



Mapping of Assistant Practitioner role competences for the Flexible Framework in Health and Social Care

Introduction

This report describes the outcome of a selective mapping exercise to identify the common functions and competences as outlined in job descriptions of Assistant Practitioners from across the Yorkshire and Humber region. The mapping will provide an additional source of information to the West Yorkshire Lifelong Learning Network (WYLLN) project which aims to develop, in partnership with local education and NHS Trust providers, a flexible framework of learning in health and social care. The framework of learning will support local employers to up-skill non-professional practitioners to provide a more responsive quality service for meeting clients' needs and in response to changing economic and social circumstances. The framework will provide education and training development for staff to ensure they have the right skills, behaviours and knowledge to carry out roles and responsibilities in a variety of health settings and are able to provide quality care as part of a multi-professional team. The findings provide an interpretation of what NHS Trusts are currently describing as the role, purpose and function of Assistant Practitioners working across a range of settings. Each Trust will have specific requirements and this will be a feature of any dialogue with HE providers on the learning and development required to support the posts. This review illustrates the value of the AP role for all service and education providers while acknowledging the need to develop bespoke provision relevant to particular health and care settings. It presents a brief outline of the role of APs, explains the approach taken in gathering the information, comments on the findings of the mapping exercise and summarises the key messages for higher education providers who are developing appropriate learning provision to support the AP role.

Definition of role of AP role and its relevance to HEIs

Throughout this paper, reference is made to the Assistant Practitioner (AP) role as defined by Skills for Health:

'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 frameworkⁱ (www.skillsforhealth.org.uk, 2010)

As Spilsbury et al (2009)ⁱⁱ observed in their recent scoping study, 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. Spilsbury's research however identified that only 3 out of 14 (25%) of Trusts in Yorkshire and Humber reported they had AP roles (at that time) and this compares with, for example, 84% in the North West and 43% in East Midlands. Although this number is likely to have increased, (anecdotal evidence indicates there are around 140 people currently employed in the role of APs region, indicating a broad spread with little significant numbers in any one area) the region is still lagging behind with development and consequently education providers are less likely to be actively engaged with delivering learning to APs

It is important to note that this research has been sensitive to current debates around the need for regulation for APs and Health Care Support Workers.^{iiiiv} The stimulation of a regional discussion about the role within education providers will contribute positively to the current debate.

Higher education institutions (HEIs) are facing a period of rapid change and considerable uncertainty. In terms of the delivery of health and social care-related learning, collaboration, including the pooling of resources within HEIs, between HEIs, and with local health and social care providers assumes greater significance. The imperative is to ensure more comprehensive, flexible and effective access to learning and support for students, as well as access to wider student markets. Collaboration enables risk-sharing and efficiency gains. The demand for multidisciplinary programmes is also a factor in promoting collaboration. It is increasingly difficult for a single institution to offer a broad range of specialisms.

Within the sector, the unregistered clinical workforce is being up-skilled in a range of procedures. This regional project aims to develop an education and training framework for APs who will deliver protocol-based clinical care under the direction and supervision of a registered practitioner.

The Assistant Practitioner role is seen as a pivotal position within future workforce developments in health and social care. The construction of the AP roles presented below should highlight the flexibility of a role that has been supported by key

stakeholders and employers from a variety of professional practice areas and occupations. This development should provide healthcare workers with the opportunity to develop their career pathways constructed on the patient's care journey and health care needs, rather than careers based around traditional professional boundaries.

Currently, HEIs are responding to the required changes to the pre-registration nursing programme to make it an all-degree profession. These changes will have implications for the future role of registered nurses within the health and social care sectors, and subsequently will have an impact on the skill requirements of existing staff operating at lower levels. There are considerable learning requirements associated with the AP role, as APs will need the skills of critical, analytical and reflective thinking and will need to understand how education and practice are related in terms of evidence-based care. HEIs of course can play a key role in the development of the AP portfolio, facilitating the extension and addition of skills, and responding flexibly to the changing context within the health and social care sector.

These learning requirements may be met in a wide variety of ways and will include NVQs, in-house training programmes and work-based learning which will mitigate the need for sustained time away from the workplace. It may also involve the recognition of prior learning and a greater consideration of how this, and the learning required to address any skills gaps, align with existing provision. Mentorship and supervision will also be essential to any programme of learning. However HEIs will be well-placed to develop bespoke packages of learning, liaising with employers and employees to ensure the most suitable educational pathway for both individual and service need.

The development of the AP role represents an opportunity for HEIs to demonstrate their responsiveness and flexibility through effective partnerships so that HEIs, employers and funding agencies can determine and agree appropriate and effective objectives and priorities.

Methodology

This review consisted of the scrutiny of 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. Skills for Health (SfH), the Sector Skills Council for the health sector has developed a range of proven role templates to support new ways of working and to create a more flexible workforce, referred to as "Nationally Transferable Roles" (NTRs). These provide a structured approach to developing relevant, transferable and nationally endorsed roles across different locations and services and are a tool for local providers to adapt to meet local need. SfH has

developed a template for level 4 roles including Assistant Practitioners. So far it has provided four exemplars with associated national occupational standards. These are accompanied by career framework descriptors and indicative learning and development. A list of the job roles and associated NHS Trusts (where this was available) reviewed for this research is in Appendix 1.

The AP roles, which are listed below, reflect a variety of professional contexts. The regional roles have been developed both by demonstrators in the WYLLN project and other working groups led both by the NHS Yorkshire and Humber, and the Skills for Health Nationally Transferable Roles project. The researchers were able to differentiate, to a limited extent from the information shared, that the APs are based in a number of settings, namely primary care settings (based within a GP practice/PCT), secondary care settings (usually within an acute hospital setting) and community based (working for a Primary Care Trust or Care Trust). For some provision such as for Mental Health an AP may be both hospital and community based and as such require specialist skill and competence developments some of which are identified in the framework below. The review covered the following clinical/service domains and across the variety of health care 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)

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. Where possible, NOS were matched to the learning domains. This was done by comparing and contrasting job descriptions, identifying key words and themes, and cross-referencing to suites of NOS associated with both NTRs and regionally-based roles. This led to the construction of a framework which identifies core or generic competences, followed by more clinically specific but shared domains, and finally role-specific developmental areas. The construction of such a framework should facilitate the development of learning outcomes (based on appropriate NOS, NVQs where applicable, and clinical domains.) 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 should enable education providers to work with employers and commissioners to develop learning outcomes, specialist units, and other learning pathways to achieve robust outcomes in a collaborative and enabling way.

Findings from review of AP job descriptions

Summary of the job role

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.

The locally-developed job descriptions provide information about the entry requirements 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 care setting, 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 reflect the competences to undertake the role, so applicants need to demonstrate those skills and attributes required for working with people in health 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 be willing to work towards a higher level qualification) and in the case of the AP working in Clinical Psychology a degree in psychology is required. What is clear from communication with the employers and 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 as entry criteria into HE programmes of study.

Sector Skills Councils have the lead responsibility for developing National Occupational Standards (NOS) for their sector, working collaboratively with the relevant stakeholders, practitioners and experts. All NOS have to meet the quality criteria set down by UKCES, who are responsible for the approval of all NOS.

Skills for Health (SfH) have determined a suite of six standards that need to be met for the successful delivery of the AP role and include:

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

The AP role has been aligned with the Knowledge and Skills Framework at Level 4 and therefore requires Level 4-5 learning on the Qualification and Credit Framework.

5. Identifies the areas of competence associated with the role
6. The AP should be enabled to develop within their role and progression routes should be available.^v

All job roles in the NHS are determined by the Knowledge and Skills Framework, (KSF). The KSF is used to determine the pay band and role requirements for staff across the grading scheme. Within each of the bands specific levels of responsibility in relation to any posts are aligned with a series of competences associated with the job role.

The Career Framework for Health

The Career Framework for Health is a key tool if you are supporting learning and development of staff in the health sector. It is a guide for NHS and other health organisations which shows how to implement flexible careers and careers development. It does this by enabling individuals to:

- see a wide range of career opportunities
- consider career moves in all directions and think beyond traditional professional groups, including aspiring to new workforce roles
- ensure that the whole workforce, including those who have not pursued career progression in the past, can plan effectively for their future careers
- develop competences in a way that meets their individual needs and the workforce development needs of the organisation.

The Career Framework level relevant here is:

Career Framework Level 4

People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may have responsibility for supervision of some staff. Indicative or Reference title: Assistant/Associate Practitioner^{vi}

A more detailed summary of the career level descriptors can be found on the SfH website.^{vii}

Agenda for Change Bandings

The review identified that half of the job descriptions use the term assistant practitioner or support worker and the job is graded as Band 3. Equally similar titles are used if the job is graded as Band 4. For the purpose of this work we have not differentiated between Band 3 and Band 4, as our research indicates that individual employers will determine through their own mechanisms what the pay band of the AP role will be.

AP Common Core Competences

Skills for Health has identified the core NOS required by any health care worker at level 4 of the career framework for health, and these are included in the standards for the AP role. The Skills for Health NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively.

They cover the key activities undertaken within the occupation in question under all the circumstances the job holder is likely to encounter.

National occupational standards are often referred to as 'competences'. However they are quite separate from locally defined competences. They are tools to help individuals, organisations and training providers to improve performance and develop services. They are useful for carrying out a wide range of activities some of which are described below.

- They describe the minimum standard to which an individual is expected to work in a given occupation
- Set out a statement of competence which bring together the skills, knowledge and understanding necessary to do the work
- Provide managers with a tool for a wide variety of workforce management and quality control
- Offer a framework for training and development
- Form the basis of Vocational Qualifications (VQs) on the Qualification and Credit Framework (QCF) and Scottish Vocational Qualifications (SVQs).

National Occupational Standards are not in themselves levelled therefore they can be used flexibly to create job descriptions at all levels of the career framework. They are indicatively linked to the knowledge and skills framework. Therefore job descriptions may be arrived at from different combinations of competences. Within this WYLLN project employers have approached the development of job descriptions

in different ways. For example one NHS Trust has identified patient needs, developed tasks and functions associated with meeting those needs and then cross referenced these to national occupational standards where possible. In this case the priority is to understand the requirements for the job first. Sometimes it is not always possible to find such a national occupational standard, and a locally defined competence has been created. In the job descriptions scrutinised, there may be elements that do not align with any of the national occupational standards available on the Skills for Health website. This has led to many employers presenting a plethora of competences from different sources on their job descriptions. This review has 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 functions identified by SfH are:

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

Further specific functions for health sector employees have been 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 research provided an opportunity to consider the detailed requirements for the AP role locally and the research has highlighted three elements to role development which will influence the content of appropriate underpinning training and education made available for the AP workforce.

Firstly, all the Assistant Practitioner job descriptions reviewed include the need for core competence development as described above. (From the research it is possible to identify that the AP role *contributes* to service improvement rather than takes a leading role. They have responsibilities for providing quality service and therefore for the purpose of this research it was decided to merge the functions of service improvement and quality).

Secondly, all the AP job descriptions indicate they will be working within specific clinical settings where they will be expected to perform particular functions. From this mapping exercise it has been identified that some of these are also common within the job descriptions in line with those listed above. There are some functions that APs would only have a very marginal association with however such as Information Management/ICT, Management and Administration, and Facilities and Estates. This is mainly because the requirements around the AP role in these areas of competence can be addressed in some of the core competences required for the job and therefore are covered in other sections. However where these functions are more relevant to specific settings they have been included.

Thirdly, there are some competences required for some of the AP roles that are particular to the setting they will be working in. As such they may require more bespoke learning to develop their competences more in tune with the needs of the specific setting. This is discussed further later.

The first table below summarises the common core functions that appear to be a feature of all AP roles. These reflect the core skills required for promoting, maintaining and improving health.. The more detailed requirements in these competences have been gleaned from the detail in the job descriptions and, for the purpose of this research, cross-referenced using the SfH career framework tool for planning the workforce. The competences detailed are indicative only and are developed here as a guide. The second table identifies the specific functions that we have identified from our research as common to all AP roles, from a scrutiny of the NTR roles and the NHS Trust job descriptions.

Table 1: Common Core Functions associated with all AP roles with indicative competences identified

Common Core	Core Function	Competence
1. Communication as identified in Trust job descriptions Communication with multi-disciplinary teams, with stakeholders, Interpersonal skills, Promoting effective communication with, for and about individuals. Keeping accurate records. Processes including- documentation , admissions, handing over Taking account of communication	1.1 Develop methods of communicating	CHS151 HSC41,
	1.2 Communicate effectively	CHS126 CMG4 GEN97 HSC21 HSC31

<p>difficulties/disabilities.</p> <p>Self presentation, preparation of materials and presentation skills</p>	1.4 Develop relationships with individuals	HSC233 HSC388
	1.5 Provide information, advice and guidance	GEN14 HSC26
<p>2 Personal and People Development as identified in Trust job descriptions</p> <p>Take responsibility for own personal development, ensuring CPD remains a priority.</p> <p>Develop own knowledge and practice</p> <p>Working with a supervisor and supervising others</p>	2.1 Personal development	GEN12 GEN13 GEN36 HSC23 HSC33 M&LA2
	2.2 Support the development of others	GEN35 HSC3120 HSC43
<p>3. Health, safety and security as identified in Trust job descriptions</p> <p>Identify and assess potential risks in the working day. Identify how best to manage the risks and be able to take appropriate action to manage emergency situations</p> <p>To make sure actions contribute to a positive and safe working culture. Summon help for any emergency and report any health and safety risks</p> <p>Understand the importance of infection control</p>	3.5 Ensure health and safety requirements are met and others are protected within your area of responsibility	CHS36 GEN1 GEN96 HSC22 HSC32 IPC2, 3, 5, & 6
	3.6 Promote safe and effective working	ENTOWRV6
<p>4. Service improvement and 5. Quality, as identified in Trust job descriptions</p> <p>Act within the limits of your competence and authority</p> <p>To maintain patient confidentiality at all times</p> <p>Acts consistently with legislation policies and procedures</p> <p>Use and maintains resources efficiently and effectively.</p>	4.7 contribute to improving services	BA3
	5.1 Maintain the quality of own work	GEN62 GEN63 GEN68 HSC24 HSC25 HCSD5 HT4
	5.3 Carry out and act on findings of audits and inspections	M&LF14
<p>6. Equality and diversity as identified in Trust job descriptions</p> <p>The jobholder must co-operate with all policies and procedures designed to ensure equality of employment. Co-workers, patients and visitors must be treated equally irrespective of gender, ethnic origin, age,</p>	6.1 Ensure your own actions support equality of opportunity and diversity	HSC234
	6.2 Promote equality of opportunity and diversity	HSC3111
	6.3 Develop a culture that promotes equality of opportunity and diversity and protects individuals	HSC3116 HSC45

disability, sexual orientation, religion etc.		
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Table 2: Common Specific Functions required for all AP roles with indicative competences identified

Common Specific Functions	Core Function	Competence
A. Assessment	A2 Assess individuals and agree appropriate action	CHS 38, 39, 118
Assess an individual with a suspected health condition		
Assist in the comprehensive assessment of patients nursing requirements		
Record and act on observations and changes to patient condition		
B Health intervention	B.1 Obtain valid consent	CHS167
	B.2 Obtain information	CHDH01
To implement planned programme of care.	B.3 plan, organise action to maximise the health of individuals	AG2 CHDH02 GEN2 GEN4 GEN28 HSC223
The post holder will be expected to carry out all relevant forms of care without direct supervision, within the scope of the role		
To provide high standards of care in relation to clinical practice including the delivery of basic nursing care to patients.	B.4 Evaluate the delivery of care plans	CHS53
Offer information to the team on how to meet people's health and well being needs and effective ways of doing this based on observation and experience.	B.5 obtain and manage biomedical and environmental samples	CHS7
To make changes to interventions and treatments, following agreed protocols, after reviewing patients using own initiative and established knowledge and skills.	B.10 Act to maintain life in emergency situations	CHS35 CHS36
To prepare individuals for clinical/therapeutic activities.	B.14 manage and maintain individual's physiological, biological and psychological status	HSC216 HSC218
	B.15 Manage medication and prescription for individuals	CHS3
	B.16 Provide care and support for individuals to assist them in maximising their health	HSC224
C Health promotion and protection	C2 work in partnership with others to promote health	HSC3103 HSC3112 PHP13
Enable people to address issues related to their health and wellbeing		
Provide information to individuals, groups and communities about promoting health		

D ICT & Information management Collect and validate data and information for processing Maintain Information / Record Systems	D2 process data and information	H14 HSC434
F Education, learning and research To be actively involved in improving patient care through research and evidence based practice.	F6 Implement, review and act on research and development activities	PHS23
G Medical Devices, Products and Equipment To report faulty equipment in accordance with local policy To undertake the maintenance and monitoring of stock, equipment and materials	G.4 Maintain, repair, decommission medical devices and products and	CHS210 GEN78 HFM-D2.3.2
H Management and Administration Receive, analyse, process and store information	H.2 Administration	CFA109 GEN25 HSC3115

Role Specific Competences

The review has 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, however, 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. Appendix 2 and Appendix 3 provide summary tables with the detail of these specific elements as found in the job descriptions.

Implications for learning providers

Providing the learning for the AP role presents an opportunity for collaborative developments between and across institutions and NHS Trusts. A successful system for educating and training APs should be considered from a range of perspectives to help HEIs to clarify their approach:

- Service users will have good access to the right sort of care, confident in knowing that the AP responsible for their care has the right expertise and knowledge. How they get this knowledge is not relevant for the service user.

- Employers will have quality, innovative, responsive, and accessible learning so that they can deliver the best care for those who access their services but at the same time achieve value for money.
- The current workforce will be provided with clear career pathways and accessible development opportunities along with the opportunity to train and develop the skills and knowledge needed not only to do their job efficiently and effectively but also to develop their careers.
- HEIs will be able to develop a consistent and stable system, so they can plan for the future but also develop their responsiveness and flexibility through effective partnership and dialogue. This would enable institutions, employers and funders set and agree ambitious objectives and priorities.

The review identifies opportunities to develop a common programme of learning that will support an AP in applying new knowledge within their own work-place setting. Practitioners functioning at Level 4 KSF require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may also have responsibility for supervision of some staff.

These functions require knowledge and skills development appropriate to the level of competence desired (Level 4) and this could be provided within a regionally agreed common learning programme which would use the learning and training provision available more effectively and efficiently and could lead to better understanding of the value of the role. Such provision may be from a range of in-house and higher education sources and could be developed and implemented as an induction programme to support the development of any AP role in any care setting.

To enable individuals to be effective in specific settings e.g. renal, there will be requirements for some specific, contextualised clinical competence development but there are elements of the contextual learning that could be delivered generically because these are also common to other clinical settings. Such learning would require the learner to apply the learning to a specific context, for example acting as an advocate, which is relevant to both maternity support and mental health.

The training and education required for developing these competences may or may not take place in the workplace. The learning required for the development of core competences may already be prepared but is being delivered in other programmes (for example within pre-registration programmes as part of the common foundation programme). However delivery of the requirements for APs will need to be flexible and possibly broken down into smaller units of learning to meet the needs of local

employers. The learning required to develop more specialised competences may currently exist as part of a Continuing Professional Development programme. There may be a need to review the level of learning and learning outcome of such provision but the content may be appropriate for the development of the AP role. The requirement for such specialised learning does provide an opportunity for HEIs and employers to develop specialist expertise in the delivery of learning related to particular clinical contexts.

In conclusion, this research indicates that there is a potential to deliver a learning and development programme which addresses all the requirements of all the roles. There will be advantages for HEIs in supporting the development of the AP role both from a business point of view but also to ensure collaborative quality assured learning. The review has identified and categorised the range of learning required for APs to perform to the required standard. It may be used as a basis for HEIs to engage with partners, employers and other stakeholders to plan how they might sustain existing provision and develop new opportunities. Any learning developed as an outcome of this would meet both HEI and employer needs because it would be underpinned with key principles that should feature as part of any employer responsive HE programme of study, namely that it will be:

- Appropriately credited
- Quality assured
- Would support career development
- Would meet individual learning needs, functional skills and employability development
- Links with KSF and NOS
- Responsive to local employer needs
- Be delivered flexibly
- Be responsive to developments in related professional contexts

More importantly developing a regional approach to address the learning needs of the developing AP role will

- ensure that APs can access education and training appropriate to the level of responsibility and their direct caring role with service users,
- increase the profile and provide clarity to the role for the benefit of the practitioners themselves but also to the professionals who they will support in the workplace on a daily basis.

ⁱ 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>

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