

CMSUK Project Brief

Title

An investigation to identify the need for a standardised, accredited or certified professional pathway for case managers in the UK.

Introduction

Within a burgeoning case management industry, which is currently lacking regulation, the Case Management Society UK (CMSUK) aims to assure quality and equity of service delivery by setting the highest benchmark of standards of practice and code of ethics. CMSUK is committed to promoting and fully supporting its members in achieving such standards of practice and in raising the debate about future professional recognition of case management. In order to actively progress the aims of the organisation, CMSUK have commissioned this investigation.

Aims and Objectives

The overall aim of this investigation is:

To identify to what extent there is a need for a standardised, accredited or certified professional pathway for case managers in the UK.

To achieve this, the investigation will meet the following objectives:

1. Explore the most feasible type/model of professional pathway for case managers.
2. Identify the constituent parts of such a pathway.
3. Explore options for implementation of such a pathway.
4. Clarify the type/level/content of an educational framework and what it could contribute to a professional pathway.
5. Provide evidence of the impact of implementing a professional pathway on individual case managers and case management in the UK.

Background

This investigation aims to address a gap in the evidence base with regard to professional recognition for case managers in the UK. Whilst there are several organisations, (CMSUK, British Association of Brain Injury Case Managers (BABICM), Vocational Rehabilitation Association (VRA) for example) supporting the professional practice and development of case managers in the UK, there is no formal professional pathway available at the present time. Within the confines of this investigation, a professional pathway could include a number of elements such as relevant type and years of experience, prior knowledge and qualifications, specific practice skills, personal attributes and qualities etc. However, without the underpinning of a specific educational framework there is no consistent mechanism for determining and measuring the case manager's ability to take on this role and to meet standards of practice.

An educational framework would include any form of training and education that provides specific, acceptable, and common information and knowledge immediately relevant to the role of case manager that can be measured against recognised educational/practice standards.

Many (but not all) case managers in the UK have a professional qualification and are required to meet ethical codes of practice and standards in accordance with their registration. A professional qualification as used in this investigation refers to 'any existing qualification, achieved through a recognised educational programme that entitles the holder to register with a relevant professional body and to practice using their professional title. This qualification could be in any field relevant to their case management role'. In addition case managers will have a wide variety of other skills and experience related to the client group with whom they work and the case management role. However, there is no formal, uniform mechanism for identifying and developing the case manager's specialist knowledge for responding to the different and complex needs presented by clients.

This has prompted debate in the field (and specifically within CMSUK) about whether there is a need for a professional pathway to address this gap in provision. If there is, further questions are raised about the most feasible model, its implementation and implications for the individual case manager, the wider case management industry and those commissioning case management services. This debate takes place against a background of varying definitions of case management and a wide range of professional backgrounds of individuals taking on case manager roles.

According to Ryan (2004) case management was first developed in the USA in the 1960s and 1970s as a response to the move away from institutionalised care towards community based services. There is some earlier evidence of case management in the 1950s as a means of providing most effective and efficient rehabilitation for injured or ill clients (Rothman 1992). It appears that this shift in service provision has taken place across all developed countries (Rose 2001) for example the USA (Aronson 1994, Hussein 2006, Price 2008), Australia (Ceci 2009, Scheinberg et al 2005), Spain (Morales-Asencio et al 2008), Canada (Ceci 2009, Forchuk et al 2002), New Zealand (Maniapoto and Gribben 2003), Hong Kong (Lee et al 1998), and Italy (Ceci 2009, Scheinberg et al 2005, Landi et al 1996, Bernabei et al 1998).

Much of the background evidence relating to case management practice and development has been carried out outside of the UK, notably in the USA. Here regulation and training are linked and there are formal processes of certification, which case managers can access to demonstrate their level of education, skills and expertise (CCMC 2011). Within these formal processes different case management specialties are recognised such as hospital case managers and different routes to certification (ACMA 2005, CMSA 2010). There appears to be continued debate and varying views of standard setting for case managers within different organisations (CCMC 2011).

The Commission for Case Manager Certification (CCMC) in the USA views adherence to accredited, certified and regulatory standards as an enhancement of the services provided to clients (CCMC 2011). They state that the purpose of certification is to ensure that the case manager "... possesses the education, skills, knowledge, and experience required to render appropriate services delivered according to sound principles of practice" (CCMC 2011). This is a key aspect for further exploration within the current investigation to better understand the role

of an educational framework in influencing the future professional recognition of case management.

Such formal recognition is currently not adopted practice in the UK and there is a paucity of evidence to support a single certified/standardised/accredited pathway for case managers (particularly in the independent sector). Case management organisations such as CMSUK provide professional guidance and standards, which their members are expected to uphold but there is no professional, regulatory body to ensure that these standards are put into practice or to check that individual case managers are updating and recording evidence of their continuing professional development in these roles.

There are, however, a number of training providers (Case management agencies and case management organisations) that offer case management courses, both client-specific and generic. For these agencies and organisations training opportunities are aimed at enabling case managers to meet the requirements of membership and standards of practice laid down by the organisation and as such are varied in their content and modes of delivery.

One of these organisations, BABICM, has recently surveyed its members to ascertain the need and appeal for a formal education structure for new and experienced brain injury case managers and commissioners (Harvey 2010). As an organisation wishing to initiate a formal training structure for their membership their survey gathered views about the content, level, method of delivery and gaps in the provision. This has implications for the current investigation as it provides underpinning evidence for a specific group of case managers and their immediate professional development needs; these can be considered for their wider application to generic case management services and links to future professional recognition explored.

Similarly, the VRA, which represents a broad range of vocational rehabilitation (VR) practitioners (including case managers), has been considering the future recognition and accreditation of education and training for the vocational rehabilitation profession (VRA 2006). Their consultation paper in 2006 expressed the wish to be the lead professional organisation (in partnership with others) to acknowledge, monitor and accredit education and training for VR practitioners. One of their key concerns at this stage was that "...the amount of education and training available is substantially less than required to maintain standards..." (VRA 2006, P2). In relation to this study the consultation paper provides helpful background information and definitions that support the concerns and interests of CMSUK. Although not specifically focussed on case managers the educational principles and progress on implementation of this paper should provide an insight into the process towards professional recognition of case managers.

In addition some UK universities offer training courses for case managers, which lead to recognised higher education qualifications (E.g. Edgehill University (Scotland), Wolverhampton University, Birmingham University, Glasgow University, Robert Gordon University, King's College London etc.). Whilst they are open to any case manager, some of these university courses appear to be aimed specifically at NHS case managers and community matrons (Department of Health 2005a) as recommended in the case manager's education framework (Department of Health 2006).

The aim of this education framework is to raise standards of health and social care for people with long term conditions by developing the skills and knowledge of health care staff

(Department of Health 2006). This development would be in partnership with local higher education institutions (HEIs) ensuring that competencies are linked to local service plans. The education framework provides an overview of training requirements for community matrons and case managers with specific emphasis on how the training will meet the requirements of the Case Management competencies framework (Department of Health 2005b). It has relevance for this investigation as it identifies key areas of NHS case manager practice, standards for their achievement and methods of delivery of such programmes, which will be influential in analysis of responses from a more generic audience.

Against this inconsistent background for case manager professional recognition and development the current investigation aims to gain evidence from a range of stakeholders in the case management field. These stakeholders will either, be providers or commissioners of case management services, will span different professional backgrounds and have an interest in the quality of case management practice in the UK. Although the investigation is being carried out on behalf of CMSUK the outcome will have implications both for their membership and ultimately, the wider case management community and therefore opens up the potential for further discussion and dissemination of results across professional boundaries.

Definition of Terms

For the purposes of the investigation **'case management'** is defined as "...a collaborative process which: assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individuals health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes."
(CMSUK 2011)

This definition encompasses a wide range of case managers working across different client groups, with differing professional backgrounds. This group is representative of the generic membership of CMSUK as opposed to the focus on specific client groups in other case management organisations.

The term **'Professional Pathway'** may include a number of elements including relevant type and years of experience, prior knowledge and qualifications, specific practice skills, personal attributes and qualities and a specific educational framework for the case manager role.

In this investigation the term **'Educational Framework'** refers to any form of training and education that provides specific, acceptable, and common information and knowledge immediately relevant to the role of case manager.

The terms **'Standardised', 'Certified' and 'Accredited'** are also defined to provide a consistent basis on which to explore the key concepts in this investigation.

'Standardised/standardisation', as used in this investigation, refers to a process that formalises a set of criteria against which performance can be assessed. The assessment against explicitly stated criteria should be consistently applied.

'Certified/certification', as used in this investigation, refers to a process to assure quality. To be certified, a person/organisation demonstrates their ability to meet a specified set of requirements to perform particular tasks or jobs. Often, certification is provided by an external body.

'Accredited/accreditation', as used in this investigation, refers to a quality assurance process that can only be undertaken by an independent third-party (often a single non-governmental body). Accreditation provides legitimisation to organisations to issue certification (e.g. CMSUK would need to be accredited to certify Case Managers).

Outcomes

The main outcome of this study would be:

- To enable CMSUK to make an informed decision about the most feasible and realistic professional pathway for case managers in the UK

This would include:

- Identifying the advantages of implementing such a pathway
- Identifying the constituent parts of such a pathway with particular focus on developing an educational framework
- Representing the views of key stakeholders in case management in the UK

Methodology

Both qualitative and quantitative data will be gathered in order to address the investigation aim and objectives. The data will be gathered by an online questionnaire and focus groups.

Questionnaire

An online questionnaire, using Survey Monkey, will be sent via email to all participants. There will be an incentive to complete this questionnaire. Brief information about the investigation will be available in the email and a link will be provided to more detailed information should it be required. Participants will be required to make online consent prior to completing the questionnaire. On completion of the questionnaire those who are willing to participate in a focus group will be asked to supply an email address for further contact.

The questionnaire will include mainly quantitative questions to make effective use of time and analysis. It should take no more than 10 minutes to complete. Some qualitative questions will be included to enable participants to elaborate on key themes if they wish.

The questionnaire will be available to complete for approximately 3 months after which time results will be analysed, focus groups organised and interim results reported. If there is a low response rate the email and questionnaire link will be re-sent to participants. The results will be analysed using a range of analysis methods (such as descriptive statistics and thematic analysis) appropriate to provide the most useful evidence. The results of the questionnaire will identify themes for further, in depth exploration in the focus groups.

Focus Groups

After the questionnaire is complete and initial results have been analysed a series of focus groups will be organised to provide more detailed views on themes relevant to the investigation. Depending on the number of participants who are willing to participate in the focus groups, the aim is to run up to 5 groups with 10 participants in each. This would be carried out at one location (to be agreed) over the course of week (one focus group per day).

Participants who have expressed an interest in the focus groups will be sent full information about the requirements and arrangements, including data protection arrangements, before consenting to participate.

Participants

This investigation is targeted at relevant stakeholders in the field of case management. It will target members of CMSUK and other organisations who are either commissioners or providers of case management services.

Access to relevant membership databases (CMSUK, BABICM, VRA etc.) will be the main source of participants. However, other organisations and networks not included within these databases may be contacted directly. Agreement with relevant organisations will be made before any data is used for this purpose. We are aiming for a wide range and number of participants (150 plus) for the initial questionnaire stage of the investigation with up to 50 of these invited to join focus groups in the second stage.

Ethical Issues

This investigation is a workplace evaluation/surveillance study and does not include service users. It is therefore not subject to ethical clearance procedures (NPSA 2010). However, as described above and in appendix 2, it does comply with all data protection requirements and follows a rigorous research process in giving transparent information to support participants and to uphold CMSUK standards.

Data Protection

All information gathered in the investigation will be stored securely in line with data protection agreements and confidentiality of participants will be maintained (UK Government 1998 and EC 2003). This will include protecting all individual contact details, responses to the study, etc. All participants will be given access to detailed information and required to give their informed consent before participating. Further information can be found in the Participant information sheet. Aggregate data only will be presented in any form of dissemination resulting from this investigation and therefore individual identities will be protected.

Dissemination

Results will be disseminated via interim and final reports to the CMSUK working party, presentation at CMSUK conference (interim results) and later through journal articles in relevant professional journals. The exact dissemination process will be agreed as the project progresses and at the end when final results are available.

Summary

This project brief has given an overview of the background and process of the investigation. Once agreed by the project team it will become the working document that guides the study. Detailed information for participants and the questionnaire process for the study are attached as appendices.

As the study progresses detailed progress reports and additional information about the focus groups and the underpinning evidence base will also become available.

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