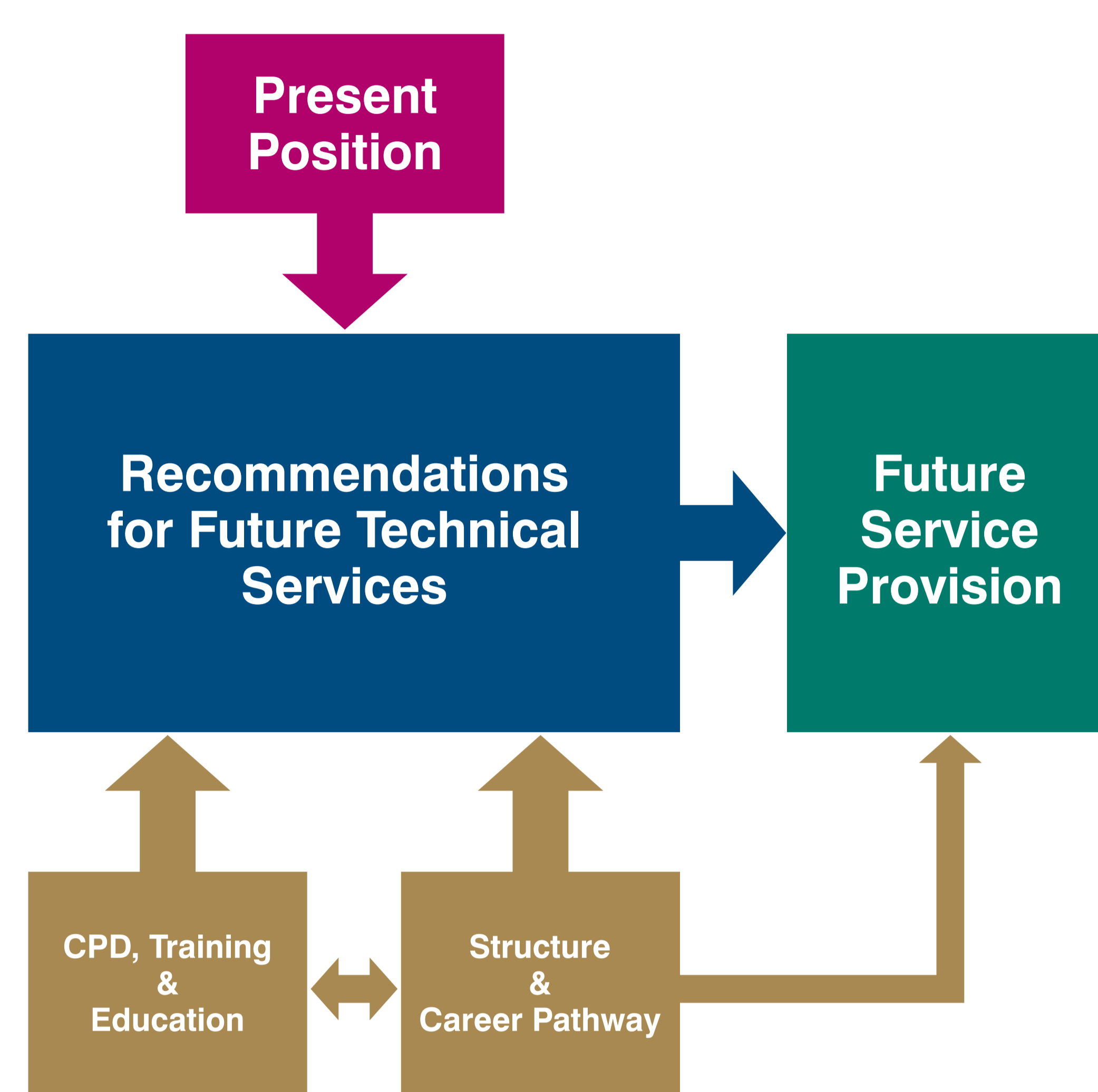


PLANNING FOR FUTURE TECHNICAL SERVICES

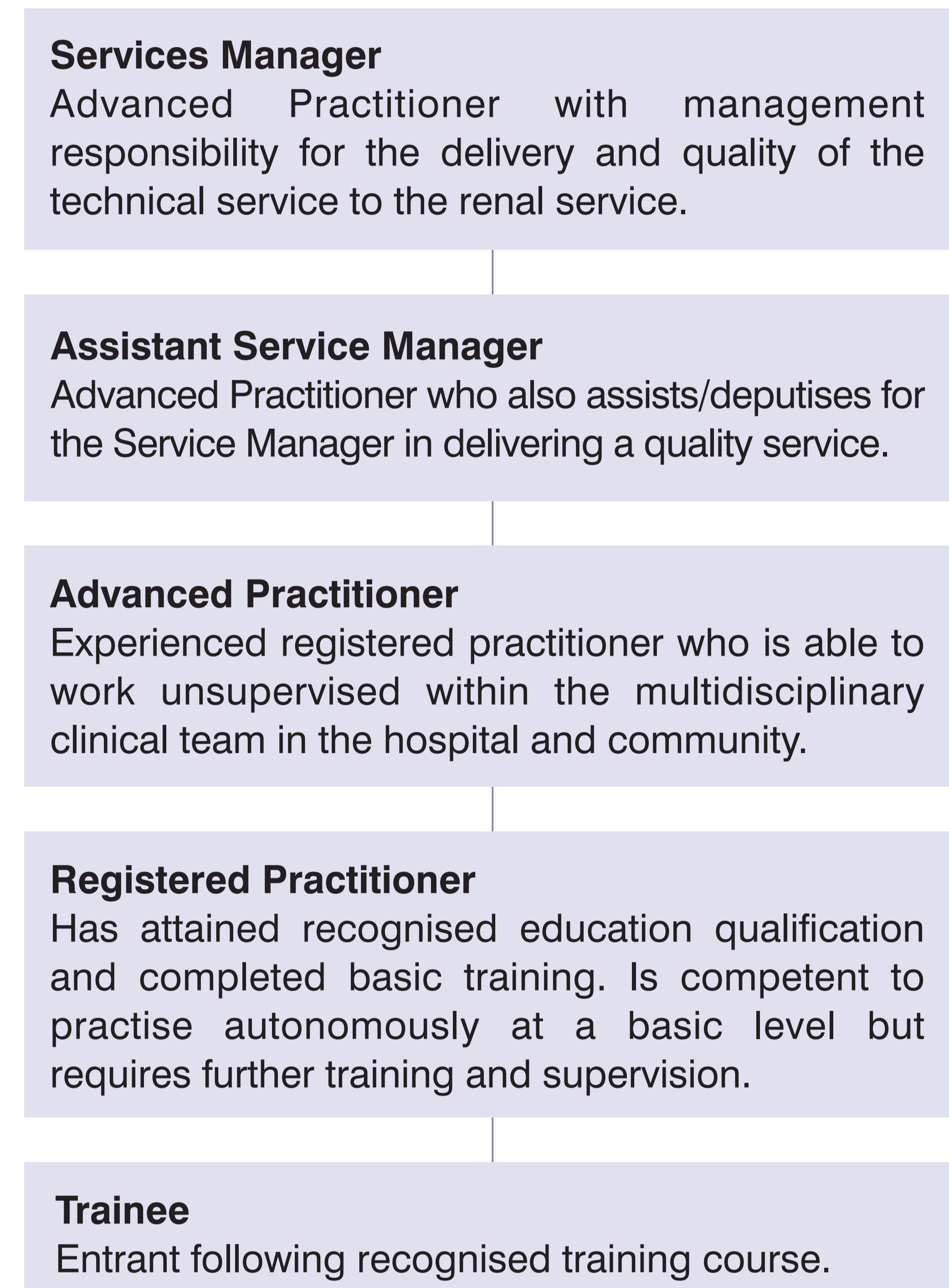
The following principles are considered as essential in any discussion of the future development of renal technical services:

- The Clinical Technologist must be an integral part of the multidisciplinary team.
- Suitably trained staff are required for the maintenance and repair of dialysis equipment.
- Resources need to be made available to support the educational and training.
- The technologist should be trained from both a clinical and technical perspective and include elements of evidence based professional competence.
- The training and education of Clinical Technologists working in the renal care setting should include education in physiological measurement techniques as well as medical engineering.
- There should be adequate trained Clinical Technologists to provide technical assistance when required.
- ART recommend a minimum ratio of 1 technician to 50 unit based patients.
- Where a home dialysis programme exists, a ratio of 1:20 home patients is recommended.
- The Renal Association recommends that 'Each unit requires sufficient staff to provide for a 6 day working week and out of hours cover for emergencies.'
- To comply with RA recommendations, a minimum of 3 technicians may be required.

PLANNING FOR THE FUTURE



RECOMMENDED PROFESSIONAL STRUCTURES



To effectively manage the technical issues, a technical management structure should be developed where the responsibility for the provision of a quality renal technical service is clearly identified.

The structure outlined follows the recommendations set out in 'Agenda for Change' and will 'allow a close linkage of career progression with acquisition of knowledge, higher academic qualifications and higher skills training. It is supported through a registration framework that is competence based and which demands continuing demonstration of competence through continuing professional development.' (Making the Change).

In addition in the future, consideration should be given to the post of consultant practitioner. This would be essentially a research and teaching post with responsibility to develop practice.

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