

**273 ANATIONAL SURVEY OF THE ROLES AND TRAINING OF HEALTHCARE ASSISTANTS IN RHEUMATOLOGY DEPARTMENTS**

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**Background:** Health care assistants (HCAs) perform many roles in rheumatology departments which were previously performed by health care professionals (HCPs). HCPs have a responsibility to ensure HCAs are competent to perform delegated tasks. It is essential that HCPs are aware of the training HCAs have had to delegate roles appropriately. We developed a survey for HCAs and HCPs to identify the training received by HCAs, their roles, aspirations for training and their willingness to embrace new tasks.

**Methods:** A questionnaire was developed and modified to be appropriate for HCAs and HCPs by a steering group from the Education special interest group to identify the roles undertaken by HCAs, their confidence in performing these tasks and to gain information on training HCAs had received. Possible new roles and the educational aspirations were also explored. This was developed on Survey Monkey the link was distributed to HCAs where email addresses were known and through the HCPs passing on the Survey Monkey link.

**Results:** To date 24 HCAs responded and 43 HCPs. Common tasks undertaken by HCAs were chaperoning and aiding patients with mobility problems; Height, Weight and BP measurements; urinalysis; completing blood forms, clerical tasks; preparing aseptic fields for joint injections, managing clinics and arranging follow up appointments. Some HCAs performed Schirmers tests, personal hygiene of patients and mentored their peers. HCAs expressed confidence in their roles, approximately 50% responded they had little or no training prior, with the exception of phlebotomy training. A few HCAs indicated they would embrace new roles such as joint counts; DAS scores; pain management; performing IM injections or Amsler tests but the majority of HCAs would engage in basic pain management. HCAs generally did not want new roles. HCAs wanted more education on all of the tasks they perform, rheumatic conditions, communication and guidance on what should be reported to HCPs. The HCPs concurred with HCAs around delegated tasks. 24% of HCPs responded that their HCAs had no formal training in a six month period, 22% 1-2 hours, 12% 3-5 hours and 28% more than 6 hours, 12% didn't know. HCPs were divided between whether or not HCAs should do joint counts, pain management and Amsler tests. The majority of HCPs were in favour of HCAs carrying out DAS scores but were against them performing IM injections.

**Conclusion:** HCAs are doing many tasks including some that were performed only by HCPs a few years ago. HCAs are confident to execute these tasks although training to undertake them is variable. They would like more education including the rheumatic conditions and communication. They do not want to expand their roles. In contrast, the qualified staff would like to extend the roles of the HCAs.

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