



# **Core Standards for Assistant Practitioners in England**

**A consultation report**

# Core Standards for Assistant Practitioners in England

## Background:

The NHS Plan (DH 2000a) suggested that there should be more flexible working within the NHS. As a result of this there was discussion as to how work could be delivered differently and the role of the Assistant Practitioner was introduced (DH 2000b). There have been concerns raised about the ambiguity of the role in relation to their development and the responsibilities they have been given (Warne & McAndrew 2004). However, a wide range of Assistant Practitioner roles have arisen across the country (the MacKinnon Partnership 2009).

Skills for Health had been made aware of differences in the way the role of Assistant Practitioners has developed. In some Strategic Health Authorities, such as NHS Northwest, there has been an SHA wide approach with Assistant Practitioner training being commissioned on an annual basis according to numbers identified within workforce plans. In other areas the development has been more patchy with employing organisations introducing the role according to their workforce needs.

With the support of Chris Mullen, Assistant Director of Workforce Development at NHS North West, and following the raising of a number of concerns with Skills for Health about the perceived variation in the role of the Assistant Practitioner, Skills for Health set up a Task and Finish Group of stakeholders to develop core standards for Assistant Practitioners in England. (We are aware of other work which has been undertaken in Wales and Scotland). As part of its work, the stakeholder group commissioned MacKinnon Associates to scope current practice across England at the present time. This exercise confirmed that there was variation in the responsibilities, training and ongoing progression of Assistant Practitioners as they have developed to date.

This document presents the standards that the group has agreed based on the MacKinnon reports, other documents that have been accessed from Strategic Health Authorities and the other home nations and the knowledge of those within the group of Assistant Practitioner developments in their areas.

The standards as presented are for consultation and we hope that as many people as possible will comment on them. As a result of the consultation we expect to reach a consensus on the core standards which can then be integrated into local developments and the Assistant Practitioner can be identified as a National Transferable Role.

The consultation will be an online consultation and will remain open until **31<sup>st</sup> July 2009**. Although the questions to be answered are highlighted in this document responses should be made on the online consultation, click [here](#) to access.

**Definition:**

We have used the definition of Assistant Practitioner as adopted by NHS Northwest which is largely the same as that used by NHS South Central. However, we have added a sentence from material supplied by North Bristol NHS Trust.

*An Assistant Practitioner is 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. 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.*

**Do you agree that this definition reflects your understanding of the Assistant Practitioner role?**

**Transition**

Some Assistant Practitioners will have been employed, trained and educated prior to these standards being in place. Where this is the case and all the standards cannot be evidenced it would be expected that Assistant Practitioners should be meeting the career framework indicators identified in Standard 4 and have achieved the competences in Standard 5. If this is not the case then it is anticipated that employers would take steps to rectify this through in-service education and training. However, it is not expected that these Assistant Practitioners would have to achieve the initial training identified below where they are already in post and successfully undertaking their role.

**Do you agree that Assistant Practitioners ALREADY in post should not have to achieve academic standards if they did not have them prior to their appointment?**

**Do you agree Assistant Practitioners should be working to the career framework indicators as identified?**

## **The Standards**

**Standard 1** The role of the Assistant Practitioner should be recognised and valued in its own right

- 1.1 Assistant Practitioners should be recognised by employers as valued workers who support the work of registered practitioners
- 1.2 Assistant Practitioners may work under distant guidance and work as lone workers where appropriate
- 1.3 Assistant Practitioners can be appropriately used in most service settings and across professional boundaries.

The stakeholder group felt that this standard was crucial to emphasise the importance of the assistant practitioner role and recognise its usefulness to service and patients and clients.

**Do you agree that there should be a standard that emphasises the importance of the role?**

**Do you agree with 1.1?**

**Do you agree with 1.2?**

**Do you agree with 1.3?**

**Should anything further be added to Standard 1?**

**Standard 2** Candidates who have the capability to undertake the job should be recruited to an appropriate post of employment and training programme

2.1 There should be a formal selection process

2.2 Employers must be involved in the recruitment and selection process

2.3 Education and training organisations should accept a wide diversity of entry qualifications and/or equivalent experience

2.4 Literacy, language and numeracy skills should be in line with the functional skills identified in the Skills for Health employability matrix for Career Framework Level 4 by the time their training is completed (Please see Appendix A)

2.5 Trainee Assistant Practitioners should normally have at least one year's previous experience in health and/or social care.

The stakeholder group felt that Assistant Practitioners should be carefully selected for their role but that as few barriers as possible should be in place to an individual being able to undertake the role. It was felt that should have the required level of literacy, language and numeracy skills but those who have not received a formal education in the past should not necessarily be excluded from undertaking the training to be an Assistant Practitioner.

There was debate within the stakeholder group as to whether it was essential that those training to be Assistant Practitioner should have had previous health or social care experience. The group was divided on the matter but on balance decided that a sub-standard should be included that said that this should normally be the case. However, when responding to the consultation, the stakeholder group request that you comment on this issue.

**Do you agree that there should be a standard that emphasises the selection of trainee Assistant Practitioners?**

**Do you agree with 2.1?**

**Do you agree with 2.2?**

**Do you agree with 2.3?**

**Do you agree with 2.4?**

**Do you agree with 2.5?**

**Should anything further be added to Standard 2?**

**Standard 3** The education and training of Assistant Practitioners should support the development of a practice focused, competent individual

3.1 The education of the Assistant Practitioner should be work based and employer led

3.2 The education and training of Assistant Practitioners should be at level 5 of the Qualification and Credit Framework (QCF) which is equivalent to Intermediate Level Higher Education such as Foundation Degrees or Higher National Diplomas

3.3 The duration of the training of Assistant Practitioners should normally be 2 years in duration but AP(E)L should be considered by programme providers

3.4 Whilst in training, the trainees should be recognised as students and allowed to practise their newly acquired skills.

The stakeholder group were in agreement that Assistant Practitioners should be service orientated and able to meet the needs of patients and clients locally. The training should be practical and a large proportion of it should be based in the work place. Assistant Practitioners should be allowed to qualify from a variety of programmes, although the stakeholder group recognised the Foundation Degree as the one most commonly utilised and felt that all Assistant Practitioner qualifications should achieve that level whether they be vocational qualifications or taught courses. It is recognised that some people may not agree with this approach so again the stakeholder group would be pleased to hear your comments.

**Do you agree that there should be a standard that identifies the training required for the Assistant Practitioner role?**

**Do you agree with 3.1?**

**Do you agree with 3.2?**

**Do you agree with 3.3?**

**Do you agree with 3.4?**

**Should anything further be added to Standard 3?**

**Standard 4** The Assistant Practitioner should be acting at the appropriate level on the career framework

4.1 The job description of the Assistant Practitioner should equate to Level 4 of the Career Framework

4.2 The following career framework indicators should be applied to Assistant Practitioners

Manages their role under guidance  
Makes suggestion for improvement to outcomes of their job  
Demonstrates self-directed development and practice  
Makes judgements requiring a comparison of options  
Plans straight forward tasks and work guided by standard operating procedures and protocols

And where appropriate

Undertakes the ongoing supervision of the routine work of others  
Takes some responsibility for the training of others and may deliver training.

Although Assistant Practitioners vary in the level at which they are paid the stakeholder group felt it was important to identify the level of responsibility expected from Assistant Practitioners. We have done that through the Skills for Health Career Framework. We have identified level 4 as being the level an Assistant Practitioner should be working at and have identified some of the Level 4 indicators as being crucial to the role. The career framework indicators can be found on the [Skills for Health website](#).

**Do you agree that there should be a standard that identifies the level of responsibility of the Assistant Practitioner role?**

**Do you agree with 4.1?**

**Do you agree with 4.2?**

**Should anything further be added to Standard 4?**

**Standard 5** The Assistant Practitioner should be competent in the following areas:

- CfA 105 Store and Retrieve Information
- CfA 106 Use IT to exchange information
- CHS 36 Provide basic life support
- GEN12 Reflect on and evaluate your own values, priorities, interests and effectiveness
- GEN 13 Synthesise new knowledge into the development of your own practice
- GEN 22 Communicate effectively with individuals
- GEN23 Audit your own work practice
- GEN 63 Act within the limits of your competence and authority
- HSC D5 Comply with legal requirements for confidentiality
- HSC 22 Support health and safety of self and others
- HSC 23 Develop your knowledge and practice
- HSC 234 Ensure your actions support equality, diversity and responsibilities of others
- HCS 241 Contribute to the effectiveness of teams

and where appropriate:

- H&LD5 Allocate and check work in your team

Where Assistant Practitioners have a clinical role

- AG2 Contribute to care planning and review
- CHS 118 Form a professional judgement of an individual's health condition
- ENTO WRV1 Make sure your actions contribute to a positive and safe working culture
- GEN 4 Prepare individuals for clinical/therapeutic activities
- GEN5 Support individuals during and after clinical/therapeutic activities
- GEN 6 Prepare the environment for clinical/therapeutic activities
- GEN 7 Monitor and manage the environment and resources during and after clinical/therapeutic activities
- GEN 8 Assist the practitioner to implement clinical/therapeutic activities
- HSC 21 Communicate and complete records for individuals
- IPC 2 Perform hand hygiene to prevent the spread of infection

**NB Some of the core competences identified above may be subsumed in other competences which are pertinent to individual practitioners and so could be replaced by those specific competences.**

In identifying the competences above existing Assistant Practitioner job descriptions were looked at and what they contained was taken into account. The first list of competences takes into account that not all Assistant

Practitioners work directly with patients. The debate in relation to this list was whether all Assistant Practitioners should be able to undertake cardiopulmonary resuscitation. The stakeholder group felt they should but would like comments on this issue.

The second list pertains to all who have a clinical role. The issue on which we would like comments is around the inclusion of CHS 118. This competence is about making a professional judgement. However, the competence is about being systematic and analytical in judgement making rather than being a member of the profession. The full detail of the competences can be accessed on the Skills for Health website, <http://www.skillsforhealth.org.uk/competences.aspx>

**Do you agree that the core competences for the Assistant Practitioner role should be identified?**

**Are the competences identified appropriate?**

**Should anything further be added to Standard 5?**

**Standard 6** The Assistant Practitioner should be enabled to develop within their role and progression routes should be available.

6.1 Continuing Professional Development should be available for Assistant Practitioners to develop within their role

6.2 Employers should recognise transferable skills and competences

6.3 Wherever possible, education providers and employers should work together to ensure smooth access onto practitioner level programmes

6.4 Employers should ensure that other promotion opportunities are open to Assistant Practitioners within their organisations.

The stakeholder group thought that it was important that there should be opportunities for progression for Assistant Practitioners, both within their role and by having opportunities to move to alternative roles. The group thought that it was important that employing organisations should think carefully about which roles – other than professional ones that require further training – could be undertaken by people who have been assistant practitioners. This could include higher clinical roles that do not require a professional to undertake them or general management roles. Where a role requires a specific training or background this should obviously be adhered to. However, Assistant Practitioners should not be prevented from progressing because of the presence of artificial boundaries.

**Do you agree that there should be a standard that recognises the need for progression routes to be available?**

**Do you agree with 6.1?**

**Do you agree with 6.2?**

**Do you agree with 6.3?**

**Do you agree with 6.4?**

**Should anything further be added to Standard 6?**

## Next Steps

Please respond to this consultation online. The online consultation is open until 31<sup>st</sup> July 2009. The online response form can be accessed at <http://data.skillsforhealth.org.uk/s/efgW37njcVP7ISb>. At the end of the consultation period the responses will be analysed and, if necessary, amendments will be made to the standards.

It is anticipated that the final version of the Core Standards for Assistant Practitioners in England will be available in the autumn of 2009.

## References

Department of Health (2000a) **The NHS Plan: a plan for investment, a plan for reform**, HMSO, London.

Department of Health (2000b) **Meeting the Challenge: A Strategy for Allied Health Professionals**, DH London.

Warne T. & McAndrew S. (2004) The Mental Health Assistant Practitioner: an Oxymoron? **Journal of Psychiatric and Mental Health Nursing**, 11, p 179 – 184.

The MacKinnon Partnership (2009) **Assistant Practitioners: Scoping Exercise** [click here](#) to read full report.

## Stakeholder Group

Paul Blakeman	Divisional Manager (Qualifications)	Skills for Health
Lesley Buckman	Head of Foundation Studies	London South Bank University
Helen Green	Programme Manager (New Ways of Working)	Skills for Health
Cate Hollinshead	Education Manager (Workforce development Group)	Derby Hospital NHS Foundation Trust
Paul Hooton	Assistant Director for Professional Education (Nursing and AHP)	Gloucester Hospitals NHS Foundation Trust
Charlotte Middlemass	Associate Director (Workforce Development)	NLIAH
Chris Mullen	Assistant Director of Workforce	NHS Northwest
Chris Reay	Regional Manager North East	Skills for Health
Kirsteen Redmile	Intermediate Care Manager	North East Lincolnshire Care Trust Plus
Karen Spilsbury	Senior Research Fellow	Department of Health Sciences University of York
Robert Standfield	Programme Manager	Skills for Health
Jim Thomas	Programme Head	Skills for Care
Richard Warner	Consultant Nurse	Gloucester Hospitals NHS Foundation Trust
Emma Wilton	Widening Participation Lead	NHS Education South Central
Sandie Woods	Senior Lecturer / Programme	London South Bank University

## **Appendix A**

### **Functional Skills – Practical Skills in Communication, Maths and Technology taken from the Skills for Health Employability Matrix**

#### **Communication and customer care**

Communicate appropriately with others at work.

Listen to, understand and follow lengthy or multi-step instructions and narratives on a range of topics and in a range of contexts.

Listen and ask questions to understand and appreciate the points of view of others.

Respond appropriately to queries and complaints.

Speak clearly and confidently in a way which suits the situation.

Write effective emails, short reports and records.

Read and understand a variety of texts.

#### **Use mathematics**

Read and understand mathematical information used for different purposes.

Extract, select and compare relevant information from tables, diagrams, charts and graphs.

Decide what needs to be calculated and use appropriate calculations.

Observe and record data using appropriate methods, tools and technology, including contributing to audits or surveys and assisting with research projects.

Present and explain results clearly and accurately using numerical, graphical and written formats appropriate to purpose, findings and audience.

Undertake financial transactions working within organisational processes and policies.

#### **Use technology**

Select, interact with and use technology independently.

Use technology to effectively plan work and evaluate the effectiveness of the system used.

Troubleshoot straightforward problems