Where have all the Assistant Practitioners Gone?

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Aims

- To collect local baseline data
- To explore the career pathways of foundation degree (FdSc) graduates
Introduction

FdSc Health Sciences at University of Essex

▪ Started in 2009
▪ Total graduates to date: 215

Assistant Practitioner (AP)

▪ Band 4
▪ Assistant Practitioner are competent with a deeper level of knowledge than that of a traditional support worker. They are able to undertake clinical work in a range of settings which used to be solely exclusive to registered practitioners (Core Skills for Health 2009)
▪ Range of clinical, community and laboratory settings
Literature Review

- Routes to becoming an AP includes; FdSc, NVQ, Higher Education Certificates and experience
- FdSc gives individuals an ability and confidence to question things (Wareing 2008)
- Introduced to fulfil a commitment that 40% of the population are to be educated to Level 4 by 2020 (Wareing 2008).
- Addresses nursing deficit, promotes skills mix, provides continuity of care (RCN 2009, Spillsbury et al 2011)
- Role Drift (McKenna 2004, Wanless 2004)
- Lack of understanding within teams, reluctance from employers to introduce APs and few posts for AP role (Miller et al 2015, Allen et al 2012)
- Unregistered role
Method

- Mixed method design

1. Questionnaire
   - All Graduates
   - Assistant Practitioner Specific

2. In-depth case study interviews
Questionnaire
All Graduates
Participants and Sampling

- Total 215 FdSc graduates
  - 130 University of Essex Alumni contacted
  - 122 of Staff Graduates and Current FdSc students contacted through Facebook
  - Overlap of these two groups
- 29 valid respondents (13% of total no. of graduates)
  - 2 removed from data set as they had not graduated at the time of response
Before the FdSc course all participants were assistants working at Band 2/3

- Majority were healthcare assistants (25/29)
- Physiotherapy (1), Pulmonary Rehabilitation (1), Occupational therapy (2)

Reasons to do the FdSc Course

- To specifically apply for band 4 post (13/29, 4 of these 13 are now in an AP role)
- Career Progression (25/29 specifically stated this as a reason)
- Money (4/29)
- More responsibility (5/29)
- 2 were asked to do it from their manager/trust
Almost all found the FdSc Challenging

General agreement that the FdSc provides a good basis for the AP role

- 3 were unsure
- 28/29 felt more confidence
- 62% were given more responsibility

“The FdSc qualification was necessary for my AP role

“AP jobs are few and far between”
Where do FdSc graduates work?

Current Career Outcomes of Respondents

- Hospital inpatient: 14 AP, 0 Non AP
- Hospital OPD: 2 AP, 2 Non AP
- GP practice: 1 AP, 1 Non AP
- Community: 5 AP, 0 Non AP
- Non Patient Contact: 1 AP, 1 Non AP
Career outcomes

Current Roles of Participants after completion of FdSc

- AP
- HCA
- RN
- Other

Before April Graduates: Green
April Graduates: Brown

University of Essex
Current Roles and Responsibilities of FdSc Graduates
Questionnaire: Assistant Practitioner
Current APs

8 respondents

- 1 Community mental health team
- 1 Community infection control team
- 2 Community adult nursing teams
- 1 Community physiotherapy team
- 1 Sexual health clinic
- 2 Inpatient units
I take on the work of a registered practitioner

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>0</td>
</tr>
<tr>
<td>Most of the time</td>
<td>3.0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2.0</td>
</tr>
<tr>
<td>Never</td>
<td>1.0</td>
</tr>
</tbody>
</table>
I work independently in my role
What makes your job different to the Registered Nurse?
What makes your job different to an HCA?
Advantages of being an AP
Do you know your limits?

- 100% of participants were confident that they knew their limits

- How?
  - Self Awareness
  - Defined job role
  - Confidence
Do you know your limits?

- "I am acutely aware of my job description and the boundaries of my role. I am also aware of the responsibility of my registered colleagues in terms of their accountability for my practice. I believe I have enough insight and reflection to operate safely within the parameters of my role and to seek advice and guidance if I'm unsure"

- "Through defining of the role"

- "I work within my competencies, I have regular supervision to discuss any concerns I have. I ensure my training is up to date."

- "Details of my job role were discussed, I know what I am allowed to do within the role, and what I am not, I am not a registered nurse meaning I am not allowed to administer drugs. I only undertake tasks I have been trained to do and I feel comfortable doing."
Examples of Roles of an AP

- Varied and specialised

- Haematology Day Unit AP: “Cannulates, conduct venesection, arranges blood transfusions, runs clinics for chemotherapy assessment and bone marrow, gives over the phone advice to patients”

- Paediatric Physiotherapy AP: “I carry out individual treatment programmes with patients in their homes and schools, organise and run gym groups, rebound therapy, carry out training for school staff on how to use equipment”

- Community Respiratory AP: “Review of patient condition, nebuliser review, oxygen review, spirometry clinics, cover pulmonary rehab"
Presence of APs in a team enhances service delivery

APs are able to provide consistent care for service users

Service users are able to identify APs from other members of staff

Some registered practitioners feel threatened by the AP role

My manager is supportive of the AP role

There is potential for more APs to be employed in my area of work

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree
AP perspective: How others feel about us

- **Very Positive**
  - What were the attitudes of existing staff to the introduction of APs
  - What were the attitudes of the organisation to the introduction of APs

- **Positive**
  - What were the attitudes of existing staff to the introduction of APs
  - What were the attitudes of the organisation to the introduction of APs

- **Neutral**
  - What were the attitudes of existing staff to the introduction of APs
  - What were the attitudes of the organisation to the introduction of APs

- **Negative**
  - What were the attitudes of existing staff to the introduction of APs
  - What were the attitudes of the organisation to the introduction of APs

- **Very Negative**
  - What were the attitudes of existing staff to the introduction of APs
  - What were the attitudes of the organisation to the introduction of APs
Where do you see yourself in 5 years time?

- Band 6 Post
- Community Matron
- Service Manager
- Registered nurse
- AP
- Registered practitioner
- Educator
- Unsure
- Retired
Limitations of this Study

▪ Low response rate
▪ Local study
  ▪ Not many APs in Essex, particularly the South East of Essex
Further work

▪ A study exploring the views and understanding of the role of the AP by managers.

▪ The views of service users

▪ Scope for development in the hospital ward setting

▪ Looking at competencies and regulation
References


- Wareing M (2008) Foundation degree students as work based learner: the mentors’ role 17: (8) 532-537

Case Study  Sam

- Single mum
- Came out of school with no qualifications and worked in care
- Current: Practice Nurse working on a Masters in Respiratory care
- Aspirations: Advanced Nurse Practitioner

Sam's case study
Case Study: Natalie

- Came out of school without qualifications
- Worked in care roles and wanted to develop herself
- Current Role: Associate Practitioner Practice Educator
- Future Aspirations: To get a PGCE and work in teaching

Natalie's case study
Case study: Terry

• Left school with 1 O level and no plan.

• Experienced mental health support as a patient.

• Previously worked in Sales

• Currently: Community Mental Health AP

• Aspirations: Qualified Nurse

Terry case study