



Royal College
of Nursing

RCN Policy Unit

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The Assistant Practitioner Role

A Policy Discussion Paper

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Introduction

This document considers some of the key policy issues regarding the emergence of the role of the assistant practitioner in health care. They are the:

- remit and purpose of the role
- reasons for the introduction of this role
- role in the wider health care workforce context including workforce numbers, nursing workload and the deployment of registered nurses.

The nursing profession must hold a robust debate on all the above because the assistant practitioner role must be linked to a vision for both the future configuration of the nursing workforce, and the future function and contribution of nursing to health care within that.

Some of the material and inspiration behind this document has been taken from an RCN policy event held on October 6th 2008 entitled *The Future Nurse Workforce: What Should the Assistant Nurse Look Like?* This event was deliberately premised on the basis that the assistant practitioner role was here to stay and assistant practitioner numbers would increase. The debate therefore centred on *how* the nursing workforce should be recast, and what needed to happen to ensure this, rather than *if* it should be.

Four presentations were made as follows:

- *The Future Nursing Workforce?* by Professor James Buchan, Queen Margaret University, Edinburgh
- *Future Nursing Roles and Careers* by Professor Dame Jill Macleod Clark, University of Southampton
- *A Case Study from the Acute NHS Sector* by Louise Boden, Chief Nurse, University College London Hospitals NHS Foundation Trust
- *Community Children's Support Worker Role in the Community Setting* by Joan Myers, Nurse Consultant, Islington NHS Primary Care Trust

The power point slides from these presentations are reproduced in Appendix 1 and we are grateful for the contribution of the speakers to this paper.

The Policy and Workforce Context

There are a number of drivers for the introduction of the role of assistant practitioners into the health care workforce. These include:

- Current and predicted fall in the numbers of registered health care professionals and the need to develop 'assistants' to the professions
- Recruitment and retention to the health care workforce, and to the health care professions from the wider workforce, with clear career pathways and developmental opportunities
- Costs of health care, skill mix, efficiency and productivity

- Development of careers that follow the patient health care journey and health care needs, rather than careers based on care settings or traditional professional boundaries

In 2008 the RCN commissioned Professor James Buchan to undertake predictive workforce modelling for registered nurse numbers under different sets of assumptions related to pre registration nurse education, and to registered nurse recruitment and retention (Buchan 2008). He identified three different scenarios, each with a range of predicted percentage change in registered nurse numbers:

- **Steady state** i.e. little difference to current drivers and levers (range = increase of 4.6% to decrease of 11.6%)
- **Low intake** i.e. less newly qualified nurses, less international recruitment, poor retention (range = increase of 3.7% to decrease of 18.5%)
- **Retirement policy variations** i.e. impacts of decisions re retirement, both increases and decreases in age of retirement (range = increase of 9.7% to decrease of 7.7%)

Buchan concludes:

“The results highlight just how vulnerable the size of the NHS registered nursing workforce is to the impact and mix of possible policy changes, and also underlines the challenge of even maintaining the current size of the workforce in the future.” (p19)

He also states that his modelling calculations¹ are based on the workforce *supply* side of the workforce equation, and that workforce *demand* levers, such as an increase in long term chronic conditions in the population, will also have an impact regarding the size of the workforce. But also in terms of the skill mix and allocation of roles *within* the total workforce. Indeed the assistant practitioner role is already developing across the UK in response to demand side changes, albeit at different rates and in different ways. To summarise the size of the nursing workforce is dependant on future policy decisions about health care provision and the workforce to deliver this.

Professor Dame Jill McCleod Clark's presentation (see Appendix 1) brings the above into sharp focus and puts forward a scenario of “escalating demand for nursing skills” given the correlation between an increasingly ageing population and a rise in long term, chronic conditions (which will pull on nursing skills in particular). McCleod Clark's presentation gives a rough estimate regarding workforce demand AND workforce supply equations:

“Demand for nursing intervention increases by 50% by 2020 to support those with long term conditions

=

50% growth in registered nurses to sustain current shape of workforce (would mean recruit every 18 year old!)

OR

Change the shape of the workforce e.g. slowly reduce registered nurse numbers over time and incrementally increase ‘nursing assistant/assistant nurse’ numbers”

(Macleod Clarke, 2008, in Appendix 1 *Future Nursing Roles and Careers*)

¹ Which were undertaken before the current economic climate had taken hold

Macleod Clark concludes that the only sustainable way forward for the nursing profession is to positively embrace change for the shape of a future nursing workforce, acknowledge there will be fewer registered nurses and not enough to meet all health care needs and demands, and actively shape nursing roles and career pathways from health care assistants to advanced nursing practice to take account of this. This will include the need for a substantial number of assistant practitioners at level 4 of the National Career Framework.

She also points out that developing roles at the assistant practitioner level is extremely important in terms of bringing people into the registered nursing profession, and maintaining a wide entry gate to an all graduate pre registration nurse education programme (assistant practitioners² at level 4 should have attained a foundation degree in health care which will be accredited towards a reduction in the length of the pre registration nurse education programme).

However there is a more negative lever for the introduction of the assistant practitioner role which stems from control of health care costs, as the nursing workforce is a major item of NHS expenditure and therefore always a target for cost containment. There may be attempts to increase the number of assistant practitioners at AfC band 4 as a cost cutting measure, rather than as a response to workforce pressures or to match patient needs, especially in the light of the current economic downturn. The nursing profession must consider this imperative very carefully in the light of the impact of registered nurses on patient outcomes and quality care (RCN 2006, RCN 2007a), productivity and the appropriate deployment of registered nurses, role boundaries, competencies and accountability, and patient and public protection (RCN 2007b).

The above leads on to a further question for the assistant practitioner role regarding whether it can (or should be) an opportunity to develop new ways of working allied to patient care pathways rather than traditional professional boundaries or care settings such as hospital and community. This was one of the original underpinnings for development of this role. The two case studies that were presented at the RCN policy event (see Appendix 1) by Louise Boden and Joan Myers outline the different scenarios and contexts regarding this.

Louise Boden, Chief Nurse at University College London Hospitals NHS Foundation Trust (UCLH NHS FT) describes the context of a large acute teaching hospital in London and :

- Competitive recruitment and retention for NHS staff in London, especially the health care support workforce
- The need to encourage and develop a loyal, stable support workforce on a trust wide basis
- The need to maintain a high level of skill at ward level because of the high and complex level of in patient acuity

The solution for UCLH NHS FT was to work with ward sisters and charge nurses to develop health care assistants (HCAs) within their ward teams over a two year period accompanied by a higher education programme that led to foundation degree level. Following successful completion of this they were then integrated back into their ward team at band AfC 4 and entitled 'nursing assistant practitioners'. The UCLH NHS FT

² Applies to England

model is thus about developing assistants to nursing from the existent health care support workforce within each ward team.

In contrast the presentation by Joan Myers' describes a different type of model whereby support workers employed in Islington NHS Primary Care Trust (who are titled 'community children's support worker') work across nursing, therapy, social care and education agencies to provide integrated care to children with complex long term care needs. This model is about care in a community based setting that spans professional boundaries and agencies.

Both models have merit but a key question is how advanced support worker roles such as both of these fit into the spectrum of the nursing family?

The Nursing Family

The term 'nursing family' was coined in the RCN publication *The Future Nurse: The RCN Vision Explained* (RCN 2004) to denote an inclusive model of the nursing workforce within which nursing care is delivered by nursing teams that encompass a continuum of roles and functions from HCAs to nurses at advanced and specialist levels of practice. The term is therefore a positive acknowledgement by the professional trade union for nursing of the importance of the nursing contribution made by HCAs.

There has been an unprecedented increase in the numbers of the health care support workforce, numbers having more than doubled since 1997 in England (Buchan and Seecombe 2006). However the term 'health care support worker' covers a myriad of roles and functions and it is not clear where, or in what way, the expansion of numbers has occurred. That said within nursing the support workforce now delivers a substantial proportion of essential nursing care. The role has also expanded to take on clinical tasks such as wound care, screening, venepuncture and so on, although the extent to which this has taken place is unclear (Knibb 2006).

However there is still considerable confusion amongst registered nurses and support workers about role boundaries and what is acceptable or appropriate, concepts of accountability and responsibility, and the principles and practice of delegation of work. For example the report on the introduction of the assistant practitioner role in Manchester (Benson 2004) highlighted that professionals were sometimes unclear as to the tasks assistant practitioners could carry out and often assistant practitioners were not enabled to practice at the level they were capable of because of this lack of understanding.

A number of factors appear to underpin this:

- The way in which the assistant practitioner role has been introduced into the local workforce
- Lack of clarity about how the role is (or could be) aligned to the nursing profession and what its' key contribution is.
- Related to the above lack of ownership and responsibility by the nursing profession for the work and values base of the assistant practitioner role
- Above compounded by different regulatory bases of registered (regulated) nurses vis the non regulated support workforce

Conclusion

The RCN current position on the contribution of assistant practitioners to nursing is not one of opposition, and the RCN recognises the value of this role for patients and the nursing team. However we would become concerned if the assistant practitioner role were to be introduced merely as a means of reducing the costs of the registered nursing workforce (rather than to enhance patient care and the patient experience, and/or improve the career development of the support workforce). The key issues for debate concern:

- Current and future demands for health care and how to meet these appropriately and effectively
- Policy decisions about the size of the health care workforce, including how health care is delivered and by whom, coupled with the possibility of a decrease in numbers of registered nurses.

These must be debated by the nursing profession as a matter of urgency in order to influence the direction of travel. RCN Congress 2009 provides one opportunity for this to take place.

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Appendix 1

Presentations from the RCN Policy Event October 6th 2009

'The Future Nursing Workforce: What Should the Assistant Nurse Look Like?'

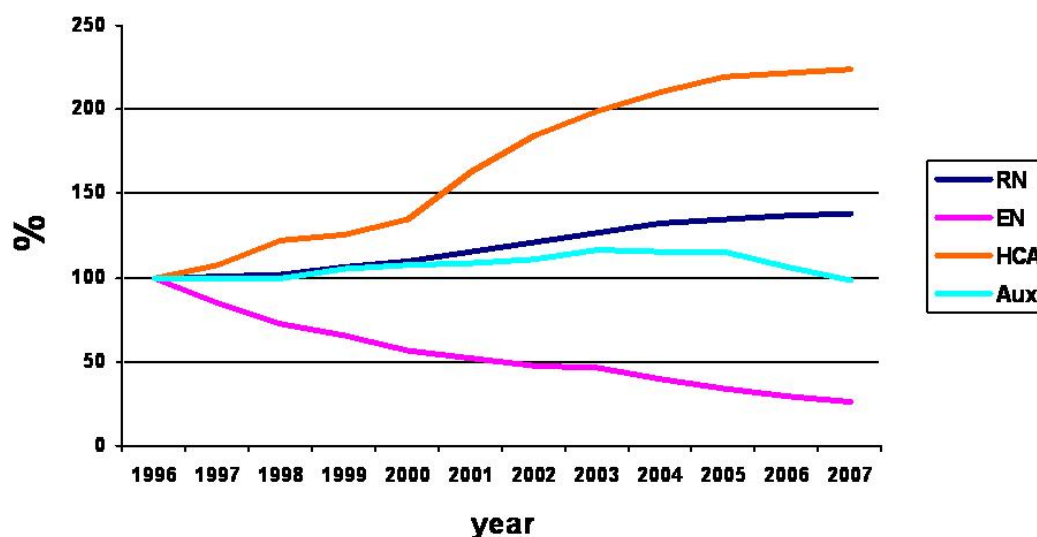
The Future Nursing Workforce

Professor James Buchan, Queen Margaret University, Edinburgh

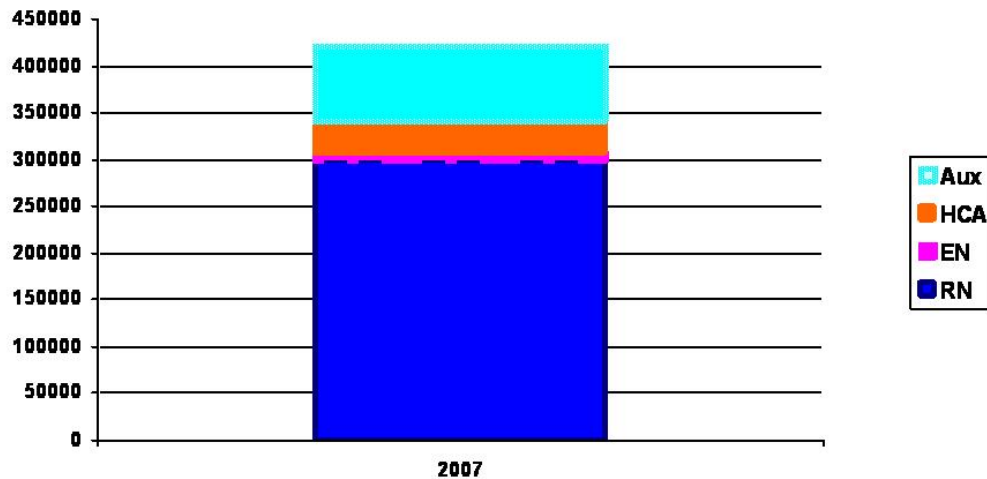
Future nursing workforce

- Past trends
- Projections
- Future trends?

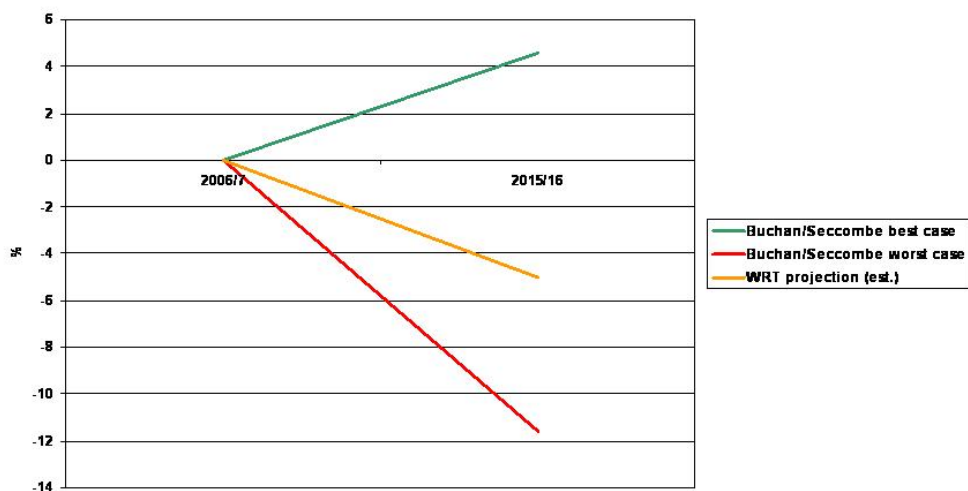
Trends: % change in staffing numbers, NHS England 1996-2007 (wte)



Staffing numbers, NHS England 2007 (wte)



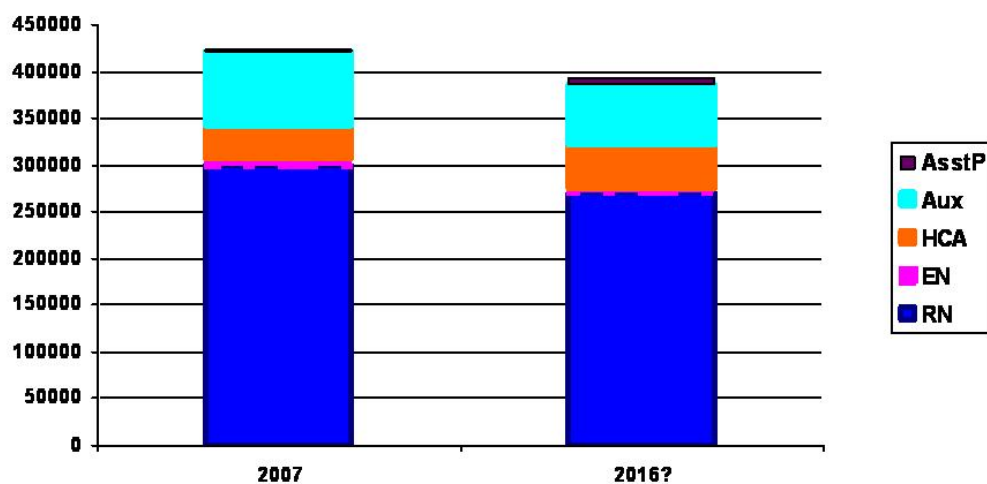
Projections: % Change in NHS nurses 2006/7 to 2015/16, England (wte)



Future Trends

- Ageing of nursing workforce, partic in community
- More nurses- and more nurses in advanced roles- in community
- Continued growth in HCA' s (regulation?)
- Faster trajectory of growth for Assistant Practitioners, from low base
- Move to all grad. entry
- Overall decline in number of NHS registered nurses, unless...

Speculation on staffing numbers, NHS England 2016? (wte)



Future Nursing Roles and Careers, Professor Dame Jill McCleod Clarke, University of Southampton

Future Nursing Roles and Career Pathways

UNIVERSITY OF
Southampton
School of Health Sciences

Some Givens

- Future demand for nursing interventions will escalate.
- The current nursing workforce status quo is unsustainable.
- Future roles and pathways must be recast and rebalanced to correlate with demand for nursing interventions.
- The nursing profession itself must determine its future shape.

1

Escalating Demand for Nursing Skills

- Population of over 65's in developed world will increase by approximately 50% by 2025.
- Population of over 85's in developed world will increase by approximately 75% by 2025.
- Approximately 50% of over 65's in developed world are affected by one or more chronic health conditions, e.g. arthritis, hypertension, diabetes, asthma, copd, chd, pvd, dementia.

2

Escalating Demand for Nursing Skills

- Living with a long term condition generates a range of health problems e.g. pain, nausea, fatigue, mobility loss, incontinence, skin breakdown, infection, confusion, anxiety, sensory deficits.
- All the above require nursing intervention and support to maximise self management and independence, reduce symptoms and improve quality of life and reduce admissions.

3

Unsustainable Roles and Careers

- Predicted shortfall of registered nurses in the UK in 2011/12.
- Estimated 4 million shortfall in healthcare workers worldwide
- Ageing registered nurse workforce.
- Continued attrition of skilled professionals.
- Diluted skill sets in registered nurses.

The above situation is incompatible with escalating demand for nursing skills.

4

Some Crude Modelling

Demand for nursing intervention increases by 50% by 2020 to support those with long term conditions.

=

50% growth in registered nurses to sustain current shape of workforce (? recruit every 18 year old!)

Or

Change the shape of the workforce e.g. slowly reduce registered nurse numbers over time and incrementally increase 'nursing assistant'/'assistant nurse' numbers.

5

Correlating Shape of Workforce with Demand for Nursing Skills

- Shift the centre of the profession's gravity.
- Raise the bar and upskill and RETAIN a smaller stable registered nurse workforce from graduate entry point.
- Develop concept of career training posts to equip registered nurses with skills and knowledge for autonomous evidence based practice and nursing team leadership.

6

Correlating Shape of Workforce with Demand for Nursing Skills

- Develop new programme and educate new cohorts of assistant nurses (including aspiring HCA's etc) to provide nursing care under registered nurse leadership.
- Upskill HCA's to provide safe care under supervision.
- Support the lay carer component of the nursing team.
- Create robust careers elevator framework.

7

Taking Nursing to the Next Level

- The New Registered Nurse – 5 Star Professionals.
- The New Nursing Assistant/Assistant Practitioner/Associate Nurse.
- The New Support Worker.
- The New Lay/Voluntary Carer.

8

The New Registered Nurse

- Confident leader of a nursing care delivery team.
- Higher order expectations, knowledge and skills.
 - Clinical assessment.
 - Identification of evidence based interventions.
 - Caseload management.
 - Care pathway and co-ordination.
 - Referral.
 - Advocacy and negotiation.
 - Accountability for quality.

9

The New Nursing Assistant/Associate Nurse

- Delivery of high quality interventions.
- Supervision of “hca’s” and support of lay carers.
- Champion for patients and quality.

10

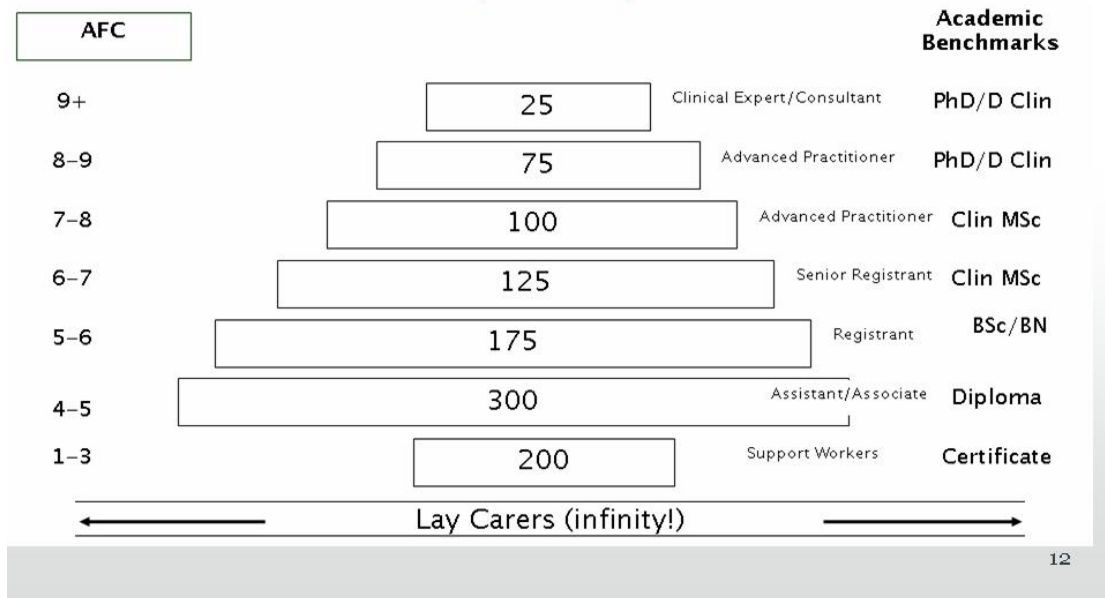
The New Registered Nurse

Role Focus

- Minimise morbidity e.g. infection, skin breakdown, incontinence.
- Manage symptoms e.g. pain, nausea, fatigue, appetite loss, anxiety.
- Maximise independence e.g. mobility, self-care, medicines management.
- Manage technology.
- Inform and empower and advocate.
- Provide nursing EXPERTISE and team leadership.

11

(tanker!)
Hypothetical Shape of Future Nursing Teams
(n=1000)



12

Future Careers – Some Givens

- Career elevator access routes to every level.
- National academic and professional benchmarks, competency benchmarks and career level and consistency in TITLES.
- Career progression defined by level of practice not role.
- Career progression defined by training routes linked to broad domains of practice, e.g. public and family health, long term condition, acute/crisis care.

13

Key Challenges

- Gaining a clear indication of future nursing workforce need based on future demand for nursing skills.
- Gaining professional sign up to new career role of nursing assistant/associate nurse and upskilled registered nurse.
- Gaining political sign up to associate/assistant level nurse role.
- Gaining shift in funding and commissioning to support new programmes.

14

A Case Study from the Acute NHS Sector Louise Boden, Chief Nurse, University College London Hospitals NHS Foundation Trust

The Assistant Practitioner at UCLH: Background

- ❑ Modernisation Agency initiative to modernise future workforce
 - *NHS Career Framework 2004*
- ❑ Skill-mix review and design of more flexible workforce for new hospital 2005
- ❑ **Diploma in Foundation Studies** piloted at UCLH and LSBU 2005

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Entry Requirements: Who can apply?

- ❑ Minimum 1 year as HCA at UCLH
- ❑ NVQ level 2 or equivalent
- ❑ UK resident 3 years
- ❑ Nominated by Ward Sister/Charge Nurse

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More work needed.....

- Priority given to pre-reg students, inconsistent level of support
- Robustness of competency assessment process in practice?
- Still seen as HCAs when qualified?
- Student status and regulation?
- Promotion of AP role as stepping-stone to professional training & qualification

- Successful graduates the best ambassadors?**



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Foundation Diploma Course: Time commitment?

2 year course at London South Bank University:

- 2 days a week for first 6 months

- 1 day a week for remainder of course

- Generic course suitable for all specialties

- On completion, assimilation into Band 4 post in seconding ward/department

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Foundation Diploma Course: What is covered?

- ❑ Anatomy & Physiology
- ❑ Psychology, Sociology & Social Policy
- ❑ Health, Illness & Wellbeing
- ❑ Clinical skills development
- ❑ Specialist professional development
 - *Mentorship preparation*
 - *negotiated learning contract with workplace*



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The Assistant Practitioner Role: What can they do?

- ❑ Varies according to specialty and local need
- ❑ Any routine or specially identified task
 - *after training and competency assessment*
- ❑ As delegated by nurse/midwife in charge
- ❑ In line with policies, procedures & guidelines
- ❑ Specific skills/competences can be factored in to training



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The UCLH experience: The Trust

- ❑ First cohort of 7 completed training in September 2007
- ❑ 6 Assistant Practitioners successfully recruited / assimilated into Band 4 posts
- ❑ Enthusiastic reception from sisters/charge nurse - *'valuable', 'effective', 'enhances patient care'*
- ❑ All 6 have started A1 Assessor course to mentor HCAs on NVQ programme

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The UCLH experience: The Assistant Practitioners

- ❑ 100% positive evaluations and all enjoyed the course
- ❑ High satisfaction with level of support during training
- ❑ Academic element challenging for some
- ❑ Increased job satisfaction resulted from deeper insight into clinical issues

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The UCLH experience: The Challenges?


- ❑ Long-term vision
 - *HCA Development Strategy*
 - *Well-established NVQ programme in place*
- ❑ Role Clarity
 - *Robust JD, Person Spec & KSF Outlines, appraisal*
- ❑ Talent-spotting
 - *Developing dedicated HCA support role*
 - *Selection criteria, push for 100% uptake of places*
- ❑ Management engagement
 - *Budgetary discretion*
 - *Flexible nursing establishments*
 - *Availability of Band 4 posts after training*



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Children's Community Support Worker in Community Services
Joan Myers - Nurse Consultant
Islington NHS Primary Care Trust

Aims & Objectives

- Terminology
 - Training and education
 - Supervision and Support
 - Case Study
 - Challenges
- 

The Community Children's Support Worker Role

- Some parents have a negative view of Health Care Assistant title and are more confident with Community Children's Support Worker title
- The role is not tied to health therefore allows for close interagency work
- Smoother, seamless care between health, social services and education
- Suits the needs of the child, young person and family rather than the child, young person and family having to fit the structure

Challenges

1. Set **guidelines and policies** need to be in place for CCSW to follow.
2. They need regular **support and supervision** – monthly team days, team building sessions. Boundaries often need to be reiterated.
3. **Pay** discrepancies need to be sorted out as the salary is different depending on whether they are employed by Health, Social Services and Education, as well as between different boroughs.
4. The role needs **regulation** with a code of conduct as there is a lot of variation depending on what service they are employed in as to what CCSW can do.

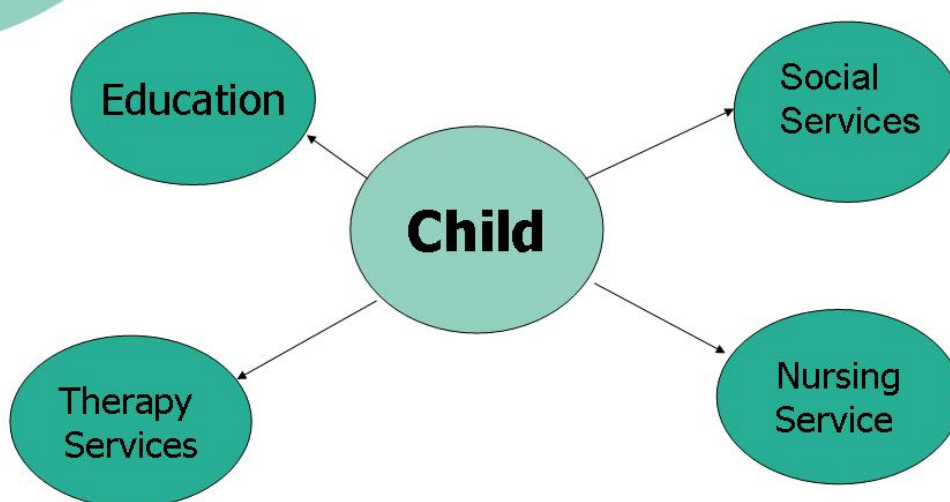
Support and supervision

- **Community Children Support Workers** – Band 3 - NVQ level 3 or NNEB provides care and support to child and family
- **Senior Community Support Worker** – Band 4 - NVQ level 4, train the trainer course providing support to Band 3 working with nurses to assess competency, identify learning needs and provide individual learning plan for each worker.
- Provides 1:1 supervision to CCSW using guidelines and competencies and measures worker against this.
- Addresses issues but reports back to manager .
- Nurse will do final assessment and sign CCSW off as competent.

Training & Development

- The Complex Care Team in Islington has devised their own training framework utilising components from the Open University, Skills for Health and the Hertfordshire competencies.
- They provide 6 weeks intensive competency-based in-service training.
- We have provided NVQ level 3 training in the past as we have a few NVQ assessors in the team.
- Over last 5 years we have sent 4 CCSW on RN (Child) training all have qualified two work in the community and two have hospital posts on paediatric wards
- This year sponsored one Band 4 to do her Assistant Practitioner course.
- The Band 4 post was recently developed to provide the training and support to Band 3.

Team Around the Child



CCSW support the Child

