



# ASSISTANT PRACTITIONER TOOLKIT

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**Guidance for developing the role of Assistant Practitioners in health and social care settings based on the experiences of a project coordinated by West Yorkshire Lifelong Learning Network.**

**Includes information on learning requirements and the use of Recognition/Accreditation of Prior/Current Learning to support progression to Higher Education**

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## Introduction to the Toolkit

This toolkit is designed to support health and social care employers and education providers involved in Assistant Practitioner (AP) role development as part of a planned workforce redesign programme. The toolkit is based on the outcome of a collaborative project facilitated by the West Yorkshire Lifelong Learning Network (WYLLN) to explore and develop options for learning that supports the progression of work-based learners into higher education and employer needs for developing higher level skills. The toolkit is supported by case studies produced by the participants in the WYLLN project which have demonstrated detailed stages of AP developments in selected NHS Trusts. Case studies can be found in the complementary WYLLN publication, “*Flexible Learning for Workforce Modernisation: Building a Framework for Learning and Development of Assistant Practitioners in Yorkshire and the Humber*” (available on WYLLN website: [www.wylln.ac.uk](http://www.wylln.ac.uk) ).

The toolkit is divided into seven parts. Each contains a brief introduction to the topic, followed by signposts to resources and helpful activities to enhance your knowledge and understanding. A particular feature of this toolkit is the provision of guidance for partners in using APL/APEL processes to support learner submissions for recognition of work-based learning.

Issues relating to Assistant Practitioner role development are considered from the perspective of both employers and education providers and where possible activities have been designed with this in mind. Prompts are provided for addressing issues that the WYLLN demonstrator projects have raised. The toolkit supports learning organisations in developing their processes and highlights the benefits of collaborative working between higher education providers and employers who are seeking to develop higher levels skills and promote higher performance working within their workplaces.

The elements of the Toolkit are not designed as a fixed step-change process. Their purpose is to support reflection on where you are and where you want to go. It is presumed that each element will be complementary rather than consecutive. The activities are suggestions only and can be built on and adapted. While the ongoing work of the WYLLN project has been supported by commissioned local research/reading materials for the partnership, other relevant research and reports available in the public domain are also highlighted.



Throughout the toolkit suggestions for **reading** are noted by the use of this symbol



**Activities** are signified by the use of this symbol

Activities devised for health and social care employers are titled in **GREEN** and those for education providers in **RED**. Sometime Activities are designed for common use and titled in **BLUE**. **All Activities can be found in Annexe One**

In the Toolkit, [hyperlinks](#) direct the user to websites hosting supporting information. These links were accessible at the time of publication (May 2011) and WYLLN cannot be held responsible for these being removed or broken. Where possible we have included full titles of documents so users may be able to track down archived information. We note the rapidly evolving policy and practice context that this guide is operating in, and stress the importance of the need for users to update and refresh their own references

## Part One: Understanding the Assistant Practitioner role

Skills for Health defined the role of The Assistant Practitioner (AP) role as

*'An assistant practitioner is a worker who competently delivers health and/or social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The assistant practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The assistant practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and more importantly, the people they serve. The job description of the assistant practitioner should equate to Level 4 on the career framework'* ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk))

The AP role was introduced as part of the NHS modernisation programme to complement the work of registered professionals in hospital and community based care. A scoping carried out by Spilsbury et al (2008) identified that nearly 50% of NHS Trusts have introduced Assistant Practitioner roles over the last decade with a further quarter currently planning the introduction of such roles.

The NHS Career Framework has been designed to improve career development and job satisfaction for NHS employees. It consists of nine different levels at which a function could be performed, from level 1 initial entry level jobs to more senior staff at level 9. It is designed to support workforce flexibility and each level is associated with levels of competency to undertake tasks in and across health and social care settings. Skills for Health have extensive information and supportive materials on the Career Framework and Level descriptors.

<http://www.skillsforhealth.org.uk/developing-your-organisations-talent/more-efficient-workforce-planning/>

The Level 4 role of an AP sits between other assistant or support workers (levels 1-3) and professionally qualified staff (Levels 5-7). The role therefore offers the opportunity for development and progression into professional education and/or higher education learning. In the workplace the AP may find they can undertake delegated tasks from professionally qualified staff. As such the role may be beneficial for providers looking to obtain efficiencies through workforce transformation/redesign.

It is suggested that the Level 4 role could equate with Band 4 Agenda for Change pay scale based on the level 4 role descriptors but research nationally indicates that NHS trusts vary the pay band associated with the role. (NHS employers, Agenda for Change:

<http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-AtAGlanceRP.aspx>

Sector Skills Councils associated with the delivery of health and social care have assumed responsibility for developing National Occupational Standards (NOS) that align with a series of competences associated with a wide range of job roles. These standards have been agreed through extensive consultation with employers, professional and regulatory bodies and other key stakeholders. Skills for Health (SfH) have determined a suite of six standards that need to be met for the successful delivery of the AP role:

1. The AP role should be recognised and valued in its own right
2. Candidates who have the capability to undertake the job should be recruited to an appropriate post of employment and training programme.
3. The education and training of Assistant Practitioners should support the development of a practice focused, competent individual
4. The Assistant Practitioner should be acting at the appropriate level on the career framework
5. The areas of competence associated with the role are clearly identified
6. The AP should be enabled to develop within their role and progression routes should be available.

Details of NOS developed by Skills for Health can be found on their website:

<http://www.skillsforhealth.org.uk/about-us/competences%10national-occupational-standards/>

While common tasks and competences are associated with the role nationally the title of the role may vary across and within different health providers (Spilsbury et al 2009).



*The development of AP roles is not without concern by some health and education practitioners particularly with respect for regulations and standards requirements for those in the roles. Some nursing and midwifery organisations have expressed concerns about the challenge to professional roles and cross-boundary working. Familiarise yourself with some of these concerns. A summary of recent research and reports on the role of the AP developments nationally can be found in the [References and Selected Reading](#) section below*

Millar has provided a synthesis of some of the areas of concern that are still to be resolved on a national basis surrounding the development of AP roles (see Skills for Health, 2011: *The role of Assistant Practitioners in the NHS: factors affecting evolution and development of the role; Skills for Health Expert Paper*

[http://www.skillsforhealth.org.uk/about-us/resource-library/doc\\_details/1520-skills-for-health-assistant-practitioners-expert-paper.html](http://www.skillsforhealth.org.uk/about-us/resource-library/doc_details/1520-skills-for-health-assistant-practitioners-expert-paper.html)

Some of the issues are highlighted here. They should be taken into account when developing APs. The WYLLN partnership has gone some way to addressing them and the practical approaches partners have taken may be relevant.

- Substitutes or supernumeraries?

There is concern that sometimes APs have been used as substitutes for other professional roles (which can indeed reduce costs of services), but at other times they are used in a supernumerary way (i.e. not part of the human resource complement) which adds to cost. The aim of any development will be to work through with clarity what the role should be and how it will be used within the service, with attention to financial implications

- Uncertainty regarding the nature of the role

The nature of the role can be controversial. If the AP is working in a fully assistive role there is concern that the role is similar to other care assistants and that the person may not be working to their capability. The support from professionals that the AP requires and the level of autonomy and independent decision making also demands clarification. This needs to be made clear in the job description. The WYLLN research indicates that, locally, the description of the role varies and there is a need to develop clear parameters around the role.



*NHS Scotland has been involved in a number of programmes piloting and analysing the development of Health Care Support Worker including APs. They have devised parameters for APs and the report outlining these can be found here: NHS Education for Scotland (NES) (2010) 'A Guide to Healthcare Support Worker Education and Role Development (revised 2010)'*  
<http://www.nes.scot.nhs.uk/media/742116/guide%20to%20role%20development.pdf>

- Conflict across professional roles and boundaries

There can be a lack of clarity about the parameters of the AP role. APs may undertake tasks that are more traditionally undertaken by professionally registered staff. This element of cross-professional boundaries needs addressing early on in any AP role development. It is essential that this workforce development is only undertaken with the agreement and involvement of professionally qualified staff. Titles of roles, as well as areas of responsibility, need to be taken into account. The role should provide complementary capabilities to other staff while demonstrating distinctive elements.

- Change cannot be undertaken in isolation

Below are descriptions of how the roles in West Yorkshire have been developed with the involvement and agreement of other staff in the services. Supporting systems provide the scaffold for whole service involvement and for the role to become an integral part of this service. Millar's paper highlights that staff in NHS Bands below and above can feel challenged by the AP role unless they see its value, the requirement for, and their involvement in the role development. Implementing the new role requires the involvement of staff in lower Bands who need to be aware of how peers may undertake tasks and activities outside the usual expectations for health care assistants. Equally, staff on higher Bands should have their own development recognised so they can stretch their own responsibilities and use the AP in a more effective manner. The introduction of the AP role should therefore be undertaken alongside other workforce developments and be supported by CPD for co-workers in the service.

- The types of task/activity in which Assistant Practitioners are involved

AP roles vary in relation to the care setting and the position they are playing within the care team. The scoping of job descriptions undertaken for WYLLN identified a variety of roles dependent on both the care setting and the service user pathway. The identification of common competences required by the APs was important in the WYLLN project. This is discussed further later.

Assistant Practitioner roles can be developed within and across many different health and social care settings. The NHS Careers website highlights some of these areas which are primarily but not exclusively with patient contact.

<http://www.nhscareers.nhs.uk/details/Default.aspx?Id=2030>

In clinical areas, they will usually be managed by a healthcare professional, for example a dietician, nurse, occupational therapist, midwife, physiotherapist, operating department practitioner, or healthcare scientist. Examples of assistant practitioner level roles highlighted on the site include:

- occupational therapy assistant
- diabetes team assistant
- expert patient co-ordinator
- assistant theatre practitioner
- primary care worker in mental health
- IT support worker
- assistant practitioner (falls)

The WYLLN project has identified local roles in the following settings: Audiology (primary and secondary) (based on NTR role); Children's Health Continuing Care Support (community based); Dietetics (primary, community and secondary); Mental Health/learning disability units (primary, community and secondary) - (demonstrator project); Midwifery support (primary and secondary); Operating Theatres (secondary); Primary Health Care Assistant (primary); Rehabilitation at home (primary and community based) - (demonstrator project); Renal support (community and secondary).

Millar has scoped out the areas of work APs currently work in across the country. These include those identified on the NHS careers site but locate these across the range of Care Pathways including working in with Long-Term conditions, Staying Healthy, End of Life Care, Maternity and Newborn, Acute Care, Planned Care, Mental Health, Children and Families.

- Supervision, training and mentoring

The AP role often requires supervision and guidance from staff working at higher grades. This requires the cooperation of senior staff and resources need to be developed to allow this time for supervision to occur. Using mentors is beneficial in developing and progressing in the role in a similar way to pre-registration learners. Staff development for those undertaking the supervisory and/or mentoring role should be included in the AP project. This is discussed later.

- The development of qualifications and further development routes for Assistant Practitioners

At present there are no regulatory requirements that prescribe a qualification for the AP role. The WYLLN project has discussed different models of education and training for the role and has had at its centre the principles set down by Skills for Health core standards for the AP role.

All qualifications for APs will need to fit with the principles of the Qualifications and Credit Framework. The QCF has informed local developments: communications with education providers have correlated Band 3-4 working and Level 4 of the QCF.

- Progression opportunities

The work locally has shown that some service providers are developing the role to address retention and recruitment issues. They want to provide a progression opportunity for lower Band workers who they hope will stay in the Band 3-4 role. This may present a conflict between the needs of the organisation and those of the individuals in the AP role (they may consider it as a stepping stone towards registered professional role.) As a widening participation tool and an opportunity for developing higher level skills in the workforce there is a need to encourage progression pathways for APs. This includes obtaining, where possible, recognition for experiential learning as well as certificated learning to progress into other higher education opportunities. Working with education providers to ensure experience in the role is included in admissions criteria for professional and non professional programmes is important. The WYLLN project has gone some way to addressing these issues. Millar also notes the importance of using experienced APs to develop other staff and therefore their development in the mentoring role may be important.



#### ACTIVITY 1: Starting out

Use this checklist to help you with first steps in planning for AP role development

In the WYLLN project AP roles have been initiated in health-related settings but similar support worker roles are being designed in social care settings. Skills for Care have significant projects reviewing New Types of Worker roles which may be of interest to refer to in considering workforce redesign in social care settings:

[http://www.skillsforcare.org.uk/workforce\\_strategy/new\\_types\\_of\\_worker/new\\_types\\_of\\_worker\\_introduction.aspx](http://www.skillsforcare.org.uk/workforce_strategy/new_types_of_worker/new_types_of_worker_introduction.aspx)

## Part Two: Understanding the national and local drivers for developing AP roles

There is substantial evidence within policy documents, other reports and commentaries on workforce planning, that the role of Assistant Practitioners is a key development opportunity within NHS Trusts to

- introduce more flexible roles to provide changing service demands
- improve the quality of services by developing a client led service with personalised care provision and responding to new care pathways
- provide more productive service delivery
- manage the impact of demographic changes on recruitment and retention of staff
- provide a financially effective service in time of economic pressures and financial cuts.

The original impetus for changing workforce practices was the need to plug gaps in workforce deficits. These changes have included skill mix changes, delegation of roles, job widening and substitution, job deepening and enhancement, and the implementation of new roles, including APs (Spilsbury et al, 2008). Local NHS Trusts are faced with a realistic option for developing new roles and providing innovative practice that assists the service to address these issues.

Other UK and international drivers for change in the structure of the workforce have also been identified (Spilsbury et al, 2009). These drivers are in constant flux and have had variable impact on current service delivery and include:

- Employment policies
- Restructuring workforce
- Regulatory frameworks
- Workforce preparation
- HR management, workforce pay and rewards
- Commissioning of services
- Patient populations

The continuing Quality, Innovation, Productivity and Prevention (QIPP) initiative is driving NHS providers to review their service provision. Regulatory frameworks are evolving in both the professional and support worker context, for example changes in pre-registration nursing education, training standards and staff capabilities, impacting on the competences required for staff working at lower levels. Both workforce preparation and pay and rewards imperatives are informing the agenda.

The proposed changes in the NHS as a result of the new White Paper (2010), changes to commissioning practices within the context of reduced financial growth and the further expansion of the independent sector as a provider of care services, are also driving this agenda. Patient populations are changing too, the Frontline Care report (2010) noted how changes in demographics and demands for services will impact on staff. The White Paper has significant relevance to social care and a complementary policy guide for social care

providers, makes reference to workforce development (*DoH (2010) A vision for adult social care: Capable communities and active citizens*).

The Report of the Prime Minister's Commission on the Future of Nursing and Midwifery in England, (2010) *Front Line Care: the future of nursing and midwifery in England* has made some pertinent comments on the requirements for regulated support workers and the need to develop further the role of APs within a common framework. The report provides some useful commentary for understanding the value of the AP role in working to support nurses and midwives, in particular the possible future impact on the health service as a result of demographic changes and the shifts required to deliver both health and social care services within local communities.

A local response to the Darzi agenda has been a Strategic Health Authority (SHA) sponsored initiative *Healthy Ambitions*. One strand of Healthy Ambitions was to consider how regional services could be delivered more efficiently. *Delivering Healthy Ambitions – Better for Less* and the review of workforce mix is an element of this.



*As well as drivers relating to service need and policy response the WYLLN demonstrators have shown that patient and service user need comes high on the list of priority for changing and reconfiguring services. Some organisations have been driven by Equality duties both in relation to service users but also around staffing characteristics such as the need to increase diversity and career progression of particular staff to widen participation in the service. The new Single Equality duty for public services has been at the forefront of some of these drivers and more information on the duties of health, social care and education service providers and on equality impact can be found here <http://www.apho.org.uk/resource/item.aspx?RID=61858> and <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/>*

Role redesign can require significant investment in resources in order for the change to be introduced effectively. The NHS Institute for Innovation and Improvement have produced a significant number of tools for role redesign which can be useful to help NHS service providers undertake change.

[http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/role\\_redesign.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/role_redesign.html)



## Activity 2: Making your business case

Use this guide to make your business case for AP development in your organisation. Whether a health, social care or education provider you will need to make an effective financial case for getting involved.

## Part Three: Planning your AP workforce

In making a business case for developing APs within your service area, it is important to understand how the development fits within your local strategic planning for workforce developments. If AP role development is being overlooked it is worth taking time out to explore how the development would fit with local plans, and make a case for the relevant investment. This applies equally to education providers who need to ensure that the proposal for developing new or adapting existing learning to support AP developments fits departmental plans and has the engagement of key personnel involved in work-based learning developments in the institution.

At a strategic level Skills for Health have a well established e-toolkit for workforce development and this can be drawn on when making the case for AP development <http://www.skillsforhealth.org.uk/planning-your-workforce-strategy/six-steps-workforce-planning-methodology/>

*“Six Steps will be useful to anyone working in healthcare human resources, workforce planning, service planning or in designing new ways of working. It helps managers take into account the local demographic situation, impact on other services and provides practical hints, tips and case studies to work through plans. Use of the guide across workforce planning will help ensure that decisions made around design and recruitment of new staff and teams are sustainable, realistic and fully support the delivery of quality patient care and productivity and efficiency”*

[http://www.healthcareworkforce.nhs.uk/resources/latest\\_resources/six\\_steps\\_e-learning\\_resource.html](http://www.healthcareworkforce.nhs.uk/resources/latest_resources/six_steps_e-learning_resource.html)

The Six Steps process includes:

1. Defining the plan
2. Mapping service change
3. Defining the required workforce
4. Understanding workforce availability
5. Planning to deliver the required workforce
6. Implement, monitoring and refresh



*In the WYLLN project the demonstrators have undergone this process in a number of different ways. For example the Calderdale and Huddersfield NHS Foundation Trust have developed their own workforce development Framework which has become well established nationally and has proved to be a useful guide for other local Trusts working in West Yorkshire. Further details of the Calderdale framework can be found here:*

<http://www.healthcareworkforce.nhs.uk/ffc/aboutus.php> and a summary of the outcome of the development can be found here

<http://www.nhsemployers.org/SharedLearning/Pages/DevelopmentofAssistantPractitionerRoleusingtheCalderdaleFramework.aspx>

The Calderdale Framework draws on the guidance from the Skills for Health planning tool. It has been developed to support the Clinical Therapies and Rehabilitation Directorate in the Trust, which delivers physiotherapy, occupational therapy, speech and language therapy, dietetics and podiatry for both adult and paediatric communities through multidisciplinary managed services. It is in effect a quality assurance framework that provides a clear and systematic method for analysing services and managing delegation to support staff. Its key driver is skill mix review for the service. The process leads to identification and development of task related competences and supporting training for staff with service user needs in mind. The Framework identifies appropriate responses to local and national drivers, takes into account business development, costs and benefits issues and appears to be transferable into any health or social care setting.

The Framework has seven stages: Awareness Raising; Service analysis; Task analysis; Competency generation and mapping; Governance systems; Training; Sustainability

In developing any plan for workforce changes there is need to draw together an evidence base with relevant and contemporary data to support the business case. There are a range of different tools summarised on the Skills for Health website

[http://www.healthcareworkforce.nhs.uk/national\\_priorities/child\\_health/stage\\_2.html](http://www.healthcareworkforce.nhs.uk/national_priorities/child_health/stage_2.html)

The WYLLN partners have also used evidence and tools in various ways. For example the Strategic Health Authority has been a central player in the development and has highlighted some of the evidence to local Trusts of the changing demographic issues impacting on staffing and the efficiency and effectiveness concerns about the make-up of the workforce. The Yorkshire and Humber Observatory has provided quantitative evidence on some of the key issues, and a recently developed Resource Pack that demonstrates staffing numbers across Agenda for Change bands is a useful tool in identifying where the opportunities are for Band 3/Band 4 workforce role introduction (see Yorkshire and the Humber Quality Observatory, QIPP Resource Pack, Nov 2009

<http://www.yhpho.org.uk/resource/view.aspx?RID=64442>)

Planning the workforce entails ensuring the quality and quantity of provision on offer is responsive to local population health needs. The Bradford and District Community Health Trust used the Population Centric tool to help start from the base up for planning for organisational change by considering population needs and pulling together services, tasks and roles that will help meet the health of local population needs. The Population Centric Workforce Planning Model (Organisation Development Services) allows users to assess whether the 'right' staff at the 'right' grade are available for a defined population. It takes the user through a six stage change process. Trust staff using the model can undergo training and support is offered. For more information relating to the model please contact Organisation Development Services at [www.odsuk.com/home.htm](http://www.odsuk.com/home.htm).

The WYLLN demonstrators have shown the importance of obtaining strategic support for any change project such as introducing AP roles. This includes developing clear governance structures to support the introduction of the AP role (including adopting a code of conduct for APs).



### Activity 3: Setting up your working group

To get buy-in for your AP development, you need to ensure that you involve the right people in the proposed change process and take time to identify key resources. This activity will help you to identify some of these requirements whether working in a NHS Trust, a care setting or education institution.

## Part Four: Identifying AP competences and role development

Introducing the Assistant Practitioner role requires careful planning to ensure that there is confidence in the requirements for undertaking the role. Other practitioners, whether professionally-qualified or working at lower levels with established roles in the care team, need to be able to recognise the capabilities and responsibilities of the AP and accept the value-added elements to the working practices within that team. It is equally important for senior managers to get the most effective performance from the role. Spilsbury et al (2008, 2009) demonstrate that, where the role has been introduced in some NHS Trusts, this distinctiveness has not been clear, and some APs have been frustrated that their areas of responsibility have been recognised only intermittently. There have been underlying tensions with some of the professionally-registered practitioners.

The process suggested earlier for fully engaging staff in the development is one way to overcome such difficulties. A further approach is to clarify the competences associated with a practitioner working at Bands 3-4. Skills for Health have developed some detail around AP competences required for working in different settings as part of the Nationally Transferable Roles project designed for developing a flexible workforce. Proven role templates can be found here

<http://www.skillsforhealth.org.uk/rethinking-roles-and-services/proven-role-templates-for-a-skilled-and-flexible/>

The WYLLN project partners have also added to the templates but in addition the project has spent considerable time and resources considering the competences of the locally developed AP roles to find common competencies associated with the AP role wherever they are based or the clinical/health care area they are working in.

The WYLLN project analysed a range of AP roles from across the region as described in sixteen job descriptions developed by local NHS Trusts, together with an examination of the four roles developed by Skills for Health as Nationally Transferable Roles. The purpose of the review was to determine *where* there is commonality across AP roles and *what* the common competences, skills and knowledge are, as described within the job descriptions for those roles.

The mapping has identified some common descriptors for the purpose of the role within a range of clinical care settings. The supportive/assistive nature of the work is emphasised along with the imperative to deliver an effective service within a multi-disciplinary context. APs are involved with the direct delivery of care interventions, with care planning, assessing needs and evaluation of care. They have, however, limited responsibility for the assessment of care and their implementation of health interventions must be supervised by a qualified practitioner. This role has limited autonomy within defined parameters and agreed protocols. They are required to fulfil a supporting and supervisory function to junior staff. Individuals are expected to develop themselves in the role and undertake appropriate training and learning. The role requires responsibility to observe local service developments, quality provision and legislative requirements. Some roles have specific functions relevant to the care setting and these are clearly described in the job descriptions.



A literature review by Lizarondo et al. (2010) revealed that AP (Health Assistants) responsibilities cross clinical and non-clinical areas. The review can be found here:

<http://www.dovepress.com/allied-health-assistants-and-what-they-do-a-systematic-review-of-the-l-peer-reviewed-article-JMDH>

Clinical and nonclinical duties and responsibilities of Assistant Allied Health Professionals (AHAs) as reported by Lizarondo et al:

Clinical duties	Nonclinical duties
<ul style="list-style-type: none"> <li>• Assist allied health professional</li> <li>• Physical and social support to patient</li> <li>• Administer clinical services and modalities</li> <li>• Transfer patients</li> <li>• Communication of patient progress/ communication with other staff</li> <li>• Assist with mobility and gait</li> <li>• Provision of equipment</li> <li>• Patient education</li> <li>• Provision of health care to patients</li> <li>• Supervise/conduct exercise classes</li> <li>• Prepare patients for treatment</li> <li>• Individual or group therapy</li> <li>• Coordinate and assist in the operation of services</li> <li>• Assist and coordinate health service</li> </ul>	<ul style="list-style-type: none"> <li>• Administration</li> <li>• Stock ordering/requisition</li> <li>• Prepare/maintain environment</li> <li>• Equipment maintenance</li> <li>• Recording/statistics/database</li> <li>• Housekeeping</li> <li>• Health promotion</li> <li>• Monitor and update health care-specific database</li> <li>• Cleaning</li> </ul>

**Qualifications on entry**

The locally-developed job descriptions provide information about the entry requirements and qualifications of individuals required to undertake the role. These vary in accordance with the role and care context. However in general, the person should have experience of working within an appropriate/related health or social care setting, and should be qualified at NVQ level 3 or with academic qualifications at the same level, such as BTEC Diploma, Access to HE or above.

The person-specific requirements as outlined in local job descriptions reflect the competences to undertake the role, so applicants need to demonstrate those skills and attributes required for working with people in health and social care settings. Further, they should be able to demonstrate they have had continuing training and development. For some roles, higher level qualifications are identified as being desirable such as a Foundation Degree (or are willing to work towards a higher level qualification) or HE Certificate. What is clear from communication with the employers and a review of the job descriptions is that the

people specifications required to undertake AP roles reflect a level of experience, training and qualification that HE providers will be familiar with as entry criteria into HE programmes of study.

## Competences

In the job descriptions scrutinised for the WYLLN project employers presented a plethora of competences from different sources on their job descriptions. The WYLLN review attempted to pull out a synthesis of what appear to be the key competences required for each role, to make it simpler to reflect on what might be needed to develop an integrated regional learning framework.

Core competences identified include:

- Communication
- Personal and people development
- Health safety and security
- Service improvement
- Quality
- Equality and diversity

Further specific functions reflect those identified by Skills for Health. These are:

- Assessment
- Health intervention
- Health promotion and protection
- Education, learning and research
- Information Management/ICT
- Facilities and Estates
- Medical devices products and equipment
- Management and Administration

The review identified those competences and functions that are specific to the clinical setting and that may require bespoke and specialised learning provision. It notes that some of the functions are common to all APs because they have skills and capability requirements in relation to communication, personal and people development and health, safety and security. The care context and the area of speciality, require specialised competence development, although again the research has identified commonality in some of these areas, for example in relation to assessment, direct care interventions and health promotion. There are, however some functions that are specific to the context; for example requirements for specific health and safety within an operating theatre setting or specialised knowledge on using equipment for audiology.

The WYLLN review offered a framework of common core competences associated with AP roles. The construction of such a framework should facilitate the development of learning outcomes (based on appropriate NOS, NVQs where applicable, and clinical domains.)

**Activity 4: Describing the AP role**

Draw up an outline to gain an understanding of what role you want the AP to carry out in your health or social care setting. What are the priority areas for you? Are these new/developing tasks or currently undertaken by other practitioners? How will you manage the development of the new roles?

**Activity 4a: Developing your AP job description**

Partners in the WYLLN project have used a number of different job descriptions to help in recruiting to the AP posts. The Strategic Health Authority has also supported AP development in other parts of the region and they have also developed a common template for AP job descriptions. Here is an outline to adapt that reflects these national and local developments

## Part Five: Developing Education and Training, CPD- including APEL

A central part of any new role development is to consider the training, competence development and the underpinning knowledge required to carry out tasks competently, safely and with knowledge and understanding. Work-based learning may be undertaken within the workplace setting or through attending in-house training and learning workshops. This learning might be assessed. For APs there is a need to give due attention to the requirements for Level 4 learning. The evidence from the WYLLN demonstrators indicates that some of these learning requirements can be delivered in-house, particularly those to demonstrate competence in practice. However there is a need to ensure that Level 4 Higher Education learning is provided and assessed appropriately in accordance with guidelines from the Qualifications and Credit Framework (QCF)/ Framework for Higher Education Qualifications (FHEQ). The learning to support the AP role can then lead to a HE qualification such as a HE Certificate or Diploma or in some instances a Foundation Degree. Employers taking part in the WYLLN project have highlighted the need to be flexible around this requirement. The underlying principles that have supported the project have been that learning

- will be flexible in delivery to meet learner and employer need;
- will be assessed at Level 4-5 on the QCF/FHEQ;
- can be delivered and credit accumulated over time with credit transferable from employer to HEI but also where possible between providers (an ambition of the project was to develop a regional flexible framework of learning)
- takes into account existing in-house training and development that may provide the platform for building Level 4-5 HE learning
- will include acknowledgement of prior in building any additional HE learning

Many of the staff being identified to apply for AP roles are those that have prior experience of working in the care setting. With existing work based and academic qualifications they may already have the necessary requirements for entry to HE programmes but sometimes their particular experiences may not be recognised in the admission policies of HE providers and this should be addressed early in the discussion between partners. Equally important, these prior experiences, in many cases, may be at a higher skills level.



### Activity 5: The learning required for the AP role

Spend time reflecting on the duties of the APs in different care settings and your understanding of the learning required to underpin the role development – do you have existing learning that could support their needs?

It is important to review what learning is required, if this can be expressed in terms of learning outcomes and how it will be provided and assessed. This in turn could enable the total learning package for the development of each AP role to be broken down into specific units of learning. The way that learning could be achieved would be flexible, but the creation of an accessible and coherent matrix will enable education providers to work with employers

and commissioners to develop learning outcomes, specialist units, and other learning pathways in a collaborative and enabling way.

### **Accreditation and recognition of learning gained at work**

This section provides a short guide for employers about how they might work with HEI partners to gain accreditation for learning obtained at work. It explains the rationale for doing this, outlines the key processes involved in engaging with this sort of activity, and reviews the quality assurance issues that HEIs need to address when developing these arrangements. It highlights techniques for managing the process of accrediting an employer learning programme in a way which meets the different demands of the university and the employer.

The ability to recognise learning that has taken place through experience is an important element in awarding credit for learning that takes place in the workplace. Traditionally, HEIs have focussed attention on individual learners, but the increasing significance of work based learning has extended it to the ability to recognise group learning experiences, and to accredit current as well as prior experience.

### **Academic credit: what are credit level descriptors and why are they important?**

The concept of credit level is very important because it is used to calculate how complex the learning that is taking place at. Credit usually has a numerical value:

**At Level 4 (HE1)**, learners will be thinking through and reviewing courses of action, making informed judgements on issues which affect work, and coping effectively with a range of unfamiliar situations and problems. They will need to be able to use understanding of principles which apply to work, as well as producing their own ideas and developing innovative responses. They will need to be able to carry out small-scale practical investigations, and review the appropriateness of different options.

**At Level 5 (HE2)**, learners will be thinking through and reviewing courses of action, including for their impact outside of their immediate work. They will be making informed judgements on issues which affect work, and coping effectively with a range of unfamiliar situations and problems. They will need to be able to draw on a broad personal or formal knowledge-base and set of concepts which apply to work, as well as producing their own ideas and developing innovative responses; they should be able to develop their own theories and find ways forward when faced with contradictions and dilemmas. They will need to be able to carry out small-scale practical research in relation to their work.

**At Level 6 (HE3)**, the focus is on thinking through, understanding and reviewing different courses of action, including for their impact outside of the immediate area of work. Learners will be making informed judgements on issues which affect their work, and working effectively with unpredictable issues. They will need to be able to draw on a broad personal or formal knowledge-base as well as concepts, theories and models which apply to their work. They will be producing your own ideas and practical theories

The following section is an extract that describes the **University of Bradford's** explanation of credit level and descriptors.

*Credit level descriptors have been developed nationally and are intended as **guides** that identify the relative complexity, intellectual challenge, depth of learning and learner autonomy expected at each level and the differences between the levels.*

*Level descriptors reflect a range of factors including:*

- *the complexity and depth of knowledge and understanding*
- *links to associated academic, vocational or professional practice*
- *the degree of integration, independence and creativity required*
- *the range and sophistication of application/practice*
- *the role(s) taken in relation to other learners/workers in carrying out tasks.*

*The main purpose of level descriptors is to guide course developers and students on the kinds of demands it is appropriate to make of learners at each of the designated levels. They are general descriptions of the learning involved at a particular level, and are therefore not subject-specific.*

*It is not necessary to include all characteristics of the relevant level descriptor in every module; it is a matter for professional judgement as to which aspects of the descriptor appropriate in each case.*

*The University uses the descriptors now known as [EWNI credit level descriptors](#).*

<b>Level</b>		<b>Descriptor</b>
<b>2008+</b>	<b>previous</b>	
3	0	<ul style="list-style-type: none"> <li>• <i>Apply knowledge and skills in a range of complex activities demonstrating comprehension of relevant theories</i></li> <li>• <i>Access and analyse information independently and make reasoned judgements, selecting from a considerable choice of procedures, in familiar and unfamiliar contexts</i></li> <li>• <i>Direct own activities, with some responsibility for the output of others.</i></li> </ul>
4	1	<ul style="list-style-type: none"> <li>• <i>Develop a rigorous approach to the acquisition of a broad knowledge base</i></li> <li>• <i>Employ a range of specialised skills</i></li> <li>• <i>Evaluate information using it to plan and develop investigative strategies and to determine solutions to a variety of unpredictable problems</i></li> <li>• <i>Operate in a range of varied and specific contexts, taking responsibility for the nature and quality of outputs.</i></li> </ul>
5	2	<ul style="list-style-type: none"> <li>• <i>Generate ideas through the analysis of concepts at an abstract level, with a command of specialised skills and the formulation of responses to well defined and abstract problems</i></li> <li>• <i>Analyse and evaluate information</i></li> </ul>

		<ul style="list-style-type: none"> <li>• <i>Exercise significant judgement across a broad range of functions</i></li> <li>• <i>Accept responsibility for determining and achieving personal and/or group outcomes.</i></li> </ul>
6	3	<ul style="list-style-type: none"> <li>• <i>Critically review, consolidate and extend a systematic and coherent body of knowledge, utilizing specialised skills across an area of study</i></li> <li>• <i>Critically evaluate new concepts and evidence from a range of sources</i></li> <li>• <i>Transfer and apply diagnostic and creative skills and exercise significant judgement in a range of situations</i></li> <li>• <i>Accept accountability for determining and achieving personal and/or group outcomes.</i></li> </ul>
7	M	<ul style="list-style-type: none"> <li>• <i>Display mastery of a complex and specialised area of knowledge and skills, employing advanced skills to conduct research, or advanced technical or professional activity, accepting accountability for related decision making including use of supervision.</i></li> </ul>
8	D	<ul style="list-style-type: none"> <li>• <i>Make a significant and original contribution to a specialised field of inquiry demonstrating a command of methodological issues and engaging in critical dialogue with peers</i></li> <li>• <i>Accept full accountability for outcomes.</i></li> </ul>

*(Last updated: October 2009)*

### **What do we mean by APEL?**

There are a lot of ways of labelling higher level learning that takes place outside of an HEI. We can be referring to Accreditation of Prior Experiential Learning (APEL), Accreditation of Current Experiential Learning (ACEL), Accreditation of Certificated Learning (ACL), Recognition of Prior Learning (RPL) and Recognition of Certificated Learning (RCL). There are variations between these. For example APEL is a process of identifying, assessing and accrediting relevant learning that has been gained through experience (such as employment, work experience, volunteering, or experience as a service user or carer) that can be shown to be equivalent to learning within a formal qualification, module or unit. Accrediting learning from experience may enable the learning to be used as part of a new qualification and so prevent learners having to repeat learning that they have already undertaken. ACL is the process of recognising credit for learning that has been gained through a formal course, for which a certificate has been awarded and a qualification achieved. The transfer of credit for prior certificated learning from one institution to another enables learners to access a course at a later stage and complete it in less time than it usually takes. The term 'Recognition of Prior Learning' (RPL) has been adopted by the Qualifications and Credit Framework (QCF) as an alternative to APEL. It allows for the potential for achievement of a whole qualification solely through RPL. We will refer to APEL throughout this guide but acknowledge that this includes all these approaches described here.

## What is the purpose of APEL?

APEL involves recognising the value of learning from life and work experiences, and it has a number of benefits for learners, employers and education providers:

- It can be used to gain entry to or exemptions from parts of courses, so it speeds up progress.
- It can be used to promote reflection on past experience such as implementing learning from in-house training
- APEL can involve reflection on personal learning and professional development to improve practice and therefore organisational effectiveness.
- It is beneficial for learning providers as it draws in people who may share real experience with others, providing a new dynamic in the learning group
- It is responsive to employer needs for flexible, appropriate and timely learning
- It increases the efficiency of the educational programme for educators as they do not need to re-teach the learning
- It can contribute to widening participation to HE as it encourages a more open approach for non-traditional learners to access HE
- It can enhance the confidence of work-based learners

## What sort of programmes might you want to seek APEL for?

There are a number of circumstances when an employer might want to seek APEL agreements. The development of a highly qualified and skilled workforce at all levels is obviously a high priority in any sector, but particularly so in the context of NHS and social care workforce reform. There is a need for retraining, updating and motivating employees to meet the new challenges, drive service improvement and to enhance career opportunities. In this context it is obviously an attractive proposition to acquire credit towards a higher education qualification (certificate, diploma, degree, honours degree, post-graduate diploma or master's degree) from a number of sources. These include:

- An organisation might already be delivering a training/learning programme either in-house, or using another training provider, but it is not formally assessed and does not carry credit.
- An employer might identify a need for learning and devise and develop a programme together with a university
- Work-based learning agreements negotiated between employer, employee and an HEI to achieve academic credit for individual employees.
- Day-to-day experiential learning at the workplace or through leisure pursuits.

## What are the benefits of using APEL agreements?

Learning gained in this way has several advantages. For example, the learning is largely work-based, and so requires minimal release in working hours, and, should make a positive contribution to enhanced performance at work. This type of learning, tailored to the precise needs of the organisation, is addressing simultaneously both the needs of the employer and the career aspirations and prospects of the employee. The modes and pace of the learning involved can be negotiated and altered to suit the needs and circumstances. So:

- People get validation for the things they have already achieved especially when operating at relatively high levels of competence
- It avoids the need to teach students formally the things they already know

### What will the HEI need to know?

#### ***Is the programme proposed by the employer at the correct level for HE accreditation – probably levels 4–7 on the Qualifications Framework?***

This is the starting point and the most important thing to think about. The HEI will need to be assured that the learning is at the appropriate level.

### What can you use to help you to think about this?



#### **Activity 5a: Should your existing learning get credit recognition?**

Employers and educators can work together to review existing in-house learning and training achievements and map against HE level descriptors



*This is a helpful guide which covers all the levels through FE and HE*

<http://www.seec-office.org.uk/creditlevelDescriptors2003.pdf>



*A full explanation is provided too by the Quality Assurance Agency (QAA); this can be used as a reference tool.*

<http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/FHEQ08.pdf>

### Assessment

This is probably the aspect of APEL that is the most time-consuming, but a systematic and thorough approach should help make the process more straight-forward. Assessment is important because HEIs are awarding credits to successfully demonstrated **learning** from experience, not to the **experience** itself. So they need to see evidence that the learning is relevant, adequate, current and authentic.

Forms of evidence to demonstrate this are called assessment but they don't have to be traditional examination or essay style submissions. They can vary widely and can include

- Project
- Artefact with commentary
- Interviews
- Practice-based documents
- Reports on observations of practice

- Video/audio commentaries and analysis of achievement of learning
- Analytic and evaluative description of practice

This need not be onerous and the academic tutor should keep in mind the requirements of a taught programme at the same level to ensure equivalence in demand, so that APEL learners are not required to do more for the volume of credit involved. The key points to bear in mind are that:

- The APEL has to be aligned to learning outcomes, or completion of a learning process in terms of knowledge, skills and competencies
- Any recognised experiential learning is assessed by that institution to ensure it is of the appropriate standard
- Existing HEI frameworks can be used to accredit employer-provided programmes (cohorts rather than individuals)

As part of the quality assurance process for the HEI, employers wanting to have a programme, course, module or unit of work based learning accredited will be asked the following set of questions (Below there is an example of a successful process). These are the issues that need to be considered at an early stage of the process. You don't need to have all the answers as some things will be developed as part of any agreement or partnership, but it is important to have thought about them:

- Is the employer willing for students to undertake elements of assessment of learning?
- How is the curriculum or subject element actually delivered?
- How do you ensure that the learning outcomes are addressed in the assessment?
- How does the assessment take place?
- Who quality assures the assessment within the organisation?
- What sort of support and training is there for assessors and mentors?
- Do you have a learning contract with each employee and how is the learning contract developed?
- Are the levels appropriate?
- How do you balance the content of the learning between generic and subject specific?
- What range of assessment would be most appropriate to ensure completion of learning outcomes?

### **How do universities decide how much APEL they will give?**

APEL is a complex concept to those unfamiliar with it, and there is not a lot of national guidance on its processes. Some HEIs make available straightforward, user-friendly information on their websites about process, cost and contacts but this is not always the case. Some provide general information. Health and social care related provision has a longer tradition of welcoming APEL than some other disciplines and information is often provided at course or subject level. All HEIs however will address APEL in their academic regulations as its assessment involves both regulatory and academic practice. So the ability to recognise prior experiential learning against the requirements of an award must be contained in the institution's regulations and expressed through related policies and procedures, and be reflected consistently in programme specific literature.

**Activity 5b: Review APEL policies**



Familiarise yourself with your local HE providers APEL policies. These can be found on websites and this activity provides links to a number in Yorkshire

Institutions want to ensure that learners have undertaken a sufficient volume of learning in the institution for there to be confidence in the judgements made on their achievements, and set a ceiling on credit from APEL. However, this is under review where frameworks for the flexible construction of awards exist, enabling fuller recognition of varied outcomes and learning. Minimum levels of credit which can be awarded should be clearly signalled and this is one of the key factors in selecting which institution you might want to work with



*These three documents address some of the quality assurance issues that HEIs have to grapple with for all their provision and provide examples of how they manage to work successfully with employer partners.*

- [http://www.heacademy.ac.uk/assets/York/documents/ourwork/employability/employer\\_engagement/EEL\\_chapter1.pdf](http://www.heacademy.ac.uk/assets/York/documents/ourwork/employability/employer_engagement/EEL_chapter1.pdf)
- [http://www.heacademy.ac.uk/assets/York/documents/ourwork/employability/employer\\_engagement/EEL\\_chapter3.pdf](http://www.heacademy.ac.uk/assets/York/documents/ourwork/employability/employer_engagement/EEL_chapter3.pdf)
- <http://www.qaa.ac.uk/employers/EffectiveProvision.pdf>

**How is APEL awarded?**

An initial decision about the appropriateness of a proposed or existing programme for approval or accreditation at HE level needs to be made at the earliest opportunity to ensure the employer gets clear advice about what, if anything, HE can offer

Challenges in deciding the level of a work-based programme are not unusual and often reflect the depth and complexity of applied learning for experienced employees. The process of preparing the programme for accreditation is likely to involve demanding and detailed negotiations between the university and the employer about:

- Size of the programme (CATS points, period of delivery)
- Level(s) of the programme
- Possible award
- Delivery of the programme
- Assessment of the programme

Key questions that are likely to come up	
University	Employer
Is the programme at the correct level for HE accreditation?	How long will the whole process take? When can students be enrolled on the university programme?

Does the proposed programme fit with existing structure/ mission of learning programmes in the school, faculty or university?	How much work will we have to put into the process of preparing the programme for accreditation? Will we need to attend any formal meetings about accreditation?
Is the programme a suitable 'size and shape' for the university system?	When do we need to sign a contract? What is negotiable?
Does the programme contain an appropriate balance of skills, knowledge and understanding for HE accreditation?	What will students get as a result of completing the learning programme?
Is the employer willing to amend the programme to increase the knowledge/understanding/theoretical content as appropriate?	When will students know they have passed the programme?
What would be the initial staff development/support requirements to develop effective use of APEL in this project?	Can we continue to use our current selection programme to identify students for the programme?
Is the employer willing for students to undertake elements of assessment of learning?	If we have students who leave the organisation will they be able to get any credit for completing part of the programme?
Is there a viable financial case for designing and/or accrediting a new programme, especially taking into account prospective student numbers?	How much will it cost and when will we have to pay? How can we monitor our staff involvement on the programme and what will be the other resource implications for releasing staff to study?
What support will be given for staff to have protected learning time; to be supervised/mentored in the workplace?	Can we go on using the people who currently teach the programme to deliver and assess learning? Will they have to do any additional training?
Resources and materials for learning and to be able to access learning support?	What can students do next after they have finished studying this programme?
Is the activity sustainable?	Is the activity sustainable?

## One journey

This section explains how one HEI has worked with one employer to agree how APEL can be applied to cohorts of learners. The University of Bradford, School of Health Studies, Division of Physiotherapy & Occupational Therapy has developed a Certificate in Reablement Support. This is a 120 credit course at level 4.

The Certificate in Reablement Support has been specifically designed for support workers currently employed in health and social care to build on work based competence training, equipping them for assistant practitioner/level 4 support worker roles. The programme is made up of theoretical and work based learning (WBL) modules. Students undertake WBL in their current workplace, to facilitate the development of skills that are specific to patient pathways, in line with the relevant National Occupational Standards.

This programme has been designed in collaboration and consultation with regional and local employers, in response to a specific need to develop learning opportunities for the support workforce.

- Members of staff from the School were approached by Calderdale and Huddersfield NHS Foundation Trust to work out how learning and development carried out in the workplace could be counted towards this qualification
- Initial discussions suggested that it would be possible to map the learning carried out at work against 2 of the modules on the course. They are the ones shaded in green on the course structure diagram below:

### PROGRAMME STRUCTURE

<b>PERSONAL &amp; PROFESSIONAL DEVELOPMENT</b>	
<b>LINKED MODULE</b>	
<b>30 CREDITS</b>	
<b>WORK BASED LEARNING 1</b> <b>INTRODUCTION TO PRACTICE</b> <b>30 CREDITS</b>	<b>WORK BASED LEARNING 2</b> <b>REABLEMENT IN CONTEXT</b> <b>40 CREDITS</b>
<b>HEALTH ,SAFETY &amp; SECURITY</b> <b>20 CREDITS</b>	
<b>SEMESTER 1</b>	<b>SEMESTER 2</b>

- The staff from the Trust were supplied with module descriptors for the relevant elements of the course and a meeting was arranged. Prior to the meeting the employers were asked to provide examples of assessed work so that academic staff could satisfy themselves the work was of both an appropriate standard and an appropriate adviser.
- The meeting took a whole day. It was informal, but rigorous. Members of the academic department, as well as advisers from the employer engagement unit, met with people responsible for learning and development at the Trust. The Trust's training manager attended, as did one of the learners who came along to explain how she had experienced the learning.
- Examples of portfolios completed by learners were provided and examples of relevant current work reviewed.
- The key questions from the table above were explored, with a particular emphasis on the following:
  - How is the curriculum element delivered?
  - How do they ensure that the learning outcomes are addressed in the assessment?
  - How does the assessment take place?
  - Who quality assures the assessment?
  - What support and development is available for assessors?
  - How the learning contract is developed?
  - Are the levels appropriate?
  - How will UoB satisfy itself that all is in order?

What was important about this process is that it took place in a supportive and collaborative context which meant that searching questions about quality and rigour could be made without defensiveness and suspicion. Suggestions were made about how the learning could be contextualised and reflected on by individuals in order to ensure that outcomes were indeed at level 4.

- A full record of the discussions was made and by the end of the day, the employers and the university were satisfied that the learning was appropriate to be awarded these 50 credits at level 4.
- The course approval then went through the usual university channels successfully, as there was ample evidence that the APEL provision had been carried out with due diligence for all quality assurance considerations.

## Part Six: Supporting APs, mentoring and supervision in practice

It is important, with any work-based learning development, to consider the support requirements for the learners. As noted earlier the involvement of the whole team is needed to understand what these requirements will be on the learners concerned, on other staff working in the team, on the department/unit, as well as the implications across the service as a whole.

The workers who are invited to apply for AP roles should understand the implications for entering the role because the demands can be quite high and confidence and capability to undertake higher levels of learning needs encouraging. There should also be appropriate motivation for them to undertake the development. Spilsbury's research mentioned earlier demonstrates that recognition for those in the role and providing the opportunity to develop and demonstrate their new skills and capabilities is particularly important. Learners should have protected time off for study and the service should provide backfill while they access the training or learning required. This can cause considerable problems for the service if it is not taken into account early on in the planning stages. Learning providers too need to ensure that these issues are addressed in negotiations for putting on study programmes.

The development of flexible learning provision involves a number of different elements and each requires different support systems to be in place. This too should be accounted for in early discussions, for example in relation to:

- how the programmes of study are structured
- how the programmes will be delivered such as through blended learning or e-learning
- the teaching methods used
- the blend between assessing competence and demonstrating academic knowledge
- the use credit accumulation and transfer as described earlier to support progression and accelerated learning



*In recent years how higher education providers manage and support work-based learning has resulted in several projects highlighting good practice. Details of some of this work can be found on the Higher Education Academy website:*

<http://www.heacademy.ac.uk/ourwork/teachingandlearning/employability/employerengagement>

*As noted earlier a publication discussing QA issues in relation to employer responsive HE provision been produced and Chapter 7 is particularly relevant here*

[http://www.heacademy.ac.uk/ourwork/teachingandlearning/employability/alldisplay?type=resources&newid=ourwork/employability/EmployerEngagement/EEL\\_QualityAndRespondingToEmployerNeeds&site=york](http://www.heacademy.ac.uk/ourwork/teachingandlearning/employability/alldisplay?type=resources&newid=ourwork/employability/EmployerEngagement/EEL_QualityAndRespondingToEmployerNeeds&site=york)

Any new role development within a care setting cannot be implemented without appropriate support systems and opportunities provided for the learners to share experiences and address challenges, usually with a supervisor or mentor. In addition where additional responsibilities are being given to individuals, there is a requirement for them to undertake some tasks in a supervised way. The WYLLN scoping of job descriptions has demonstrated that the area of autonomy and undertaking tasks with supervision can sometimes be a grey area and ultimately requires early clarification as discussed above. Generally in the case of the introduction of APs this has placed additional requirements on staff working at higher levels such as professionally registered staff.

As Millar's review noted providing the supervisory and mentoring role may be something to be considered early on in the project. For some professionally registered staff the supervision of other team members working at lower skill levels may be a natural and acceptable part of their role but for others the supervision of the APs may be seen as an additional element on their own role. Millar notes too that some departments may find providing mentors and supervisors can restrict where AP roles can be introduced

## Supervision

The NHS Scotland programme identified earlier has defined the role of a supervisor and mentor to support Health Care Assistant (AP) developments. In relation to supervision the suggestion is that the level and type of supervision required should be based on the following criteria:

- the needs of the patient or client
- the nature of the task or care activity
- the relevant experience of the worker, including any relevant education and training
- their familiarity with the task or care activity, as well as with the patient or client
- the complexity of the task or care activity

Supervision may be provided directly and indirectly and consists of four elements: delegation, direction, guidance and support and these can vary dependent on the context and complexity of the task or care activity.



### Activity 6: Supervising and mentoring for your new APs

Employers can use this activity to review the supervision and mentoring requirements for supporting APs when in post. This can also be used as a basis for determining the support needs of mentors /supervisors

## Mentoring

In a workplace learning context in general a mentor's role is to support learning. For APs who may have been out of formal learning environments for some time and who may have a need to develop confidence and become a proactive learner, there may be a requirement to offer a peer mentor who sits outside any other line management or supervisory role and provide support for concerns that may be indirectly affecting the learning. For example, the mentoring activity may involve:

- discussing strategies for managing work/study/life balance;

- providing encouragement; and
- making suggestions for where new opportunities for learning in the workplace may be found.

In health, social care and education training, the role of the mentor may also include assessing learners, but this needs to be clarified early on. Both the mentor and mentee will require guidance on making the most of their role and the opportunity presented. The range and nature of the role needs to be agreed in advance, and, if assessing is to be included, the potential for tension between supporting and assessing learners needs to be fully explored.

Education providers often provide development opportunities for mentors, where the interpretation of the role is considered, and appropriate skills and competences are explored and developed. The Yorkshire and Humber Strategic Health Authority has worked closely with local HE providers to develop good practice in placements for learners in undertaking training programmes. While much of this work has its focus on pre-registration provision, there may be opportunities for exploring with HE partners how the developments complement the requirements for AP role development to ensure the guidance is implemented to support their needs. Details can be found here:

[http://www.yorksandhumber.nhs.uk/what\\_we\\_do/workforce\\_education\\_and\\_training/education\\_and\\_training/practice\\_placements/](http://www.yorksandhumber.nhs.uk/what_we_do/workforce_education_and_training/education_and_training/practice_placements/)

Locally these developments have resulted in a common framework for supporting mentors and supervisors. A WYLLN partner delivers a 'Supporting Learning in Practice' module:

<http://www2.hud.ac.uk/hhs/courses/cpd/modules/hmh1052.php>



*The free staff development on-line resource for workplace mentors and supervisors that fdf has produced in partnership with the Open University: Supporting Workplace Study may be of interest. Although the initial focus here is on Foundation Degree development the main principles and content apply to other accredited work-based / practice based course of study 'Both new and experienced mentors and supervisors will find this flexible resource useful as a contribution to their own learning and development in the workplace'.*

<http://www.fdf.ac.uk/page.aspx?id=35>

Millar notes that, when introducing AP roles in to the care setting, there may not be any other option than to include professionally registered staff in supervision and mentoring. However as more APs become qualified and experienced there may need to be a focus on using the APs themselves as mentors to colleagues working in lower bands. This should be considered a part of the CPD associated with the AP role and can be built on to assist them in future progression.

## Part Seven: Evaluating/measuring impact of the role and return on investment

Whether you are a practitioner in a health or social care setting or an educator based in further or higher education, you need to include from the start how you will evaluate and measure the impact of the change from introducing the new AP role initiative. There is a need to identify clear quantitative and qualitative benefits with tangible and measurable Key Performance Indicators (KPIs). If these are established early in the development, it is easier later to share the outcomes with others, because you will have collated appropriate data that reflect the benefits of the change. This also provides a supportive framework for your new APs who will obtain greater support and recognition within the service if their value is measured.

The metrics you choose for measuring the AP development may vary in relation to your initial drivers and motivations. If this is to improve a particular aspect of the service user experience then it is important to consider how it can be measured. For example within the care setting this might be in relation to:

- better turnover and retention rates of staff
- motivation and attachment to the organisation/ commitment to department
- reducing sickness and absence rates
- time frame to competence
- progression rate to higher levels/improved career planning
- improvements in waiting times
- more contact time with service-users
- better health/care outcomes for clients
- delivering a new service/use of technology in a more innovative way, etc

For education providers, the motivations may relate to the drivers relevant to the education sector or for funders of learning provision. This could be for increasing student numbers, introducing new flexible provision or new pedagogic practices. Evaluation for new learning is often considered within a quality framework; is the new development appropriate and of good enough quality to be effective practice and does it meet the institutional requirements within Quality Assurance and Enhancement processes and procedures? Higher Education work-based learning that has been developed in response to employer needs has been considered recently by the Quality Assurance Agency (QAA) in partnership with *fdf* and the Higher Education Academy and guidance has been produced relating to relevant quality processes. Recently there has been an English project to highlight demonstrator sites of HE institutions who are addressing some of these issues.



*For guidance on QA issues in relation to employer responsive provision see the recent QAA reflective report on developing effective provision*  
<http://www.qaa.ac.uk/employers/effectiveprovision.pdf>

*The QAA report is supported by examples from collaborative demonstrator sites addressing some of the QA issues for learning provision that meets employee/work-based learner need. This has been produced by the Higher Education Academy with FDF and the QAA.*

[http://www.heacademy.ac.uk/ourwork/teachingandlearning/employability/alldisplay?type=resources&newid=ourwork/employability/EmployerEngagement/EEL\\_QualityAndRespondingToEmployerNeeds&site=york](http://www.heacademy.ac.uk/ourwork/teachingandlearning/employability/alldisplay?type=resources&newid=ourwork/employability/EmployerEngagement/EEL_QualityAndRespondingToEmployerNeeds&site=york)

The evaluation of changes in NHS workforce development and innovation has been considered by the NHS Institute for Innovation and Improvement (NHSI). The Institute recommends that any change programme should take into consideration how it will be evaluated and impact measured and that the means to do this is built into the change process through:

- Demonstrating the impact on target areas
- Helping to identify and disseminate good practice
- Justifying any additional investment needed

A measurement strategy should be put in place to ensure relevant data is captured at the outset while also wider implications and unintended consequences of the change are reported. The NHS Modernisation Agency '10 High Impact' proposals for change in the NHS included one for Role Redesign and reflects the steps the WYLLN demonstrators have undertaken in developing the AP roles.



The NHS Modernisation Agency (2004) *10 High Impact Changes for service improvement and delivery: a guide for NHS leaders*

[http://www.ogc.gov.uk/documents/Health\\_High\\_Impact\\_Changes.pdf](http://www.ogc.gov.uk/documents/Health_High_Impact_Changes.pdf)

*The NHSI has provided a number of tools which can be useful for measuring particular activities in different settings and health practitioners may find the resources helpful.* [http://www.institute.nhs.uk/innovation/innovation/measurement\\_tools.html](http://www.institute.nhs.uk/innovation/innovation/measurement_tools.html)

The NHS Institute Quality and Service Improvement Tools include methods for collating evidence of improvement and include

- Stage of Project tools that are relevant to implementing a service improvement project, e.g. starting out, diagnosing the cause etc
- Type of Task tools associated with addressing specific tasks, e.g. mapping the process, thinking creatively etc
- Type of Approach tools linked to a specific approach, e.g. Lean, Six Sigma, analytical tools etc
- Seven Ways to No Delays - identifies ways to improve patient flow and design delay-free services in order to achieve better patient care
- Patient Pathways - tools that relate to the seven stages of the patient pathway

More detail on these can be found here:

[http://www.institute.nhs.uk/option.com\\_quality\\_and\\_service\\_improvement\\_tools/Itemid.5015.html](http://www.institute.nhs.uk/option.com_quality_and_service_improvement_tools/Itemid.5015.html)

A further measure of success, which is of most interest to those who offer development and continuation funding, is to have a clear understanding of the costs of the change process and demonstrate added value from the change. The aim would be to identify how introducing the AP role provides better utilisation and outcomes of the resources available, to eliminate wastage (e.g. when staff are not retained) and how capacity within the system can be freed up to allow the service to work differently.

The development will require an investment of time and funding so it is important to measure the returns to the service of the cost of the investment. For example as well as the costs of the stages of the role development as outlined above there is a need to take into account additional costs for supervision and mentoring as well as the requirements for protected time off to study and the associated backfilling required for this to happen. Service providers also need to take into account the costs associated with the auditing of the role. The WYLLN partners have also demonstrated the importance of giving consideration to the costs of developing education and learning programmes. Financing the HE level learning has been problematic but by opening dialogue about accredited or non-accredited learning and the size and flexibility of the learning, the costs of the provision can be more openly discussed. Whether new or adapted provision, delivered in-house, work-based or in an HEI all may require set up costs and the investments should be recognised.

The NHS Quality and Service Improvement web-pages provide a Return on Investment calculator which can take service developers through a process of reflecting on costs and the impact of the investment in the service improvement.

[http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/Return\\_on\\_Investment\\_%28ROI%29\\_calculator.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/Return_on_Investment_%28ROI%29_calculator.html)

A number of the WYLLN partners have taken advantage of a Yorkshire and Humber SHA training opportunity to help to identify the cost-benefit impact of introducing the AP role. The Education Commissioning Team within NHS Yorkshire and the Humber has been working on a Return on Investment (ROI) evaluation methodology in partnership with *abdi ltd* and the training provides an introduction to the methodology. Further detail can be found here:

[http://www.yorksandhumber.nhs.uk/what\\_we\\_do/workforce\\_education\\_and\\_training/education\\_and\\_training/return\\_on\\_investment/](http://www.yorksandhumber.nhs.uk/what_we_do/workforce_education_and_training/education_and_training/return_on_investment/)

A final comment on impact measures is to consider the different ways to improve services to patients through the change. One of the WYLLN partners has developed the competences and job description for APs that incorporate not just the competences required for delivering care in a particular service but also those associated with a health initiative such as 'Healthy Ambitions', the 'Making every contact count' initiative promoted in Yorkshire and Humber. In this way the added value of the new role can be given additional impetus and such new initiatives should be taken into account for others who may want to introduce the new AP role

<http://www.healthyambitions.co.uk/Uploads/BetterForLess/08%20BETTER%20FOR%20LESS%20every%20contact%20counts.pdf>

## Concluding Comments

We hope you have found this Toolkit helpful in developing your Assistant Practitioner roles.

Overall the WYLLN project highlighted the benefits of **collaboration** between care organisations and higher education providers involved in workforce changes to enhance higher level skills in care settings. The development of the APs locally demonstrates that the role does fit appropriately within a changing care context, and that an honest and open dialogue can encourage the development of mutually beneficial learning opportunities. The WYLLN partners have still some way to go to achieve the vision of developing a flexible framework of learning that meets the needs of local care providers to enhance the higher level skills of their employees. However progress has been made, and soon AP roles will be a recognised part of care teams, with appropriate higher level learning established to support their competence in the workplace.

**We have selected Ten Key messages** from the project.

1. Make sure you get senior manager buy-in from the outset to support and drive this initiative
2. Make a good financial business case for the change using a qualitative and quantitative evidence base
3. Ensure service user needs are recognised upfront and involve them in the change process and take their contributions into account
4. Involve a range of staff in the change process and set up an inclusive working group to ensure objectives are fully understood and to develop internal champions. This should include trade union or other staff representatives.
5. Provide dedicated time and resources to push the project forwards and to develop understanding and trust between different players in order to obtain support
6. Look for internal and external opportunities and resources to help with the project, especially funding for staff time
7. Take time to identify appropriate staff to encourage to progress into the role as a pilot group and make clear to them the rewards and potential pitfalls
8. Ensure appropriate supporting systems for the learners are identified early on including time, space, flexibility to undertake research and learning, supervision and mentoring
9. Include internal reward and recognition systems for the new roles
10. Ensure that an evaluation and monitoring strategy is present from the beginning and not just done reflectively

## References, Selected Reading and useful Websites



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## Skills for Health: useful information related to AP development

Skills for Health: *Proven role templates for skilled and flexible workforce: Assistant Practitioner*

<http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/competence-based-workforce-design/national-transferable-roles/assistant-practitioner.aspx>

Skills for Health (2010) *England Regional Skills and Labour Market Intelligence Briefings*

<http://www.skillsforhealth.org.uk/workforce-design-development/workforce-strategy/skills-labour-market-intelligence/~media/Resource-Library/PDF/LMI-Yorkshire-and-The-Humber-Skills-and-LMI-Briefing-2010.ashx>

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[http://www.skillsforhealth.org.uk/sitesearch.html?q=expert+paper&x=12&y=8&option=com\\_artofgm&filter=0](http://www.skillsforhealth.org.uk/sitesearch.html?q=expert+paper&x=12&y=8&option=com_artofgm&filter=0)

Skills for Health have extensive information and supportive materials on the Career Framework and Level descriptors:

<http://www.skillsforhealth.org.uk/developing-your-organisations-talent/more-efficient-workforce-planning/>

Details of National Occupational Standards developed by Skills for Health can be found on their website:

<http://www.skillsforhealth.org.uk/about-us/competences%10national-occupational-standards/>

## Skills for Care: some relevant information on workforce change

Skills for Care (2010) *Taking Steps - a guide to workforce planning for providers of adult social care*

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## **Selection of reports and websites on Workforce Change and Impact**

National Institute for Health Research SDO programme: *Evaluation of the development and impact of assistant practitioners supporting the work of ward-based registered nurses in acute NHS (hospital) trusts in England*

<http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1619-159>

NHS institute for Innovation and Improvement: *Better Care Better Value indicators*

<http://www.productivity.nhs.uk/Default.aspx>

*Better Care, Better Value indicators* for generic information on ways to improve productivity but with closer inspection of individual Trust indicators.

<http://www.productivity.nhs.uk/RenderReport.aspx>

<http://www.productivity.nhs.uk/Dashboard/For/National/And/25th/Percentile>

Skills for Health (2010) *Impact of Nationally Transferable Roles on Productivity-Building an Evidence Base* <http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/competence-based-workforce-design/-/media/Resource-Library/PDF/Impact-of-Nationally-Transferable-Roles-on-Productivity.ashx>

Skills for Health *Review of analytical tools and resources available to support local workforce planning* [http://www.healthcareworkforce.nhs.uk/national\\_priorities/child\\_health/stage\\_2.html](http://www.healthcareworkforce.nhs.uk/national_priorities/child_health/stage_2.html)

Skills for Health Workforce Planning

<http://www.healthcareworkforce.nhs.uk/workforce-planning-competence-framework/>

Skills for Health (2010) Working Paper *Understanding the contribution of Skills to productivity in the UK Health Sector*

<http://www.skillsforhealth.org.uk/workforce-design-development/workforce-strategy/skills-labour-market-intelligence/-/media/Resource-Library/PDF/Understanding-the-Productivity-Debate.ashx>

Skills for Health have a well established e-toolkit for workforce development and this can be drawn on when making the case for AP development <http://www.skillsforhealth.org.uk/planning-your-workforce-strategy/six-steps-workforce-planning-methodology/>

[http://www.healthcareworkforce.nhs.uk/resources/latest\\_resources/six\\_steps\\_e-learning\\_resource.html](http://www.healthcareworkforce.nhs.uk/resources/latest_resources/six_steps_e-learning_resource.html)

The NHS Institute for Innovation and Improvement have produced a significant number of tools for role redesign which can be useful to help NHS service providers undertake change.

[http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/role\\_redesign.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/role_redesign.html)

More detail on these can be found here:

[http://www.institute.nhs.uk/option.com\\_quality\\_and\\_service\\_improvement\\_tools/Itemid.5015.html](http://www.institute.nhs.uk/option.com_quality_and_service_improvement_tools/Itemid.5015.html)

NHS Employers: *Planning your support workforce*

<http://www.nhsemployers.org/PlanningYourWorkforce/SupportWorkforce/Pages/SupportWorkforce.aspx>

The Calderdale framework can be found here: <http://www.healthcareworkforce.nhs.uk/ffc/aboutus.php>  
and a summary of the outcome of the development can be found here

<http://www.nhsemployers.org/SharedLearning/Pages/DevelopmentofAssistantPractitionerRoleusingtheCalderdaleFramework.aspx>

Yorkshire and the Humber Quality Observatory, QIPP Resource Pack, Nov 2009

<http://www.yhpho.org.uk/resource/view.aspx?RID=64442>

The NHS Quality and Service Improvement Return on investment calculator

[http://www.institute.nhs.uk/quality\\_and\\_service\\_improvement\\_tools/quality\\_and\\_service\\_improvement\\_tools/Return\\_on\\_Investment\\_%28ROI%29\\_calculator.html](http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/Return_on_Investment_%28ROI%29_calculator.html)

NHS Yorkshire and the Humber Return on Investment (ROI) evaluation methodology in partnership with [abdi ltd](#) training

[http://www.yorksandhumber.nhs.uk/what\\_we\\_do/workforce\\_education\\_and\\_training/education\\_and\\_training/return\\_on\\_investment/](http://www.yorksandhumber.nhs.uk/what_we_do/workforce_education_and_training/education_and_training/return_on_investment/)

### **Other Websites: Tools and resources**

Nursing and Midwifery Council pre-registration standards: NMC (2010) *Library of Standards: Standards for pre-registration nursing* <http://standards.nmc-uk.org/Pages/Welcome.aspx>

<http://standards.nmc-uk.org/PreRegNursing/statutory/explanation/Pages/explanation-of-terms.aspx>

NHS employers, Agenda for Change website

<http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-Homepage.aspx>

NHS Yorkshire and Humber SHA Healthy Ambitions

<http://www.healthyambitions.co.uk/HealthyAmbitions/>

<http://www.healthyambitions.co.uk/>

NHS Yorkshire and the Humber Quality Observatory, QIPP Resource Pack, Nov 2009

<http://www.yhpho.org.uk/resource/view.aspx?RID=64442>

NHS Yorkshire and Humber: *Making every contact count*' initiative

<http://www.healthyambitions.co.uk/Uploads/BetterForLess/08%20BETTER%20FOR%20LESS%20every%20contact%20counts.pdf>

NHS Yorkshire and the Humber: *Practice Placements*

[http://www.yorksandhumber.nhs.uk/what\\_we\\_do/workforce\\_education\\_and\\_training/education\\_and\\_training/practice\\_placements/](http://www.yorksandhumber.nhs.uk/what_we_do/workforce_education_and_training/education_and_training/practice_placements/)

University of Huddersfield: Supporting Learning in Practice module:

<http://www2.hud.ac.uk/hhs/courses/cpd/modules/hmh1052.php>

*fdf with the Open University: Supporting Workplace Study.* <http://www.fdf.ac.uk/page.aspx?id=35>

The NHS Careers website <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=2030>

*The new Single Equality duty for public services*

<http://www.apho.org.uk/resource/item.aspx?RID=61858> and <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/>

## ANNEXE ONE

### ACTIVITY 1: Checklist for starting-out on Assistant Practitioner role development

Health/Social Care and Education providers can use this checklist

Suggestions for starting on the right track	Check Yes/No?	What do you need to do next?
Have you reviewed the WYLLN Toolkit for ideas and suggestions?		
Have you identified a demand for support for AP development in your area of work?		
Have you discussed with your senior manager/colleagues?		
Are you are aware of any other developments in your service? Can you find out about these?		
Do you know who you need to contact to progress your ideas?		
What resources do you need to support any new ideas?		
Where will you find the resources?		

## **ACTIVITY 2: Making your Business Case for AP development**

In any new initiative it is important to make the business case for why the organisation should get involved in the development. Use this outline for developing your business case. The points listed are examples to prompt you. Look out for an established template your organisation may already use to present the business-case.

- 1. Describe the context for the requirement to engage with the AP development**
- 2. Outline the drivers for your engagement with the agenda**
  - National and local policies and other influencing issues
  - Legislative changes
  - Service requirements and improvements
  - Client/service user needs
  - Workforce needs/staff development
- 3. Identify and present the evidence for why the change would benefit the organisation**
  - Changing demands such as Widening participation Equality and diversity/inclusion
  - Quality Assurance
  - Demographics
  - Customer service improvements
  - Labour market information
  - Other relevant metrics
- 4. Benefits to organisation**
  - Options described
  - Costs/revenue issues
  - Modelling potential outcomes
  - Collaboration
- 5. Risks outlined**
  - Loss of potential revenue
  - Loss of reputation, fees
  - Recruitment and retention/turnover issues
  - Staff engagement/commitment to organisation
  - Collaboration
- 6. Dependencies**
  - what will make it work or fail
  - staff involvement and commitment of seniors
- 7. Affordability**
  - Where will the funds come from for this initiative
- 8. Costs and Expenditure clearly outlined**
  - Financial implications clearly outlined with KPIs
- 9. Stakeholder involvement**
  - Indication of key players to be involved
- 10. Critical success factors**
  - The key elements that will make this initiative successful

### ACTIVITY 3: Setting up your working groups

One of the critical factors that can make the AP development successful is to know who and when to involve in the development. This is a tool for you to use to adapt to your own circumstances to explore who to involve and when. Who do you want to see in your steering and working groups?

Stage of project	List the Individuals/group you want to involve in the project	Communication method: how will you obtain and maintain interest
Making the case for the AP development-scoping your idea		
Developing the business case		
Developing the action plan		
Implementing the plan		
Internal and external stakeholders		
Funding/resources/financial issues		

**ACTIVITY 4: Describing the AP role, tasks and the competences required**

This activity is designed for health and social care providers. The Skills for Health NTR role, Competence Search Tool and Functional Map can be used to identify National Occupational Standards (NOS) associated with the competences: <http://tools.skillsforhealth.org.uk/>. Adapt the table to suit your needs. Remember to think about the code of conduct for your APs and how this fits with competence development too.

Role/task requirements	Competences required	NTR competences
		Core competences <ul style="list-style-type: none"> <li>• Communication</li> <li>• Personal and people development</li> <li>• Health safety and security</li> <li>• Service improvement</li> <li>• Quality</li> <li>• Equality and diversity</li> </ul>
		Further specific functions <ul style="list-style-type: none"> <li>• Health intervention</li> <li>• Health promotion and protection</li> <li>• Education, learning and research</li> <li>• Information Management/ICT</li> <li>• Facilities and Estates</li> <li>• Medical devices products and equipment</li> <li>• Management and Administration</li> </ul>

## ACTIVITY 4a: Developing your AP job description

Here is suggested outline for an AP job description (JD) to assist in developing your own. The JD will be developed from the detailed identification of the competences your service considers relevant to the job. The outline here reflects the findings from the WYLLN project and the Skills for Health NTR.

### **JOB DETAILS**

**Job Title:**

**Reports to:**

**Accountable to:**

**Grade:** (usually AfC Band 4)

**Unit/Department:** (an outline of the staffing structure may help)

**Location:**

### **1. JOB PURPOSE- describe the role**

*In this section be aware of how the role is described to reflect the SFH principles in relation to*

- *autonomy/ independent decision making and/or providing supportive assistance;*
- *the parameters and protocols associated with the role;*
- *elements of working under supervision;*
- *direct delivery of care interventions;*
- *responsibilities of working within a multi-disciplinary context;*
- *requirements to fulfil a supporting and supervisory function to junior staff;*
- *personal development, training, education requirements;*
- *observation of local service developments, quality provision and legislative requirements;*
- *any specific functions relevant to the care setting*
- *Objectives and relationship to the aims of service*

### **2. KNOWLEDGE, SKILLS AND EXPERIENCE REQUIRED**

*The person should have experience of working within an appropriate/related health or social care setting, and should be qualified at NVQ level 3 or with academic qualifications at the same level, such as BTEC Diploma, Access to HE or above. The requirements should reflect the competences to undertake the role, to demonstrate skills and attributes required for working with people in health and social care settings; demonstrate they have had continuing training and development; reflect a level of experience, training and qualification that HE providers will be familiar with as entry criteria into HE programmes of study*

### 3. PRIMARY DUTIES AND AREAS OF RESPONSIBILITY

*The NTR templates identify detailed competences which should be considered but the JD should reflect on the main tasks and key areas of responsibility relevant to the care setting and suggest the competences required.*

- Communication
- Personal and people development
- Health safety and security
- Service improvement
- Quality
- Equality and diversity

Further specific functions selected from these should be outlined that are relevant to the job role and care setting:

- Assessment
- Health intervention
- Health promotion and protection
- Education, learning and research
- Information Management/ICT
- Facilities and Estates
- Medical devices products and equipment
- Management and Administration

### 4. LOCAL REQUIREMENTS

Any local/national regulations/requirements relevant to the care setting should be outlined.

### 5. PERSON SPECIFICATION

A person specification identifying key areas and essential and desirable elements should be drawn up and detail of how they will be assessed.

### 6. JOB DESCRIPTION AGREEMENT

Ensuring the job description is agreed through appropriate senior management channels is important to note as this gives the role recognition and approval. (For NHS Trusts for example this may be Agenda for Change processes).

**ACTIVITY 5: Learning for AP competence development**

This activity can be used by education and training providers together. Reflect on the duties of the APs in different care settings and from your involvement with your partners and using the Toolkit, consider the learning required to underpin the role development. Can you identify appropriate underpinning learning within your existing provision? Does bespoke learning need to be developed?

NTR Competences needed to undertake the role	Learning review: your existing suitable provision	Gaps in existing provision? Bespoke provision required?
<p>Core competences</p> <ul style="list-style-type: none"> <li>• Communication</li> <li>• Personal and people development</li> <li>• Health safety and security</li> <li>• Service improvement</li> <li>• Quality</li> <li>• Equality and diversity</li> </ul>		
<p>Further specific functions</p>		
<ul style="list-style-type: none"> <li>• Health intervention</li> <li>• Health promotion and protection</li> <li>• Education, learning and research</li> </ul>		
<ul style="list-style-type: none"> <li>• Information Management/ICT</li> <li>• Facilities and Estates</li> </ul>		
<ul style="list-style-type: none"> <li>• Medical devices products and equipment</li> <li>• Management and Administration</li> </ul>		

**ACTIVITY 5a: Should your existing learning get credit recognition?**

This activity can be undertaken by employers before meeting with education providers but equally it could be undertaken together. By taking the following themes or learning domains, you can plot them against the credit level descriptors to try and get a feel of where you think the learning might sit, and be prepared to negotiate this if necessary

Credit Level Descriptor	Existing in-house learning
Development of Knowledge and Understanding (subject specific)	
Practical skills (subject specific)	
Key/transferable skills (generic, including group working, self-management etc.)	
Cognitive/Intellectual skills (generic)	

### ACTIVITY 5b: Review APEL policies

Take some time to review university APEL processes and credit agreements. These vary between institutions but the general principles remain the same. This activity may be important for employers who may be unfamiliar with the details and the processes involved.

Some examples of policies from different institutions across the Yorkshire and Humber region can be found following these links:

Leeds Metropolitan University spells out its policy in a document that is available for anyone to access via the website. [http://www.leedsmet.ac.uk/prs/B10\\_Admission\\_with\\_Credit.pdf](http://www.leedsmet.ac.uk/prs/B10_Admission_with_Credit.pdf)

Similarly with the University of Leeds:

<http://www.leeds.ac.uk/qmeu/documents/policy/ltb/Accreditation%20of%20Prior%20Learning.pdf>

The University of Leeds provides specific information relating to its Health courses:

<http://www.healthcare.leeds.ac.uk/downloads/APL-Guidance-Notes-for-Applicants-October-09.pdf>

Huddersfield, University also provides access to its academic regulations and specific advice about APEL and its Human and Health Sciences provision:

[http://www2.hud.ac.uk/shared/shared\\_regwg/docs/regulations\\_handbooks/awards\\_regs/sectiond.pdf](http://www2.hud.ac.uk/shared/shared_regwg/docs/regulations_handbooks/awards_regs/sectiond.pdf)

<http://www2.hud.ac.uk/hhs/apl/introduction.php>

The following links direct to information from University of Bradford Leeds Trinity University, York St John University, the Faculty of Health and Social Care at the University of Hull and the Open University. These all give a flavour of the institutional approach.

[http://www.brad.ac.uk/escalate/media/Escalate/Documents/APEL/APL\\_Guidance\\_Final.pdf](http://www.brad.ac.uk/escalate/media/Escalate/Documents/APEL/APL_Guidance_Final.pdf)

[http://www.leedstrinity.ac.uk/study/apply/documents/student\\_guide\\_to\\_apl\\_feb\\_2010.doc](http://www.leedstrinity.ac.uk/study/apply/documents/student_guide_to_apl_feb_2010.doc)

<http://w3.yorks.ac.uk/study/admissions-policy/entry-with-advanced-standing.aspx>

<http://www.york.ac.uk/admin/aso/teach/policies/APLGuidance092010.pdf>

<http://www2.hull.ac.uk/fhsc/PDF/2009-APLGuide.pdf>

<http://www3.open.ac.uk/study/undergraduate/course/szl110.htm>

### **ACTIVITY 6: Supervising and mentoring for your new APs**

This activity is mainly designed for employers in their development of the AP role but because it may be a requirement to support learning and assessment in the workplace educators should also consider the issues.

**Use the questions to address some of the requirements. It's worth pulling together a mix of different workers to undertake this task because they may have a particular view if the development impacts on their own work.**

1. What supervision will the new APs require? What tasks will they be expected to do unsupervised and what are those they will require guidance for?
2. Do you need to identify both supervisors and mentors? Who will you ask to undertake these roles?
3. Are there particular regulations you would need to take account of in determining the levels of supervision?
4. Who will you want to supervise your APs? Are they involved in this process?
5. What qualifications and experience are requirements for supervising APs? What personal specifications would you require?
6. How will you develop and introduce the supervisory role? Is training in the role required?
7. What is the specific purpose of the mentoring?
8. How will you recruit your mentors? Are you expecting those in the roles to have particular qualifications or experiences?
9. How will you train your mentors and how will you recognize and reward the role?
10. How will mentors know when to refer their mentee for appropriate support?
11. What are the ethical/confidentiality issues around supervision and mentoring? Can you be clear about the processes for managing these?
12. How will you prepare your APs for mentoring and supervision? Think carefully about how this is developed. Consider the future and how the APs themselves may take on the role of mentor.
13. Think about how this change will be evaluated and impact measured.