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HSC2015-1582

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ATINER CONFERENCE PAPER SERIES No: HSC2015-1582

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This paper should be cited as follows:

Bedford, S., (2015). **"The Assistant Practitioner Role – An Independent Review",** Athens: ATINER'S Conference Paper Series, No: **HSC2015-1582.**

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URL Conference Papers Series: www.atiner.gr/papers.htm

ISSN: 2241-2891
08/09/2015

The Assistant Practitioner Role – An Independent Review

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Abstract

The shortage of nurses in the United Kingdom (UK) has been a cause for concern for many years. With cuts in healthcare budgets and less places available for training nurses in the UK, alternative staffing strategies have been explored. Following a request from one local University Health Board (UHB), education and training was given to 8 healthcare support workers to develop them into the role of Assistant Practitioners (AP) by providing a Certificate in Health Care (level 4). An AP is defined as a worker who competently delivers health and 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.

These eight AP's have been in post for 5 years and with the decrease in budgets and nursing shortage, the UHB commissioned an independent review of the role to test the roles efficacy. The review was carried out with AP's and their line managers during January and March 2015 using a semi-structured interview schedule. Preliminary results highlighted three key areas for discussion, those being the role, skills and education.

This paper discusses these key areas and establish whether there is a need for assistant practitioners in today's National Health Service (NHS).

Keywords: Assistant Practitioner, Nurses Aides, Nursing, Professional Role, Skills.

Background

Globally developed countries are experiencing increasing pressure on their primary and secondary healthcare services and as a result there are ever increasing shortages of trained nurses. One way of addressing these issues is through changing role boundaries between staff groups by extending, delegating, substituting existing roles or by introducing new ones (Bosley and Dale 2008). In 2011, Skills for Health, the Sector Skills Council for the health sector across the United Kingdom (UK) reviewed the quality of health care provision across the UK. The Skills for Health report identified the need for a new type of health care worker to support the Registered Nurse (RN). The Assistant Practitioner (AP) role was born. In the UK AP's occupy an intermediate position just below the level of professionally qualified staff but above Health Care Support Workers (HCSW) (Table 1).

Table 1. *Level and Grade of Healthcare Professionals in the National Health Service*

Level	Grade
1	Entry Level
2	Support Workers
3	Senior Healthcare Workers/Technicians
4	Assistant/Associate Practitioners
5	Practitioners (Nurses)
6	Senior/Specialist Practitioners
7	Advanced Practitioners
8	Consultant Practitioners
9	Senior Staff

Source: Department of Health, cited by Skills for Health 2011.

There are several reasons for the development of this role (Harrison 2010, based on Dean (2010), Scott (2010), Department of Health (2010), all cited in Skills for Health (2011):

Changes to workforce skill mix	• Numbers of qualified nurses available to fill posts • Numbers of experienced qualified nurses retiring
Changes to nurse education	• Graduate training nationally from 2012 • Numbers of student nurse places being reduced
Lack of availability of school leavers	• Fewer school leavers seeking to join health profession • Need alternative sources of employees and trainees
NHS targets	• 18-week waiting targets

	• 2-week cancer referral • National bowel screening programme
Agendas	• The Quality, Lean and Productive agendas
Public demands	• Demands from the public for a more flexible and accessible service

In January 2015 the local UHB approached the College of Human and Health Science (CHHS), Swansea University and asked for an independent review of the AP role. AP roles were new to the health board with only 8 being employed in the previous 5 years. It was important that this review was carried out independently from the UHB in order to give an objective view of the role. In order to gain a truly independent viewpoint, no literature relating to this subject was reviewed prior to the review.

Methodology

A semi-structured interview schedule was designed to expose general aspects of the AP role but was open enough for free comment to take place. Between the months of January 2015 and March 2015, five of the AP's were interviewed; three of the AP's were unavailable for interview during this period. The semi-structured interviews took place in the clinical setting where both the AP and their line managers were interviewed together. The length of the interview varied from 45 minutes to 1½ hours, all interviews were recorded and transcribed to provide an accurate account.

Results

Analysis revealed three themes:

1. The AP role.
2. Skills.
3. Education.

Case Study

When carrying out the interviews for the review, one AP working on a surgical unit had said that she was originally a RN. She had taken time out of nursing to start a family and her registration had lapsed. She took up the post of a HCSW and shortly after commenced the foundation degree programme leading to her employment as an AP. She said the role offered her hands-on nursing care with the ability to fully support the trained nurses. She was able

to take patients to theatre and collect them after surgery, plan and prioritise care but she was not able to administer medication. The role allowed her to nurse without the added responsibility of being a RN and this suited her needs. She had no aspirations to undertake a Return to Practice Programme as she was extremely happy in this new role.

Discussion

This independent review was carried out blind, in that the author did not carry out a literature searches until after all of the interviews had been carried out. Interestingly though, despite there being no influence from the literature in the formation of the interview schedule, the three themes identified from the interviews closely matched themes from comparable studies; those were the AP role, skills and education.

In a qualitative study, Bach et al. (2012) considered lower status occupations by exploring the manner in which nurses and HCSW's engage in boundary work to advance their occupational interests. They identified an issue with Professional Boundaries, where increasing attention is directed at the emergence of new lower status occupations that may encroach in the terrain of registered professionals. They acknowledged tensions between nurses and HCSW's regarding skill mix. So while there was no evidence of "encroaching" on professional roles in this independent review, there was plenty of discussion about skill mix and this emerged as a central theme. As this was a new role within the UHB, there were "teething" problems where both nurses and AP's had to establish their own identity. However, after one year in the post, both nurses and AP's had a mutual respect for each other's work and boundaries were not crossed. It was found that following a programme of education the skills acquired by the AP's were comparable to those of a qualified staff nurse with most AP's undergoing additional training to extend this skills further. The only intervention that the AP's were not allowed to undertake was drug administration and this had an impact on skill mix when working out the shift rota. It was found that this limitation of the AP role impacted on the shifts they were able to work. Assistant Practitioners were only able to work early shifts were qualified staffing levels were higher so the issue of drug administration and the checking of controlled drugs was less apparent. The afternoon and night shifts required a minimum of two qualified nurses, for the reasons mentioned above, so the AP was often limited to working early shifts.

Brandt and Leydon (2009) identified that AP's are unqualified practitioners, therefore consideration should be given to supervision, accountability and working within strict protocols. All of the AP's who were interviewed had expanded their roles in line with the requirements of the clinical area and were accountable for their actions. However an issue was identified in the independent review under the theme of the AP Role. Concerns were raised by the AP's and their mangers about accountability, and it was noted that this was sometimes a grey area in clinical practice. The example

given was the signing of observation charts; the AP is responsible for undertaking the measurement of vital signs and recording them on appropriate charts. The managers were confident that the AP's could be accountable for signing the observation charts due to the level of education the AP's had received. However, local policy dictated that all observation charts MUST be countersigned by the RN. RN's will always maintain overall accountability for patients in their care and only delegate where appropriate (NMC 2015) but it was apparent from this review that the AP's were perfectly capable of carrying out this intervention independently.

In their study, Brandt and Leydon (2009) felt there was a desire for the HCSW role to be more "black and white" and without this, there were perceived barriers to role development. The repeated use of the word "allowed" suggested a lack of input in clinical decision making but this was not observed during the independent review. In fact, it was just the opposite. The AP's role was clearly defined, they worked alongside RN's and HCSW's, often taking their own caseload of patients. The only blurring of roles which was noted in the review came from external sources, such a doctors. Due to a six monthly changeover of Junior Doctors, the AP role was often misunderstood and initially, the AP's input into patient care and clinical decision making was disregarded. However, once the Junior Doctor understood the role, the AP's were treated respectfully and were given the autonomy the role dictated.

The final theme of education had previously been identified by The British Association of Critical Care Nurses (BACCN 2003) where the notion of competence became a complex issue. Education and competence of AP's includes knowledge, skills and attitudes required to function effectively within the different domains of practice. Soars (2002) defines competency as possessing the necessary skills and knowledge to do something successfully. Therefore, to facilitate the achievement of competency it would appear that a prerequisite to this process would be a defined training and education programme. This was indeed the case for the AP's in the independent review. In order the gain the post of an AP, they had to have undertaken a Foundation Degree, equivalent to that of a first year student nurse. This consisted of four modules, after the completion of two modules the HCSW can apply to be a trainee AP, once appointed as a trainee they must complete the other two modules within 12 months in order to gain the qualification and to make the AP role substantive. One AP from the review said "*the education I received helped me to understand why I do things; it bridged the practice-theory gap*". In addition to the Foundation Degree, the AP's also had to complete a clinical competency document relating to the area of practice. However, the BACCN criticises the use of competency based documents stating that competency is focused around the task, rather than the decision making which informs the choice of what task in undertaken. BACCN may have a point as one limitation to the role was the transferability of skills to other clinical areas. Due the competency document being clinically focused to a specific area, for example a surgical ward, when the AP was faced with working on a medical unit they felt "*out of their depth*".

Limitations

This review was a very small scale study in one local University Health Board in Wales these results cannot be generalised but they should be used as an indicator to others who may be establishing a similar role. Current literature available generally tends to investigate the role of the Healthcare Support Worker so there is a lack of research on this more specific role. The HB was forward thinking in their approach to finding an answer to the lack of trained nurses and there is much discussion about a new level of nursing care in the UK. It is recommended that larger scale studies are completed to establish the efficacy of the AP role.

Conclusions

Bosley and Dale (2008) believe the nursing profession may be perceived as being under threat, as nurses take on medical tasks and the Health Care Assistant (HCA) role is extended into the domain of nursing. Some defend their identity by treating HCA's as subordinates, highlighting professional credentials and referring to professional accountability. It has been seen in this review that when the role is understood, these fears are largely dispersed. Campbell (2015) highlighted a government report calling for associate nurses to bridge the gap as there are just not enough qualified nurses to meet the demand. With anything new, there will always be a fear of the loss of role and identity but if the nursing profession embraces this development, it could then be regulated and a new career pathway could be established.

Acknowledgments

My thanks to Izzy Phillips, Subject Librarian for her ongoing support, and to Dr Tessa Watts and Dr Sue Jordan for their guidance and support.

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