

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

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



FdSc

- Almost all found the FdSc Challenging
- General agreement that the FdSc provides a good basis for the AP role
 - 3 were unsure

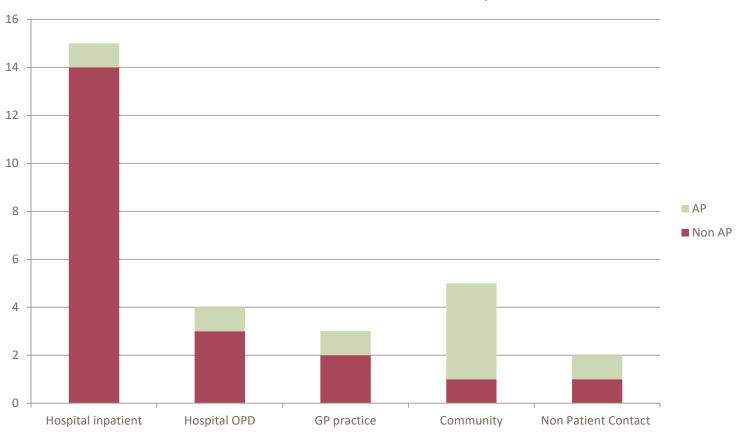
"AP jobs are few and far between"

- 28/29 felt more confidence The FdSc qualification was necessary for my AP role
- 62% were given more responsibility



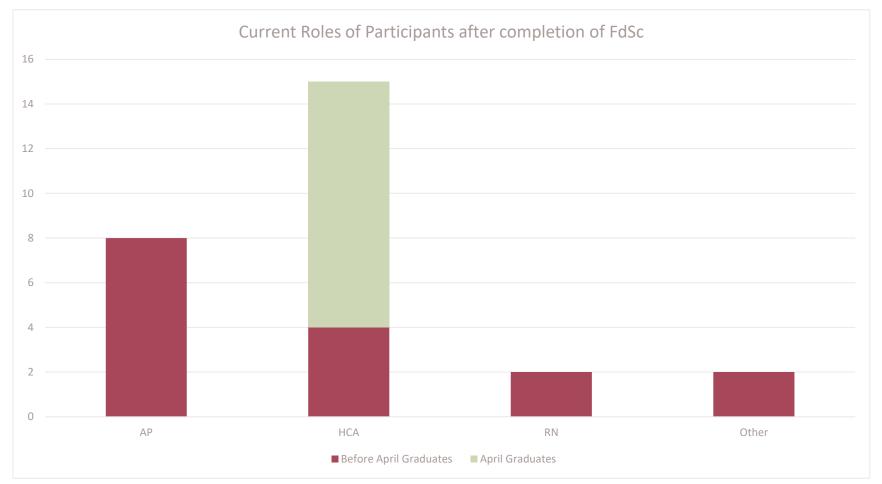
Where do FdSc graduates work?

Current Career Outcomes of Respondents





Career outcomes





Current Roles and Responsibilities of FdSc Graduates







Questionnaire: Assistant Practitioner

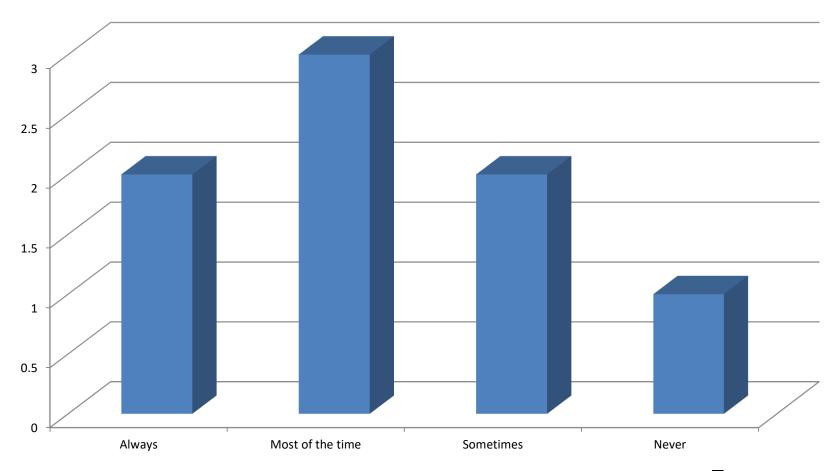
Current APs

8 respondents

- 1 Community mental health team
- 1Community infection control team
- 2 Community adult nursing teams
- 1 Community physiotherapy team
- 1 Sexual health clinic
- 2 Inpatient units

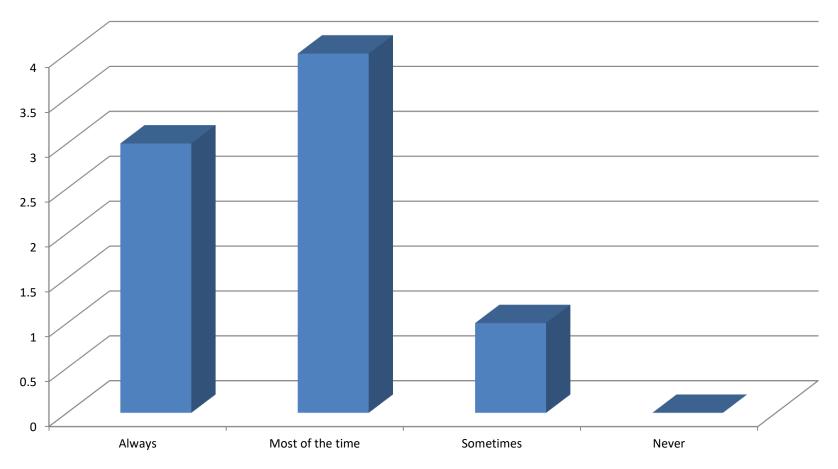


I take on the work of a registered practitioner





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."

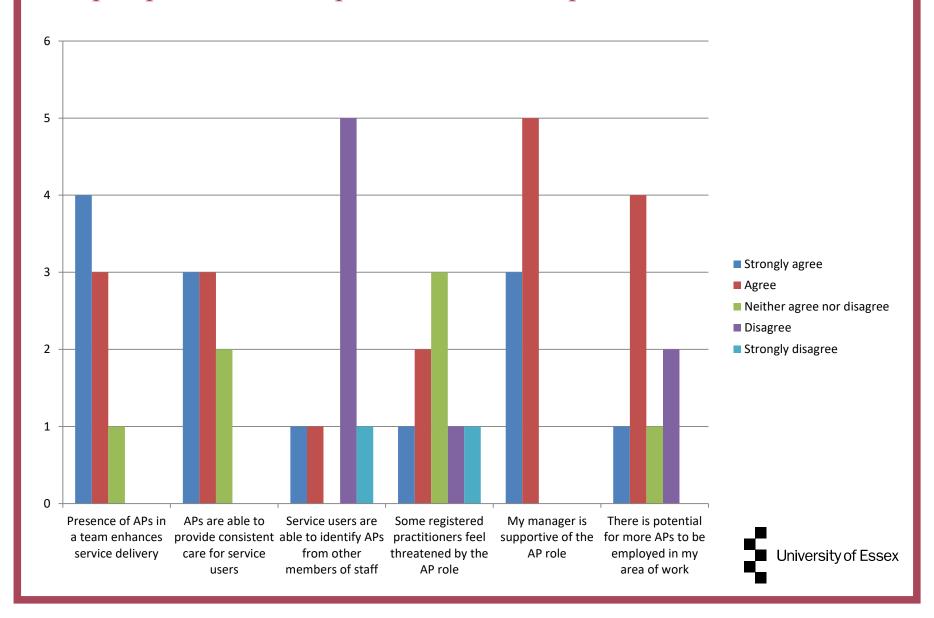


Examples of Roles of an AP

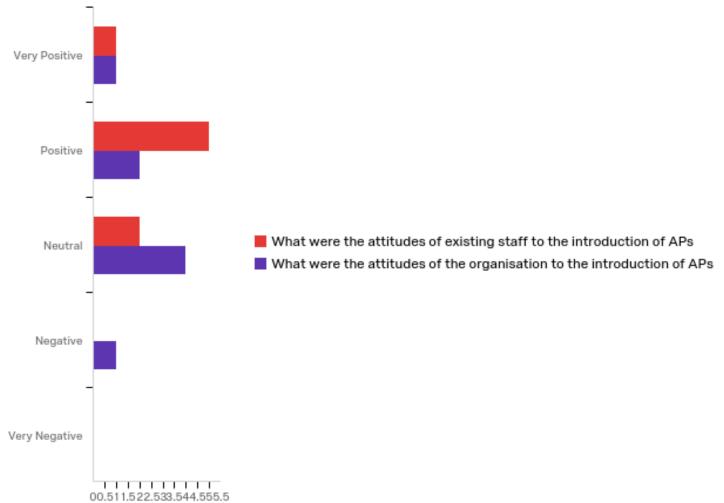
- Varied and specialised
- Haematology Day Unit AP: "Cannulates, conduct venesection, arranges blood transfusions, runs clinics for chemotherapy assessment and bone marrow, gives over the phone advice to patients"
- Paediatric Physiotherapy AP: "I carry out individual treatment programmes with patients 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"



AP perspective: the impact on their workplace

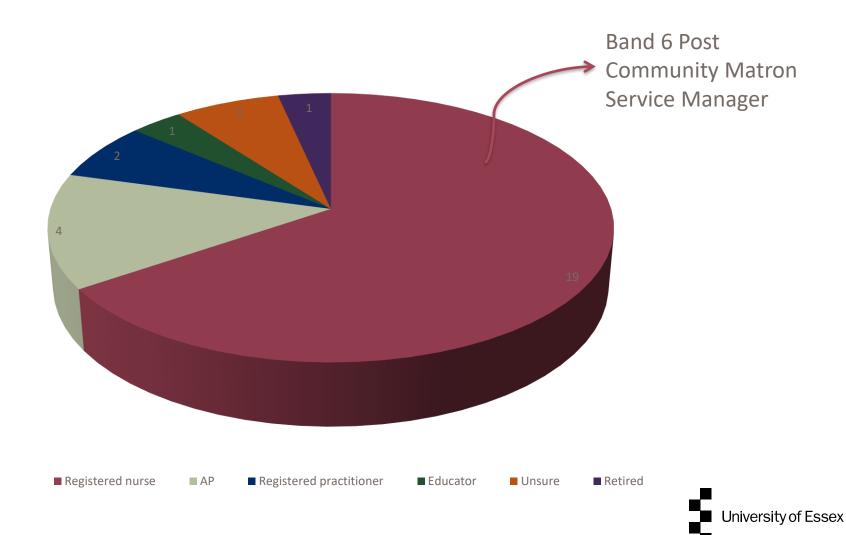


AP perspective: How others feel about us



Jniversity of Essex

Where do you see yourself in 5 years time?



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

- Allen K, McAleavy and Wright S (2012) 'An evaluation of the role of the Assistant Practitioner in critical care' British Association of Critical Care Nurses 18 (1) 14-22
- Mckenna H (2004) "Role drift" to unlicensed assistants: risks to quality and safety Quality Safety Health Care 13:410–411.
- Miller L, Williams J, Marvell R, Tassinari A (2015) 'Assistant Practitioners in the NHS in England' Skills for Health [Online at: Bit.ly/APNHS]
- Royal College of Nursing (RCN). (2009). Policy Unit, Policy Briefing 06/2009. The Assistant Practitioner Role. A Policy Discussion Paper, Policy Briefing 06/2009. London: RCN Policy Unit.
- Spilsbury K (2011) 'Evaluation of the development and impact of assistant practitioners supporting the work of wardbased registered nurses in acute NHS (hospital) trusts in England.' Online at: Bit.ly/APImpact]
- Wareing M (2008) Foundation degree students as work based learner: the mentors' role 17: (8) 532-537
- Wanless D (2002) 'Securing out future health: taking a long term view' The Public Enquiry Unit: London.



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
 Practioner 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

