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Higher Apprenticeships in the South West

July 2015
Skills for Health Research
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Executive summary

The United Kingdom's health sector is dealing with two key forces. The first is that of increased demand for healthcare, brought about by rising expectations from the public about the quality and effectiveness of the services it receives. Innovations and advances in medicine are also contributing to greater demand as the range of treatable conditions increases. In addition, the growing population and increases in the number of older people, who are more likely to have a range of long-term conditions that need to be treated, has served to increase demand for care and will continue to do so significantly in the future.

Secondly, since the financial crisis of 2008, there has been downward pressure on the resources available to the health sector, both public and private. The UK Government has sought to put in place 'austerity' measures to reduce the deficit, the result of which has been restrictions on public resources available to health and social care.


Additionally, high profile reviews of the health sector in the wake of recent controversies have reinforced the need for high quality, safe care for patients. Being able to deliver more, and better, with less is therefore the major challenge facing the sector.

Staffing is the single largest item on the health sector's bill. One of the greatest conundrums for the sector is how people can be developed and utilised to help to meet the demand for more and better with less. A key feature of this debate is how to make better use of the pool of highly motivated and loyal 'non-registered' support workers.

This research explored the development of 'semi-autonomous' or assistant practitioner workers in the south west of England. Specifically, it explores the effectiveness of the higher apprenticeship (HA), along with the foundation degree qualification (which is often nested in the HA or dual awarded) as the education pathway for these roles, as well as the route that involves undertaking a HA using a diploma via the qualifications and curriculum framework (QCF).

Using a range of tele-depth and face-to-face interviews with trainee and recently qualified assistant practitioners, their employers, line managers, learning providers and coordinators, we sought to explore how effective this approach has become since the higher apprenticeship framework's introduction in 2012. 25 interviews were conducted across four sites in the south west. We also reviewed a range of literature, as well as drawing upon current Skills for Health research in this subject area.

Our findings demonstrate that there is a clear understanding of the role and position that assistant practitioners occupy in the workforce landscape amongst most employers and their candidates. Those not immediately involved in the development of the role, or new to line management, have a degree of understanding but it is likely to require clarification.



In line with national research recently completed, those employers interviewed were able to articulate a range of benefits associated with the development of this role as part of the workforce skills mix armory. However, the introduction of the assistant practitioner role is not always, as is also the case nationally, based on strategic workforce planning. It is evident that employers and departments who have used the assistant practitioner role undertake a significant learning curve in their first year of introduction.


There is evidence that the level 4 education route (such as higher apprenticeship framework and foundation degrees), with elements of classroom and on-the-job training, is developing the semi-autonomous workforce that employers want. Employers interviewed observed that, during the courses, candidates were engaging in their work at a higher level. When they had completed courses, they were able to undertake a wider range of tasks with a greater degree of autonomy compared to before they had started. Some employers interviewed had some clear metrics about the types of tasks and activities that they would like to see improved.

The candidates interviewed ranged from those who were six months into the programme of learning, just completing it or had done so over the past four years. Candidates had either taken a foundation degree or a higher apprenticeship framework (HAF); the more recent candidates, in particular, were taking a dual award or an award with the foundation degree nested in the higher apprenticeship framework.

Almost all respondents reported feeling significantly challenged in the first year of study. But after support and perseverance, most felt a step change both in their knowledge and understanding and, importantly, how they were able to behave at work. All HA candidates felt more able to make suggestions, provide additional insight for their service users and, where necessary, question levels and types of treatment that might be offered by their organisations.

Some of the candidates undertook the higher apprenticeship after decades in healthcare assistant (HCA) type roles. Being given the opportunity to undertake higher level study was significant, unlocking potential and bolstering a huge amount of hands on experience with intellectual rigor. There is evidence that study enhanced their productivity, and even lengthened their time in the sector. As one candidate remarked, *'my mum retired at 55, there's no chance of my retiring then if ever'*.

For the majority of candidates, the ability to earn whilst they were learning was a significant factor in being able to undertake the qualification. Many were more mature and had responsibility for dependents. A large number indicated that they also had mortgages and rent to pay. For many, undertaking study in this way was a safe way of building their confidence. By the end, candidates felt that they had proved they could do this kind of study.



In terms of progression, candidates were not always guaranteed an assistant practitioner role once they completed their course. Whilst this would have been liked, candidates appreciated the openness of their employers and welcomed the opportunity that studying offered to help give better care even without this guarantee. All candidates regarded the assistant practitioner role as worthwhile in its own right, but many appreciated that it could be a staging post for further study and progression into registered roles. Substantial numbers of candidates had been switched onto learning by doing the course and were seeking to continue their development.

Importantly, further study was in health, meaning that investment in the assistant practitioner training had primed many to go into higher level education. Many funded this themselves, if not with some assistance from employers.

This piece of research is a detailed but preliminary look at the contribution that the HAF has had on the development of the 'semi-autonomous worker'/assistant practitioner in the south west. There are indications that the courses have had positive outcomes for both employers and employees. However, the HAF was only introduced in 2012 and so there has been limited time for broad outcomes to be assessed. Further assessment of the pathways for development should be conducted with sites as it progresses.



Points of interest

Some key points of interest include:

- In the south west of England, there are an estimated 67,900 people in support worker-type roles, representing around 36% of the total workforce.
- Nationally, the scope of activities undertaken by support workers has continued to broaden.
- There are an estimated 1,450 assistant practitioners in the south west of England.
- Recent studies (including this one) demonstrate that employers are articulate about the benefits associated with developing assistant practitioners, from helping to resolve staffing issues to enhancing patient care.
- There was a very articulate understanding of the assistant practitioner role, its 'semi-autonomous' nature and the breadth of technical activities that those in these posts are able to undertake amongst employers and heads of learning and development.
- Likewise, candidates interviewed were able to talk about the assistant practitioner role and its contribution to improving both efficiency and patient care.
- There are indications that the broader workforce - those not immediately associated with the development and management of assistant practitioners - are more vague about their potential contribution.
- For many candidates, the step change to a higher level training programme, whether it was through the foundation degree or via the higher apprenticeship, was significant. This was particularly true for those undertaking higher level study for the first time.
- Employers indicated that those undertaking the courses engaged more closely with work from the outset of the programmes. Employees also described how they grew in confidence in terms of talking about complex activities as the course progressed.
- Both candidates and employers recognised the contribution that the role had for progression. Both groups felt that the role was a good solid destination in its own right, but appreciated how it, and the study underpinning it, could be a staging post for further development. Openness about the potential prospect for a role to be available after training was completed seemed to be a priority for candidates.



2: Introduction and approach

Context

The United Kingdom's health sector is dealing with two key forces. The first is the pressure of increased demand for healthcare, brought about by rising expectations from the public about the quality and effectiveness of the services it receives. Innovations and advances in medicine are also contributing to greater demand, as the range of treatable conditions increases. The growing population and an increase in the number of older people who are more likely to have a range of long-term conditions that need to be served are also fuelling demand.

Since the financial crisis of 2008, there has been downward pressure on the resources available to the health sector, both public and private. Governments have put in place 'austerity' measures to reduce the deficit, which have involved restricting the amount of public resources available to health and social care. In addition, high profile reviews of the health sector in the wake of the North Staffordshire hospital affair have reinforced the need for high quality, safe care for patients.

With staffing being the single largest item on the health sector's expenditure list, one of the greatest conundrums for the sector is how people can be developed and utilised to provide more high quality healthcare within a restricted budget. Making best use of the 'non-registered' or support workforce is a critical feature of this debate.

This piece of research explored the development of a 'semi-autonomous' or assistant practitioner role in the south west of England. Specifically, it explored the effectiveness of the higher apprenticeship framework (HAF), along with the foundation degree qualification (which is often nested in the HAF or dual awarded). Using a range of tele-depth and face to face interviews with trainee and recently qualified assistant practitioners, their employers, line managers, learning providers and coordinators, we sought to explore how effective this approach has become since the higher apprenticeship framework's introduction in 2012. 25 interviews were conducted across four sites in the south west.



Our approach

One of the core aims of this project was to begin to understand how the higher apprenticeship framework (HAF), along with other higher level vocational training such as the foundation degree, has contributed to the development of a semi-autonomous (assistant practitioner) workforce in the south west of England; this was, after all, the original purpose of the HAF's creation in this region.

Using broadly qualitative research methods, we conducted a range of interviews with employers and candidates, as well as with education providers and stakeholders. These took the form of in-depth telephone interviews, as well as face-to-face meetings where appropriate. Interviews were also held with stakeholders who had been active in the development of the higher apprenticeship framework, employers and heads of learning and development responsible for selecting candidates, and line managers of trainee assistant practitioners. A substantial number of interviews were also undertaken with current and recently qualified assistant practitioners themselves.

The themes explored through these interviews encompassed:

- What is meant by the semi –autonomous workforce?
- How has the south west region sought to develop such roles and to what extent is there consensus about the role?
- How has the promotion of higher apprenticeships and other higher level health-related vocational learning, such as foundation degrees and diplomas, assisted in the development of these roles?

We hope that this report is part of a growing knowledge base around the development of assistant practitioners that illustrates the merits of using the higher apprenticeship framework to achieve a semi-autonomous workforce in the south west of England.

The structure of this report

- Section 3 explores the context in which the development of the assistant practitioner role (semi-autonomous worker) is being developed. It reviews other studies of the role and how it has been developed. It also reviews recent evidence around the use of apprenticeships in the health sector and draws lessons from these.
- Section 4 reports on the understanding of the assistant practitioner role amongst employers, line managers and candidates.
- Section 5 explores the benefits of undertaking the higher apprenticeship framework (often with the foundation degree as a component), drawing on the views of employers and employees.
- Section 6 outlines our conclusions.
- Section 7 suggests next steps.
- Section 8 highlights case studies.



3: Context – the development of the assistant practitioner role in the United Kingdom’s health sector

Key points

- Support workers undertake a wide range of valuable roles within the health sector, making up 36% of the sector’s workforce in the south west.
- Support workers are a diverse group of people with a wide range of attributes.
- The development of the semi-autonomous worker/assistant practitioner has gained more currency in recent years since the term was coined in 2002.
- Recent studies have shown that employers indicate that there are particular benefits associated with developing assistant practitioners.
- There are different pathways to become an assistant practitioner, either through experience or education.
- The foundation degree route has been one of the more popular routes that seek to develop people into the assistant practitioner role.
- The Higher Apprenticeship in Health (Assistant Practitioner) has been available since 2012 but none have been awarded yet.
- There is every reason to believe that the framework has assisted in the development of this part of the workforce.



Introduction

This section explores the context in which the development of the assistant practitioner role (semi-autonomous worker) is being developed. It reviews other studies of the role and how it has been developed. It also reviews recent evidence around the use of apprenticeships in the health sector and draws lessons from these.

Support workers in the UK's health sector

Some workforce characteristics

The health sector employs just over 2.1 million people throughout the UK. This includes people working in public, private and third sector employment. The majority of those working in the health service do so in clinically professional roles, with doctors and nurses numbering 1.3 million. A significant proportion - almost 40% (798,600) - are in either clinical or non-clinical roles that support these professionals, undertaking diagnosis for patients, helping to deliver the care believed to be necessary for patient wellbeing or ensuring that administrative tasks are completed. In the south west of England there are an estimated 67,900¹ people in this support workforce category, equating to around 36% of the total workforce.

The support workforce is diverse and comprised of a range of different occupations. Clinical support roles, such as health care assistants and assistant practitioners, as well as technical roles such as radiography assistants and those in the para sciences, often provide direct care to patients under the guidance and supervision of clinical staff. These roles make up around 17% of the total sector workforce.


Recent analysis of support workers by Skills for Health points towards a number of important characteristics² that are relevant for those wishing to explore the development of this part of the workforce. It indicates that support workers are more likely to be:

- Women, who account for 82% of the support workforce compared to 78% of the whole workforce;
- Part-time, with 42% of support worker jobs being part-time, as opposed to 29% of jobs overall;
- 23% aged over 55

The age profile of the support workforce is also of interest, as it contrasts with the pattern seen for the clinical workforce. There are twice the number of people aged between 20-24 in support roles than in clinical roles (8% compared with 3%), largely due to the latter having to undergo long-term training. Many will just be entering the workforce in their early twenties.

¹ Source: Labour Force Survey (2014)

² Skills for Health (2015) Support Workers: A profile and case for ongoing development, Bristol



In the 25-29 age range, the number of those in support and non-support worker roles is almost equal. In the 30-34 age range, there is a dramatic drop in the proportion of those in support worker roles and an increase in those in non-support roles. Support workers begin to take the lead again in terms of proportion of the workforce in the 60-64 year old category. There are a number of plausible explanations for this, including the fact that those in better paid, professional occupations may be more likely to be able to retire earlier. In addition, some support work roles offer a suitable 'sunset' career for those over 60.

Qualifications of and training opportunities for support workers

Nationally, a relatively high number of support workers hold qualifications at level 4 or above of the national qualifications framework. This signals that there is capacity for these workers to undertake complex activities. However, it is worth noting that the support workforce are less likely overall to receive training than their registered clinical workforce counterparts, with only 35% reporting that they had received training in the past 13 months.

Extending scope of practice amongst support workers

The development of support worker roles, in particular extending their scope of practice to include a range of tasks alongside the 'traditional' nurse or therapist role, is not new. There is a long history of activities in the health sector being shifted from doctors, to nurses and allied health practitioners, and to various healthcare assistants. Taking bloods, fitting catheters and so on, have steadily become tasks that can be undertaken by appropriately trained health care assistants (HCAs) but might traditionally have been undertaken by doctors (and then nurses).


More recently, the shift to an all-graduate nursing workforce has been another driver to redistribute tasks within the health sector. Commentating on recent developments, Kessler³ remarks that the "core" of patient care has shifted from tasks performed by nurses to those performed by HCA's. Research from Kings College⁴ supports the view that some HCAs are now doing a wide range of more advanced tasks traditionally undertaken by registered nurses.

The development of the assistant practitioner role and the 'semi-autonomous workforce'

The desire to develop a group of workers known as 'semi-autonomous' or 'assistant practitioners' is a more recent phase in the development of support workers. The phrase has been in use since 2002, as a result of developments from the North West of England. A recent definition of the semi-autonomous worker/assistant practitioner is;

³ Kessler, I., Heron, P. and Dopson, S. (2012). *The Modernization of the Nursing Workforce: Valuing the Healthcare Assistant*. Oxford University Press

⁴ King's College National Nursing Research Unit (2010): "Moving forward with healthcare support workforce regulation"



‘A worker who competently delivers health and/or 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. The job description of the assistant practitioner should equate to level 4 on the career framework.’

There are an estimated 1,450 assistant practitioners in the south west of England⁵.

The definition of an assistant practitioner (AP) has a number of important themes, including levelling, working across traditional boundaries and accountability to oneself. There is also a strong sense in which the roles are valuable because they are locally defined and enable innovation to take place.

Levelling

‘Levelling’ the role in terms of knowledge and understanding is important as it is seen as one which goes beyond that of the health care assistant but does not have the higher level skills associated with regulated/registered roles. Taking elements of roles that were previously the domain of registered professionals in the health sector is also key – being able to *‘undertake clinical work in domains that have previously only been within the remit of registered professionals’*. In the NHS, the description is quite prescriptive in terms of levelling; the job description *‘should equate to level 4 on the career framework’*.

Working across traditional boundaries

Working across traditional boundaries is also a theme around the development of the assistant practitioner role. With the notion that an assistant practitioner might work across both health and social care as well as between clinical areas, *‘the assistant practitioner may transcend professional boundaries’*. For instance, it is not uncommon for assistant practitioners to have a range of skills and be able to undertake a selection of therapies which are not necessarily aligned to a single profession.

It is this ability to work across traditional roles that has underpinned innovation within the design of the role at a local level.

⁵ Source: HEE South West: Assistant Practitioners (2014)



Accountability

The role is not registered like professions in the health sector. Their accountability is to *'themselves, their employer and, more importantly, the people they serve'*. In practical terms, the employer needs to be satisfied that the assistant practitioner is competent to undertake tasks, and stand by them when they are doing so. The assistant practitioner therefore works within the areas that they are competent in, making it important that suitable education and training underpins the role.

The assistant practitioner as a locally-defined innovative role

These themes combine to form a role that is flexible and can be innovated upon depending on the needs of the employer. It takes advantage of the innovative space that a highly competent worker at level 4 of the career framework can present employers with. It challenges traditional hierarchies in presenting a view that high quality, intermediate level skills have an important role in delivering effective care and contributing to increased productivity.

These roles occupy a distinct position in the sector. They are not in charge of diagnosis, or the overall design of a patient's care programme. However, they are able to work within defined parameters and deliver activities that they are signed off as competent to undertake.

Tasks can be undertaken with a degree of autonomy to deliver a range of technical activities and make sure the care program is delivered effectively. In terms of the National Health Service, many of those in the assistant practitioner role work at band 4 in the Agenda for Change pay banding.

Those that were involved in the development of the higher apprenticeship framework were clearly aware of the intention for it to contribute to the development of assistant practitioner type roles.

Progression and the assistant practitioner role

The assistant practitioner role is a destination in its own right. It is a satisfying job that provides a high quality 'intermediate' role between health care assistant and registered professional. At the same time, employees might be able to use it as a launch pad to progress, if they wished, into registered roles in the health sector.

National research exploring the progress of the assistant practitioner in England and Wales

Skills for Health have continued to commission and conduct national research into the development and progression of the assistant practitioner role in England, Scotland and Wales.

Overall, the reports provide a strong indication that there is a great deal of interest in the development of these roles. The story of their introduction is not sweeping and generalised, but is being shaped by a host of local conditions as well as by innovations in technology and services. Recent research conducted on behalf of Skills for Health raised a range of issues including



Roles and benefits

‘There is growing recognition of the value of these posts. Stakeholders can clearly articulate the benefits of introducing the assistant practitioner role, which include improvements in quality, productivity and efficiency. Assistant practitioners are working in a range of clinical, community and laboratory situations; they are increasingly seen in roles that cross health and social care and professional boundaries. However, a lack of consensus remains regarding the clinical areas in which they are able to practice, with variations from Trust to Trust and between departments within a Trust’.

Implementation – facilitators and barriers

‘Increasing service capacity remains a key driver in appointing assistant practitioners. Assistant practitioner posts succeed where their introduction within a team meets a clearly identified need and where the roles and responsibilities of the assistant practitioner and the wider team are clear and understood. Assistant practitioner posts are more likely to be successfully introduced where their development is part of workforce planning. Ensuring staff engagement with the process and that all staff benefit from the changes are central to success’.

‘The introduction of assistant practitioner posts often appears to be prompted by the appearance of funding rather than planning. Many people are unaware of the existence of standards for these roles, and those who are aware of these descriptions often find them too vague to be of help’.

‘Concerns remain around delegation and supervision and the lack of registration and regulation. Arguments put forward in support of regulation and registration included: parity of esteem; credibility; accountability and protection for the organisation and public; management of risk; and enabling control to be exerted over content of training. Some organisations have started to make steps to address these issues, with some success; these potentially provide a model for future developments’.

‘A wide range of education and training routes are available; foundation degrees appear to be the qualification of choice at the moment. Other options include apprenticeships, HE certificates and diplomas and NVQs’.

‘While in some areas the numbers of trainee assistant practitioners undergoing training has increased, elsewhere numbers are declining, particularly in those areas in which large numbers were originally trained and so have reached ‘steady state’. While the stability of the assistant practitioner workforce is one of their particularly attractive features from the employer’s point of view, lack of churn can lead to a decline in demand for education and training, with implications for sustainability’.



Progression

'Many trainees reported that they were unlikely to obtain band 4 posts after completing their foundation degree. Some Local Education and Training Boards LETBs funded training when there was no guarantee of appropriate posts becoming available'.⁶

Routes to developing assistant practitioners - using the higher apprenticeship framework to develop the semi-autonomous worker

There continues to be a range of routes for those wishing to develop into the assistant practitioner role. Experience has been one of the key means by which people have progressed. However, whilst many of those who are becoming assistant practitioners are experienced, there are indications that experience alone is not adequate for employers in preparing people for this role⁷.

How to develop a training and education pathway for the level 4 worker was the subject of debate within what is known as the south west Strategic Health Authority (SHA) region. A review was conducted to explore the options around the development of the role and the types of qualifications and frameworks available.


This review was conducted before the creation of the 'Core Standards for Assistant Practitioners' (Skills for Health, 2009), and the related Nationally Transferable Roles documents (SfH, 2009). It sought to outline the competences of a band 4 worker, and to articulate the core and key specific competences into an education pathway. Various pathways and modules of education pathways for bands 2, 3 and 4 were scoped within the participating organisations.

The review found that the Health Professional National Vocational Qualifications and Diploma, Healthcare Practice Foundation Degree, in-house programmes of National Vocational Qualifications level 3 with bolt-on specific programmes, and Open University modules were all actively being used for band 4 development within a number of organisations in the south west of England.

The project concluded that the pathways for developing the band 4 support worker had their own specific characteristics and merits. However, the concept of 'bites' of learning that are competence based, and which provide effective role preparation rather than the achievement of an academic award, was largely felt to be the most desirable approach to the development of an assistant practitioner by participating organisations.

⁶ A scenario-planning exercise undertaken in 2010 (Miller, Fairhurst and Hurley, 2010) and revised in 2012 to help Skills for Health plan for future skills requirements had identified jobs at this level (level 4 in the Career Development Framework) as being most likely to increase in future. More recently, research undertaken in Wales during 2013 (Miller, Williams and Edwards, 2014)

⁷ <http://www2.warwick.ac.uk/fac/soc/ier/research/reviewapprenticeship/>



As a result, partners within the south west sought to develop a higher apprenticeship at level 4 of the national qualifications framework. Before 2010, there were no higher apprenticeships in healthcare, and those that did exist were pilots for the engineering sector. This was therefore a significant development for the qualification.

Apprenticeships and higher apprenticeship frameworks

Within the UK, the apprenticeship system has a long history. Instances of such training can be traced back for many hundreds of years. The system today has much to owe to the government's attempt to reinvigorate it in 1994, when 'modern apprenticeships' were introduced.

Since this reinvigoration, there have been a number of amendments to the responsibilities in the system but the broad shape of 'off- the-job-learning' which emphasises the acquisition of knowledge and theory, as well as 'on-the-job-learning' which emphasises practical experiences, has remained relatively intact.

As the model has developed, there have been various certificates and requirements that have been added and superseded as employer and policy demands have developed.

There are three bands of apprenticeship available that cover various qualification levels, and the level a student starts at depends on their current qualifications and opportunities available in the sector of interest. Apprenticeships span 12 months - five years.

- Intermediate apprenticeship (level 2: equivalent to five good GCSE passes); provides skills and qualifications for chosen career and allows entry (if desired) to an advanced apprenticeship.
- Advanced apprenticeship (level 3: two A-level passes); entry requirements are five GCSEs (grade A*-C) or completion of an intermediate apprenticeship.
- Higher apprenticeship (levels 4- 7: equivalent to a foundation degree); entry requirements are a level 3 qualification (A-Levels, Advanced Diploma or International Baccalaureate) or completion of an advanced apprenticeship.

More recently, the government has sought to reform the apprenticeship programme⁸, resulting in the establishment of trailblazer apprenticeships within the health sector and new standards for the higher apprenticeship being launched⁹. There is a great deal of work to be undertaken before the new apprenticeships are delivered, but it is worth outlining the current requirements.¹⁰

⁸ HM Government (2013) The Future of Apprenticeships in England: Implementation Plan

⁹ <https://www.gov.uk/government/news/employers-unveil-new-industry-designed-apprenticeships>

¹⁰ <https://acecerts.co.uk/web/wp-content/uploads/2013/06/Modified-SASE-February-2015.pdf>



A Higher Apprenticeship framework at Level 5 must identify either:

- a. a competencies qualification at Level 5 and a separate technical knowledge qualification; or
- b. an integrated qualification at Level 5 which combines competence and technical knowledge elements which are separately assessed; or
- c. an integrated qualification at Level 5 which combines the assessment of competence and technical knowledge elements

National research on health sector use of apprenticeships

The University of Warwick conducted a study on employer investment in apprenticeships in the health sector in 2012. This included 24 case studies of apprenticeships introduced within the National Health Service across three areas; clinical (mainly nursing) support, business administration and engineering.

The study found that employers were largely positive about their experiences of undertaking the apprenticeships. The University of Warwick suggested that there were considerable economic gains of up to £18k per candidate, as well as a wider range of positive findings, such as:

- Apprenticeships widened the pool of people who might enter into employment with the NHS.
- Apprenticeships provided a high quality training route.
- They opened up a vocational pathway into clinical support.
- Apprenticeships had high levels of completion.
- Where employers were unable to offer a job, apprentices were able to find one somewhere else locally, thereby enhancing the local pool of skills.
- The costs of an apprenticeship were relatively modest.
- Apprenticeships were seen to be relatively low risk for the employer.

More widely, the Fifth Net Benefits of Training to Employers revealed a number of benefits that accrued to employers, including:

- A flow of new ideas into the organisation
- A close bond between the apprentice and employer that would help shape attitude to work
- Ensuring that the organisation gets the skills it needs
- Higher retention rates in the sector
- A cadre of skilled employees from which supervisors and managers might be selected



Foundation degrees, diplomas (QCF) and the higher apprenticeship framework

The foundation degree and contribution to the development of the semi-autonomous worker

The foundation degree is a vocational qualification in higher education, introduced by the government of the United Kingdom in September 2001. It is available throughout England, Wales and Northern Ireland.

These degrees are intended to give a basic knowledge in a subject to enable the holder to go on to employment or further study in that field. They are defined and accredited by universities that offer the courses themselves or in partnership with employers and further education colleges.

In terms of levelling, the degrees sit at level 5 in the qualifications framework, below the level of an honours degree (Bachelor of Science, Bachelor of Arts, Bachelor of Laws etc.). Courses are typically two years' full-time study or three to four years' part-time study, and are offered both by universities and colleges of higher education. They are also on the same level as the pre-existing higher national diploma (HND) and certificate. Unlike the HND, they stand as a degree, and have a defined value of 240 credit accumulation and transfer scheme (CATS) points in the UK system.

The use of diplomas and other QCF routes

Employers have also used a QCF Diploma to develop their assistant practitioners. The level 5 Diploma for Assistant Practitioners in Healthcare, developed by City and Guilds, is included as an integrated qualification as part of the higher apprenticeship framework.

Figure 1, below shows the nine foundation degree qualifications that are included as integrated qualifications as part of the apprenticeship framework.



Figure 1: Qualifications accredited to be part of the higher apprenticeship framework

B1 - Foundation Science Degree in Health and Social Care Practice

B1a University of the West of England, Bristol

B2 - Foundation Science Degree in Care Management in the Community

B2a University of the West of England, Bristol

B3 - Foundation Science Degree in Healthcare Practice

B3a University of Plymouth

B4 - Level 5 Diploma for Assistant Practitioners in Healthcare (QCF)

B4a City and Guilds

B5 - Foundation Science Degree in Health and Social Care

B5a Oxford Brookes University

B6 - Foundation Science Degree in Healthcare Practice

B6a The Open University

B7 - Foundation Degree Science in Professional Development (Health & Social Care)

B7a The University of Derby

B8 - Foundation Science Degree in Health and Social Care

B8a Southampton Solent University

B9 - Foundation Science Degree in Health and Social Care Practice


B9a Teesside University

B10 - Foundation Degree (Science) Health Studies

B10a University of East Anglia

Benefits of the higher apprenticeship framework

Having been issued in 2012, the higher apprenticeship framework has only been in existence for just over two years. As with any framework, it will take time for its reputation to grow and for the systems to be put into place to enable mass take up to be achieved. There are a series of benefits, however, that appear to be associated with having the framework. Firstly, the standard is national (England) and therefore all those who undertake the apprenticeship can be sure that they have achieved a core standard. This then assists, in time, with the transferability of the role as employers will be assured that a core range of competences have been delivered. Another key reassurance raised by respondents is that the apprenticeship will have also been approved by employers, supporting an employer-driven course of learning and development.



4: The semi-autonomous workforce and the assistant practitioner role - understanding and clarity?

Key points

The interviews with respondents highlighted a number of areas of interest:

- There was a very articulate understanding of the assistant practitioner role amongst senior employers and those undertaking the development of support workers.
- The development of the assistant practitioner role was cited by many as addressing some key needs in the health sector and reflecting much of the national debate in this area.
- Candidates that were interviewed were able to talk about the assistant practitioner role and its requirements in some degree of detail. They were also able to identify the greater autonomy this role had in relation to health care assistants and the broader range of technical skills that it required.
- There was less general awareness amongst colleagues who were not involved in the development of assistant practitioners, particularly in departments where the role was newly introduced.
- For some respondents, introducing the role made them think more holistically about providing care.
- Candidates valued honesty from employers about future career prospects following the achievement of the course.



Introduction

This section focuses on the findings of the interviews in relation to how much those in the system understood the role of assistant practitioner and the 'semi-autonomous workforce'. The results on this theme are important for a variety of reasons, including:

- Understanding the reality of the role's development on the ground
- Utilisations of skills, knowledge and understanding which can enhance the ongoing development of the semi-autonomous worker
- How others view the development of the assistant practitioner role, and the likelihood of the role being accepted and ultimately sustainable in the long term

Stakeholders and employers were very articulate about the role of assistant practitioners. They could describe the origins of the role and its position in between the traditional supporting worker and the 'registered' professionals. They were also appreciative of the 'semi-autonomous' nature of the role, and how it could allow for some local innovation of services.

Stakeholders and employers were able to talk about how individual teams might be able to benefit. They were also able to demonstrate how the role could deliver benefits for the whole of the health sector, with assistant practitioners these could therefore be seen as champions.

The growing role of care giving by non-registered workers

Stakeholders and employers were aware that the assistant practitioner role was growing, both in terms of the number of posts developed and their importance to the sector. One of the key reasons cited for this growth was the shift over time in the responsibilities of the workforce. The number of support workers was growing as they were providing more and more direct care to patients.

'We were aware that increasingly the support staff were always the prime care givers' and

'They were the ones spending most of the time with patients'

Some of this shift was promoted by changes to the nursing profession. The nursing profession has long been moving towards a graduate-only status. One respondent remarked that at times some nurses were perhaps more interested in undertaking the higher level activities and were less focused on the direct caring aspect of the role.

'We have found that support workers are more willing to undertake the caring aspects of the role. The assistant practitioners are an important part of this development'

They were also aware that this shift in entry to the nursing profession was making the development of the semi-autonomous worker more important. A number of respondents remarked that it made sense to harness the talents of good support workers.



A solution to recruitment and retention issues

In most cases, the employers interviewed felt that the presence of assistant practitioners as part of the workforce was providing them with additional options to address recruitment and retention issues. Many indicated that their organisations had experienced difficulty in recruiting registered nurses to certain posts. This experience is echoed in the national research, with many employers explaining how the catalyst for the development of assistant practitioner roles has been difficult-to-fill nursing vacancies¹¹.

There were also examples of band 5s and above who would not stay in post for long, therefore triggering another round of recruitment that was often time consuming and costly.

'But what we did realise, was at that point there were HCAs however who were very competent, really well motivated and individuals had been on the ward for up to 20 plus years. New HCAs that had been in post on that ward for only six months but "loved it". They lived locally and were really part of the local community.'

The development of the assistant practitioner role provided a route to bring on and develop many of their committed support workers. They were also of the view that developing their health care assistants was, in some sense, rewarding a loyal group of staff.

'There was also an issue around recruitment at the time, each time we sought to recruit to a HCA role there would be a high number of applications, and the majority were from people who lived locally. And we felt, as it turns out rightly, that they would have some loyalty to the area and be more likely to stay.'

Bringing people on was a recurring theme amongst employers. In one instance, the employer recognised that they had a potential assistant practitioner who was at that point undertaking a Foundation Degree, but could potentially rise to the challenge. The employer remarked:

'We were really having a problem recruiting to the band 5 role. We could see there was someone who would be capable of taking on a lot of the tasks and helping us without a nurse.'

One employer indicated that with each vacancy that arises they conduct a review of the tasks that need to be undertaken by the department as a whole. They then explore options about how they might be able to meet the demands, using a range of potential approaches. One of the key outcomes is looking at ways of utilising the assistant practitioner role. This process is one that has been going on for some time, and has assisted in getting employers committed to the habitual review of skills mixes in the organisation.



The assistant practitioner role and progression

The assistant practitioner role was regarded as an important part of the overall structure of the health workforce. It offers greater job satisfaction for those who are more capable and have the desire to develop their skills, as well as providing a route for potential progression into registered roles if desired. As one employer remarked:

'There was also an interest in investing in the training and development of support workers. The advantage would be they could grow their own'.

Amongst the candidates interviewed, this was a welcome feature of the assistant practitioner role. Upon completion of the course, many were aspiring to move up to a registered role. However, it was also a role that was believed to be a destination in its own right; a place where people could progress to and be satisfied in their jobs.

A different way of thinking about care

Many of the interviewees talked about the focus and attractiveness of the assistant practitioner role being about local innovation; its introduction helped to shift the understanding of what can be done creatively around workforce skills to provide high quality patient care. Development of these roles has helped employers to think beyond more of the same and, importantly, 'about developing a service with patients as the primary focus'. It helped employers to avoid thinking about how we deliver care based only upon what the professionals could do, as had been the tendency in the past. One respondent responsible for the introduction of assistant practitioners in their trust remarked:

'...my real 'epiphany' moment I guess was when I was talking to a HCA who had been with us for some years. We were talking about the challenges associated with not having enough nurses on the ward and the impact that it was having. The assistant noted that there was a patient whose return to home had been extended for 10 days because they were waiting for an Allied Health Professional (AHPs) to provide a basic assessment of care for the individual to return home safely. The HCA noted that actually she could, with the right training and sign off, provide this level of clinical care and report back to AHPs or registered nurses any changes that would need escalating to the registered professional for further assessment. The patient could be discharged home and start to return to normality. This improved patient care and reduced actual costs to the trust by the costs associated with 10 nursing days in an acute ward'.



Breadth of skills

As the above example stresses, employers and stakeholders were also appreciative of the breadth of skills needed to enable the assistant practitioner role to be effective. The assistant practitioner needs ideally to have a range of skills that cut across traditional boundaries in order to assist in the care of patients. It is therefore conceivable that the practitioner might have a collection of skills not previously seen together but developed with the interests of patients and services, rather than traditional boundaries, in mind.


One natural outcome of this question was that respondents felt that it needed to be a role that would work in between the high level skills of the registered staff and the often routine level of skills of a health care assistant/support worker. It was therefore recognised that assistant practitioners needed to build upon the more generic and routinised skills of the HCA with technical knowledge and skills that have traditionally only been seen in the registered workforce. According to one respondent:

'This role needed to be one that could operate autonomously, albeit with defined barriers. It was also felt that the role would be a destination in its own right, offering a high quality role for those wishing to undertake it, but if they wanted, they could move on and take training and one day have a registered role if that's what they wanted'.

Making improvements to quality, productivity and efficiency

Respondents were also able to refer to range of positive examples of how the assistant practitioner role contributed to improvements in quality, productivity and efficiency. These were consistent with recent national research on the development of assistant practitioners, and indeed recent evaluations of new roles being introduced as part of an employer investment fund project.

Many observed that assistant practitioners were able to begin to work with a greater degree of autonomy as they progressed through their studies. They were asking more questions and were more engaged with the services they were offering, as well as keen to explore what might be better delivered. When people had completed their qualifications, employers observed that they were able to deliver a range of technical activities to make sure that the care program was delivered effectively. One employer in particular had a number of metrics in mind that they might use to judge the effectiveness of the role that had been introduced.



They also recognised that effective use of assistant practitioner roles might free up doctors and nurses to concentrate on their core activities. For instance, the assistant practitioner might be able to undertake monitoring activities of lower risk patients¹² and some paperwork, enhancing the administration of services¹³. There was also a range of more routine medical tasks that a skilled assistant practitioner might be able to undertake, potentially reducing the burden on more highly skilled staff.

Skillfully adopting assistant practitioner roles can also help services become more efficient and improve the quality of care. By creating a role in the right way, patients could be moved more quickly through healthcare provision. For instance, if an assistant practitioner was skilled in a number of routine therapies, the patient might be seen more quickly.

Workforce planning and the assistant practitioner role

Amongst those interviewed, there was no large-scale evidence of the development of assistant practitioner roles being incorporated into central workforce planning. Indeed, a national study found that support workers and the assistant practitioner role were not widely referred to in workforce plans throughout England or Wales.


In some respects, it appears that the development of the role is being undertaken at a department or team level, and innovated from this perspective. There are also instances of larger organisations having a general policy of introducing more assistant practitioners, which helps with the general profile of the role and will assist in increasing numbers. But building clarity around the role, which is key to ensuring its successful use and development, can be left to those working at a more local level.

One of the key differences is gritty experience of departments and organisations in both the development and application of the role. Having knowledge of the role and what it is able to do is one thing; having experience of its introduction and development is another. As a result, those departments and teams who are new to the role's development have a different story to tell than those who have been introducing it for some time.

Knowledge of developing the role and an acquaintance with the development of the role

Respondents were aware that in a 'text book' case, the development of the assistant practitioner role would be based on a thorough review of the skills mix in an organisation. Roles would be clarified with all those who might be working with postholders, and there would be senior level management buy-in as well as appropriate leadership.

¹³ Velindre cancer care is an effective example



However, it is evident that even those with advanced methods of workforce planning in the outset did not have everything worked through. This knowledge of the 'text book' case is quickly augmented by experience in the early years of introduction. As one respondent whose employer was in the initial stages of developing the role remarked;

'We're on a journey' ... 'as we are developing the role; things are coming into a sharper focus'. Furthermore, 'We have started some people on the higher apprenticeship programme, but as a community provider the services we provide can be very complex and we run a diverse range of services across the organisation'.

The role was clearly defined in organisations that introduced it some years ago, as a result of them having had several iterations to build upon.

In these areas, there was a great deal of depth in knowledge and understanding of the role. They were able to identify a particular set of tasks that an assistant practitioner might be able to undertake, and then develop the specifics of the role from this base.

The issues of delegation and responsibilities were addressed with senior management teams, with organisations agreeing which tasks could be completed by the assistant practitioner. In organisations and departments where there was a depth of knowledge, there were well-established practices of tasks and schedules of responsibilities.


Where there was such clarity, assistant practitioners expressed a great deal of satisfaction with the role from the outset. They talked with confidence and a high degree of enthusiasm about the position and, in some cases, questioned why they would want to be a registered professional when they already held this job.

There were, however, some respondents - both managers and employees - who found themselves in departments that were unfamiliar with the role. For some, despite widespread examples of assistant practitioner roles, they felt it was difficult to find ones that were meaningful in the clinical area that they were dealing with. The task of developing a new role was, therefore, not necessarily about finding an existing example elsewhere as this may not automatically be applicable.

For these new adopters of the assistant practitioner role, there was much more of a sense that they were trying to make it work in the real world and in their own local contexts. For instance, some of the departments and services were training assistant practitioners to undertake a range of procedures. However, once trained, the staff found it difficult to consolidate their knowledge in practice, as organisations had to negotiate sign off or clarification from senior management about which tasks were within the scope of the role.

This sometimes caused tension within departments. The candidate in the role would be keen to develop their skills and highly motivated to do so. But they might find themselves having acquired new skills that they could not put into practice due to 'official anxiety' about the nature of delegation for the role.

The importance of clarifying the role should not be underestimated by organisations. Evidence suggests that role confusion, where someone is not clear



on what they are allowed or authorised to do and unclear about the expectations for their work, can lead to poor morale, high turnover and poor performance.

One interesting challenge for employers seeking to grow their employees, and help them move on, is how to enable them to 'escape' the label and role that they once had, and to feel that they have genuinely moved on. In areas where the candidates felt positive about the process of moving on, their colleagues were aware of their studies and, in some respects, celebrated this with them. This demonstrates that there is a genuine need for people around the candidates to have a knowledge and understanding of what they are undertaking.

In some teams, where the role is well established, candidates were able to see assistant practitioners in action, acting as role models. It was also sometimes possible for the assistant practitioner to be easily identified by the fact that they wore a different uniform or badge.

Prospective assistant practitioners – knowledge and understanding

During the course of the research, we interviewed employees who were either undergoing, or had undergone, development through the higher apprenticeship or foundation degree route.

All candidates knew about the assistant practitioner role, and were able to recall the way in which it was illustrated to them during the various selection processes. For the most part, their understanding was detailed. Candidates were able to explain the core principles behind the development of the role, and many focused on the fact that they would be able to undertake a number of new technical functions that relieved nurses and others.


They were also largely articulate about the overall working nature of the assistant practitioner role, and aware that it required a greater level of autonomy. Without exception they knew that this autonomy was within certain parameters, and that there were boundaries around roles and responsibilities for which they were accountable.

Respondents felt that these parameters were not only important to prevent them overextending themselves into areas where registered staff were needed, but also to prevent them being asked to do things by registered staff and management that they themselves felt uncomfortable with.

Organisational experience

Another shaper of the views of prospective candidates was the visibility of other assistant practitioners. In some trusts, where the role had been established for some time, candidates were able to see other assistant practitioners who had been through the process. Respondents reported that seeing those in the role provided them with a vision for what they wanted to become.

In those organisations where the role was well established, some trainee assistant practitioners were posted into a role that they were in a sense developing into. In other cases, where the organisation had less of a track record, some APs found themselves alone in the team.



In these latter cases, candidates were more likely to report a degree of frustration with how the role might be developed. A few were concerned that some of the technical things that they had learnt were withering on the vine as they were denied the opportunities to put these in practice. On one occasion, the inability to put their skills in practice was down to the organisation needing to develop the protocols to allow the AP to undertake the new task.

In this sense, many of the candidates in late adopter sites, or in departments where the role was new, did believe that the organisations were finding their way through the process. And whilst there was some concern amongst candidates, this was tempered by strong loyalty to the organisations that they were working for. They consistently expressed that, as far as they could see, everyone was working flat out to do their best.

Openness to ‘no promises’

Candidates showed a great deal of realism about future prospects. Whilst some had a commitment from their employer that there might be a role for them at the end of their course of study, others had fewer guarantees but were not overly concerned. The ability to stretch themselves and see what they were capable of was motivation enough. It is evident that employers can be honest with their employees about the prospect of moving into an AP role once they have achieved their qualification. However, the indications are that employers need to be prepared for some of the more ambitious candidates to ‘get the learning bug’ and want to do more; these desires, if not accommodated, may cause them to move on.


This experience reflects the findings across England, where many individuals undertake courses of study to become assistant practitioners without the guarantee of a suitable role at the end. However, in contrast to our findings in the south west, the national research notes that there is a degree of dissatisfaction amongst trainee assistant practitioners in relation to this. Some may be on a temporary promotion to a higher banding for the duration of the course, and so are understandably loathed to lose the higher salary if they return to a band 2 role. Others may simply have been promised a role that was not then forthcoming. For many trainees, the lack of a suitable job at the end of the course is one of the main motivators for seeking to undertake degree level courses.

Satisfaction or dissatisfaction surrounding this issue may be due to the conversations between potential trainee assistant practitioners and their line managers prior to the start of the course.

The role and progression

Many trainee APs and those recently appointed were content that the AP role was legitimate and could be a rewarding destination in its own right. One candidate remarked that, for the time being, she really couldn’t see the point in rushing into a nursing course; each time she felt things were getting dull, she was signed off on new tasks. Some were happy to remain at this new level, but would consider their position again in the future.

For many, the idea of progression from assistant practitioner into a registered post (after some further development activity) was certainly attractive. Some noted that there were developments in the organisations they worked for around sponsorship



into registered roles. Others were interested in how the courses they had done might contribute to units at university.

A number of candidates had simply taken matters into their own hands and applied for courses at university that they planned to self-fund. Decisions like this were brave and based on personal circumstances, but were, in part, enabled by the opportunities that the AP training had alerted them to. .

Line managers and other roles, and how they understand the assistant practitioner role


A number of line managers and candidates were asked their views on how aware others were about assistant practitioners and their role.

There was more variation in the understanding of the role by line manager respondents. They knew that they might be able to expect more from an AP, but what that 'more' might be was sometimes unclear.

Candidates themselves reported some variation in the knowledge and attitudes of others around the development of this role. One reported that the reaction was mixed. *'Some saw us as a threat, others as a good idea'.. 'no one has objected to my face, but you know, you can get a feeling'.*

Most were clear that line managers were supportive and mentors were good. But there was variation in the knowledge and understanding of colleagues and other registered staff.

It was clear that, in some cases, people felt threatened by the introduction of the new role and thought it was a way of replacing registered nurses with new 'cheap' staff.



5: Higher level vocational learning and routes to become an assistant practitioner

Key points

Higher apprenticeships were only introduced two years before this study began, in 2012, and so findings are indicative at this stage. Many of the candidates spoken to had completed a Foundation Degree, which are often embedded in higher apprenticeship programmes. There were significant benefits cited from both employers and employees.

Employees indicated that:

- The step change to a higher level qualification and demands were significant; some struggled in the first year, but those interviewed felt that they had truly moved on in terms of their knowledge and understanding.
- They were more engaged with the workplace on a day-to-day basis, in some cases presenting their work to colleagues.
- They were realistic about prospects, suggesting that they would continue to develop their role and expertise without a cast iron guarantee of an assistant practitioner role.
- Training had a transformative effect in terms of their engagement with work and longer-term development activities, as well as having a broader influence on their lives.
- The mix of work-based and classroom learning was believed to be a good fit with their lives, and being able to continue to earn was key for candidates.

Employers indicated;

- It was hugely satisfying to see people move on in terms of their knowledge and understanding, and watch colleagues growing to



Introduction

This section reports on the views of both employers and those candidates undertaking higher apprenticeship frameworks and foundation degrees with a view to developing into an assistant practitioner position.

We asked employers what motivated them to make the offer of these frameworks and explored how they recruited to the courses. We examined what they believed to be the benefits of the frameworks being offered, and how these had changed the performance and behaviors of those who took the course.

We explored the journey on the higher apprenticeship/foundation degree framework in some detail with candidates, including how they got onto the course, what they had done before, and previous training and development. We also asked how they found the course progressing/had progressed, how it affected their working lives and their thoughts on possible future progression.

Routes to become an assistant practitioner

There are a range of routes to become an assistant practitioner. For some years, employers have accepted experience as an indicator of a candidate's preparedness for the role. Fig (1) notes that there is also a range of diplomas and so on that has been accepted as evidence of a candidate's fit for the role.


The foundation degree was established in 2001. The higher apprenticeship was established in 2012. There are some indications nationally that LETBs have started to explore alternatives to foundation degrees. For some, it is a relatively expensive qualification, and in essence a university qualification. Amongst the organisations spoken to in the south west during the course of this research, there was still a strong commitment to the foundation degree as a component of the HAF. They valued the partnership working that helped to create the courses, and felt that the two qualifications were contributing to the strong development of assistant practitioners.

Due to its relatively recent introduction, there are only a small number of candidates who have gone through the higher apprenticeship programme. As a result, it is too early to tell what broad impact the framework is having. However, the interviews conducted gave us a clear idea of how individuals are developing into the role.

Employers and line managers - development and implementation of higher level learning

Of those respondents interviewed, there was a clear relationship between employers and the development of the course content. Respondents reported some degree of collaboration between themselves and education providers in developing what was appropriate for the organisation and its needs.

Each of the sites had slightly different ways of working with education partners. In some cases, there were tri-partite groups working together. In others, further education colleges worked with both higher education providers and the employer to develop a programme that was felt to be the best fit with their needs whilst



remaining consistent with the higher apprenticeship being offered. This was particularly the case for those organisations offering the foundation degree as part of the higher apprenticeship framework.

In some cases, employers had a very specific idea of the types of roles that students were developing into, ensuring that the programme was tightly defined by their needs. In other cases, where the role envisioned was still being shaped, development of the course was more fluid.

In addition, some employers and line managers created job descriptions as part of the process of understanding how the course might be developed. The learning and development programme offered then matched this role, whilst also providing a sense that the candidate might be able to move on if they wished. In this way, the course of learning fitted directly with the role that the candidate was being prepared for.


Employers did think that some of the candidates were ambitious, and might look to move on beyond the assistant practitioner level for which they were being trained. In these cases, employers were happy as it was likely that the candidate would stay in the sector, if not the local community. But for many there was a sense that they were developing and employing those who were committed to the local community and would see the assistant practitioner role as a legitimate destination in its own right.

There was some confidence that the course provided an ideal mix of on-the-job and off-the-job learning and development. Line managers could see the value of the combination of these two learning styles, an approach which they felt fitted the development of the assistant practitioner role as well as the candidates undertaking the course of study.

Selection and unlocking potential

As we have seen, there was a realisation from employers that they had support workers who had 10, 20, 30 or more years' experience in caring. This needed to be mined.

Employers described a number of ways in which they selected candidates for training and development. For the majority of candidates, there had been some form of discussion during reviews about their ongoing development where they had expressed interest in continuing to learn and enhance their responsibilities. For some, the prospect of undertaking higher level training and development had come on and off the agenda over the course of a couple of years as the employer negotiated with providers and funding agencies. Having put it to the back of her mind, one candidate recalled how everything then happened '*at breakneck speed*'.



Of credit to employers was that the higher level routes selected were shaped with the actual people who would be going through the course in mind as well as organisational requirements. Employers recognised that many of the candidates would be likely to have diverse and busy lifestyles, families and homes. The pay level was not particularly high, and many candidates had a range of responsibilities, including home life. Paying a mortgage/rent, being able to continue to work and get back into learning was therefore important. At the same time, only a few of the candidates had encountered higher level learning in the past. So being able to follow a course of learning, which was work-based but also allowed for classroom study, was seen as important, and was also valued by candidates.

All employers had a selection process to determine the readiness of the potential candidates. There were minimum levels of maths and English that candidates needed to meet. One candidate recalled how she had returned to maths after two decades and had immersed herself intensively in the subject for a few weeks to bring herself up to the required level.

Courses were often oversubscribed, and so the employer needed to put some form of fair selection process into place. A common component was a panel interview, some conducted tests, whilst others asked candidates to develop an essay about their motivations for undertaking the course and what they hoped to do with it.

Developing potential

Support throughout was recognised as a key component of the learning experience. All employers working with the relevant training providers had sought to allocate mentors, some of whom were line managers in the organisations.

Many employers and providers recognised what a challenging period the first year of undertaking the course was. Some likened it to a 'baptism of fire'. One employer indicated:

'I guess I didn't quite realise until I saw it in action, quite how challenging it was for the candidates. I'm certainly going to explore how we can help more going forward. The academic content is certainly high'.

Some were open to considering how they might extend the courses in order to assist with the individual needs of candidates. However, they would need to deal with the bureaucracy of the funding to make this work. In some cases, there was a feeling that more time might be needed to assist with the development of knowledge and understanding at college. There was a degree of variation between courses, with some reporting less college time per month than others. Providers also recognised this leap that needed to be achieved.

There was recognition that a bridging programme to help candidates unfamiliar with academia might enhance their learning and overall experience. This would include the content of the programme but, importantly, focus on building academic research, referencing and study skills.



Increasing level and quality of engagement with work

Developing colleagues can have the positive impact of improving the level and quality of engagement in work itself. This was evident in the workplace; employers reported seeing some important developments as the candidates underwent training and development. Managers who had a close relationship with the candidates reported that it was good to see how people they had known, in some cases, for many years, were developing and stretching themselves into new fields.

In more than one instance, some employers asked candidates to do presentations on particular topics, bringing their new knowledge and understanding back into the workplace. In this sense, there was a very quick way in which the employer could see the candidate thinking in more detail about the work they were undertaking and how they might be able to make improvements.

In one case, a candidate became so involved in a topic area that during the course of her studies she got involved with a local charity and used this work as the basis for one of her assignments. She was then given the opportunity to extend her study after the course with some funding, and her work went on to form the basis for how services were being redesigned in a particular area.

As we will report in more detail later, candidates themselves felt that as the course progressed they were able to question the actions of, and ask registered members of staff about, some of the decisions being made. They believed that they had grown in confidence.


The 'completed' assistant practitioner

Employers interviewed were satisfied overall that, following their courses, candidates fitted (or were on course to fit) the vision of the type of semi-autonomous worker that they needed. Employers and providers indicated that watching the growing confidence of support workers was one of the key uplifting elements of this endeavor.

Challenges

Aside from the 'leap' required from intermediate to higher level study - which we have seen posed an issue for some candidates and employers - there were some further challenges that needed to be overcome. Some line managers reported that, as this was the first time that they were developing the role, they were grappling with understanding what more assistant practitioners might be capable of and what should instead remain the domain of registered staff.

One line manager explored how a similar department in another hospital was utilising the role, but felt that they were doing things too differently. They felt that their particular circumstances were unique and attempting to use best practice derived from elsewhere was not relevant. So, perhaps as many newcomers to the role must do, the line manager was going to experiment and keep at it!



Another indicated that the learning and development was going well, but there was a problem with senior management's understanding of risk when it came to sign off of certain technical activities. Candidates had been assessed as competent in particular areas but a review was being undertaken as to whether they would actually be allowed to perform these.

Candidates and employees

Interviews with candidates also explored how they felt about the foundation degree and higher apprenticeship frameworks in terms of their appropriateness and ability to develop skills. Despite the challenges, overall candidates felt that the courses were at times tough, but were designed in a way that would help them become high quality assistant practitioners.

A pathway that fits into people lives

The work- based route, with both on the job and off the job study to become an assistant practitioner has been appropriate for many who might not have sought other means of developing their learning and development to progress their careers.

A small number of those interviewed had previous experience of higher level education and training, having either attended university or attained a diploma. For this small number, taking on the higher apprenticeship appeared less of a challenge as they already possessed the academic skills of studying, compiling evidence and so on.


For the majority, however, the opportunity arose after they had been in support 'type' roles for some years. Many reported taking NVQs in the past and other vocational competence-based qualifications, and many had both families that needed support and mortgages that needed to be paid. Dropping out into full-time education was simply not feasible.

In some cases, candidates who had had significant work experience had left full-time education several years ago and, at that time, felt that it was not for them. For these individuals, confidence in their ability to undertake the learning was not high before the programme commenced. At the same time, leaving work to go straight onto a full-time course put things like salary, home and family life, and confidence in one-self at too high a risk for the candidate.

A pathway that was suitable

This pathway seems to have provided a good overall format for a wide range of candidates with different backgrounds.

Firstly, candidates were motivated by the fact that they had been chosen by their organisation to undertake the course. For some, it was a vote of confidence coming after months (if not years) of discussions and anticipation. For others, it was a repayment of loyalty to the organisations that they worked with.



Secondly, there were core motivations behind wishing to develop themselves. Without exception, candidates wanted to be able to offer more quality care. Many had the sense that they were capable of doing more, and were waiting for an opportunity to develop.

A key point of pride for many of the candidates was that they had done it the 'hard' way. Should they progress beyond the higher apprenticeship route, and in time go on to registered roles, they were proud of the approach that they had taken. They felt they could readily draw upon a reserve of experience in their working lives far into the future. In this way, they provided a unique combination of skills and experience for potential employers.

Selection onto the course

Candidates were asked about how they had entered the course. Many were content that selection on to the course was fair. All candidates could recall how the prospect of becoming an assistant practitioner role was explored with them. For some, selection had been the result of a prolonged campaign on their part over years. Others had been given an indication that an opportunity was coming, but had to be patient as the initiatives paused and restarted.

During the selection process, candidates were content that they had been given indications about the high level of commitment needed to achieve the study. In some cases, indications of around ten hours per week were offered to the candidates. However, it was only after starting the course that the full extent of the commitment became clear.


The first year 'shock'

Most candidates indicated that they had experienced some alarm during the first year of undertaking the foundation degree/higher apprenticeship.

Candidates recall that they were given information about the course and warned about the time commitment that would be needed from their side, including the additional time required for learning and writing about their study. However, having 'knowledge of' the demands is quite different to 'having an acquaintance' with them. One candidate, when asked what she would say to a prospective candidate remarked, *'just make sure you've got the time, then'* (chuckling) *'double it'*.

For some, the development of higher level study skills was a particular area of need. In one cohort, almost everyone failed their first assignment. *This was a shock to us all, we really found this difficult,* recalled one candidate, *'I think we were all at a low point'*.

The candidate described how the tutor worked hard with everyone to get them acquainted with how reports needed to be written. *'(The tutor) was really good with us... I don't think she was expecting this either'*. Going through the first assignment in some detail, she went through the *'tricks and techniques'* associated with developing essays.



Candidates reported how they had to get used to the way in which evidence was needed as part of study. *'Basically, everything you say has to be supported by evidence or a reference'*. Another remarked on the need to be self-motivated and independent in terms of studying and undertaking research into themes: *'You can't wait for it to be given to you; you need to get it yourself'*. You need to be *'independent in terms of researching and finding out things'*.

As candidates were often mature, with busy and complex lives, they realised that every aspect of their schedule and habits needed adjusting to make sure that study happened. *'I would say, have the time allocated and organised, make sure you know what you're doing with your social life so you can organise your work around that'*. There was also a sense in which those people around the candidates needed to understand the commitment that such learning might entail.

However, in the end, all candidates liked the college aspect; the learning element is something that they relished and believed truly helped them to develop. In response to some of the challenges with this approach, Skills for Health has sought to devise a bridging programme that might assist with the development of the academic skills required¹⁴.

'A double whammy'

Some candidates reported a sense in which they experienced a double whammy in the first year of the course, having to develop into a new job at the same time as undertaking a course of study. Under normal circumstances, getting used to a new workplace and team would be exhausting enough but, for some candidates, the combination of the two is a real possibility, particularly those working with employers who have a deep experience of developing assistant practitioners.


Personal and career progression

It is clear that courses provided a sense of progression for candidates. They believed that they became better at providing high quality healthcare for people after undertaking the study, and many also felt that they gained something personally from the process.

Not all candidates wanted to move beyond the assistant practitioner role and all considered it as a legitimate aim in its own right. It seems that some saw it as the role they ultimately aspired to, while others wanted to wait and see.

There were others still who experienced a real boost in confidence in their abilities and signed up for university courses in order to develop themselves into a registered professional role. They appeared undeterred by the fact that they might mount some considerable debt in the course of their study.

¹⁴ <http://www.skillsforhealth.org.uk/standards/skills-for-health-bridging-programme>



A number of candidates were also intrigued by suggestions that the credits built up through the course might help them to enter a relevant university at year two. This was attractive as it limited the debt that might be accrued.

For many candidates interviewed, they were realistic about any sense of a guaranteed assistant practitioner role at the end of their course. Some employers were able to provide more of a guarantee than others, and of course candidates drew a great deal of security from this where it was available. Others felt that they were unsure - given the changes that were constantly taking place in the sector - whether they might have a job at all!

The absence of some form of assistant practitioner role in the end did not seem to cause resentment on the part of candidates; they were generally appreciative of the opportunity. Clearly many candidates would, in the absence of an employment opportunity, look around both within the organisation initially, and then if necessary beyond.

Achieving success

Those interviewed were either partway through the course or had recently successfully completed it. They raised a number of themes about how they succeeded, with common ones including:

- Organising themselves

Candidates realised that they needed to make sure that they planned their lives around their studies, and made sure they were managing their study to fit in with family and social life.

- Supportive relationships


Studying whilst working is problematic enough; juggling this with family commitments was an added complication. A number of candidates indicated that, whilst they were the formal candidate, the entire family actually went through the process as well.

- Mentors

Mentors were regarded as very useful. For some, contact with their formal mentor was easy but for others it was more problematic. There was also a sense, though, in which there were a number of informal mentors in the workplace that could help candidates to develop their working practices.

- Other learners

Where available, support from others on the course was really appreciated. The networks that candidates developed were useful and they were able to meet with others in the same organisation to discuss working practices and their courses. Some also considered themselves lucky to have had the opportunity to meet with others from different organisations.

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- Seeing assistant practitioners in action

In departments and teams where the assistant practitioner role was well established, being able to see other assistant practitioner was seen as a particular benefit and source of inspiration. Candidates were able to see their work, what was expected of them and so on. In some cases, assistant practitioners had their own uniforms that made them easily identifiable.

- Accessing other assistant practitioners

In some areas there were few assistant practitioners, and candidates felt that, in these cases, it would have been useful to contrive meetings with APs beyond that area to help them understand what was going on.

- Online learning seen as valuable

All candidates found the support from recommended websites and those of the college useful. This was an important part of the blend of learning and development.

7: Concluding remarks

The assistant practitioner role was first defined in 2002. It has since continued to grow in importance. In this study, we looked at candidates from four employers in the south west of England. We believe the following themes are key to the ongoing development of assistant practitioners both within the south west and nationally.


Clarity about the role and its expectations is essential

Amongst respondents, the concept of the assistant practitioner, its role and potential benefits were widely understood. Employers, candidates and training providers could articulate its main characteristics. This wide understanding is encouraging for those wishing to see the role become more commonplace in the UK's health system.

There are strong examples of the role being deployed. Some sites have demonstrated particular depth and breadth in the assistant practitioner roles developed. These are outlined in the accompanying case studies.

Employers and employees expressed benefits of the assistant practitioners' role in the workplace

National research, undertaken during a similar period, underlined the widespread use of the role in England and indicated how employers were able to cite the benefits associated with its use. Employers participating in this study were also able to point towards the considerable benefits of introducing the role.



There is good and outstanding practice around introducing and developing assistant practitioner roles, but there is still a long way to travel to make roles like these a matter of ‘habit’ in the health sector

However, within this study, as with the national research, there appear to be instances where the role was less established and still in development. In some cases, the immediate line managers had less of an understanding of the role than those involved in the strategic management of training and development. Some respondents also reported that they were learning technical skills but had been unable to consolidate these in practice due to lack of clarity about the scope of practice of the role.

Not all organisations link the development of the role to workforce planning

In these instances, trial and error was being deployed. This was a realistic way to develop the role in some services but it is evident that some degree of preparation would help avoid confusion and assist in its introduction. Indeed, the national research indicated that it was not uncommon for many assistant practitioner roles to have been introduced in response to the availability of funding and without regard to overall workforce planning.

Higher level vocational learning is appearing to have the desired effect – however it is too soon to discern between qualification pathways

Employers and candidates are signaling that higher level courses are helping to create an effective cohort of assistant practitioners. However, there was no consistent difference in the experiences of either employers or candidates in terms of the foundation degree or higher apprenticeship frameworks.

Some employers were more bought in to one approach than the other, reflecting their investment and time in developing this in the past.

In terms of candidates, there were no clear differences in the experience of those undertaking foundation degrees or higher apprenticeship frameworks. The sample did not allow any such trend to be observed. The distinction is further distorted as, in many cases, the foundation degree was being undertaken as part of the higher apprenticeship framework.

Following the recent announcements around the development of a higher apprenticeship for assistant practitioners, advice around the development and introduction of such roles, as well as metrics for their eventual evaluation, could be useful.

The management and support of assistant practitioners

By and large, students reported positive experiences. But there were dips, at times, in the mentorships that they needed to develop further, and occasionally assistant practitioners needed more support. In the instances reported the this project these were issues were effectively addressed.

There were many instances where candidates felt overwhelmed by the first year, and moving to a higher level of study was, for some, very challenging. Happily, for many candidates this period was regarded as a necessary barrier to break through.



8: Recommendations

The assistant practitioner role is one component of a workforce strategy that could help, along with other initiatives, to deliver more high quality care in the context of limited resources. The following are recommendations for Health Education South West to develop the role and the higher apprenticeship pathway as part of a cost effective, high quality service.

Promotion of the higher apprenticeship qualifications pathway

It is healthy to have more than a single pathway towards the development of the role. In terms of promoting the higher apprenticeship pathway, HESW could emphasise the fact that this route has core standards as a way to promote the development of the role in terms of progression and transferability. There are also indications that higher apprenticeship might have some benefits around cost effectiveness.

The reformed higher apprenticeship framework

As this report has been published, the Department for Business Innovation and Science has approved two standards for the healthcare support worker and assistant practitioner (health). The creation of these standards lays the foundations for further expansion of higher apprenticeships. It also provides an important component in the continued growth of the assistant practitioner role in the health sector. Many employers in the south west of England were involved in the creation of this standard. The ongoing development of it for use in a future higher apprenticeship is a logical next step.


Bridging programmes

Training can have a significant impact on the lives of people who have been health care assistants and have all the qualities that an employer might wish for in a member of staff. However, many did struggle in the opening months of the course, particularly with the academic areas of research, analysis, writing and referencing.

Skills for Health are working with employers to develop a bridging programme. This should help to prepare those students with little experience of higher level learning for the study skills required. This might help reduce stress in this first year, and improve the performance of students embarking on such courses.

Guidance on workforce planning- skills mix reviews and the development of assistant practitioner roles

This research has revealed a great deal of appreciation from employers on the value of assistant practitioners. Candidates also demonstrated an articulate understanding of the role. However, there were some instances of staff not directly involved in the programme, such as those in day-to-day management positions, being confused about the role and its potential responsibilities.



More could be done to promote the consideration of the assistant practitioner role as part of skills mix reviews workforce planning. The HESW could develop practical guidance and best practice on how health employers look at the services they wish to provide and the skills that they will need. An accessible 'Dummies Guide' to the assistant practitioner role might also provide some day-to-day guidance on the role.

Guidance on assistant practitioners and task delegation

Guidance addressing the uptake of tasks for assistant practitioners, aimed at senior and middle managers, would be helpful. In some teams and departments there is anxiety about assistant practitioners taking on technical tasks that have hitherto been the domain of registered members of staff. For senior managers, this may be a matter of seeking to ensure that they are legally compliant. For middle managers, dealing with the day-to-day delivery of healthcare, this new role may be viewed as a distraction from their day job. Clear guidance on how such activities can be safely transferred may allay fears of senior managers. The guidance will also have to take account of how legal issues are dealt with. It should be practical, and might include suggested documentation on how competence can be proven and the assistant practitioner signed off to undertake tasks.

Such guidance would also have to assist with helping managers and change makers in the system to shift mind-sets and attitudes towards the delivery of healthcare.

Evaluating the impact of new roles

There continues to be a great deal of activity around the development of roles for assistant practitioners. This is hardly surprising, as the role itself, whilst offering many opportunities, does require a continuing body of evidence around its benefits. This research, as with other research, was able to glean testimony from adopters about the effectiveness of the role. Some respondents also indicated that they had some metrics in mind. However, the case for the ongoing development of such roles could be strengthened by some practical yet systematic evaluation of the roles against aims and objectives.

For this reason, the HESW may find it beneficial to provide guidance on the evaluation of how new roles are conceived of and put into practice. More commonplace examples of the roles would be useful.

Networking for assistant practitioners and those developing the role

Providing opportunities and promoting networks for assistant practitioners to get involved in and learn from one another's experiences would be very useful to assist in the ongoing development of the role. Those seeking to introduce the role would also find it useful to be able to explore the experiences of others who have done the same.





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