East Midlands Assistant Practitioner Project

Assistant Practitioner Toolkit

Developed by Mary Wilson East Midlands Assistant Practitioner Project Manager in association with the East Midlands Assistant Practitioner Project Working Group.
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- East Midlands Workforce Deanery
- Skills for Health
- Lifelong Learning Network
- Derbyshire Health Community
- Leicestershire Health Community
- Lincolnshire Health Community
- Northamptonshire Health Community
- Nottinghamshire Health Community
- East Midlands Ambulance Service
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Process of Assistant Practitioner Development

1. Person Centred Workforce Planning and Service Activity
2. Operational Strategy for Implementing the Role (Action Plan)
3. Developing an Assistant Practitioner Job Description
4. Education and Training including Continuous Professional Development
5. Recruitment, Selection and Retention
6. Support in Practice (For Assistant Practitioner, Mentor and Manager)
7. Assessment, Monitoring and Ongoing Review
8. Evaluation of the Role
9. The Implementation Process including Promoting the Role
Introduction to Assistant Practitioner Toolkit

The Assistant Practitioner (AP) Toolkit has been produced by the East Midlands Project Working Group supported by the Project Manager to assist in the development of the AP role across the East Midlands. One of the key outcomes of developing this toolkit is to provide guidance to health communities, organisations, service managers and professional leads in implementing the National Assistant Practitioner Framework within the East Midlands and to underpin the achievement of education and training programmes at academic Level 5 on the Qualifications and Credit Framework. Foundation Degrees sit at academic Level 5 in this framework and whilst reference is made to a Foundation Degree in this document, this is interchangeable with other qualifications at the same level.

The AP role is evolving as part of the National Health Service (NHS) modernisation programme. The range and numbers of APs are increasing nationally, as are the scope of activities undertaken. Across the East Midlands, this innovative role has been successfully developed to support staff recruitment in response to shortages of registered practitioners and rapidly changing service demands requiring new teams and roles which reflect new care pathways and government-driven initiatives, e.g. A Health Service of all Talents: Developing the NHS Workforce (DOH, 2001), Darzi report High Quality Care for All (DOH, 2008). Department of Health (DOH) (2008) A High Quality Workforce: NHS Next Stage Review.

What is an Assistant Practitioner?

“An Assistant Practitioner is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The Assistant Practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The Assistant Practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve”.

Core Standards for Assistant Practitioners in England (2009)²

AP’s work in a variety of areas and undertake various roles including ward based positions, Primary Care, Mental Health, Imaging or Healthcare Sciences and across disciplines (e.g. Rehabilitation AP who may demonstrate skills in both nursing and physiotherapy). Roles equivalent to APs are also a growing feature of the independent sector. Background experience in healthcare and the ability to study at academic level 5 is essential as the role involves developing and demonstrating competence in more complex clinical skills, a higher level of knowledge and critical thinking skills to support the responsibility of managing a patient workload, as well as a level of independent decision making.

² www.skillsforhealth.org.uk
Whilst AP roles vary dependent upon the service in which they are based, it is important that all roles are developed within an agreed common framework in order to establish a universal level of expectation across all roles, organisations and health communities. To ensure equity of the role, APs need to achieve core competences and transferable accreditation of learning.

An AP working at level 4 of the Career Framework\(^3\)

- may supervise and can delegate to others
- may have specialist clinical skills and possess a high degree of technical proficiency
- plans straightforward tasks and works guided by standard operating procedures and protocols
- possesses in depth knowledge of role and is aware of wider healthcare issues.

Nationally Transferable Roles (2009)\(^4\)

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Purpose of the Toolkit

Health Community Workforce Plans increasingly reflect the need for AP roles across the East Midlands. However, in the absence of registration, regulation or statutory guidance for defining and developing the role, inconsistencies exist in expectations of the role in terms of delegation, accountability and levels of AP competence.

This toolkit has been designed to help health communities, organisations, services and managers to develop this role. It can be used in its totality or specific sections accessed. Key components are outlined and guidance and resources provided for successful development and implementation. The Core Standards for Assistant Practitioners (Skills for Health 2009)⁵ and Nationally Transferable Roles (Skills for Health 2009)⁶ underpin this toolkit and provide necessary information for each stage of AP role development. Links to additional resources are included. It will be available electronically following the launch on the 30th March 2010 via East Midlands Workforce Development website. Reference is made to the recently launched national guidance and sample resources developed across the East Midlands are available as Appendices to support the use of the toolkit.

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⁵ http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/Core-Standards-for-APs.ashx
Effective use of the toolkit will result in increased numbers of APs able to access education and training appropriate to the role. This will increase the profile, clarity and transferability of the role resulting in APs feeling more supported to undertake this substantial role supporting professional staff in care delivery.

**The long-term effect will be:**
- provision of improved patient care (Within this toolkit the term patient will be used in this context to determine patient, client or service user)
- increased support of patient focused care
- improved access to services
- increased productivity
- increase job satisfaction
- to enable career progression for Bands 1-4
- increased staff retention
Person Centred Workforce Planning and Service Activity

One approach may be a review of the care pathway which should be initially undertaken to identify each step of the patient journey and the specific competence/staffing requirement to support it, as recommended in Core Standards for Assistant Practitioners Skills for Health (2009) Core Standard 18. Going through the following stages of workforce planning will help identify the gaps in service delivery and subsequently ensure that the AP role has been identified correctly. It should also identify role/competence changes for other members of the team.

Review of Current Establishment

- Identify the key drivers for change
- Identify the population that will be affected by any change
- Identify the changes that are happening to that population
- Consider what potential impact these changes may have on service demand
- Identify developments and trends that may impact on the service provision
- Identify potential improvements needed to current service delivery e.g. less delays, blockages removed, faster access
- Consider if there are opportunities to re-design service provision
- Identify the current care pathway in place

7 http://www.dh.gov.uk/en/Healthcare/Primarycare/Treatmentcentres/DH_4097263
8 http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/Core-Standards-for-APs.ashx
Section Person Centred Workforce Planning and Service Activity

- Review and develop the care pathway to meet emerging needs
- Identify all service elements of the pathway that the patient might need
- Be courageous, avoid being confined by current organisational or professional boundaries at this stage
- For each element of the pathway, identify the competences required as well as the related knowledge and skills that will be needed to deliver that service element
- Decide what level of competence is needed for each element e.g. does it need to be at a basic level (up to NVQ 3), or perhaps at an intermediate level (equivalent to a Higher Diploma or first degree) or possibly at an expert or specialist level (postgraduate)
  Elements may need a combination of levels and if this is the case think about the proportion needed between basic, intermediate and expert
- Consider the combined ratios of basic, intermediate and expert competences across all the service elements and envisage the broad “shape” of the workforce you may need
- Consider which competences can be linked and combined together to shape the roles needed for the delivery of service
- Again be courageous and challenge traditional perceptions and role definitions
- Compare the current roles within the service delivery team with the new roles identified above and consider the differences between them
- Identify the potential impact on current staffing levels / skill mix and team profiles
Section  Person Centred Workforce Planning and Service Activity

- Identify whether there is a need to develop the role of an assistant practitioner to support and deliver the future service.
- Consider if any current roles also need to be broadened or extended.
- If developing an AP role, identify if there are similar roles nationally (Link to Skills for Health Website) or locally.
- Consider whether the new AP role will be profession specific or more generic.
- Consider how APs will be trained and supported to become competent in their new role.
- Consider the time, resources and finances that will be needed to develop the role.
- Consider required changes to working practices and the potential impact on capacity and productivity.
- Anticipate the potential impact on existing staff in introducing a new role.
- Consider the interface across professional or organisational boundaries.
- Identify the partnerships that will need to be developed and who will need to be consulted with to develop and implement the role.
**Business Plan Framework**

A business plan will provide justification for undertaking a particular project. It will identify and balance the anticipated benefits and savings to be gain against the potential costs and risks of developing and implementing a change or new product.

**To support the development of an AP role, the business plan should:**

- Specify the reasons for needing to develop, implement and support the AP role
- Identify the options that have been considered and how developing an AP role has been identified as the preferred option
- Identify all the benefits expected from developing and implementing the AP role and how these will be measured
- Identify potential risks e.g. to service delivery, impact on other team members, financial risks, as well as considering possible strategies to reduce the impact of these risks
- Estimate costs (include financial costs as well as time and staff resources)
- Estimate timescales (include both development and implementation of the role)
- Identify how the project outcomes will be benchmarked and evaluated
- Identify reporting mechanisms

The business plan needs to be understood and agreed by the key stakeholders. This should ensure there is senior commitment to progressing with the development and implementation of the AP role as well as being part of the on-going monitoring of progress.

**In developing your business case you may want to consider the following:**
How could the Assistant Practitioner Support?

- Crisis resolution?
- Discharge planning?
- The development of advanced practitioners?
- Self-Care/Self Management?
- Improved access to services?
- Person centred care?
- Improved clinical outcomes?
- Health Promotion Activities?

When Developing the Role Determine:

- What client / patient groups will benefit?
- How many AP’s will be needed?
- Where will they be needed?
- When will they be needed?
- Who needs to be involved?
- What education model is appropriate?
- Who will lead the AP project?
Consider:

- Lead person in organisation to support overall AP project
- Management of the change in workforce
- Engage staff side in the early stages
- Clinical governance changes that may be needed to support new ways of working
- Accountability and delegation
- Staff capability to work with competence-based workforce planning
- Make up of team to deliver competences
- Support mechanisms in clinical environment to support the role
- Assessment of outcomes in the workplace
- Identity of AP whilst training
- Gaining student status for AP
- Appropriate contracts to reflect role/training status
- APs who are unable to complete education/training programme
- Transfer of qualified AP to and from other trusts
- Agreement across the Health Community
- Value /cost /saving

Include the following elements:

- Needs to go through the grading process for the Organisation.
- Payment whilst training needs to be considered some Organisations use Annexe U pay grading system, others pay an Agenda for Change Band below whilst training and full banding when qualified.
- Impact and rational for AP role - How will it affect what you deliver?
- Determine how the role fits in with organisational strategy/vision? Does it support existing policies?
- Board/ key stakeholder briefings
**Funding for the Role**

Organisations have to determine sustainable funding source to employ, develop and support APs: this should include formal educational provision once this has been determined and obtained as well as:

- Work based learning support
- Work based teaching and assessment costs
- Succession planning
- Preceptorship

External funding sources supporting the development and sustainability of this role maybe available. (Contact Local Health Community Workforce).

**Resources**

- Research articles and journals
- Professional Guidance re Supervision, Delegation and Accountability
- Local policies and procedures e.g. Code of Practice *(See Appendix 6)*
- Local protocols
- Workforce plans
- Case Studies *(See Appendix 1)*
- AP Presentation
- Nationally Transferrable Roles

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9 www.nmc-uk.org.uk
10 www.rcn.org.uk
Developing an Action Plan

In preparing your action plan, take into account the following:

- **Objective** – what are you trying to achieve by taking action?
- **Benefits** – consider service users, partner services and organisations.
- **Priority** – consider whether the issue requires urgent attention or there are other issues which need to be addressed first.
- **Timescales and milestones** – consider when the actions should take place and also whether other issues need to be addressed first i.e. what are the constraints to completing the task and achieving your objectives.
- **Financial and other resources** – consider the financial cost of undertaking the action, as well as the financial implications of not taking action and identify possible sources of funding.
- **Responsibility** – consider who will be responsible for implementing the actions and who will be accountable for making sure this happens.
- **Measuring success** – what will ensure your objectives are achieved and what will you use to measure successful outcomes. You will also need to identify a monitoring strategy to ensure you have a process for reviewing whether actions have been implemented and objectives achieved.
- **Reporting mechanisms** – who needs to know how well you are doing in progressing your plan.
- **Escalation procedures** if difficulties arise which cannot be resolved.
Developing an AP Job Description

There will be core elements to all AP Job descriptions which will vary in importance dependant on the areas in which they work. National guidance supports the development of an AP job description in the following ways:

- Includes the following AP characteristics regardless of their area of work as identified by Skills for Health (2009)(See Diagram below)

May have specialist clinical skills e.g.
- Spirometry
- Female catheterisation
- Monitoring long term conditions
- Continence advice and referral
- Assessment for equipment and therapeutic interventions
- Injections
  High degrees of technical proficiency
  Makes judgements requiring a comparison of options

Delegates to others
May supervise others
Evaluates practice and suggests changes to improve patient care
Undertakes the ongoing supervision of the routine work of others
Takes some responsibility for the training of others and may deliver training

In depth knowledge of role
May include cross professional knowledge
Legal and ethical
Aware of wider healthcare issues

Plans straightforward tasks and works guided by standard operating procedures and protocols
Works to agreed protocols
Exercises a degree of autonomy depending upon the complexity and risk of procedures being undertaken
Prioritises own workload
May be responsible for planned, delegated care
Undertakes well defined tasks requiring limited judgement
It also recommended that all AP job descriptions

- Reflect the indicators at level 4 of the Career Framework\(^{11}\)
- Includes national AP standards that identify core competences

Specific competences and skills required will be dependent on the role undertaken by the AP as identified previously having reviewed the care pathway\(^{12}\). The Job Description (JD) should identify the requirements for a capable, fully qualified AP and reflect the full scope and range of the role they need to undertake. Consideration does however need to be given to the role that the AP can undertake whilst they train and develop their skills. An example of a JD for a trainee AP role is included (Appendix 2).

The following considerations should be included.


What will the role look like? Who will decide?

- Refer to core standards for APs\(^{13}\)
- Specify competences that they need to achieve
- Identify the tasks, which need to be undertaken to achieve competences
- Identify skills required to undertake the tasks
- What will they do? What responsibilities will they have?
- Consider the level of decision making
- Clearly decided levels of accountability
- What are the boundaries of the role / scope of practice?
- Will they have a caseload?
- How will the role impact on patients?
- What skills do they need to start role?
- What else will they need to develop the role?
- Consider how is the role constructed
- Consider how it fits into other roles
- Review the job descriptions of other team members
- Determine where the APs will work whilst training
- How will it affect the team structure?
- What resources will be needed?
- How will activity data be collected?
- Link to organisational appraisal processes i.e. KSF
- When will it be reviewed?

Developing New Job Descriptions

- See Core Standards for AP role\(^{14}\)
- See Nationally transferable roles (Skills for Health 2009)\(^{15}\)

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\(^{13}\) [http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/Core-Standards-for-APs.ashx](http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/Core-Standards-for-APs.ashx)

\(^{14}\) [http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/Core-Standards-for-APs.ashx](http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/Core-Standards-for-APs.ashx)

Reviewing job descriptions of existing APs  
(For Example See Appendix 3)

- Use competence mapping document

Resources

- Core Standards for Assistant Practitioners
- Career Framework Indicators
- Core Job Description mapped to KSF (See Appendix 4)
- Research into existing roles
- Professional Guidance

16  www.skillsforhealth.org.uk
17  http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Core-Standards-for-APs.ashx
Education and Training including Continuous Professional Development (CPD)

Identified in the National Framework for APs

- The education and training of APs should support the development of a practice focused, competent individual.
- The AP should be enabled to develop within their role and progression routes should be available.

Standard 3 Core Standards for Assistant Practitioners (Skills for Health 2009)

The national framework also identifies that APs should attain accredited education at level 5 of the Qualification and Credit Framework\(^\text{19}\) i.e. Foundation degree or equivalent developed in partnership with employers\(^\text{20}\) (See Appendix 5). It is expected that attaining an accredited academic level 5 qualification will take approximately two years. Education and training should be flexible, responsive to employer demand and need and include the development and assessment of performance and knowledge. Foundation degrees are designed and delivered in partnership with employers and combine work based learning with academic study. They should reflect the needs of the role and consist of core and specific work based modules reflecting differing educational and competence needs to support the various AP roles.

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\(^{19}\text{www.qcda.gov.uk/8150.aspx}\)
\(^{20}\text{http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWN08/default.asp#p4.2}\)
When developing an accredited academic level 5 programme consider

- Development of structured, accredited learning activities, delivery models and awards
- Development of modular learning and pathways to enable transfer across traditional “professional” and organisational boundaries
- Provision of work-based learning
- Delivery of education by registered practitioners
- Creation of learning agreement and establishment of support mechanisms e.g. mentors, work based trainers, assessors, roles and responsibilities for employer, education providers, protected learning time, resources for work based learning and access to computer / library facilities
- Consider methods of assessment and range of assessment processes to meet academic and competence needs
- Quality assurance of education and learning
- Agreement of entry / access requirements
- Develop pathway to enable access to higher education (Study Skills)
- Determine means of providing accreditation of prior learning for experienced staff
- Gaining validation/centre approval for qualification
- Develop and agree accreditation, which is transferable across Higher Education Institutions (HEIs) and organisations
- Identify overall numbers required, cohort size, timing of academic and work based learning delivery
- Development of commissioning processes and Service Level Agreement
- Consider employer preparation and understanding
**Section**  Education and Training including Continuous Professional Development (CPD)

**Resources**

- Guidance for Employers re FD’s\(^{21}\)
- Skills for Health FD framework\(^{22}\)
- Educational models and recommendations
- Bridging modules to access FD for existing APs
- Example of presentation re Foundation Degree and AP Development ([See Presentations in Appendix](http://www.fdf.ac.uk))

**Additional Considerations**

- Proportion of learning, APEL process, study time, student status, bridging modules e.g. additional NVQ modules
- In house training - accreditation
- Other accredited training
- Alternative ways of learning e.g. conferences/seminars
- How learning fits into skills escalator
- Career framework pathways
- Mapping education and training to identified competences & job descriptions
- Consider attrition or failure

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\(^{21}\) [http://www.fdf.ac.uk](http://www.fdf.ac.uk)

\(^{22}\) [http://www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)
Assessment, Monitoring and Ongoing Review

The AP should be working at level 4 of the Career Framework\textsuperscript{23}. (The Core Standards for Assistant Practitioners Skills for Health 2009) Core Standard 4\textsuperscript{24}. The AP role should be supported as a new way of working which complements other roles within teams. The purpose of the role is to provide person centred care that is safe, timely, accessible appropriate and effective. To ensure effectiveness, the AP should achieve core and specific competences for the role within an agreed assessment process including ongoing review. Skills (including transferable skills) needed to achieve the competences for the AP role, should be identified and supported by underpinning knowledge gained through the relevant education and training.

The following should be included:

- Identify the competences needed in practice
- Determine and agree assessment strategy to meet academic and service requirements for identified competences
- Work to a job description
- Develop skills log/ competence document
- Develop a portfolio
- Complete PDR and KSF
- Provide ongoing AP feedback
- Develop and agree a “competence passport model”\textsuperscript{25} to ensure transferability (local and national)
- Provide regular individual meetings with managers

\textsuperscript{23} http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/career-frameworks.aspx
\textsuperscript{24} http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/Core-Standards-for-APs.ashx
\textsuperscript{25} http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/SfH-Skills-Passport.ashx
Examples of Different Methods of Assessment

- Feedback from professional staff and patient/user/client
- Reflective accounts from AP
- Direct observation
- Witness statements
- Peer feedback
- Case studies
- Presentations
- Assignments

Resources

- Competence Passport / Document\(^\text{26}\)

\(^{26}\) http://www.skillsforhealth.org.uk/~/media/Resource-Library/PDF/SfH-Skills-Passport.ashx
Recruitment, Selection and Retention

Candidates who have the capability to undertake the job should be recruited to an appropriate post of employment and training programme. (See Core Standards for Assistant Practitioners Skills for Health (2009) Core Standard 2.) Following the decision to recruit APs, the selection criteria needs to be determined. For existing support workers, their current academic level needs to be identified along with their previous commitment to Continued Professional Development (CPD). The ability to undertake learning at academic level 5 needs to be assessed. Determining the level of existing experience and how it fits into the new role. Suitable learning opportunities to equip potential students to apply for Assistant Practitioner posts need to be available. Also, new AP roles require early planning with links with HR to support the development of a new AP model to respond to the needs of the service.

How will they be recruited?

- Where will you advertise?
- Who will be recruited - existing or external staff?
- How many will be recruited?
- What selection criteria and selection process will be used? e.g. may consider assessment centres, open days,
- Will you recruit internally or externally?
- How will potential internal applicants be prepared for their new role
- Who will select? e.g. use a mixture of organisational and HEI staff
- Who will interview?

Resources

- Recruitment Guidance for Managers (See Appendix 10)
- Sample Interview Questions (See Appendix 11)
Support in Practice

Managers need to address issues surrounding delegation and accountability ensuring that local policies, procedures and protocols are put in place to support these. AP roles are not developed in isolation and their creation, training and acceptance into practice impact on the team as a whole and the overall service delivery. Professionals supervising the development of APs require training themselves in order to prepare for supporting, training educating, mentoring and assessing APs. (See Appendix 7). Opportunities for professionals need to be available to help ensure that new roles are seen as improvement to patient care and a career advancement opportunity for them as individuals rather than additions to their role. This also requires skills in coordinating care activities and of supervision and delegation as directed by their professional organisations e.g. (NMC 2008). “Advice on delegation for registered nurses and midwives”. 27 Detailed understanding of the content and requirements of AP training is essential to enable professional staff to confidently delegate appropriate work and responsibilities to APs.

To support newly qualified APs, a period of buddying/support in line with local policies will be required. DOH 2009 Preceptorship Framework for Nursing28 is an example of good practice in this area.


28  www.dh.gov.uk/publications
Ways of supporting AP, professional staff

- Use a reflective diary’s to support AP practice
- Enable access AP group for peer support
- Develop mentor preparation and support (Groups)
- Challenge traditional perceptions, role definitions, consider clinical governance requirements, accountability and delegation
- Make clinical supervision available for professionals and APs
- Share good practice across Trusts and health communities
- Identify support for teams embracing the new role
Information required for Work Based Supervisors for Trainee Assistant Practitioners in Practice

Supervisors of trainee APs will need guidance and it is recommended that an information pack is provided to support their role:

**Suggested Contents to Include**

- Introduction
- Why we need APs
- Benefits of being a work based supervisor
- Identify the support available for the work based supervisor
- Identify the aims of the Assistant Practitioner training programme
- Timetable of the AP education programme
- The design of the AP education programme
- Management and organisation of AP programme
- The role and function of the work based supervisor
- Trust requirements of APs
- How to address concerns about a trainee AP
- Learning resources & computing services
- Useful contact numbers
- What if AP's withdraw from the programme?
- Reflective tool
- References, further reading and acknowledgements
Information for Trainee APs

APs will need guidance in practice and it is recommended that an information pack is provided to support their role:

Suggested contents to Include

- Introduction
- Why we need APs?
- Overall aims of the AP training programme
- Management and organisation of training programme
- Timetables
- Support from education provider
- Attendance at work based learning sessions
- Trust requirements for APs
- Support from work based supervisor
- Support from manager
- Peer support mechanisms
- Available learning resources and computing services
- Equal opportunities
- Withdrawal from programme
- Acknowledgements

Additional Resources

- Local preceptorship framework\(^{29}\)
- Local policies and procedures
- Job Description and KSF (See Appendix 3)
- Protocols and guidelines
- Local mentorship models (See Appendix 7)
- Local AP Code Of Practice (See Appendix 6)
- Access profession specific Code of Practice for example\(^{30}\)


\(^{30}\) www.sor.org
Evaluation of Role

How will you know that implementation was successful?

The aim of evaluating the AP role is to identify their impact on the service in supporting the care pathway as supported by National Standards for Assistant Practitioners Skills for Health (2009) Core Standard 1.

This may involve obtaining the following information:

1. What activity do the APs undertake?
2. How does the role support practitioners?
3. How do patients/users experience the service?
4. Were APs and professional staff adequately prepared for the introduction of the role?
5. How has the service benefitted from the AP role?
6. Have the benefits identified in the business plan been achieved?

Information to inform evaluation should be identified and collected from the onset of developing the AP role. Initial evaluation will include feedback on the effectiveness of the implementation of the role in preparing patients, professionals and APs and will include the following considerations.
For Service

- Review business case
- Have strategic targets been affected?
- What has the impact on patients been? This needs to be evaluated against the care pathway
- Has the quality of the patient experience improved?
- Is it easier to access the service since appointing APs?
- Has care delivery been affected?
- Is the AP role being utilised effectively?
- Has the service improved? e.g. fewer complaints, reduced waiting times, data activities,
- Key performance indicators improved e.g. breast feeding rates, attendance at reviews and uptake of services
- How has the role impacted on the service provided by the care team?
- Were patients made aware of the role and the service an AP could provide?
- Have more compliments been received?
- Any changes in untoward incident reporting
For the care team

- By having an AP, has this allowed other practitioners to work in different ways?
- Has the capacity of the team been affected?
- Were AP's adequately prepared to undertake the role?
- Were professionals adequately prepared to manage the role?
- What is the impact of AP role on other practitioner roles with the MDT?
- Have sickness, absence/retention rates increased/decreased?

In addition

Recommendations for continuation and further development of the role and resources to support it should be included using;

- Existing evaluation tools
- Development of satisfaction questionnaires
- Collection of activity data
- Practitioners feedback
- Patient and AP Feedback
The implementation process for the AP role

Preparation for the Role
Registered staff take a lead role in providing care to patients and will delegate a number of activities to the AP in accordance with the agreed job description to support the care pathway. For the role to be accepted and understood, it is important that they and other members of the care team are involved and included at each stage of developing and implementing the AP role.

When implementing the role, robust processes and procedures to deliver targeted information should be developed and the following considered:

How will the role be accepted and understood?

- Gain staff side support of role early in the process
- Gain HR support and advice early in the process
- Arrange marketing for the role e.g. internal knowledge management bulletin
- Promote the new role at existing forums
Processes

- Identify key stakeholders
- Ensure all staff involved in implementing the role are well prepared and supported
- Produce a clearly defined communication strategy and action plan to raise awareness of AP role and function to promote understanding of the role
- Identify champions to take the role forward
- Use existing Assistant Practitioners to promote role
- Identify what information needs to be relayed
- Identify appropriate forum to provide information about role
- Utilise existing forums e.g. Practice Learning Teams to promote understanding of the role
- Arrange road shows
- Identify working groups to support the implementation process
- Ensure protocols are developed and clinical governance issues are resolved
- Hold monitoring meetings
- Ensure HEI / Education provider support is available within the work place
- Ensure that education and training is work based
- HE provider support in practice - existing and new models
- Identify risks of role implementation
- Address any issues raised
- Preparation in practice
- Arrange a role development day (See Appendix 9)
Frequently Asked Questions

What is an Assistant Practitioner?
The Assistant Practitioner role is a relatively new role in Health and Social Care, which commenced nationally and locally in 2001. Within the East Midlands in 2009 there are a number of Assistant Practitioners within Nursing, Imaging, Rehabilitation and Bio-medical sciences, Mammography and Stroke Assisted Discharge in Acute Trusts and in School Nursing, Health Visiting, Community Physiotherapy and Community Rehabilitation which includes working across professions in Primary Care.

Some Key Facts about the Role:

- It has been developed and designed around the needs of service and patients / service users
- The skills, knowledge and competences can cover a range of professional backgrounds
- It is designed to provide a high level of support to a variety of roles
- Requires additional education and training to a higher level than previously accessed by Support Workers. This is a Foundation Degree (Fd) or equivalent
The role will support career modernisation e.g. the transition to Degree level nursing from 2011 by providing Band 4 Assistant Practitioners who access qualifications to progress to degree level study.

According to National Standards for Assistant Practitioners Core Standard 3, Skills for Health (2009) the education of Assistant Practitioners should be work-based and employer led. Whilst in training trainees should be recognised as learners and be supported to develop their newly acquired skills as part of the care team.

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

What is a Foundation Degree?

- Work-based education, training and development programme
- Higher educational course at diploma level
- Based on the principles of learning at work, in work and through work
- On average this course takes two years to complete
What support do Assistant Practitioners need during training?

Commonly the ‘trainee’ Assistant Practitioner has one-day a week dedicated to learning throughout the course. The remaining days are based in the work place, as the principle requires the trainee to learn through work. The trainee is an employee of the organisation in which they work. They do not usually rotate in the same way as most students do in the pre registration-training programme. APs have a named mentor in the workplace to support their learning needs. This person is an experienced professional who is dedicated to supporting the ‘trainee’ Assistant Practitioner. In time, qualified Assistant Practitioners will also provide support to trainee Assistant Practitioners

Where will they work?

The Assistant Practitioner role is about providing direct or indirect care and / or treatment to people who use the service of a Healthcare Professional. Current roles being developed can be found in a range of services e.g. Community and Intermediate Care Teams Mental Health, acute Hospital Wards and Departments, GP Practices, Children’s Services, Maternity, Accident & Emergency, Radiotherapy, Occupational therapy, Physiotherapy, Pathology, Radiology and Social Home Care Services.

Assistant practitioners may work generically across 2 or 3 services e.g. Occupational Therapy, Physiotherapy and Nursing so providing continuity of care for the patient.
What do Assistant Practitioners do?

The work of the Assistant Practitioner will vary in accordance to the professional area in which they work. However, all Assistant Practitioners will achieve core competences during training as well as additional training and achievement of competency in their specialist areas. This will be reflected in their CPD. However, there are some core principles that apply to these new posts, which are:

- The level of work that an Assistant Practitioner undertakes is higher than current support workers
- Through ‘Agenda for Change’ (pay modernisation) the role is generally at Band 4. Registered professionals in the majority of cases will initially start their professional careers at Band 5. Current support workers in most cases will be at Band 2 and 3
- Each Assistant Practitioner will be required to produce a portfolio of evidence about his or her skills, knowledge and competences
- Each Assistant Practitioner will be required to have continuing development to make sure they remain up to date in both practice and knowledge
- Assistant Practitioners may attain the A1 award when they are competent and experienced in the role and have access to NVQ students. This will enable them to assess other support workers undertaking NVQ qualifications
- Assistant Practitioners will be competent to assist in the assessment process both on admission to a service and on a daily ongoing basis
**Will this affect other Pre- Registration Students?**
No. The support required for pre-registration students should not be affected. If there is an Assistant Practitioner in the clinical area in which pre-registration students are placed as part of the training programme, the Assistant Practitioner will be able to work with them and support them in their learning needs. This is because they are experienced in that particular service area. They will not, however, be able to undertake formal student assessment of practice.

**Is there a target for overall numbers of APs?**
The role of Assistant Practitioner is being developed locally and nationally. The plan is to develop more Assistant Practitioners and the number will rise as the role becomes more accepted and utilised. In each service area the numbers will vary depending upon the services assessment of their workforce competences and needs.

**Are Assistant Practitioners registered?**
No, not yet. However, there is a national drive to ensure registration of Assistant Practitioners and potentially other support workers in the next few years. In some professions there is a requirement for other Support Workers to be registered. The Assistant Practitioner role would be the first support role in nursing that will require registration.
**Will the Assistant Practitioner be able to progress on the Skills Escalator?**

Yes. Built into the development of a Foundation Degree is the need to identify opportunities for Assistant Practitioners to progress on a Skills Escalator and access higher level qualifications. However, the Assistant Practitioner role is not to be seen as an alternative access route to professional training.

**Are there any general points about the new role that would be useful to know?**

The Assistant Practitioner role was developed for a number of reasons, which are:

- To increase the numbers of staff available in service.
- To ‘fill the gaps’ in service through providing treatment and care in a timely manner i.e. continuous therapy at weekends.
- To improve the patient experience.
- To provide alternative options for developing a career framework for support workers.
- To provide a non traditional route for developing local people into Health & Social Care.
- To support service development.
- To support the development of other professionals e.g. Degree Level Nursing.
Useful Links

Aim Higher
http://www.aimhigher.ac.uk/sites/practitioner/home/index.cfm

Aim Higher: information for students at http://www.direct.gov.uk/en/EducationAndLearning/UniversityAndHigherEducation/DG_073697

Careers Advice
http://careersadvice.direct.gov.uk/

Collaborative Higher Education Alliance
http://www.chea-nmidlands.ac.uk/

Foundation Degree Forward
http://www.fdf.ac.uk

Learning and Skills Council
http://www.lsc.gov.uk/

National Apprenticeship Scheme
http://www.apprenticeships.org.uk/

NHS Careers
http://www.nhscareers.nhs.uk

NHS Employers
http://www.nhsemployers.org

NHS Jobs
http://www.jobs.nhs.uk/

NHS Professionals
http://www.nhsprofessionals.nhs.uk/
Qualifications and Curriculum Development Agency
http://www.qcda.gov.uk/

Royal College of Nursing
www.rcn.org.uk

Skills for Care
http://www.skillsforcare.org.uk/home/home.aspx

Skills for Health
http://www.skillsforhealth.org.uk/

Skills for Sustainable Communities – Lifelong Learning Network
http://www.le.ac.uk/ssclln/

Step into the NHS
http://www.stepintothensh.nhs.uk/
Glossary of Terms

**Accountability:** The principle that individuals, organisations and the community are responsible for their actions. Health service providers are accountable to the criminal and civil courts to ensure that their activities conform to legal requirements. Employees are accountable to their employer to follow their contract of duty and Registered Practitioners are also accountable to regulatory and professional bodies in terms of standards of practice and patient care. The registered practitioner retains accountability for the delegation, and **the support worker is accountable for accepting the delegated task and the responsibility for carrying out the task** (Providing that the support worker has the skills, knowledge and judgement to perform the delegation, and that the delegation of the task falls within guidance and protocols of the workplace. Also that the level of supervision and feedback is appropriate. (RCN et al, 2008).

**APEL:** Accreditation Of Prior and Experiential Learning (APEL) is a process that enables people of all ages, backgrounds and attitudes to receive formal recognition for skills and knowledge they already possess. This can be used to gain entry to further or higher education courses, give exemption from certain parts of a new course of study or qualify for an award in an appropriate subject in further or higher education.

**Assessor:** A practitioner who has received expert witness training or who has a teaching and assessing qualification. They subsequently assess the competence of others against a set of agreed criteria.
**Assistant Practitioner**: Assistant practitioners work at level 4 of the NHS career framework as developed by Skills for Health. They work across a range of areas not exclusively with patient contact. In clinical areas they will usually be managed by a healthcare professional and may work across disciplines.

**Career Framework for Health** - The Career Framework for Health provides defined flexible career routes through a variety of levels enabling an individual member of staff with transferable, competence-based skills to progress in a direction that meets workforce, service and individual.

**Client, Patient and Service User**: These titles are interchangeable for the purposes of this toolkit.

**Delegation**: The transfer to a competent individual, the authority to perform a specific task in a specified situation that can be carried out in the absence of that registrant and without direct supervision. (NMC 2009). The worker then carries responsibility for the task.

**Foundation Degree**: The foundation degree is academically equivalent to a Diploma of Higher Education. Employers can work with universities and colleges to develop Foundation Degrees specifically tailored to their organisational needs and the role they support. They are seen to be flexible and applied to workforce needs and are at Academic Level 5 on completion. (Diploma level)
**Joint Investment Framework** - This agreement was made between Strategic Health Authorities, Learning and Skills Council and Skills for Health in July 2007, securing up to £100 million annual investment in England to improve patient care by supporting better skills and learning.

**KSF:** The NHS Knowledge and Skills Framework (NHS KSF) is the career and pay progression strand of the NHS pay system, Agenda for Change (AfC). It is mandatory for all Agenda for Change staff and should be fully implemented by all NHS organisations.

**Mentorship:** Mentoring can take many forms. “Mentoring is a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development. Mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé)” (Bozeman, Feeney, 2007).

**National Occupational Standards:**
NOS set out measurable performance outcomes to which an individual is expected to work in a given occupation. Developed by employers across the UK, NOS set out the skills, knowledge and understanding required to perform competently in the workplace. Competence is defined as an individual’s ability to apply skills, knowledge and understanding in the workplace to a standard agreed by employers.
Source: UKCES, December 2007
National Vocational Qualifications (NVQs) are work related, competence-based qualifications. They reflect the skills and knowledge needed to do a job effectively, and show that a candidate is competent in the area of work the NVQ framework represents; NVQs are based on National Occupational Standards. (See above).

Performance & Development Review (PDR) provides the opportunity for a two-way discussion between the Reviewer and Individual to discuss their post and its skills and knowledge application requirements. During the Review meeting the individual's achievements, past performance, learning & development objectives and development needs for the forthcoming year are discussed.

Practice Based Learning: Practice based learning enables students to use their work-based experiences to inform their development and meet the competences required for their role. Practice based learning also provides opportunities for enquiry into and reflection upon best practice and the issues that impact upon care delivery in practice.

Preceptorship: A short term process of support and guidance offered to a qualified individual during the early stages of a new or significantly different role. It is applied as an individual engages in a new role/practice, continuing until confidence and independence is measurably assured. (DOH2003)
**Registered Practitioner:** A qualified health care worker who is registered with a recognised registering governing body for that particular profession i.e. Health Care Professions Council (HPC) or the Nursing & Midwifery Council (NMC). (RCN et al, 2006)

**Support Worker:** There is currently no national policy that determines a single name for the group this group of workers. Numerous titles exist to reflect the many and various roles carried out and the plurality of employers. The title includes:
- Care Assistant
- Health Care Assistant
- Health Care Support Worker
- Re-ablement Worker
- Rehabilitation Assistant
- Rehabilitation Support Worker
- Rehabilitation Technician
- Support Practitioner
- Team Support Worker
- Therapy Assistant
- Assistant Practitioner
- Assistants
- Technical Instructors
(RCN et al, 2006)

**Qualifications and Credit Framework (QCF) (Replaces NQF)**
A simple and rational organising structure which is being introduced which supports a new way of recognising skills and qualifications achieved through the award of credit for units and qualifications. It provides flexible routes to gaining full qualifications and enables qualifications to be achieved in small steps by building up credit.
**AP Toolkit Reference List**

- Royal College of Nursing (2006) Supervision, accountability and delegation of activities to support workers London: Royal College of Nursing.
# Appendices Content

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| Appendix 8     | Assistant Practitioner Framework |
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| Appendix 10    | Recruitment Guidance |
| Appendix 11    | Interview Questions for Assistant Practitioners |
These presentations can be used to explain and promote the role
Lincolnshire

Lynne Moody
Deputy Director Corporate Affairs – Lincolnshire PCT
Helen Smith
Acting Workforce Lead

Where we were
- National difficulties in recruitment
- Local difficulties in recruitment
- Ageing workforce
- Clinical case loads
- Need to refocus to deliver national plan targets
- Need to develop patient focused services
- Need to ensure staff have the right skills
- Ways to improve care with joint working

What We Did
- Set up a steering group
- Representation from health and social care organisations, NHSu and University of Lincoln
- Funding from NHSu for development of Fd Curriculum
- Establish a common understanding of the assistant practitioner role

Where we are now (1)
- Foundation degree in Health & Social Care Practice developed and validated
- HR processes established
- Mentors identified and supported
- Second cohort started September 2007
- Low attrition rate so far

Where we are now (2)
- Required competencies
- Flexible role
- Team based approach to support:
  - Community matrons and long term conditions
  - District nurses, health visitors and school nurses
  - Intermediate care and community hospitals
  - Practice nurses
  - Prison health
  - Therapy services
  - Acute hospital services

Challenges (and their solutions)!
- Reconfiguration of organisations (different timescales)
- Different demands on job role
- Recruitment to the role not the programme
- Professional resistance
- Logistical/location issues
- Support for mentors and managers
- Defining the work based learning element of the programme
- Recognition of the status/scope of practice of AP
Assistant Practitioners - Anticipated Benefits

- Part of a team, multi-skilled, multi-agency
- Range of duties, independently competent within specified framework
- Delivers programmes of care
- Daily review of patients/service users
- Manage and coordinate team of support workers
- Health promotion
- Building careers
- Supports advanced practice

Foundation degree – Anticipated Benefits

- Portability
- Flexible workforce
- Consistency of educational attainment across the county
- Patients’ understand role
- Confident and competent practitioners
- Academic currency – respected by registered staff
- Curriculum underpinned by a ‘patient led NHS’

What does success look like?

- We will tell you when we get there!
- However it feels as if the possibilities are endless!
Assistant Practitioners

What is an Assistant Practitioner?
- Skill and knowledge beyond traditional HCA/Support Worker
- Undertakes clinical work that has previously been done by registered staff
- Potentially works across different professions

Why Develop Assistant Practitioner Role?
- Changing demographics of the population
  - Increase in demand for health services
  - Fewer people to care for the population
- Financial constraints mean that we need to look at the best way to deliver safe services within budget

Aims of Lincolnshire’s Assistant Practitioner Programme
- Develop a new generation of high level support workers
- Increase the flexibility of the workforce ensuring they can respond to changing and evolving services
- Create skilled trained staff who will provide high levels of service in a safe and competent manner
- Provide a pool of additional support for professional staff, to help relieve the pressure within the service

Benefits
- Contribution to the patient led NHS and improving patient care
- Quicker more efficient access to services
- Appropriate use of all staffs skills
- Improving choice
- Local provision of clinical expertise
- Facilitates multi-disciplinary team working

Assistant Practitioners and the Career Framework
- Level 1 – Initial entry level jobs e.g. domestics or cadets
- Level 2 – Healthcare Support Worker/ HCA – studying for or has NVQ2
- Level 3 – Healthcare Support Worker / HCA / Technician – studying for or has NVQ3
- Level 4 – Assistant Practitioner
- Level 5 – Registered Practitioner
APs examples of roles in Acute Care

- “If I was on duty now and say there is me, another trained and assistant practitioner and obviously healthcare workers we divide the ward into. There are obviously bays so there is three bays. An AP would be responsible obviously for a whole bay of patients but obviously if I was in charge I would be overseeing that as well but they would take a whole bay of patients and from admission to discharge with those patients.”
- A Line Manager of APs in an Orthopaedics dept.

Examples of skills and competences developed by the trainee Assistant Practitioners

<table>
<thead>
<tr>
<th>Immunisation &amp; injections (e.g. flu pneumococcal, B12, Clexane, Tinzaparin, insulin including domiciliary)</th>
<th>Family Planning Training</th>
<th>Catheterisation - male/female and supra-pubic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear syringing</td>
<td>Tissue Viability</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Venapuncture</td>
<td>Peg tube management</td>
<td>Spirometry &amp; Asthma Management</td>
</tr>
<tr>
<td>Health Promotion including smoking cessation</td>
<td>Blood Pressure Management</td>
<td>Over 75 years and new patient health checks</td>
</tr>
<tr>
<td>Foot health/Podiatry skills</td>
<td>Continence reassessments</td>
<td>Intermediate care skills e.g. OT, physio</td>
</tr>
</tbody>
</table>

Foundation Degree in Health and Social Care Practice

- New type of qualification
- Combines academic study at a Lincolnshire college (one day per week) with work based learning and assessment
- Qualification is 240 University Credits accredited by the University of Lincoln – broadly equivalent to a Higher Education Diploma
- Assessment is via reflective logs/diaries, presentations, on the job and essays

AP roles in Primary Care

- “I work in primary care. My regular duties include 5 days a week and run my own mixed skills clinics for smoking cessation, blood pressure, weight loss, blood tests, ECGs, spirometry, home visits to the housebound, flu and pneumonia injections, clerical and data input. I work in two separate surgeries in the locality and have the task of stockling all clinical areas, ordering vaccines, assisting in child immunisation clinics. I chaperone the GP when necessary and am responsible for equipment such as ‘resus’ and autoclave.”

Current Position

- Lincolnshire Health Community partnership with Boston College and Lincoln University
- Foundation degree developed and validated
- Commenced recruitment of trainee assistant practitioners and mentors who started in January 2007
- Currently scoping workforce requirements to plan for future cohort numbers

How to:
Organise a dedicated time out where all members of a service/team are invited to attend to scope the potential for APs in their areas

1. What is particularly good about your service? Are these aspects you would like to strengthen?
2. Are there areas within services which would be improved?
3. Are there areas within services which should be approached differently?
4. Are there aspects where capacity or capability issues areas which need to be approached differently?
5. Are there aspects which need to be approached differently?

Patient Centred Outcome Focused

The scoping is then used during the day to inform the development of the role. The role should be driven by Outcome Measures.
Funding to support the development of Assistant Practitioner roles

- Vacant posts
- Assess expenditure on bank and agency staff
- Staff turnover/retirements
- Foundation Degree course costs are currently cost neutral

Challenges
- Backfill for one day at college
- Mentor support

For more information and advice including facilitating a time-out

Contact
Helen Smith on 01522 580998 or helen.smith@lpct.nhs.uk
Presentation C
Foundation Degree & Assistant Practitioner Development

Helen Smith
Workforce Lead
Lincolnshire Workforce Advisory Board

What is an Assistant Practitioner?
- Skill and knowledge beyond traditional HCA/Support Worker
- Undertakes clinical work that has previously been done by registered staff
- Potentially works across different professions

Assistant Practitioners and the Career Framework
- Level 1 – Initial entry level jobs
- Level 2 – Support Worker/HCA – studying for or has NVQ2
- Level 3 – Senior Healthcare Assistant/Technician – studying for or has NVQ3
- Level 4 – Assistant Practitioner
- Level 5 – Registered Practitioner

Why Develop Assistant Practitioner Role?
- To improve patient care and the patient pathway
- Facilitates multi-disciplinary working
- Appropriate use of all staff’s skills
- Provides a career option for staff

Aims of Lincolnshire’s Assistant Practitioner Programme
- Develop a new generation of high level support workers
- Increase the flexibility of the workforce ensuring they can respond to changing and evolving services
- Create skilled trained staff who will provide high levels of service in a safe and competent manner
- Provide a pool of additional support for professional staff, to enable the delivery of patient centred services

Foundation degree (1)
- Relatively new type of qualification
- Combines academic study with work based learning
- The Lincolnshire model has received national recognition for its innovation in employer engagement
- Offers generic modules and work based modules relevant to individual work areas
- Assessment is via reflective logs, presentations, case studies and essays
Foundation degree (2)

- Takes two years to complete
- Low drop out rate to date
- Learners develop skills in reflective practice, research, critical analysis, health promotion, evidence based practice and long term conditions

Challenges

- Balancing work, home and study
- Returners to learning
- Understanding of role and education requirement
- Delivering the work based learning element of the programme
- Developing the partnership

What Next?

- Evaluate the impact on patient experience and service delivery
- Evaluate the impact on the individual staff
- Develop the work based element of the programme
- Identify further opportunities to develop the assistant practitioner role

Thank you!

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Appendix 1

Case Studies
Assistant Practitioners in Radiography

There are 563 staff employed in the Radiology Department at University Hospitals of Leicester NHS Trust. Of these 210 are Radiographers, but some of them are part-time, on term time contracts or working part-time at weekend and evenings, so the whole time equivalent is less. Radiography has been an all graduate profession since the early 1990s and it is a popular degree so there are currently plenty of applicants for posts. There are areas of skill mix within Radiography with recognised post graduate training, of which Sonography is the most well established. Sonographers offer ultrasound, and there are moves to have 'Sonographer' as a protected title. The department also employs Radiography Assistants who carry out a variety of tasks which includes administrative support as well as moving equipment, some nursing support, and assisting with patients for x-rays.

Across the three hospital sites there are a range of services offered – each site provides plain film (x-rays), MR and CT scanning, general ultrasound, two sites offer obstetric ultrasound and one site that offers screening for DVTs. Often there are processing areas with four x-ray rooms attached so that Radiographers work, as part of a team, and can confer with each other as necessary.

Development of the role

Over the last five years UHL have introduced Assistant Practitioners in Radiography and there are now Assistant Practitioners embedded in most parts of the Department. This included developing procedures and protocols before staff were appointed. The Assistant Practitioners work alongside Radiographers and will independently take all but the most complex images, referring to the Radiographers where necessary. However it is recognised that there is a limit to the number of Assistant Practitioners who can be employed in the department, due to the shift patterns and flexibility required of the workforce providing a 24 / 7 services. Whilst some assistant practitioners remain in post others use this as a stepping stone and take the opportunity to become Radiographers with the support of the department. Now the role is established it is difficult to have enough students to make education and learning provision feasible. Ideally UHL would like to develop 2-3 Assistant Practitioners each year which is insufficient for many education providers.

Education and learning provision

Initially the department used 2 programmes to provide the training for these posts;

- A Diploma in Higher Education distance learning programme from Anglia Ruskin University
- University of Derby BTEC course

but felt that they did not meet the service requirements and therefore made the decision to develop their own programme

In developing the education programme the Radiography Department used the existing Skills for Health competences, the curriculum from existing radiography programmes, plus their combined professional experience as Radiographers. In collaboration with Loughborough College and the University of Leicester a jointly delivered Foundation Degree was produced and took the first students in September 2004 where the majority of the learning took place in the workplace.

However this course is no longer available / viable due to the low level of numbers and UHL is currently exploring
- NVQ in Clinical Imaging which will prepare an individual to take images with plain film
- Sheffield Hallam University run a Diploma in Higher Education and UHL is looking to develop an arrangement where the majority of learning takes place in the workplace, similar to the course delivered through the University of Leicester.

**Recruitment and Support**

Assistant Practitioners have been recruited from existing Radiography Assistants and 24 have qualified since the programmes started, with some already going on to become Radiographers. The Assistant Practitioner Programme has proven attractive in recruiting Radiography Assistants who can see career progression for themselves, and one person has progressed from Radiography Assistant to Radiographer via the Assistant Practitioner route.

Individuals undertaking the programme have received both clinical and pastoral support, particularly for those who have been returning to study or who have needed help in juggling their commitments outside work to make time for their coursework assignments.

**Funding and Transferable Skills**

The development of Assistant Practitioners at UHL was part of the Radiography Department’s overall five year education and training strategy which included setting up an Academy of Imaging at UHL. This received funding from the Workforce Confederation, and some aspects of the educational programme attracted HEFC funding for the learning providers, with the result that the programme has almost been self funding.

There have been similar initiatives in other parts of the country following the four tier career model for Allied Health Professionals which developed from the 2000 NHS Plan. This included national pilots in 2000 which UHL was not involved in and the Society of Radiographers recognised the role and developed a Scope of Practice in 2005. By this time the Radiography Department at UHL were already using the Assistant Practitioners in a wider range of settings so the UHL Board has approved vicarious liability for this extended setting.

The overall success of the programme can be measured by the progress both of individuals who have moved from Radiography Assistant to Senior Radiographer, and that the role is now seen as integral to the working of the department.

**Further information**

Rona Gidlow
Consultant Radiographer - Imaging Academy
rona.gidlow@uhl-tr.nhs.uk
Assistant Practitioners in Pathology

The Pathology Directorate at University Hospitals of Leicester processes 10-15000 samples each day and employs 794 staff. They provide a 24 hour service but their busiest time of day is from 2-10 p.m. when they receive and process samples and run tests from GP surgeries across Leicester, Leicestershire and Rutland.

Fifteen years ago Pathology labs started to introduce Assistants who work at Band 2 and sometimes at Band 3 and it was clear that there was a need to develop these people. At the same time the work has become increasingly automated so that most testing is done by machine and there is a need for people who can support this by identifying and resolving problems, either by repairing machines or by spotting where results are anomalous.

Agenda for Change also created a situation where it was helpful to consider roles within the labs, so that highly trained Biomedical Scientists were not spending time checking machines or processing routine data but focussed on their specialised roles of interpreting results from tests, authorising abnormal results, running further tests, and liaising with clinicians.

Development of the role

Alyson Freeman, Pathology Training Manager at UHL, worked with colleagues from Northampton and Kettering Hospitals where there were similar issues, although the volume of work is less. Together they identified the need for an Assistant Practitioner role and developed a shared understanding of what they would do, which they then implemented separately in their Trusts. Alyson made an analysis of all the competences required in the laboratories across all roles and used that to develop a job description and person specification which was put through Agenda for Change grading and came out as a Band 4 post.

The development of the Assistant Practitioner role is an evolving process rather than a defined project with a formal business case, mostly because the circumstances within the laboratories make the benefits very obvious.

Currently there are Assistant Practitioners in Blood Sciences and plans to introduce them into Microbiology and Immunology soon.

Education and learning provision

Together with colleagues from Kettering and Northampton Alyson concluded that a Foundation degree would provide the appropriate level of education and training and worked with De Montfort and Nottingham Trent Universities to develop a programme for all three Trusts. Much of the work for this was done by Joan Peel, Training and Development Manager for Pathology at NGH, who was seconded to a special project. The Foundation degree consists of a two year course with 120 credits achieved in the workplace, and the individuals working in the laboratories as trainee Associate Practitioners. The modules achieved in the workplace include Healthcare Science professional skills, Health, safety and quality management, Communication and relationships, Preparatory techniques and quality assurance, Instrumentation and automation, and a case study project.

Recruitment and support

Once the programme and roles had been developed UHL NHS Trust held an Open Day for potential candidates and recruited 7 from that day who went on to join the first cohort at Nottingham Trent University, together with staff from other hospitals in...
the region. A total of 10 people from UHL attended the course, the others being Biomedical assistants whose development was supported. Some of the recruits were people who were already working as Biomedical Assistants at UHL, but others were people who had had careers outside the NHS and were looking for a change. They had a range of educational backgrounds, from people who had science degrees to individuals who had left school at 16. These students are due to graduate in summer 2010 are already proving useful, working in Blood Sciences (combined Haematology and Biochemistry) and reducing the need for Biomedical Scientists to work overtime to manage the machines. A further group of 10 students started in autumn 2009, both at Nottingham Trent and at De Montfort University in Leicester.

Individual students have a volunteer mentor from within the department and this has proved useful – individual professionals can see the need to develop existing staff – and this year the department has introduced some protected time for mentors, recognising that the support students receive within the department is critical to their success.

Funding and transferable skills

This initiative has been funded through JIF which has provided enough money to pay for course fees, books, travel and equipment, as well as creating in-house facilities to support the students, including mentoring time. An individual who had become an Assistant Practitioner in one hospital or laboratory would have the skills to work in a similar environment, although they would need to be trained to use different machines. There are similar initiatives in other parts of the country and the Assistant Practitioner role fits in well with the Modernising Scientific Careers programme, as it is possible for someone in an Assistant Practitioner role to progress to a career as a Biomedical Scientist with appropriate further training.

Further information

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Pathology Governance Team
University Hospitals of Leicester
alyson.freeman@uhl-tr.nhs.uk
Appendix 2

Trainee Assistant Practitioner Job Description
Job Description

1. Job Details
   - Job Title: Trainee Intermediate Care Assistant Practitioner
   - Job ID: PS-102
   - Pay Band: Band 3
   - Reports to (Title): Qualified Practitioner
   - Accountable to (Title): Community Services Manager

2. Job Purpose
   This is a developmental role; the post holder will be working towards progression to the post of Assistant Practitioner at band 4, supported by successful completion of the Foundation Degree programme. The post holder will develop and maintain knowledge, skills and competences related to the role of Assistant Practitioner within the service and ensure attendance on the Foundation degree programme.

   The trainee will work as part of a designated clinical team, delivering health care that focuses on the direct needs of the patient. They will carry out specific clinical tasks and responsibilities as delegated by registered practitioners.

   - Develop evidence based care skills for patients referred to the service under the indirect supervision of qualified clinicians.
   - To plan, organise and deliver clinical programmes as agreed with supervising clinician in line with clinical governance and professional standards
   - To use personal effectiveness and knowledge to contribute to the development and delivery of a high quality, cost effective service.
   - To ensure effective communication with patients, carers and the referrers to the service.
   - To work closely with all members of the multi disciplinary team, seeking opportunities to support team/service targets which directly contribute to the provider services agenda.

3. Role of Department
   The adult community services team provides holistic person centred care that enables individuals to increase independence, improve health outcomes and reduce unnecessary admissions to hospital or long term care. This is achieved through timely interventions, rehabilitation, management of long term and life limiting
conditions and partnership working across the health and social care community. All staff within the service work in collaboration with the patient, their carer and other agencies.

Community services team are required to be flexible, responsive and timely in order to ensure accessibility and equity to all patients to meet the needs of the service in a flexible manner.

4. Organisation Chart

4. Organisation Chart

4. Organisation Chart

Cluster Clinical Team Leader

Operational Services Manager

Intermediate Care Registered/Qualified Practitioners (Nurse, Physio, OT, social worker etc)

Trainee Intermediate Care Assistant Practitioner

Intermediate Care Assistant Practitioner

Intermediate Care Support Worker

5. Minimum qualifications, knowledge, training and experience required for the post.

- A good standard of secondary education, demonstrating ability to study at foundation degree level
- NVQ2 in Care or equivalent knowledge experience or training
- Further knowledge and skills at level 3
- 1 year experience of working within health and social care
- An insight into how to evaluate own strengths and development needs,
- An understanding of the scope of the role of the assistant practitioner in context of the team and the organisation, and how the role may contribute to service development
- Understanding of the role of the multi-disciplinary team.
- Understands the concept of integrated community teams/service
- Demonstrate ability to study at diploma level
- Systematic and logical approach
- Time management skills
- Ability to work as part of a multi disciplinary team and on own initiative
- Flexible approach to work
- Ability to deal with the non-routine and unpredictable nature of the workload and individual patient contact
- Basic IT literacy

<table>
<thead>
<tr>
<th>6. Duties</th>
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<tbody>
<tr>
<td>a. The post holder will participate as a member of the multidisciplinary team developing skills in the assessment, planning, delivery and evaluation of patients/clients health and well being needs</td>
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<tr>
<td>b. To participate in assessment and subsequent development of individual plans of care to meet the immediate and ongoing needs of the service user and carers,</td>
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<tr>
<td>c. Develop knowledge of specific physical, emotional, psychological, social, cultural and spiritual needs of the service users and carers and, taking these into account, assist in the implement appropriate action to meet those needs</td>
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<td>d. Assist in the delivery of complex care as prescribed by the qualified practitioner</td>
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<td>e. Develop skills to autonomously plan and progress patient interventions, with supervision of qualified practitioner</td>
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<tr>
<td>f. Develop an understanding of a range of non routine work procedures and practises which require underpinning theoretical knowledge and physical skills gained through relevant training and experience</td>
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<td>g. Teach of patients/carers with the supervision of a qualified practitioner</td>
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<td>h. Develop a working knowledge of other provider's resource and referral systems to ensure patient needs are met, within scope of practice.</td>
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<tr>
<td>i. Develop and consolidate personal knowledge and skills demonstrating the evidence as directed by the education provider. Demonstrate continuous evaluation of personal clinical practice and identifies opportunities to meet own learning needs with the support of mentors and educators.</td>
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<tr>
<td>j. Attend all relevant mandatory training sessions, other in-house and external courses, identified by SDR’s and professional development plans, on topics associated with the service speciality</td>
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### 7. Skills Required for the Post
• **Communication and relationship skills**
  - Communicate with a range of people. These may include:
    - i. patients / clients and their carers or significant others
    - ii. multidisciplinary team members
    - iii. other staff within and external to the organisation
    - iv. staff from the higher education institute
  - improve the effectiveness of communication through the development and appropriate use of communication skills
  - constructively manage barriers to effective communication
  - A variety of methods and skills are needed to communicate complex information to a variety of people demonstrating empathy and reassurance. This may include service users who may not understand words or concepts and/or have sensory deficits, mental health/cognitive or physical problems.
  - To be able to persuade and motivate service users and carers

• **Analytical and judgment skills**
  - Works with the supervision of the qualified practitioners in the implementation and monitoring of clinical standards and outcomes.
  - Analytical skills for making evaluation and assessments of patients.
  - Carries out delegated assessment in order to identify appropriate course of action

• **Planning and organisational skills**
  - Prioritise and effectively manage own time
  - Under direction to plan, organise and deliver programmes of care in line with clinical governance and professional standards

• **Physical skills**
  - Standard keyboard skills
  - The ability to sit, stand, bend, walk distances, and climb stairs
  - Well developed sensory and physical skills acquired through experience and practice to use equipment and techniques in a variety of settings.
  - Moving and handling skills to manoeuvre equipment/furniture as required to appropriately assess within health and safety/risk assessment protocols
  - Able to assist patients who may have various degrees of physical disabilities

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### 8. Responsibilities of the Post Holder

- **responsibilities for direct/indirect patient care**
  - Under direction of qualified practitioner develop and implement an individual plan of care through assessment of the immediate and ongoing needs of the client, in accordance with Trust policies, procedures, protocols and guidelines
  - Under direction of a qualified practitioner plan and progress patient interventions with autonomous assessing and planning on a daily basis with indirect supervision of qualified practitioner

- **responsibilities for policy and service development implementation**
  - comment on policy change
  - To develop and maintain a service structure which delivers best practice

- **responsibilities for financial and physical resources**
  - To be responsible for the safe use of all equipment within their scope of practice.
• To identify needs and advise on equipment and resources, and ensuring effective on-going use of equipment is monitored.

• **Responsibilities for human resources (including training)**
  • Contribute to the education of colleagues, carers and staff from other agencies to facilitate care packages for service users
  • Demonstrate educative support to others, e.g. induction of new staff

• **Responsibilities for information resources**
  • Maintain professional standard of record keeping which is accurate and current, in line with professional codes, service standards and team specific requirements.
  • Provide information and data as requested by the organisation
  • **Responsibilities for research and development**
  • Participate in audit activity

### 9. Freedom to Act

- Not directly supervised but meets with mentor, educators and Qualified Practitioners regularly
- Guided by standard operating procedures, policies and procedures
- Qualified Practitioners usually available for guidance and advice where required
- Works alone in community

### 10. Effort & Environment

- **Physical effort**
  • Sitting, standing, bending, walking distances, climbing stairs is necessary.
  • Frequently moving and handling high dependency patients who may have various degrees of physical disabilities in order to facilitate care, therapeutic interventions and rehabilitation
  • Transporting, moving and lifting pieces of equipment and furniture which may weigh over 5kg

- **Mental effort**
  • To decide priorities for own work, balancing patient related and professional standards within agreed protocols.
  • Frequent concentration during assessment, care planning
  • Concentration required to satisfactorily complete academic study at diploma level
- **Emotional effort**
  - Frequent exposure to difficult situations.
  - Be able to manage variable levels of stress on a daily basis due to carrying out assessments and treatments possibly in unpredictable circumstances, frequently alone.
  - Frequent exposure to distressing circumstances e.g. patients with who may have life limiting illness or major life changing disabilities or illness, bereaved patients.

- **Working conditions**
  - Working environment will be varied and unpredictable, this may include exposure to unsanitary conditions, aggressive behaviour, bodily waste, pets, unpredictable intrinsic and extrinsic factors.
  - Regular contact with service users with cognitive/mental health or physical problems.
  - Frequent lone working.
# Person Specification

**Post of Trainee Intermediate Care Assistant Practitioner**

<table>
<thead>
<tr>
<th>Job Related Criteria</th>
<th>Essential</th>
<th>How Identified</th>
<th>Desirable</th>
<th>How Identified</th>
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<tbody>
<tr>
<td>Qualifications</td>
<td>• A good standard of secondary education, demonstrating ability to study at foundation degree level</td>
<td>Certificate</td>
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<tr>
<td>(Academic, Professional &amp; Vocational)</td>
<td>• Demonstrable basic literacy and numeracy skills</td>
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<td></td>
<td>• NVQ2 in Care or equivalent knowledge experience or training</td>
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<td>• Further knowledge and skills at level 3</td>
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<td></td>
<td>• Clinical knowledge acquired through training</td>
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<tr>
<td>Previous Experience</td>
<td>• 1 years experience of working within health and social care</td>
<td>Application form</td>
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<tr>
<td>(Nature &amp; Level)</td>
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<tr>
<td>Evidence of Particular:</td>
<td>Specific Requirements</td>
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<tr>
<td>- Knowledge</td>
<td>- Willing to undertake further education, training and development relevant to the post</td>
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<tr>
<td>- Skills</td>
<td>- Willing and able to commit to undertaking and completing the Foundation degree programme</td>
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<tr>
<td>- Aptitudes</td>
<td>- Be able to travel daily/ use of transport for most of working shift</td>
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- An insight into how to evaluate own strengths and development needs, seeking advice where appropriate
- An understanding of the scope of the role of the assistant practitioner in context of the team and the organisation, and how the role may contribute to service development
- Understanding of disability and loss of independence.
- Understanding of the role of the multi-disciplinary team
- Understands the concept of integrated community service
- Demonstrate ability to study at diploma level
- Systematic and logical approach
- Time management skills
- Ability to work as part of a multi-disciplinary team and on own initiative
- Flexible approach to work
- Ability to deal with the non-routine and unpredictable nature of the workload and individual patient contact
- Basic IT literacy

- Understanding of evidenced based practice
- ECDL
- Alternative communication skills

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<tr>
<th>Interview</th>
<th>Application form and interview</th>
<th>Application form Certificate</th>
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<tbody>
<tr>
<td></td>
<td>Interview</td>
<td>1. Application Form</td>
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<td></td>
<td>Interview</td>
<td>2. Interview</td>
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<td>3. References</td>
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# Job Description Agreement

**Job Title:**

**Area:**

I declare that I have read the Job Description and Person Specification and confirm that this is an accurate and fair description of the role.

<table>
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<th>Signature</th>
<th>Date</th>
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**Job Holder:** All job descriptions must be agreed with the post holder and their manager and signed to indicate this agreement, both should also print their names so that they can be clearly identified.

**Line Manager:**

**Name:**

**Name:**

With generic job descriptions, a signature sheet signed by all members of staff should be submitted, not individual signed job descriptions. All signatures should be dated to ensure the age of the job description and the need to update it annually.
The duties of the Assistant Practitioner have been mapped against National Occupational Standards (NOS) in order to develop a competence based job description. The intention would be that these NOS inform future development of the foundation degree provision.
1. Job Details

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Intermediate Care Assistant Practitioner</th>
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<tbody>
<tr>
<td>Job ID:</td>
<td>PS-79</td>
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<tr>
<td>Pay Band:</td>
<td>Band 4</td>
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<tr>
<td>Reports to (Title):</td>
<td>Qualified Practitioner</td>
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<tr>
<td>Accountable to (Title):</td>
<td>Community Services Manager</td>
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<tr>
<td>Location/Site/Base:</td>
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2. Job Purpose

- To provide effective evidence based care for patients referred to the service under the indirect supervision of qualified clinicians.
- To plan, organise and deliver clinical programmes as agreed with supervising clinician in line with clinical governance and professional standards.
- To use personal effectiveness and knowledge to contribute to the development and delivery of a high quality, cost effective service.
- To ensure effective communication with patients, carers and the referrers to the service.
- To work closely with all members of the multi disciplinary team, seeking opportunities to promote independent living and contribute to reduction in inappropriate admissions to acute or long-term care settings.

3. Role of Department

The adult community services team provides holistic person centred care that enables individuals to increase independence, improve health outcomes and reduce unnecessary admissions to hospital or long-term care. This is achieved through timely interventions, rehabilitation, management of long term and life limiting conditions and partnership working across the health and social care community. All staff within the service work in collaboration with the patient, their carer and other agencies.

Community services team are required to be flexible, responsive and timely in order to ensure accessibility and equity to all patients to meet the needs of the service in a flexible manner.
5. Minimum qualifications, knowledge, training and experience required for the post.

- Foundation Degree in Care Studies
- 3 years experience of working within health and social care
- A good standard of secondary education
- Assessment and clinical skills
- In depth understanding of disability and loss of independence
- Understanding of the role of the multi-disciplinary team in intermediate care
- Demonstrate sound knowledge base to support delivery of the role and understands the concept of community services
- Working knowledge of professional boundaries and conduct
- Systematic and logical approach
- Time management skills
- Ability to work as part of a multi disciplinary team and on own initiative
- Flexible approach to work
- Ability to deal with the non-routine and unpredictable nature of the workload and individual patient contact
- Full Drivers Licence
- Basic IT literacy
### 6. Duties

**a.** To accept delegated assessment responsibility, developing individual plans of care to meet the immediate and ongoing needs of the service user and carers,

- HSC329 Contribute to planning, monitoring and reviewing the delivery of service for individuals
- HSC415 Produce, evaluate and amend service delivery plans to meet individual needs and preferences
- Diab HA1 Assess the healthcare needs of individuals with diabetes and agree care plans
- OP6 Co-ordinate and review the delivery of care plans to meet the needs of older people
- AG1 Develop, implement and review care plans for individuals
- OP F3 Develop and agree individualised care plans with older people at risk of falls
- OP F4 Develop and agree individualised care plans with individuals at risk of osteoporosis
- MH20 Work with individuals with mental health needs to negotiate and agree plans for addressing those needs
- CM B1 Plan, implement, monitor and review individualised care plans with individuals who have a long term condition and their carers
- CHS41 Determine a treatment plan for an individual
- DYS4 Develop a dysphagia care plan
- CHS84 Develop and agree care management plans with individuals diagnosed with long term conditions
- CHS93 Agree a dietary plan for patients with a specified medical condition

**b.** To have knowledge of specific physical, emotional, psychological, social, cultural and spiritual needs of the service users and carers and, taking these into account, implement appropriate action to meet those needs

- HSC350 Recognise, respect and support the spiritual well-being of individuals

**c.** Participate in the delivery of complex care as prescribed by the qualified practitioner

- CM D4 Implement specific parts of individualised programmes of care

**d.** Plan and progress patient interventions with autonomous assessing and planning on a daily basis with indirect supervision of qualified practitioner

- OP S8 Monitor individuals diagnosed with stroke
- hfm_B3.1.2 Monitor individuals’ condition over time
- CHS47 Monitor and assess patients following treatments
- CHD HA11 Monitor and evaluate individuals’ exercise and physical activities
- hfm_B3.1.3 Monitor and evaluate individuals’ progress in managing health conditions
- CHS160 Assist others to monitor individuals’ attempts at managing dysphagia

**e.** Understand a range of non routine work procedures and practices which require intermediate level of theoretical knowledge gained through relevant training and experience

- GEN13 Synthesise new knowledge into the development of your own practice

**f.** Teach patients/carers with the indirect supervision of a qualified practitioner

- CM E1 Help individuals with long term conditions to change their behaviour to reduce the risk of complications and improve their quality of life
- CM E3 Enable individuals to use assistive devices and assistive technology
- CM E4 Provide information and advice to support individuals in undertaking desired occupational and non-occupational activities
- CM E5 Enable people with long term conditions to cope with changes to their health and wellbeing
### g. Demonstrate working knowledge of other provider’s resource and referral systems to ensure patient needs are met, within scope of practice.
   **HSC23 Develop your knowledge and practice**

### h. Develop and consolidate personal knowledge and skills demonstrating the evidence in a CPD portfolio. Demonstrate continuous evaluation of personal clinical practice and identifies opportunities to meet own learning needs
   **HSC23 Develop your knowledge and practice**  
   **GEN13 Synthesise new knowledge into the development of your own practice**

### i. Attend all relevant mandatory training sessions, other in-house and external courses, identified by SDR’s and professional development plans, on topics associated with the service speciality
   **HSC23 Develop your knowledge and practice**  
   **GEN13 Synthesise new knowledge into the development of your own practice**

### j. Maintain professional standard of record keeping which is accurate and current, in line with professional codes, service standards and team specific requirements.
   **M&L B8 Ensure compliance with legal, regulatory, ethical and social requirements.**
   **HCS_D5 Comply with legal requirements for patient/client confidentiality**

   Provide information and data as requested by the organisation.  
   **SS 07 Receive, transmit, store and retrieve information (CSC Unit CU5)**

### k. To be actively involved in team effectiveness by attending staff meetings and contributing as a team player to team development. Contribute to the non clinical day to day running of the service as necessary to ensure its smooth running
   **HSC241 Contribute to the effectiveness of teams**

   Promote a positive image of the organisation, department and the Intermediate Care service.  
   **GEN31 Initiate, and participate in, networks and discussion groups**

### l. To be responsible for the safe use of all equipment within their scope of practice.
   **ENTO HSS1 Make sure your own actions reduce risks to health and safety**

   To identify needs and advise on equipment and resources, requisitioning where there is delegated authority and ensuring effective on-going use of equipment is monitored.  
   **GEN64 Ensure the availability of physical resources**

### m. Prioritise and effectively time manage clinical and other responsibilities. To plan, organise and prioritise the workload of junior members of staff.
   **M&L A2 Manage your own resources and professional development**
   **M&L D5 Allocate and check work in your team**

### n. Undertake and contribute to clinical risk assessment for self, patient/carer and other team members, ensuring that personnel and safety policies are adhered to.
   **HSC240 Contribute to the identification of the risk of danger to individuals and others**
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<tr>
<td>M&amp;L B8 Ensure compliance with legal, regulatory, ethical and social requirements.</td>
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<td>o.</td>
<td>Demonstrate educative support to others, e.g. as an NVQ Assessor.</td>
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<td>p.</td>
<td>Work in accordance with all Trust policies, procedures, protocols and guidelines. To comply with Health and Safety legislation</td>
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<tr>
<td></td>
<td>M&amp;L B8 Ensure compliance with legal, regulatory, ethical and social requirements.</td>
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</tbody>
</table>
8. Responsibilities of the Post Holder

Responsibilities for direct/indirect patient care
- In discussion with qualified practitioner, patient and carers develop an individual plan of care through assessment of the immediate and ongoing needs of the client, in accordance with Trust policies, procedures, protocols and guidelines
  - B1.1.3 Prepare individualised treatment plans for individuals
- Plan and progress agreed patient interventions with autonomous assessing and planning on a daily basis with indirect supervision of qualified practitioner
  - B1.1.4 Plan activities, interventions and treatments to achieve specified health goals

Responsibilities for policy and service development implementation
- Comment on policy change
  - G1.5.12 Improve organisational performance
- To work with the Intermediate Care team to develop and maintain a service structure which delivers best practice
  - G1.5.12 Improve organisational performance

Responsibilities for financial and physical resources
- To be responsible for the safe use of all equipment within their scope of practice.
  - 3.2 Ensure health and safety requirements are met in your area of responsibility
- To identify needs and advise on equipment and resources, requisitioning where there is delegated authority and ensuring effective on-going use of equipment is monitored.
  - G1.4.9 Ensure the availability of resources

Responsibilities for human resources (including training)
- Contribute to the education of colleagues, carers and staff from other agencies to facilitate care packages for service users
  - H3.5 Provide learning opportunities for colleagues
- To plan, organise and prioritise the workload of junior members of staff.
  - G1.3.7 Allocate and check work within your team
- Demonstrate educative support to others, e.g. as an NVQ Assessor, induction of new staff
  - H3.6 Support the learning and development of others
- May participate in recruitment of junior staff
  - G1.3.6 Recruit, select and retain colleagues

Responsibilities for information resources
- Maintain professional standard of record keeping which is accurate and current, in line with professional codes, service standards and team specific requirements.
  - 4.1 Ensure compliance with legal, regulatory, ethical and social requirements
    - Provide information and data as requested by the organisation
  - F1.1.7 Maintain and manage records and reports

Responsibilities for research and development
- Participate in audit activity
  - F2.2.6 Maintain information and literature for access by others
### 9. Freedom to Act

- Not directly supervised but meets with Intermediate Care Qualified Practitioners regularly
- Guided by standard operating procedures, policies and procedures
- Qualified Practitioners usually available for guidance and advice where required
- Works alone in community

### 10. Effort & Environment

**Physical effort**
- Driving for a moderate percentage of the working day to carry out assessment/treatments in the community.
- Sitting, standing, bending, walking distances, climbing stairs is necessary.
- Frequently moving and handling high dependency patients who may have various degrees of physical disabilities in order to facilitate care, therapeutic interventions and rehabilitation
- Transporting, moving and lifting pieces of equipment and furniture which may weigh over 5kg

**Mental effort**
- To decide priorities for own work and others work, balancing patient related and professional standards within agreed protocols.
- Frequent concentration during assessment, care planning and

**Emotional effort**
- Frequent exposure to difficult situations.
- Be able to manage variable levels of stress on a daily basis due to carrying out assessments and treatments possibly in unpredictable circumstances, frequently alone
- Frequent exposure to distressing circumstances e.g. patients with who may have life limiting illness or major life changing disabilities or illness, bereaved patients

**Working conditions**
- Working environment will be varied and unpredictable, this may include exposure to unsanitary conditions, aggressive behaviour, bodily waste, pets, unpredictable intrinsic and extrinsic factors.
- Regular contact with service users with cognitive/mental health or physical problems
- Frequent lone working
## Person Specification

### Post of Intermediate Care Assistant Practitioner

<table>
<thead>
<tr>
<th>Job Related Criteria</th>
<th>Essential</th>
<th>How Identified</th>
<th>Desirable</th>
<th>How Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualifications</strong></td>
<td>• A good standard of secondary education</td>
<td>Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Academic, Professional &amp;</td>
<td>• Foundation Degree in Healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational)</td>
<td>• Clinical knowledge acquired through training</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Previous Experience</strong></td>
<td>• 3 years experience of working within health and social care</td>
<td>Application form</td>
<td>Previous experience in working in a community setting</td>
<td></td>
</tr>
<tr>
<td>(Nature &amp; Level)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Evidence of Particular:</strong></td>
<td>• Assessment and clinical skills</td>
<td>Interview</td>
<td>Understanding of evidenced based practice</td>
<td></td>
</tr>
<tr>
<td>- Knowledge</td>
<td>• In depth understanding of disability and loss of independence.</td>
<td>Interview</td>
<td>EC DL</td>
<td></td>
</tr>
<tr>
<td>- Skills</td>
<td>• Understanding of the role of the multi-disciplinary team in intermediate care</td>
<td>Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Aptitudes</td>
<td>• Demonstrate sound knowledge base to</td>
<td>Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Requirements</td>
<td>Application form and interview</td>
<td>Alternative communication skills</td>
<td></td>
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<tr>
<td>-----------------------</td>
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<td></td>
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<tr>
<td>support delivery of the role and understands the concept of community services</td>
<td></td>
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</tr>
<tr>
<td>• Working knowledge of professional boundaries and conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systematic and logical approach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Time management skills</td>
<td></td>
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</tr>
<tr>
<td>• Ability to work as part of a multi disciplinary team and on own initiative</td>
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</tr>
<tr>
<td>• Flexible approach to work</td>
<td></td>
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</tr>
<tr>
<td>• Ability to deal with the non-routine and unpredictable nature of the workload and individual patient contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Full Drivers Licence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Basic IT literacy</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# LINCOLNSHIRE PCT

## Job Description

### 1. Job Details

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Assistant Practitioner Children and Family Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job ID:</td>
<td></td>
</tr>
<tr>
<td>Pay Band:</td>
<td>Band 4</td>
</tr>
<tr>
<td>Reports to (Title):</td>
<td>Registered Practitioner</td>
</tr>
<tr>
<td>Accountable to (Title):</td>
<td>Neighbourhood Leads Children and Family services</td>
</tr>
<tr>
<td>Location/Site/Base:</td>
<td>3 posts</td>
</tr>
</tbody>
</table>

### 2. Job Purpose

- To provide effective evidence based specialist clinical services for children and families under the indirect supervision of qualified clinicians.
- To use your personal effectiveness and knowledge to contribute to the development and delivery of a quality service.
- To ensure a high standard of care for all children and young people by effective communication with clients, carers and the referral source.
- To participate in clinical supervision and training.
- To undertake audit and participate in research.
- To work closely in a multi disciplinary team, seeking opportunities to promote social integration and health improvements for children, young people and their carers.
- To plan, organise and deliver packages of care as agreed with supervising clinician in line with clinical governance and professional standards.

### 3. Role of Department

The department provides a service to children 0-19 years and their families, providing neighbourhood services which are commissioned and delivered. These encompass Health Visiting and School Nursing Teams, Child protection and Children Looked After services, supported by a child Health Administration service.

### 4. Organisation Chart
5. Minimum qualifications, knowledge, training and experience required for the post.

- GCSE Maths and English grade c or equivalent
- IT skills
- NVQ 2 in relevant area / or equivalent
- Experience of working with children
- Foundation Degree or willingness to work towards it

6. **Duties**

1. In discussion with a qualified clinician, child and carer, develop an individual plan of care through assessment of the immediate and ongoing needs of the child, in accordance with Trust policies, procedures, protocols and guidelines.

   - GEN 8 Assist the practitioner to implement healthcare activities
   - HCS_D5 Comply with legal requirements for patient/client confidentiality
   - HSC 34 Promote the well-being and protection of children and young people
   - HSC 38 Support children and young people to manage their lives
MH39 Enable individuals and families to identify factors affecting, and options for optimizing, their mental health and social well-being

2. Demonstrate good practice in the delivery of a variety of therapeutic activity programmes according to defined protocols either in a 1:1 or group situation, taking responsibility for the welfare, health and safety of children in their care. Plan and progress interventions with autonomous assessing and planning on a daily basis with indirect supervision of a qualified clinician

   CS 13 Implement interventions with children and young people, and those involved in their care
   CS6 Implement individualised care plans to meet the needs of children and young people
   FMH10 Make and maintain personal and professional boundaries with individuals in a secure setting
   GEN 63 Act within the limits of your competence and authority
   HAC 244 Manage and organise time and activities to support individuals in the community
   HSC 38 Support children and young people to manage their lives
   HSC 393 Prepare, implement and evaluate agreed therapeutic group activities
   HSC 429 Work with groups to promote individual growth, development and independence

3. Understanding of a range of non routine work procedures and practises which require intermediate level of theoretical knowledge gained through relevant training and experience

   CS6 Implement individualised care plans to meet the needs of children and young people
   GEN 8 Assist the practitioner to implement healthcare activities
   CfA201 Carry out your responsibilities at work
   GEN 63 Act within the limits of your competence and authority

4. Assessing children and young people with the indirect supervision of a qualified clinician

   CS 13 Implement interventions with children and young people, and those involved in their care
   HSC 38 Support children and young people to manage their lives

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Assistant Practitioner Toolkit 92
5. Develop and consolidate personal knowledge and skills demonstrating the evidence in a CPD portfolio. Demonstrates continuous appraisal analysis and evaluation of personal clinical practice and acts on indicators for change considering all available options. Participate in training and education on topics associated with the speciality and produce reflective evidence of competencies gained in CPD portfolio

GEN 13 Synthesise new knowledge into the development of your own practice
HSC 23 Develop your knowledge and practice

6. Maintains accurate, current and a professional standard of record keeping in line with professional codes, therapy service standards and team specific requirements.

HCS_D5 Comply with legal requirements for patient/client confidentiality
HAC 324 Process information relating to children and young people’s offending behaviour
HSC 41 Use and develop methods and systems to communicate record and report
SS 07 Receive, transmit, store and retrieve information (CSC Unit CU5)

7. To be an active member of the team by attending staff meetings, training sessions, external courses and reflective practice. Maintain a personal development plan and seek opportunities to acquire necessary knowledge and skills

HSC 241 Contribute to the effectiveness of teams
GEN 13 Synthesise new knowledge into the development of your own practice
HSC 23 Develop your knowledge and practice

8. Responsible for the safe use of equipment in their care, identifying and advising on equipment and material needs, requisitioning where there is delegated authority

CHS 210 Maintain healthcare equipment, medical devices and associated systems
M&L E8 Manage physical resources

9. Assist staff in delivering complex interventions. Prioritise and effectively time manage clinical responsibilities

CS 13 Implement interventions with children and young people, and those involved in their care
CS6 Implement individualised care plans to meet the needs of children and young people
GEN 8 Assist the practitioner to implement healthcare activities
HAC 244 Manage and organise time and activities to support individuals in the
community
HSC 38 Support children and young people to manage their lives
HSC 322 Prepare, implement and evaluate group activities to address the offending behaviour of children and young people

10. Undertake and contribute to clinical risk assessment for self, child/carer and other team members, ensuring that personnel and safety policies are adhered to

GEN 63 Act within the limits of your competence and authority
HSC 38 Support children and young people to manage their lives
HSC 395 Contribute to assessing and act upon risk of danger, harm and abuse

7. Skills Required for the Post

Communication and relationship skills

• To be a point of contact for outside agencies and organisations to ensure information relating to children is shared in an appropriate and timely manner.

• To communicate clearly and accurately, information, that is sometimes complex, that will enable the child and their parents or carers to understand.

• To communicate with children with a variety of needs such as physical or learning difficulties / disabilities and for whom English may not be their native language.

• To communicate information to senior members of staff to inform them of treatment progress.

• To communicate outcomes of interventions accurately, currently and clearly in the appropriate documentation style and method. This will require the use of a varied range of communication media including IT based systems.

• To communicate with outside agencies as required in order to support both clinicians, children and their carers

• To contribute to multi disciplinary team meetings relating to children and young people on your case load.

• To take an active role in team meetings.

• To demonstrate good listening skills enabling a good rapport to be built between self and children and their families and carers.

• To be able to communicate highly sensitive information relating to child protection issues as necessary.

Analytical and judgment skills
• Works with the direction of the clinical staff in the implementation and monitoring of clinical standards and outcome measures in designated areas of activity

• Assist qualified staff in delivering treatment interventions which may be complex.

Planning and organisational skills

• Prioritise and effectively time manage clinical responsibilities

• To plan, organise and deliver clinical programmes as agreed with supervising clinician in line with clinical governance and professional standards

Physical skills

• Ability to drive for a moderate percentage of the working day to carry out assessment/treatments in a variety of community settings.

• A good level of general fitness is required to carry out assessments and treatments in the community. The ability to sit, stand, bend, walk distances, run and climb stairs is necessary.

• Well-developed sensory and physical skills acquired through experience and practice to use equipment and techniques in a variety of settings.

• Ability to respond appropriately to challenging behaviour.

• Physically able to manoeuvre equipment/furniture, as required during an assessment, within health and safety/risk assessment protocols

• Physically able to assist children who may have various degrees of physical disability.

8. Responsibilities of the Post Holder

Responsibilities for direct/indirect patient care

• In discussion with a qualified clinician, child and carers, develop an individual plan of care through assessment of the immediate and ongoing needs of the child, in accordance with Trust policies, procedures, protocols and guidelines

• Demonstrate good practice in the delivery of a variety of therapeutic activity programmes according to defined protocols either in a 1:1 or group situation, taking responsibility for the welfare, health and safety of children and young people in their care.

• Plan and progress interventions with autonomous assessing and planning on a daily basis with indirect supervision of a qualified member of staff

• To decide priorities for own work balancing other patient related and professional standards within agreed protocols.
Responsibilities for policy and service development implementation

- To work with the Health Visiting and School Nursing teams to develop and maintain a service structure which delivers best practice
- Monitor user and commissioner satisfaction with the service

Responsibilities for financial and physical resources

- Contribute to the non clinical day to day running of the service as necessary to ensure its smooth running
- Respond to organisation change and be flexible with work practices

Responsibilities for human resources (including training)

- Ensure relevant administration, personnel and safety policies are adhered to
- Contribute to the education of colleagues, carers and staff from other agencies to facilitate care packages for service users

Responsibilities for information resources

- Ensure service performance data is collected as agreed and when submitted is accurate and timely

Responsibilities for research and development

- Participates in the culture of learning and continuous improvement in practice
- Participates in a process in which clinical services respond to advances in knowledge and recommendations for best practice
- Participate in audit activity

9. Freedom to Act

- Demonstrate good practice in the delivery of a variety of programmes according to defined protocols either in a 1:1 or group situation, taking responsibility for the welfare, health and safety of children in their care.
- Plan and progress interventions with autonomous assessing and planning on a daily basis with indirect supervision of qualified member of staff
- Assessing and supporting children with the indirect supervision of a qualified member of staff
- Undertake and contribute to clinical risk assessment for self, client/carer and other team members, ensuring that personnel and safety policies are adhered to
• In discussion with qualified clinician, child and carers, develop an individual plan of care through assessment of the immediate and ongoing needs of the child, in accordance with Trust policies, procedures, protocols and guidelines

10 Effort & Environment
LINCOLNSHIRE PCT

Person Specification

Post of Assistant Practitioner

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| Qualifications (Academic, Professional & Vocational) | • GCSE Maths and English grade c or equivalent  
• IT skills,  
• NVQ 2 in relevant area / or equivalent  
• Foundation Degree or willingness to work towards it | Certificate  
Certificate  
Certificate  
Certificate | Evidence of working with children with complex needs | CPD portfolio |
| Previous Experience (Nature & Level) | • Experience of working with children | Application form | Previous experience in working in a community care setting | Application form |
| Evidence of Particular: - Knowledge - Skills - Aptitudes | • Understanding of the role of the Health Visiting and School Nursing teams working with children  
• Basic understanding of child development  
• Understanding of professional boundaries and conduct  
• IT skills  
• Good verbal and written English skills | Interview  
Interview  
Application form and interview  
Interview/Portfolio | Understanding of evidenced based practice  
Alternative communication skills  
Personal stress management |
| Specific Requirements                  | • Driving  
|                                      | • Collects and organises information systematically  
|                                      | • Good time management  
|                                      | • Good observational skills  
|                                      | • Good memory  
|                                      | • Ability to work as part of a multi disciplinary team  
|                                      | • Flexible approach to work  
|                                      | • Ability to use initiative  
|                                      | Interview  
|                                      | Interview  
|                                      | Interview  
|                                      | Interview  
|                                      | Interview  
|                                      | Licence  

# Job Description

## 1. Job Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job Title:</strong></td>
<td>Assistant Practitioner Children and Family Services</td>
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<tr>
<td><strong>Job ID:</strong></td>
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<td><strong>Location/Site/Base:</strong></td>
<td>3 posts</td>
</tr>
</tbody>
</table>

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## 4. Organisation Chart
Appendix 4

Mapping Exercise to demonstrate that previous national guidance is reflected in the core competences for APs
<table>
<thead>
<tr>
<th>Health Functional Map Underpinning Principle</th>
<th>Reference Function</th>
<th>Competence</th>
<th>National Assistant Practitioner Transferable Roles core/common competences</th>
<th>Will provide evidence to demonstrate Employability Skills Level 4</th>
<th>Knowledge and Skills Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication</td>
<td>1.2, Communicate effectively</td>
<td>GEN 22 Communicate effectively with individuals</td>
<td>✓</td>
<td>✓</td>
<td>Core 1.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HSC 21 Communicate with, and complete records for individuals</td>
<td>✓</td>
<td>✓</td>
<td>Core 1.2</td>
</tr>
<tr>
<td>2. Equality &amp; Diversity.</td>
<td>2.5, Ensure your own actions support the equality diversity rights and responsibilities of individuals.</td>
<td>HSC 234 Ensure your actions support equality, diversity and responsibilities of others.</td>
<td>✓</td>
<td>✓</td>
<td>Core 6.2</td>
</tr>
<tr>
<td>3. Health, Safety &amp; Security.</td>
<td>3.9 Support the health and safety of yourself and individuals.</td>
<td>HSC 22 Support health and safety of self and others.</td>
<td>✓</td>
<td>✓</td>
<td>Core 3.1</td>
</tr>
<tr>
<td></td>
<td>3.8 Ensure your own actions reduce the health and safety risk to others.</td>
<td>IPC2 Perform hand hygiene to prevent the spread of infection.</td>
<td>✓</td>
<td>✓</td>
<td>Core 3.1</td>
</tr>
<tr>
<td>4. Safeguard and Protect Individuals.</td>
<td>4.1 Ensure compliance with legal, regulatory, ethical and social requirements</td>
<td>HSC D5 Comply with legal requirements for confidentiality.</td>
<td>✓</td>
<td>✓</td>
<td>Core 5.2</td>
</tr>
<tr>
<td></td>
<td>4.2 Make sure your actions support the care, protection and well being of others.</td>
<td>ENTO WRV1 Make sure your actions contribute to a positive and safe working culture.</td>
<td>✓</td>
<td>✓</td>
<td>Core 3.2</td>
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<tr>
<td></td>
<td></td>
<td>HSC24 Ensure your own actions, support the care, protection and well-being of individuals</td>
<td>✓</td>
<td>✓</td>
<td>Core 6.2</td>
</tr>
<tr>
<td>A. Assessment and Investigation of Health.</td>
<td>A.2.10.1 Determine a diagnosis and prognosis for an individual.</td>
<td>GEN 63 Act within the limits of your competence and authority</td>
<td>✓</td>
<td>✓</td>
<td>Core 5.2</td>
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<tr>
<td>B.1.1.3 Prepare individualised treatment plans for individuals.</td>
<td>CHS 118 Form a professional judgement of an individual’s health condition</td>
<td>✓</td>
<td>✓</td>
<td>HWB 6.3</td>
<td></td>
</tr>
<tr>
<td>B2.1.3 Prepare individuals for healthcare actions.</td>
<td>AG2 Contribute to care planning and review.</td>
<td>✓</td>
<td>✓</td>
<td>HWB 2.2</td>
<td></td>
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<tr>
<td>B2.1.5 Prepare environments for use during healthcare delivery.</td>
<td>GEN 4 Prepare individuals for clinical/therapeutic activities.</td>
<td>✓</td>
<td>✓</td>
<td>HWB 7.1</td>
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<tr>
<td>B2.1.7 Monitor and manage the environment and resources during and after healthcare activities.</td>
<td>GEN 6 Prepare the environment and resources for use during clinical/therapeutic activities.</td>
<td>✓</td>
<td>✓</td>
<td>HWB 7.1</td>
<td></td>
</tr>
<tr>
<td>B2.1.8 Support others in providing healthcare actions.</td>
<td>GEN 7 Monitor and manage the environment and resources during and after clinical/therapeutic activities.</td>
<td>✓</td>
<td>✓</td>
<td>NOS – not yet mapped to KSF</td>
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</tr>
<tr>
<td>B2.2.1 Provide life support.</td>
<td>CHS 36 Provide basic life support.</td>
<td>✓</td>
<td>✓</td>
<td>HWB 7.3</td>
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</tr>
<tr>
<td>B2.9.1 Support individuals during and after clinical/therapeutic activities.</td>
<td>GEN 5 Support individuals during and after clinical/therapeutic activities.</td>
<td>✓</td>
<td>✓</td>
<td>HWB 7.1</td>
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</tr>
<tr>
<td>G: Management of the provision of health care.</td>
<td>Core 5.1</td>
<td>G 6.2</td>
<td>NOS – not yet mapped to KSF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<td>--------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1.3.1 Contribute to the effectiveness of teams.</td>
<td>HCS 241 Contribute to the effectiveness of teams.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1.3.7 Allocate and check work within your team.</td>
<td>M&amp;L D5 Allocate and check work within your team.</td>
<td>✓</td>
<td>✓</td>
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<td></td>
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<tr>
<td>G1.7.6 Audit your own clinical practice.</td>
<td>GEN 23 Monitor your own work practice.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>G 6.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G: Management</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td></td>
<td></td>
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<tr>
<td>G2.13 Maintain file stores.</td>
<td>CfA 105 Store and Retrieve Information.</td>
<td>✓</td>
<td>✓</td>
<td>IK 1.1</td>
<td></td>
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<tr>
<td>G2.15 Receive and pass on messages and information</td>
<td>CfA 106 Use IT to exchange information.</td>
<td>✓</td>
<td>✓</td>
<td>Core 1.1</td>
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</tr>
<tr>
<td>H. Education and learning around health.</td>
<td>Core 2.1</td>
<td>NOS – not yet mapped to KSF</td>
<td></td>
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<tr>
<td>H2.1 Develop your knowledge and practice.</td>
<td>HSC 23 Develop your knowledge and practice.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H2.2 Reflect on and evaluate your own values, priorities, interests and effectiveness</td>
<td>GEN12 Reflect on and evaluate your own values, priorities, interests and effectiveness</td>
<td>✓</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>H2.3. Synthesis new knowledge into the development of your own practice.</td>
<td>GEN13 Synthesis new knowledge into the development of your own practice.</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.3.5 Provide learning opportunities for colleagues.</td>
<td>M&amp;L D7 Provide learning opportunities for colleagues.</td>
<td>✓</td>
<td>✓</td>
<td>Core 2.3</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5

Sample Foundation Degree
Subject  Health and Social Care Practice

Abridged Curriculum (internal use only)

Date  22 January 2009
## FOUNDATION DEGREE HEALTH AND SOCIAL CARE PRACTICE

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
<th>Semester 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transferable Skills</strong></td>
<td><strong>Transferable Skills</strong></td>
<td><strong>Principles of H&amp;SC</strong></td>
<td><strong>Health in the Community</strong></td>
<td><strong>Optional module</strong></td>
</tr>
<tr>
<td>Weeks 1-18</td>
<td>Weeks 1-18</td>
<td>Weeks 1-18</td>
<td>Weeks 1-9</td>
<td><strong>Family &amp; Child Health</strong></td>
</tr>
<tr>
<td><em>(30 credits)</em></td>
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<td><strong>Personal and Interpersonal Dimensions of H&amp;SC</strong></td>
<td><strong>Ethical and Legal Dimensions of H&amp;SC</strong></td>
<td><strong>Managing Long-term Conditions</strong></td>
<td><strong>Good Practice in Infection Prevention and Control</strong></td>
<td><strong>Ensuring Quality – issues for Organisations</strong></td>
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<tr>
<td><strong>Professional Practice Processes</strong></td>
<td><strong>Developing Teams</strong></td>
<td><strong>Key Concepts of Evidence-based Practice</strong></td>
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**LEVEL 2**

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<th><strong>Optional module</strong></th>
<th><strong>Managing Long-term Conditions</strong></th>
<th><strong>Good Practice in Infection Prevention and Control</strong></th>
<th><strong>Ensuring Quality – issues for Organisations</strong></th>
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<tbody>
<tr>
<td><strong>Family &amp; Child Health</strong></td>
<td><strong>Mental Health</strong></td>
<td><strong>Care of the Acutely Unwell Adult</strong></td>
<td><strong>Extending Professional Practice</strong></td>
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<td><strong>Acutely Unwell Adult</strong></td>
<td><strong>The Therapy Process</strong></td>
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*Appendix 5*
1. Programme outcomes

Programme-level learning outcomes are identified below. Refer to Error! Reference source not found. for details of how outcomes are deployed across the study programme.

1.1. Knowledge and understanding

On successful completion of the Foundation Degree in Health and Social Care Practice a student will be able to:

A1. Integrate theory and practice.
A2. Synthesise information/data from a variety of sources.
A3. Demonstrate knowledge of significant and emerging theories relating to theory and practice.
A4. Utilise problem solving skills.
A5. Assist in planning, implementing and reviewing care received by individuals or groups in health or social care environments.
A6. Work effectively to develop inter-professional relationships to improve care received.

1.2. Subject specific skills and attributes

On successful completion of the Foundation Degree in Health and Social Care Practice a student will be able to:

B1. Communicate effectively with individuals and groups within health and social care environments.
B2. Discuss and articulate ethical issues facing health and social care workers.
B3. Critically discuss various determinants of health and strategies to improve the health of a community.
B4. Understand and be able to employ qualitative and quantitative research methodologies.
B5. Analyse the strategy and implementation of health management and quality assurance.
B6. Discuss the theories surrounding Professional Process and its implementation within a work setting with individuals accessing services.
B7. Understand and discuss a selection of long term conditions and the impact on the individual.
B8. Demonstrate the knowledge, experience and skills required for the role of assistant practitioner.
B9. Critically assess the care received by individuals against National standards.
3.3. Transferable skills and attributes

On successful completion of the *Foundation Degree in Health and Social Care Practice* a student will be able to:

C1. Structure and communicate ideas effectively by written and verbal means, using ICT media as a tool where appropriate.

C2. Demonstrate appropriate critical thinking skills.

C3. Effectively work within a team and independently.

C4. Use ICT to support their own development.

C5. Negotiate informally with peers and formally with professionals.

C6. Manage time, resources and tasks to deadlines.

2. Teaching, learning and assessment strategies

2.1. Teaching and learning strategy

The teaching and learning strategy adopted within the *FDSc Health and Social Care Practice* reflects the purposes and objectives set out in the United Kingdom QAA Final Draft Foundation Degree Benchmark Statement in the following ways:

Learners will be supported through their learning by face to face interaction with tutors. This will be extended through peer support and sharing learning experiences from a variety of health and social care environments.

Learners will be provided with paper based materials which permit learning where and when they choose and will be sign posted towards additional resources to consolidate the learning experience. Learners will be able to access the College VLE at any time of the day and from anywhere.

The detail of delivery is given with each unit specification and varies according to the nature of the unit. However delivery within each unit will consist of:

- Tutor led seminars to present theoretical knowledge.
- Student led seminars to explore the implementation of theoretical knowledge and improvements in practice.
- Independent study.

4.2 Work-Based Learning

The Benchmark requirement for a substantive work-based learning component within an FD programme has been addressed by recognising the educative experience of the workplace. The design of the programme has integrated work-based learning through the syllabus and the assessment process. Each unit reflects an aspect of professional practice within health and social care. However the following units have been specifically designed as work-based learning units.

- Family and Child Health
- Mental Health
- Older Adult
- Care of the Acutely Unwell Adult
- The Therapy Process

At Level 2, students are required to undertake one option unit of five in their specialist area (30 credits).

Within these units students will be expected to demonstrate underpinning knowledge and occupational competence to reflect the unit assessment criteria.

4.3 Assessment Strategy

The assessment strategy adopted within the *FDSc Health and Social Care Practice* reflects the ethos of Foundation Degrees to ensure the learner can implement theory into practice or critically review practice. Details of the assessment strategies are included in the unit specifications. Assessment for the programme comprises:-
University of Lincoln

- Demonstrating knowledge through written assignments, which include essays and reports.
- Demonstrating knowledge of practice through portfolio building, case studies or competences.
- Analysis of practice through critical review and reflection.
Unit Title | Transferable Skills for Learning
---|---

**Unit synopsis**

This unit is designed to ensure that all students have the opportunity to develop the skills to become lifelong learners and to promote employment opportunities. An introduction to a wide range of skills will enable students to become efficient practitioners, develop decision-making skills, improve confidence and develop team cohesion and compatibility. Students will be provided with the opportunity to develop their skills of working with information technology, academic writing skills, improving own learning and performance, reading skills, presentation skills, problem solving and reflective practice. It also gives students the opportunity to review individual performance and identify needs, plan and implement an action plan and evaluate performance. Students will have an introduction to health promotion and education having the opportunity to explore these within their workplace.

**Learning outcomes**

The student will be able to:

1. Evaluate own progress towards becoming an independent learner.
2. Devise, implement and evaluate an action plan.
3. Plan, prepare and deliver a Health Promotion Education presentation.
4. Demonstrate an understanding of models of health promotion, measuring target audience needs and factors that influence health behaviour choices.
5. Use appropriate time management strategies to plan the above mentioned presentation whilst working in the group environment.
6. Demonstrate an understanding of self concept and self esteem and how reflective practice can impact on them.
7. Show an understanding of reflective practice.
8. Analyse development of own skills throughout this unit.

**Assessment strategy**

Presentation: Selecting a subject relevant to own workplace students will deliver a health education presentation to the whole group. Students will need to utilise each other's skills and resources in the joint planning of the presentations to meet outcomes 3 and 4. (ie, students could be arranged into groups of 3-5 according to workplaces or subjects chosen. Students should then organise the
collection of information, resources and explore techniques of presentation within the group. Each student should manage the group logistics in order to prepare the educational presentation.) Students will be marked on presentation skills and health education content within the context of health promotion. The presentation should be supported by an individual written report covering the planning of health promotion work. The presentation alone will carry 10% weighting and the individual written report will carry 10% weighting.

Journal: Students will keep a journal throughout this unit demonstrating and acknowledging the development of transferable skills for learning. For instance, initial entries may be a handwritten record of skills taught, moving on to fully word processed reflection on the acquisition of skills. Students should be able to reflect how these new skills may apply within their individual practice. Students should make at least 10 entries with at least 2 in Gibbs’ model of reflective practice. Evidence of an appreciation of self concept and the development of self esteem should be apparent throughout the journal. (Outcome 1, 5, 6 & 7) The journal will carry 20% weighting.

Reflective Report: (Outcome 5&6) Students should produce a reflective report on the course of this unit. It should include a report on the process of planning the presentations, group processes, time management, the managing of tensions and issues, an analysis and evaluation of their own learning experiences.

The Reflective report will carry 30% weighting.

Action Plan: (Outcomes 1&2). Devise and implement an action plan to improve own learning and practice. Review and evaluate your own learning. The Action Plan should include:

- Setting aims for learning (both academic and within practice) progressively over the 6 month period.
- Identifying how each aim can be achieved and who can help in the process.
- Detailed progress of achieving each aim and continuation of the action plan bringing in new aims as original aims are achieved.

The Action Plan will carry 30% weighting.
Unit Title | Personal and Interpersonal Dimensions of Health and Social Care

Unit synopsis

This unit is designed to allow students to develop an understanding of the need for clear communication between themselves and others. It will encourage learners to identify barriers to communication, including stress and environment. Students will identify where their own skills can be improved to promote effective communication.

Learning outcomes

The student will be able to:

1. Identify the need for clear communication with individuals in a health or social care environment.
2. Demonstrate an awareness of a range of communication skills.
3. Analyse the impact of barriers to effective communication.
4. Develop strategies to enhance communication and interaction with individuals accessing health and social care environments.
5. Demonstrate the use of a variety of communication methods with individuals and groups.

Assessment strategy

- A portfolio of evidence showing a range of interactions with individuals and groups, identifying the skills and concepts used by yourself and the other participants. (Outcomes 2, 3, 5). The portfolio should include a preface as to the importance of clear communication (Outcome 1) and an analysis of the communication. (6 interactions; must include individuals and groups; must show a full range of different types of communication skill) (60%)

- An evaluation of your own communication skills with an identification of own communication and interpersonal development needs. (Outcome 4) (40%) (2000 words maximum)
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<tr>
<th>Unit Title</th>
<th>Professional Practice Processes</th>
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**Unit synopsis**

This work-based unit will introduce and immerse students to the professional practice processes of assessment, planning, intervention and review. A general model of practice process will be presented that will be elaborated on later in the programme in terms of specific areas of practice for assistant practitioners in health and social care; and in relation to their role in decision making and risk.

Students should appreciate these processes holistically and in relation to learning acquired through other modules. Students will participate in and learn what practice processes involve and how they relate to each other. Reflective practice, based on work-based experience, evaluative practice, client involvement and inter-agency/inter-professional collaboration will be introduced as integral to carrying out these processes in an effective and ethical way.

**Learning outcomes**

Students will be able to:

1. Explain how practice processes relate to each other to form a connected whole.
2. Describe the main features of the process: assessment, planning, intervention and review.
3. Participate in the activities of assessment, planning intervention and review.
4. Identify issues in effectively involving service users in practice processes.
5. Identify issues in effectively collaborating with different agencies and different professional practice processes.
6. Plan an intervention in response to a work-based case study.
7. Review an intervention in response to a work-based case study.

**Assessment strategy**

Write a reflective account of observed professional practice processes used within own workplace. This should take the form of a written assignment, based upon a work based case study (appende to assignment). (100%) (2500 words maximum)

The focus of the case study should be negotiated with the tutor and workplace mentor.

(All learning outcomes should be covered.)
### Unit Title
Ethical and Legal Dimensions of Health and Social Care

### Unit synopsis
This Unit will introduce students to ethics, legal and regulatory systems in relation to health and social care practice. It will provide an opportunity to examine ethical theory and its application to the analysis of ethical dilemmas in health and social care. Studying ethical and legal dimensions in health and social care will give students an insight into the theories, principles and rules that govern health and social care practice. The Unit will provide students with an understanding of current ethical and legal principles that govern provision of health care and the implications for their own practice. This includes for example, the Mental Capacity Act, protection of vulnerable adults, child protection (rights) and consent to treatment.

### Learning outcomes
Students will be able to:-

1. Evaluate the relationship between law and ethics.
2. Discuss the principles of beneficence, non-maleficence, autonomy and justice.
3. Critically discuss current legal judgements regarding decisions of an ethical nature.
4. Organise and structure the use of critical argument in ethical debate.
5. Discuss and analyse formal and informal codes of conduct and their implications in relation to their own practice with regard to ethics and law.
6. Understand the implications of the Mental Capacity Act and its impact on the delivery of health and social care.

### Assessment strategy
A case study that requires students to consider how specific ethical or legal scenarios affect delivery of health and social care in the context in which they work. Students should:

- identify and discuss the issues surrounding such scenarios, highlighting the principles associated with ethics and law in health and social care
- critically discuss and reflect on their own responsibilities and those of other health and social care practitioners within these scenarios and
- reflect on the potential impact of such scenarios on health and social care service users.

(Outcomes 1, 2, 3, 4, 5, 6) (2000 words maximum) (70%)

Poster presentation (followed by a ten-minute discussion): Students should select one particular legal or ethical scenario relevant to the context in which they work and highlight how they are able to contribute to management of this in the workplace. (Outcomes 5, 6) (30%)
### Unit Title

Developing Teams

### Unit synopsis

Students will learn about models relating to the development and life cycle of teams. Students will gain knowledge of the effectiveness of team working and how to enhance effectiveness through reducing the barriers to team working and improving own contribution.

### Learning outcomes

The student will be able to:

1. Define teams and identify different types of teams.
2. Analyse team membership and understand its relevance.
3. Analyse and evaluate leadership of teams.
4. Evaluate the effectiveness of teams.
5. Analyse and evaluate own performance and effectiveness in a team.
6. Identify strategies to improve team effectiveness.

### Assessment strategy

- **Review and evaluate the performance of a team** to which you contribute in relation to team roles, models of team development and leadership. Suggest recommendations for improvement based on theory. (50%) (2000 words maximum) (Outcomes 1, 2, 3 and 4)

- **Evaluate the role** you take within a team including your performance. Analyse your impact and identify strategies you can use to make your contribution more effective. (50%) (2000 words maximum) (Outcomes 2, 4, 5 and 6)

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### Unit Title

Principles of Health and Social Care

### Unit synopsis

This unit introduces students to the concept of health as normal development and physical, mental
The unit will enable the student to develop and build upon previous knowledge and understanding and will prepare them to develop new skills that will be utilised as part of their developing role as assistant practitioner. The unit:

- introduces basic anatomy, the anatomical position and planes of movement
- introduces specific body systems and practical, physiological monitoring skills used in day-to-day practice in clinical areas
- explores the normal developmental pathway from birth to five and the progression of developmental milestones, to include motor, sensory, and communication skills
- explores the guiding philosophy of social care
- explores work practices that support people in a positive way, increasing their self-esteem and independence
- enables students to identify the barriers that limit people’s participation in society (economic, environmental, cultural)
- enables students to gain awareness about mental health care/wellbeing and the impact that poor mental health has for the individual and the carer, and the consequences for society.

Students will be expected to demonstrate links between theory and practice. The underpinning theory and knowledge will be delivered by practitioners employed by the appropriate service in the Lincolnshire Health Community through lectures, tutorials and workshops.

Practical skill development will be supported in the workplace by students’ mentors.

### Learning outcomes

On completion of the unit, students will be able to:

- compare the social model to the traditional view of disability which is called the 'medical model'
- demonstrate an understanding into the rudiments of anatomy and physiology for normal health
- demonstrate an understanding of the developmental pathway from birth to five
- reflect on the impact of undertaking physiological observations/screening on service users
- identify self-care strategies to maintain mental health and wellbeing for individuals and groups

**Assessment strategy**

**Essay:** Consider what you understand by the term ‘normal health and wellbeing’ and how this applies to patients/clients in your own organisation. Identify how patients/clients are currently assessed for health and wellbeing and the impact of this on the care delivered as a result. Consider your own role in contributing to health and wellbeing in your particular working environment. (1500 words maximum)

A **portfolio** that reflects the work undertaken by the student for this unit and which should include:

- evidence to demonstrate successful completion of the associated competences
- reflection on learning and development needs for health care practitioners with regard to primary and acute care scenarios
- an understanding of boundaries of accountability and responsibility when undertaking specific clinical skills
- a consideration of the impact on patients/clients from their perspective of undertaking physiological monitoring.

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<th>Unit Title</th>
<th>Health in the Community</th>
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**Unit synopsis**

This unit introduces students to public health and the relationship between health care and the social structures that underpin the provision of health and care services. Students will explore concepts of health promotion and education and develop an understanding of the contribution of public health to improving the health of the population. This unit also explores epidemiology and students will develop skills to measure health and to evaluate health promotion work and public health policies that locally, nationally and internationally impact on health.
## Learning outcomes

The student will be able to:

1. Identify factors that influence health behaviour.
2. Develop an understanding of professional and lay concepts of health.
3. Evaluate models of health promotion relevant to own workplace.
4. Explore methods of assessing the health needs of the population.
5. Measure community health and demonstrate an awareness of the determinants of health and illness.
6. Demonstrate an understanding of the ethical issues surrounding health promotion initiatives and healthy public policy.
7. Analyse and evaluate contemporary public health strategies.

## Assessment strategy

A 3500-word essay (100%)

Evaluate the contribution of health promotion and healthy public policy on the health of your own community.

To meet outcomes 1 & 2 – students should describe the factors that affect health behaviour, showing an understanding of health beliefs and health concepts and how these impact on health promoting work.

To meet outcome 3 – students will evaluate the health education session conducted in unit 1 Transferable Skills for Learning.

To meet outcomes 4 & 5 – students will demonstrate knowledge of epidemiology and an understanding of the determinants of health and illness.

To meet outcome 6 – students will show an understanding of the ethical implications within health promotion work and public health policy.

To meet outcome 7 – students will evaluate public health policy at local, national and international levels which will also demonstrate consideration of all the above outcomes.
## Unit Title
Managing Long Term Conditions

### Unit synopsis
For students to understand the increasing demand for Long Term Conditions (LTC) services and the balance required in resources, the potential of partner organisations and current workforce roles must be maximised.

Students will learn how to overcome the boundaries between organisations to ensure joint-working. They will develop an awareness of how services can be reconfigured and effectively commission long term condition services against a backdrop of financial constraint and government reform.

### Learning outcomes
The student will be able to:

1. Define and understand the key concepts relating to long term conditions (drawn from the NSF for Long term Conditions) including planning, implementation and the integration of services
2. Be able to identify potential barriers to people managing long term conditions
3. Identify their own contribution in enabling people to live successfully with long term conditions

### Assessment strategy
**Essay:** Students will choose a long term condition and explore the range of service options available to people in supporting their needs. Students will evaluate these options in relation to the National Service Framework or where no specific NSF exists recognised good practice. Students will be required to analyse how effective service user participation is in relation to service delivery. (100%) (maximum of 2500 words) (Learning outcomes 1,2,3.)
Unit Title | Good Practice in Infection Prevention and Control
---|---

**Unit synopsis**

This unit introduces good practice in relation to infection prevention and control and allows students to explore their roles and responsibilities in relation to infection prevention and control. Students will explore national strategies in relation to this subject and critically evaluate practice in relation to their own working environment.

**Learning outcomes**

The student will understand the importance as to why infection prevention and control is important in health and social care and gain a general knowledge of the following:

1. Infection Prevention and Control National legislation
2. Infection Prevention and control local policies
3. Monitoring and auditing mechanisms
   - Notifiable diseases & infection audit and surveillance
   - Communication with other agencies
4. Measures aimed at the reduction of HAI's
   - Hand hygiene
   - Food hygiene
   - Clean clinical environment
5. The Health and Safety at Work Act
   - COSHH
   - The handling and disposal of sharps
   - The handling and disposal of clinical waste
   - Personal protective equipment (PPE)
   - The Handling of specimens
   - RIDDOR and accidental exposure to blood-borne infections and other work related accidents/diseases
Assessment strategy

Develop a case study that provides an opportunity to explore a specific area of infection prevention and control in own area of practice. (50%) 1500 (maximum) words. (Learning outcomes 2,3,4,5)

Reflect upon the specific infection prevention and control measures identified and compare and contrast them against national guidance/legislation. (50%) (1500 words maximum) (Learning outcome 1)

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<th>Unit Title</th>
<th>Key Concepts of Evidence-Based Practice</th>
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Unit synopsis

This unit relies on all the previous units of this course in the understanding of health and social care practice and the role of the professional healthcare worker. It explores the concept of evidence-based practice, how it has evolved and its impact on health and social care services today.

Learning outcomes

1. Analyse the impact of evidence-based practice over time.
2. Evaluate the impact of evidence-based practice on practice.
3. Demonstrate an understanding of the involvement of quality assurance measures within procedural policy making.
4. Describe, analyse and evaluate a specific procedure from the workplace that has been affected by evidence-based research.

Assessment strategy

**Essay:** Evidence-based practice plays an important role in healthcare in the 21st Century. Discuss and evaluate.

(3500 words maximum) (100%)

Students will be expected to select one procedure that is used by them on a regular basis to
The discussion will involve a description of the procedure, the history of the procedure and how evidence-based practice has changed it over time. (All learning outcomes should be covered.)

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<tr>
<th>Unit Title</th>
<th>Family and Child Health</th>
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### Unit synopsis

This is a work-based unit which is intended to enable students to expand their scope of practice within their work setting. With negotiation with their mentor, the learner should increase skills and knowledge to work at Assistant Practitioner level. The students will explore the concepts of family and its changing structure within the community based on the learner’s area of practice. This will enable students to develop practice skills in their workplace setting to work in partnership with families. Students will focus on the needs of children and their families within their workplace setting to support them effectively. The students will then be expected to demonstrate the link between theory and practice through their assessment which is based in the workplace. This will be supported by the workplace mentor. This unit is to be taught by practitioners employed by the appropriate Trust in Lincolnshire.

### Learning outcomes

The student will be able to:

1. Identify the changing structure and roles of families.
2. Analyse the factors which affect the family structure.
3. Evaluate the support agencies involved with families.
4. Describe the ages and stages of development.
5. Evaluate factors which affect development.
6. Demonstrate appropriate observational techniques.
7. Demonstrate effective communication skills with children and families.
8. Evaluate interpersonal interactions with children and families.
9. Explore the nature of short term and long term conditions affecting children.
Assessment strategy

Essay: Consider the changing structure and role of the family and how your organisation has developed and modernised to ensure the provision of support services for children and their families. (40%) (1500 words maximum) (Learning outcomes, 1,2,3)

A portfolio of work that reflects work undertaken by the student with a child and/or its family which must include:

1. Assessment of the child’s development
2. Analysis of the factors that have impacted on the child’s development.
3. Analysis of the factors that have impacted on the child’s / family health.
4. Four reflective logs of work undertaken with the child/ family.
5. Review the model of intervention provided by your service to children and families. To what extent do they meet the needs of the service users discussed in your portfolio?

The portfolio requires evidence of reflective practice and observations made by an appropriate practitioner of the student’s performance. (40%) (Learning outcomes 4,5,6,7,8,9)

A 10 minute presentation about how service users and the service will improve as a result of the student completing the module (must use examples from practice). The presentation should address all issues relevant to their practice. (20%) (Learning outcomes 1-9)

<table>
<thead>
<tr>
<th>Unit Title</th>
<th>Mental Health</th>
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<td>Unit synopsis</td>
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This is a work-based unit which will is intended to enable students to expand their scope of practice within their work setting. With negotiation with their mentor, the learner should increase skills and knowledge to work at Assistant Practitioner level. This will be supported by theory and knowledge
delivered through College. This is a unit that will enable students to understand mental health and the impact that poor mental health has for the individual, carer and the consequences for society. In the unit the student will explore and critique explanations of mental health disorders, management and treatment responses and identify how they as learners are involved in the therapeutic process. The students will then be expected to demonstrate the link between theory and practice through their assessment which is based in the workplace. This will be supported by the workplace mentor. This unit is to be taught by practitioners employed by Lincolnshire Partnership NHS Foundation Trust.

### Learning outcomes

The intention is that on completion of this unit students will be able to:

1. Identify changes in the approach to mental health issues.
2. Explain what mental health problems are and their impact on individuals, groups and society.
3. Describe models of mental health.
4. Understand and identify the range of treatment and management approaches that are used to work with people with mental health problems.
5. Recognise the importance of service user/carer involvement in their care management.

### Assessment strategy

**Essay:** Consider how mental health services within your own organisation have developed and modernised demonstrating how this has impacted on the provision of services for service users, groups and society. (40%) (1000 words maximum)

A portfolio of work that reflects work undertaken by the student with mental health service users which must include:-

1. Evaluation of issues relating to a service user supported by your own team.
2. Analysis of the factors that have impacted on the service user’s mental health.
3. Contribute to the overall risk and health and social functioning assessment (including planning, intervention, review and evaluation stages) process of a service user.
4. Four reflective logs of work undertaken with a service user.
5. Review the model of intervention provided by your service to people with mental health issues. To what extent do they meet the needs of the service users discussed in your portfolio? (40%)

A **10 minute presentation** about how service users and the service will improve as a result of
completing the module (must use examples from practice). The presentation should address all issues relevant to your practice. (20%)

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<tr>
<th>Unit Title</th>
<th>Older Adult</th>
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**Unit synopsis**

This work-based unit is intended to enable students to expand their scope of practice within their work setting. In negotiation with their mentor, the learners should increase skills and knowledge to work at assistant practitioner level. They will explore the concepts of ageing, and the changes that impact on older people, their health and well being. Centred on their experiences within their workplace, the students will be enabled to develop the required skills to work in partnership with older people. Students will focus on the needs of older people and their families to support them effectively. The students will then be expected to demonstrate the link between theory and practice through their assessment which is based in the workplace. This will be supported by the workplace mentor. This unit is to be taught by practitioners employed by the appropriate organisation in the Lincolnshire health community.

**Learning outcomes**

The student will be able to reflect upon their experience of caring for older adults and be able to:

1. Identify the aging process and its implications for individuals.
2. Critically explore normalisation concepts within their areas of practice.
3. Explain the concepts of empowerment and advocacy.
4. Explore the implications of any failure to meet the social and psychological needs of an individual older adult.
5. Appraise the management of care delivered to older adults within a variety of settings.
6. Identify long-term conditions and their management in the older adult.
7. Critically explore communication with older adults within their areas of practice.

**Assessment strategy**

Based upon a case study of an older adult, consider how the services within your own organisation have developed and modernised and demonstrate how this has impacted on the provision of
services for this service user, their family and or carers. (40%) (Maximum of 1500 words) (Learning outcomes 1, 2, 3, 4, 5)

A portfolio that reflects work undertaken by the student with service users which must include long-term conditions or health and social care issues within the sphere of care of the older adult. This should include:

- An explanation of the condition or issue affecting a service user supported by their own team.
- An analysis of the factors that have impacted on the service user’s health.
- A contribution to the assessment (including planning, intervention, review and evaluation stages) process of a service user.
- Four reflective logs of work undertaken with a service user.
- A review of the model of intervention provided by their service to the older adult, and suggestions as to what extent they meet the needs of the service users discussed in their portfolio? (40%) (Learning outcomes 1,2,3,4,5,6,7)

A 10 minute presentation about how service users and the service will improve as a result of the student completing this module (must use examples from practice). The presentation should address all issues relevant to their practice. (20%) (Learning outcomes 1,2,3,4,5,6,7)

<table>
<thead>
<tr>
<th>Unit Title</th>
<th>Care of the Acutely Unwell Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit synopsis</strong></td>
<td>This is a work-based unit that introduces students to the concepts of care and management of acutely unwell patients in acute clinical settings. Students will demonstrate competence in assisting in the management and care of acutely unwell patients in a variety of different clinical settings by completing work-based competences as set out in the unit handbook. This unit will enable the student to obtain the underpinning knowledge in physiological changes associated with a variety of clinical conditions within the College environment with support in clinical practice from the workplace mentor. The student will then be able to utilise competently assessment frameworks to assist in the management of acutely unwell patients. The students will then be expected to demonstrate the link between theory and practice through their assessment, based in the workplace. The workplace mentor will support this. Practitioners employed by the appropriate Trust in Lincolnshire will teach this unit.</td>
</tr>
</tbody>
</table>
### Learning outcomes

On completion of the unit the students will be able to:

1. Demonstrate an understanding of altered physiology in relation to the acutely unwell adult patient
2. Demonstrate competence in the recognition of acutely unwell adults
3. Understand the mechanisms required to summon assistance to the patient who is acutely unwell
4. Analyse the assessment and management of acutely unwell adults
5. Evaluate management of acutely unwell adults
6. Reflect upon own performance within a clinical setting.

### Assessment strategy

- **Case Study:** A specific individual receiving acute care in a clinical setting.
  
  Produce a detailed history of the adult. (500 words maximum) Discuss the altered physiology of the client and its impact on the individual. (1000 words maximum) Critically assess the care and care management of the individual. (1000 words maximum) (40%)

- Complete the Assistant Practitioner competences specific to this unit. (40%)

- Reflect on own performance in relation to the assessment, care and management of the acutely unwell adult. (1000 words maximum) (20%)

### Unit Title

**The Therapy Process**

### Unit synopsis

This work based unit will cover therapeutic models, approaches and interventions across the allied health professions. Students will be provided with the theoretical knowledge and evidence base to explore these concepts and relate this theory to their clients in the work based setting. Person Assistant Practitioner Toolkit 129
centred practice and therapeutic interventions will be explored making this module relevant for students working with clients in the area of rehabilitation and long term conditions. It will therefore be appropriate for both the adult and child service provider.

Students will be supported by their work based mentor. This unit will be taught by practitioners employed by the appropriate trust in Lincolnshire.

**Learning outcomes**

The student will be able to:

1. Explain how the presence of the client's condition impacts on their daily life and function.
2. Analyse relevant models and approaches and how these relate to their chosen case study.
3. Explore short term objectives and long term goals in relation to their chosen case study.
4. Evaluate the therapeutic process and analyse the impact of intervention on the client across the multi-disciplinary team.
5. Develop skills in self reflection and make recommendations for changes or developments in practise.
6. Demonstrate effective communication.

**Assessment strategy (two parts)**

**Case Study**

- Choose an individual within a setting, who is actively engaged in rehabilitation or the therapeutic process.
- Briefly describe their clinical diagnosis and explain how their condition impacts on their daily life and function.
- Discuss their therapeutic journey and the contribution of the multi-disciplinary team.
- Identify the models and approaches used and how these relate to your chosen case study.
- Select and justify a range of assessment and treatment interventions to enable functional adjustment or improvement. (70%) (2500 words maximum)

**Poster or powerpoint presentation**

Poster or powerpoint presentation to mentor and module assessor. Ten minute presentation.
followed by question time.

Choose one functional area you are working on with your case study.

How would you assess, implement and evaluate your programme of intervention for this functional area. Clearly demonstrate how you have used goal setting and outcome measurement in relation to your case study. (30%)

<table>
<thead>
<tr>
<th>Unit Title</th>
<th>Ensuring Quality: Issues for Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit synopsis</strong></td>
<td></td>
</tr>
<tr>
<td>The aim of this unit is to introduce the concept of quality and its implications for health and social care delivery. The Quality Standards in Health and Social Care are an integral part of raising the quality of health and social care services provided to the community.</td>
<td></td>
</tr>
<tr>
<td>National Service Frameworks (NSF), Care Pathways and governance documents:</td>
<td></td>
</tr>
<tr>
<td>- Give the NHS and other organisations a measure against which they can assess themselves and demonstrate improvement</td>
<td></td>
</tr>
<tr>
<td>- Help service users and carers to understand what quality of service they are entitled to</td>
<td></td>
</tr>
<tr>
<td>- Provide a focus for the public and elected representatives, to consider whether their money is being spent on efficient and effective services, and delivered to recognized standards</td>
<td></td>
</tr>
<tr>
<td>- Help to ensure implementation of the duty the Health and Social Care Sector has in respect of human rights and equality of opportunities</td>
<td></td>
</tr>
<tr>
<td>- Enable formal assessment of the quality and safety of health and social care services.</td>
<td></td>
</tr>
<tr>
<td><strong>Learning outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>The student will be able to demonstrate their ability to deliver high quality care by:</td>
<td></td>
</tr>
<tr>
<td>1. Ensuring quality in their own practice.</td>
<td></td>
</tr>
<tr>
<td>2. Evaluate effectiveness of care delivered in relation to quality assurance processes.</td>
<td></td>
</tr>
</tbody>
</table>
3. Demonstrate the ability to gather relevant information with regard to quality assurance.
4. Critically analyse how quality issues relate to professional practice.
5. Reflect on their own and others practice in the delivery of quality care.

Assessment strategy

Students will submit a review (written as a report) of how quality is assured in the delivery of patient/client care in their own organisation. Students will evaluate the quality assurance methods utilised and reflect on the impact of these on their own and others’ practice in the delivery of quality care. (Outcomes 1, 2, 3, 4, 5) (3500 words maximum)

Unit Title
Extending Professional Practice

Unit synopsis

This unit is designed to consolidate and extend the theoretical and practice competences, skills and knowledge acquired during the programme. The unit will provide learning opportunities to facilitate transition from learner to assistant practitioner in health and social care.

There will be opportunities within this module to explore the development of individual leadership skills. This will include strategies for managing conflict, understanding the implications of change management, developing self-awareness and supporting peers and colleagues.

Learning outcomes

The student will be able to:

1. demonstrate understanding of the individual’s role within the team and organisation
2. develop and maintain effective working relationships
3. demonstrate a commitment to life long learning
4. demonstrate the ability to critically analyse, understand and act on the implications from personal reflection
5. develop action plans and goals in relation to professional practice
Assessment strategy

Students will submit a reflection on a scenario from clinical practice where they have had to utilise conflict management / change management strategies. Students will be expected to evaluate the effectiveness of these strategies and implications from their utilisation for care delivery. (Outcomes 1, 2, 4, 5) (50%) (1500 words maximum)

Students will develop a personal development plan that outlines their future learning objectives and goals. Development of this plan should take into consideration national and workplace strategies and initiatives, and those that reflect on their own practice and the service needs where they work. Students will be expected to discuss the rationale for their choice of specific goals and objectives and identify how they intend to meet these. (Outcomes 3, 4, 5) (50%) (1000 words maximum)
Appendix 6

Assistant Practitioner
Code of Practice
Assistant Practitioner Code of Practice

Introduction

This Code of Practice identifies the standards of behaviour and attitude that are required of Assistant Practitioners by Derbyshire Mental Health Services NHS Trust, to ensure the delivery of a safe, competent and high quality service to our service users and carers.

Main Principles of the Code of Practice

- To make the care of service users and carers a priority, treating them as individuals and respecting their dignity.
- To provide a safe, competent and high quality service.
- To act in a way that justifies public trust and confidence.
- To maintain the good standing and reputation of the Trust.
- To ensure that you conform to Trust Policies and procedures.

Responsibilities

- Respect the service user and carer as individuals.
- Obtain appropriate consent before commencing any activities.
- Protect confidential information, and keep clear and accurate records.
- Maintain your occupational knowledge and competence to deliver care based on the best available evidence or best practice.
- Promote and participate in Multi-Disciplinary Team working.
- Be trustworthy and maintain clear, professional boundaries.
- Act to identify and minimise risk to service users, carers, colleagues and the wider population.
- Report poor practice and standards.
- Be willing to share your skills and experience to benefit your colleagues.
Your responsibilities as an Assistant Practitioner

- Although you will be expected to act upon your own initiative when working with the service users and carers, this must be within the Trust’s policies and procedures, in accordance with legal and ethical requirements and under the supervision of a registered professional.
- You will carry out all activities within your scope of competence in a safe and effective manner. You must recognise the limits of your competence and not undertake an activity that is not part of your job description.
- If you do not feel ready to undertake an activity, report this to your line manager or supervisor and ask them to help you develop your competence.
- You must take part in appropriate learning and practice activities, in order to maintain your competence and performance in order to provide safe and effective care.
- You will promote the service users’ rights, dignity and privacy at all times, working in partnership with service users and carers, supporting their rights to choice, independence and self-management, while maintaining the safety of all.
- You must maintain clear, legible and accurate records of contact with service users and carers, ensuring that entries in paper notes are signed, dated and timed, and that computer records are clearly attributable to you. All entries should be made as soon as is practically possible.
- You must maintain the confidentiality of information about the service users and carers, only disclosing information if you believe that they may be at risk of harm and abuse.
- You must obtain appropriate consent before any activity, respecting the individual’s right to accept or decline care.
- You must work co-operatively within the Multi-Disciplinary Team and other agencies, respecting the skills, expertise and contributions of your colleagues.
- You will share your skills and knowledge, providing advice and guidance to colleagues, taking part in the supervision and learning of others to develop their competence.
- Where you identify that an individual is at risk, or there is evidence of poor practice or standards, you must act without delay, following Trust policies and procedures.
- You will maintain high standards of practice and participate in a process of change and development in order to improve the quality of service delivery.
The Trust's Responsibilities

- To provide mandatory training as identified in the Essential Training Matrix, to help you maintain and build on your knowledge and skills as an assistant practitioner.
- Where training is identified through appraisal to expand your knowledge and skills, the Trusts study leave policy must be followed.
- To review job descriptions as needed, to ensure that the Trust is providing a high quality service which meets the changing needs of the service users and incorporates future changes to national legislation and Trust policies and procedures.

Useful links

Nursing and Midwifery Council [www.nmc.org.uk](http://www.nmc.org.uk)

Skills for Health [www.Skillsforhealth.org.uk](http://www.Skillsforhealth.org.uk)


Royal College of Nursing [www.rcn.org.uk](http://www.rcn.org.uk)

Unison [www.unison.org.uk](http://www.unison.org.uk)

Acknowledgements

North Bristol NHS Trust, Cumbria & Lancashire SHA,NMC Code of Conduct
Appendix 7

Mentorship Model
A Model of Mentorship and Support for Practice Based Learning for Trainee Assistant Practitioners

Practice Based Learning

Practice based learning enables students to use their work based experiences to inform their development and meet the competencies required for their role. Practice based learning also provides opportunities for enquiry into and reflection upon best practice and the issues that impact upon care delivery in practice.

The opportunity to learn is practice is fundamental to the development of practice skills and the delivery of quality care. Accountability and responsibility for practice are shared between Lincolnshire Community Health Services and partner agencies (the employer) and the Trainee Assistant Practitioner (the employee).

Where a registered practitioner delegates care delivery, they must be satisfied that this is in the best interest of the patients/clients and does not compromise existing care. The Registered practitioner in this instance remains accountable for the appropriateness of the delegation, for providing sufficient support and adequate supervision to the practitioner.

- In accordance with the policy on implementation of the assistant practitioner contract Trainee Assistant Practitioner’s will be allocated by the Appointing Manager to appropriate areas of practice to support the students learning needs.
- Trainee Assistant Practitioners should be able to complete the majority of their learning within a designated practice base for the 2 year programme and be placed in other practice settings as required.
- It is important that placement allocation remains within the context of the FDSc Health and Social care programme, and that experiences of allied services are directly related to the practice area in which they are based.
- Practice based learning must reflect routine service provision and offer opportunities for the student to experience 24 hour, seven day a week care delivery.
- Practice based learning experiences must be of sufficient length to enable students to achieve appropriate levels of proficiency in specified skills during that period and support the attainment of competency prior to completion of the 2 year programme.
Roles in Supporting Practice Based Learning

There are 3 key roles required to facilitate the process of supporting practice based learning. A Mentor must be allocated by the Manager upon the appointment of an individual to the role of Trainee Assistant Practitioner (TAP). The mentor upon identifying learning needs to be achieved in a complementary placement will delegate the supervisory role to a Supervising Practitioner in that area of placement.

Role of the Manager in relation to mentorship of Trainee Assistant Practitioner

The chief role of the manager is the monitoring of the Trainee Assistant Practitioner’s compliance with the policy on implementation of the assistant practitioner contract, and in particular the learning contract.

The Manager is responsible for:
- Allocating an appropriate mentor to the Trainee Assistant Practitioner upon their appointment.
- Supporting the mentor in their role of facilitating Practice based learning for the Trainee Assistant Practitioner.
- Ensuring the Trainee Assistant Practitioner has individual performance review against the KSF post outline.
- Ensuring the Trainee Assistant Practitioner has access to Clinical Supervision.
- Ensuring the Trainee Assistant Practitioner is maintaining a work diary with daily entry of study and practice hours.
- Ensuring the Trainee Assistant Practitioner spends a minimum of 2 days per week in a health and social care setting.
- Signing the Trainee Assistant Practitioner’s travel claim forms and timesheets.
- Ensuring that all placement evaluations are forwarded to the programme leader at Boston College.
Role of the Mentor

A Mentor should meet the following criteria…

- Must be a Registered practitioner employed by NHS Lincolnshire.
- Must have completed a period of preparation for the role of mentor, meeting the mentorship requirements of their professional body.
- Must be designated “active” on the IPLU register of assessors database.
- Must have expertise in the area of practice and with the client group that the Trainee Assistant Practitioner will be gaining experience in.
- Must meet formally with student at least once a month.
- Must accept the role with the agreement of the line manager and be prepared to do so for the duration of the 2 year programme.

The Mentor is responsible for…

- Ensuring the planning and implementation of supported practice based learning, to ensure that the Trainee Assistant Practitioner achieves their learning outcomes in an efficient manner.
- Considering any potential impact of the Trainee Assistant Practitioner placement upon service provision and remain sensitive to patients, their families and carers needs and preferences.
- Considering the effective use of practice based learning, such as being mindful of the allocation of any other students within a specific area and when appropriate utilise opportunities for shared learning.
- Facilitating students in making key decisions concerning their academic programme, such as identifying topics for assignments, case studies, presentations etc and negotiating their selection of optional units.
- Signing timesheets/travel claims which should then be countersigned by the manager.
- Providing any feedback on Trainee Assistant Practitioner performance, progress and attainments, to the manager and/or FDSc programme leader as appropriate.
- Providing regular feedback to the Trainee Assistant Practitioner on their progress.
- Maintaining their competence as a mentor through professional development and annual update.
- Attending the Mentor Updates delivered by Boston College.
- Attending The Assistant Practitioner Mentor Support Group on at least 4 occasions per year.
Role of the Supervising Practitioner

A *Supervising Practitioner* should meet the following criteria...
- Must be a practitioner employed by NHS Lincolnshire.
- Must have expertise within his/her area of practice.
- Must have completed a period of preparation for their role prior to the students allocation.
- Must have completed a period of preparation for the role of mentor/supervisor, meeting the mentorship requirements of their professional body.
- Must be recorded on the IPLU register of assessors database if required to make a summative assessment of the student’s competency.

The *Supervising Practitioner* is responsible for...
- Supervising the student and facilitating their practice based learning whilst allocated to a complimentary placement, which is ordinarily the practitioner’s area of practice.
- Facilitating appropriate practice based learning opportunities in complementary areas/services to enable the Trainee Assistant Practitioner to achieve their learning outcomes.
- Maintaining appropriate records relating to student progress.
- Signing timesheets/travel claims which should then be countersigned by the manager.
- Providing any feedback on Trainee Assistant Practitioner performance, progress and attainments, to the mentor.
- Assuming any delegated tasks in relation to supporting the Trainee as agreed with the Manager and Mentor.
# Professional and Statutory mentorship Standards Mapping

<table>
<thead>
<tr>
<th>Themes</th>
<th>NMC standards</th>
<th>HPC standards</th>
<th>NHS KSF dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Generic skills</td>
<td>1 7</td>
<td>5.12</td>
<td>Core 1 Core 2</td>
</tr>
<tr>
<td>2. Learning and teaching in practice</td>
<td>2 3 4 8</td>
<td>5.4 5.7.1 5.12</td>
<td>Core 2 G1 G6</td>
</tr>
<tr>
<td>3. Supporting learning in practice</td>
<td>1 2 5 6 8</td>
<td>5.4 5.12</td>
<td>Core 2 G1 G6</td>
</tr>
<tr>
<td>4. Assessment in practice</td>
<td>1 3 4 5 8</td>
<td>5.4 5.7.4</td>
<td>Core 2 G1 G6</td>
</tr>
<tr>
<td>5. Inter-professional learning</td>
<td>1 5 6</td>
<td>5.12</td>
<td>Core 2 G1</td>
</tr>
<tr>
<td>6. Reflection</td>
<td>1 4 8 7</td>
<td>5.4 5.7.4 5.12</td>
<td>Core 2 G1 G2</td>
</tr>
<tr>
<td>7. Diversity</td>
<td>5 1 2</td>
<td>5.13 5.12</td>
<td>Core 6</td>
</tr>
</tbody>
</table>

**NMC: the 8 core domains (NMC standards to support learning and assessment)**

1. Establishing effective working relationships
2. Facilitation of learning
3. Assessment and accountability
4. Evaluation of learning
5. Creating an environment for learning
6. Context of practice
7. Evidence based practice
8. Leadership

**HPC: the 5 practice placement standards (The Health Professions Councils Standards of Education and Training)**

Note: this document is under review with consultation ongoing.

5.4 Learning, teaching and supervision must be designed to encourage safe and effective practice, independent learning and professional conduct.

5.7.1 Students and practice educators must be fully prepared for placement, which will include information about and understanding of the learning outcomes to be achieved.

5.7.4 Students and practice educators must be fully prepared for placement, which will include information about and understanding of assessment procedures and implications and actions around failing.

5.12 A range of learning and teaching methods that respects the rights and needs of patients and colleagues must be in place.

5.13 Placement providers must have equal opportunities and anti-discriminatory policy and indicate how this is implemented and monitored.
Appendix 8

Assistant Practitioner Framework
LINCOLNSHIRE ASSISTANT PRACTITIONER FRAMEWORK

In developing a modernised service, consideration should be given to reviewing the skill mix within teams to consider the use of enhanced practice roles within registered and non-registered staff groups.

**Principles of the Framework**

- Assistant Practitioners work under indirect supervision of a Registered Practitioner to agreed protocols.
- Assistant Practitioners should hold or be working towards an accredited educational programme which is recognised by any relevant professional bodies.
- The requirement for an Assistant Practitioner role should be supported by workforce information and service needs relating to gaps and opportunities in the service, supply of registered professionals and other skill mix changes in the team.
- Development of Assistant Practitioners should be led by services and patient pathways, rather than professions.
- Assistant Practitioners are viewed as an enabler for the development of Advanced Practitioner roles.
- The infrastructure to support and sustain new roles needs to be developed through role and service redesign.

The HPC has recently issued a positive joint statement on Foundation Degrees for Support Workers (November 2004). The professional bodies included are BAPO, BDA, COT, CSP, RCSLT, SCoR and SCPOD.

The statement acknowledges the value of Foundation Degrees as a qualification for support workers and that this is highly relevant to the consultation about support worker regulation. The AHP bodies also make explicit their expectation that Foundation Degrees will provide a stand-alone qualification for a specific role within the Career Framework and that it will be possible to use this to progress onto a health related degree programme.

Foundation degrees may not be the only suitable route for equipping assistant practitioners with the knowledge and skills required for them to operate at level 4 on the career framework. Alternatives include NVQ 3 or 4 with extra competences as required and HE Certificates.

**Assistant Practitioners**

This title has been introduced through the development of new roles. It is generally used to describe a level of support worker who is competent to take on additional tasks usually performed by a registered practitioner.

This level of worker has been identified, through national pilots, as crucial to the successful modernisation of the workforce. In addition to the national guidance, development of the role must reflect the local workforce needs emerging from service and role redesign projects. The introduction of assistant practitioners should be a priority.
for services that can demonstrate the potential impact on capacity and better experiences for patients.

Some health professions have a long history of support workers who, in some cases, are meeting the requirements of assistant practitioners. Other professions have not developed these roles other than perhaps as ‘helpers’, who may not receive defined or generalised training. There is therefore a need to develop a regional agreement about the definition of this role and local consensus in the meantime.

The introduction of Assistant Practitioners at ‘level 4’ on the NHS Career Framework, provides a stepping stone between support workers and registered graduate professionals. Although some professional groups have enabled assistants to gain access to full degree programmes there has traditionally been a ‘glass ceiling’ for support workers in many areas of health care.

**Education and Training**

The introduction of foundation degrees does provide an academic qualification for assistant practitioners – although as previously stated it is not the only educational pathway.

The foundation degree was introduced as a new flexible and work-based qualification that will equip people with the skills needed for future jobs. The new qualifications were introduced in 2000 by DfES who released the following statement:

> “Foundation Degrees will raise the value of vocational and technical qualifications making them an attractive first choice for many students. A two year route to a degree with high market value because of its focus on employability will offer a new option for people, both young and mature, who do not feel that a traditional, three year honors degree is right for them.”

Foundation degrees have therefore been introduced to provide graduates who are needed within the workforce to address shortages in particular skills. They are a major feature of governments widening participation and intermediate professional skills strategies.

The joint statement issued through HPC for AHP professional bodies on Foundation Degrees for support Workers (November 2004), states that the emphasis should be on foundation degree programmes leading to stand-alone qualifications associated with specific roles within the NHS Career Framework. They also state that the foundation degree should offer the possibility of progressing onto a health-related degree programme.

Foundation Degrees therefore appear to be supporting and enabling the concept of the Skills Escalator, both for progression within the NHS Career Framework and also in the wider perspective of enabling access to other degree programmes outside ‘health’.

Skills for Health have recently consulted on a Foundation Degree Framework (FDF) for the Health Sector. Although the FDF has yet to be confirmed, it would suggest that Foundation Degrees should include a core set of skills and competences with specialist subjects being taken as options. This approach has several advantages including:
Reducing the number of new Foundation Degrees being developed which may not be cost-effective to implement or viable in terms of student numbers.

An aspiration that the credits accumulated as part of a Foundation Degree will be transferable across educational institutions.

A common element within all Foundation Degrees would enable individuals to change speciality without having to complete a full Foundation Degree – they would only have to achieve the specialist unit(s).

A limited number of programmes and providers would facilitate a more consistent approach in terms of employer involvement, quality assurance, work based learning and assessment.

The Teaching PCT working with the Health community has led a programme of work over the last 18 months, to develop a FD to be delivered by Boston College and validated by the University of Lincoln. The core part of the curriculum meets that suggested by Skills for Health and offers optional units to cover Children & Family Health, Older People, Emergency Care and Mental Health/Rehabilitation.

Foundation Degrees should have a flexible entry route in line with the Skills Escalator and work based learning should form the majority of the programme. Therefore the requirement for clinical placements and workbased mentors will need consideration.

There needs to be a debate locally about the Assistant Practitioner competences that can be delivered through the Lincolnshire University/Boston College proposed Foundation Degree and how the educational needs of other Assistant Practitioner roles e.g. radiography, surgery etc are met.

Summary

Currently Foundation Degrees are not part of Trent’s commissioning strategy. However, the impact of Assistant Practitioners may affect the future pre-registration commissioning requirements for Lincolnshire. This view is supported by the Workforce Review Team National Workforce Recommendations for 2006/07.

LWMS will inform Trent MPD of its commissioning requirements as opportunities arise to renegotiate contracts so that Foundation Degree places are contracted for with an agreed framework for supporting organisations and individuals whilst in training; this could potentially include salary replacement costs, student fees and mentor support in the workplace.

Trent MPD is looking to establish a forum for Assistant Practitioner developments, this will enable Lincolnshire Health and Social Care Community to inform the MPD Assistant Practitioner Framework and contribute to funding decisions.

Assistant Practitioner developments need to be based on a review of the skill mix in light of the future shape of the service, workforce supply, service demand and should be part of a comprehensive workforce plan which addresses the service priorities. A Lincolnshire framework for Advanced Practice is under development and is intended to ensure that the roles are complementary and that the appropriate patient pathways and protocols are in place.
Appendix 9

Assistant Practitioner Development Day Agenda
The Development of the Assistant Practitioner Role within Lincolnshire Partnership Foundation Trust

5th June 2008

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.45</td>
<td>Refreshments /Registration</td>
<td></td>
</tr>
<tr>
<td>9.15</td>
<td>Welcome</td>
<td>CEO/Exec Team</td>
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<tr>
<td></td>
<td>Trust perspective of the role of Assistant Practitioners</td>
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</tr>
<tr>
<td>9.35</td>
<td>Assistant Practitioners</td>
<td>Helen Smith</td>
</tr>
<tr>
<td></td>
<td>National Overview</td>
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<td></td>
<td>Local Application to date</td>
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</tr>
<tr>
<td>9.55</td>
<td>Group Exercise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘The Assistant Practitioner role will assist in delivering a service-user led, high quality service’</td>
<td></td>
</tr>
<tr>
<td>10.30</td>
<td>Break</td>
<td></td>
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<tr>
<td>10.50</td>
<td>Group Exercise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘Defining the role and scope of Assistant Practitioners within your clinical area’</td>
<td></td>
</tr>
<tr>
<td>11.30</td>
<td>Feedback</td>
<td></td>
</tr>
<tr>
<td>11.45</td>
<td>Our experience of implementing the Assistant Practitioner role within a Mental Health setting</td>
<td>TBC</td>
</tr>
<tr>
<td>12.15</td>
<td>Next steps</td>
<td>Shirley Wilkins</td>
</tr>
<tr>
<td>12.30</td>
<td>Questions?</td>
<td></td>
</tr>
<tr>
<td>12.45</td>
<td>Lunch</td>
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</tbody>
</table>
Group Exercise 1

The assistant practitioner role will assist in delivering a service user-led, high quality service

How could the assistant practitioner support
- Crisis resolution
- Discharge planning
- The development of advanced practitioners
- Self-care/self management
- Patient centred care
- Improved clinical outcomes
- Multi-disciplinary team working
Group Exercise 2

Defining the roles and scope of Assistant Practitioners within your clinical areas

Using the case studies that are specific to your relevant areas:
  o Conduct a service user walk-through of your service area
  o What inputs would they need (do not describe in terms of roles)
  o What could an assistant practitioner do?
Appendix 10

Recruitment Guidance
Recruitment Guidance for Managers

1. Introduction

This revised guidance sets out responsibilities for Recruitment Services, managers and staff within NHS Lincolnshire in relation to recruitment and associated processes.

As ‘Establishment Controls’ have now been put in place, additional information is required during ‘Pre-requisite Activity’, to ensure that ESR is maintained in a structured and timely manner. Please see attached form ESR WKSF1. When recruiting to a post that has been previously occupied, it will be the Appointing Managers responsibility to include the details of the previous/current post-holder on the RF1. When recruiting to a ‘new post’ it is essential that all of the finance details have been completed, including the ‘source of funding’ and ‘recurring money’ fields.

Failure to include the correct information on the RF1 will result in delays in the post being advertised.

2. Process

There are two main areas of activity, these are broken down by activities that need completing prior to submitting the RF1 and activities that are undertaken following submission of the RF1.

The first process map outlines the ‘Pre-requisite Activity’ for recruitment and covers every stage that must be completed prior to submitting the RF1 to Recruitment Services. If all of the required information is not received at the same time as the RF1, there are likely to be delays in the recruitment process. The RF1 must clearly identify the appropriate Cost Centre and Expense Code, see attached amended RF1.

The second process map outlines the six discrete stages for the recruitment process and identifies stage and/or activity ownership as well as the number of days to complete this stage and/or activity. It will also identify what paperwork/electronic forms require completion, who completes them and where they go.

3. Additional Information

If any additional information is required, please contact:

…………………………………………………………………………………………………
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Appendix 10
### Recruitment – Pre-requisite Activity

<table>
<thead>
<tr>
<th>Time Line</th>
<th>Days</th>
<th>Appointing Manager</th>
<th>Additional Activity</th>
<th>Paperwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td></td>
<td>Identify Vacancy</td>
<td>Resignation letter</td>
<td>Leavers Paperwork</td>
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<td></td>
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<td></td>
<td>received or need for</td>
<td>Exit Interview</td>
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<td>new post identified</td>
<td>Questionnaire &amp;</td>
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<td>Replace like with</td>
<td>EF3</td>
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<td>like?</td>
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<td>identify what post</td>
<td>If replacing like</td>
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<td>or posts are required</td>
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<td>to meet service needs</td>
<td>the current</td>
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<td>Position Number</td>
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<td>the RF1</td>
</tr>
<tr>
<td>Stage 2</td>
<td></td>
<td>Service Needs</td>
<td>Seek Finance</td>
<td>Finance Approval</td>
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<td></td>
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<td>(Workforce Planning)</td>
<td>approval to fund</td>
<td>Required in</td>
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<td>changes to</td>
<td>writing or via</td>
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<td>establishment</td>
<td>e-mail</td>
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<td>Approval required</td>
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<td>from Finance</td>
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<td>Write appropriate</td>
<td>Job Description</td>
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<td>Job Description</td>
<td>Template</td>
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<td>in line with Trust</td>
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<td>Does the outcome</td>
<td>Job Matching</td>
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<td>enable recruitment</td>
<td>Report</td>
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<td>activity to begin?</td>
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<td>Write KSF Outline</td>
<td>Submit KSF</td>
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<td>for new post</td>
<td>Outline to</td>
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<td>Workforce</td>
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<td>Agree ESR work-</td>
<td>Approvals</td>
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<td>structures with HR</td>
<td>required from</td>
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<td>Finance and HR</td>
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<td>before work-structures</td>
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<td>Seek approval to</td>
<td>Approvals</td>
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<td>recruit from Budget</td>
<td>required from</td>
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<td>Holder and HR</td>
<td>Budget Holder</td>
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<td>and HR</td>
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<td>Write advert for post</td>
<td>Agree advertising</td>
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<td>in line with Recruitment</td>
<td>strategy with</td>
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<td>Services guidance</td>
<td>Recruitment</td>
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<td>Services</td>
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<td>Confirm that Initiative</td>
<td>Recruitment -</td>
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<td></td>
<td>Paperwork is complete</td>
<td>6 Stage Process</td>
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<td>and all approvals</td>
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<td></td>
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<td>have been obtained</td>
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</tr>
</tbody>
</table>

**Paperwork**

- Leavers Paperwork
- Exit Interview
- Questionnaire & EF3
- Finance Approval
- Required in writing or via e-mail
- Job Description Template
- Job Matching Report
- KSF Outline (Brief)
- ESR Work-structures
- Change Form
- Approval via e-mail or RF1
- Advertising
- Identify on RF1
- Initiative Paperwork
- RF1 with Job Description, Job Matching Report, KSF Outline & Advert
## Recruitment – Six Stage Process

<table>
<thead>
<tr>
<th>Time Line</th>
<th>Days*</th>
<th>Appointing Manager</th>
<th>Recruitment Services</th>
<th>Paperwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Initiation &amp; Approval</td>
<td>1</td>
<td>Recruitment - Pre-requisite Process</td>
<td>RF1, associated paperwork and approvals received and finance codes checked</td>
<td>Initiation Paperwork RF1 (to include short-listing and interview details) with Job Description, Job Matching Report, KSF Outline &amp; Advert.</td>
</tr>
<tr>
<td>Stage 2.1 Job Uploaded</td>
<td>4</td>
<td></td>
<td>Job details loaded onto ESR and NHS Jobs</td>
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</tr>
<tr>
<td>Stage 2.2 Live on NHS Jobs</td>
<td>14</td>
<td></td>
<td>Job closes on NHS Jobs, applicant information sent to Appointing Manager</td>
<td></td>
</tr>
<tr>
<td>Stage 3.1 Short-listing</td>
<td>2</td>
<td></td>
<td>Short-listing takes place on-line using NHS Jobs</td>
<td></td>
</tr>
<tr>
<td>Stage 3.2 Short-listing</td>
<td>3</td>
<td>Interview preparation undertaken</td>
<td>Interview invitations sent out to short-listed applicants</td>
<td>Pre-interview Paperwork Interview Checklist, Questions &amp; Scoring Matrix, RF3 parts 1 &amp; 2 and Reference Form</td>
</tr>
<tr>
<td>Stage 4.1 Interview Invitations</td>
<td>4</td>
<td></td>
<td></td>
<td>Post-interview Paperwork Team Prevent Questionnaire, Copies of Identity Documents &amp; Certificates and Proof of Registration (if applicable)</td>
</tr>
<tr>
<td>Stage 4.2 Interview Notice Period</td>
<td>7</td>
<td>Interviews undertaken and RF3 completed and returned to Recruitment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 4.3 Interview</td>
<td>7</td>
<td>References requested</td>
<td>Employee file set up</td>
<td>New Starter Paperwork Offer Letter, EF1, Contract of Employment, CRB Form, Car User Form and IT Access Form</td>
</tr>
<tr>
<td>Stage 5 Offer of Employment</td>
<td></td>
<td>Candidates contacted</td>
<td>ESR &amp; NHS Jobs updated</td>
<td></td>
</tr>
<tr>
<td>Stage 6 Appointment</td>
<td></td>
<td></td>
<td>Pre-employment checks undertaken</td>
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<tr>
<td></td>
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<td></td>
<td>Offer letter pack sent to successful candidate</td>
<td>Induction Paperwork</td>
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<tr>
<td></td>
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<td></td>
<td>Contract of Employment issued</td>
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<td></td>
<td></td>
<td>New employee’s starts</td>
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</tbody>
</table>

Initiation Paperwork
- RF1 (to include short-listing and interview details) with Job Description, Job Matching Report, KSF Outline & Advert.

Pre-interview Paperwork
- Interview Checklist, Questions & Scoring Matrix, RF3 parts 1 & 2 and Reference Form

Post-interview Paperwork
- Team Prevent Questionnaire, Copies of Identity Documents & Certificates and Proof of Registration (if applicable)

New Starter Paperwork
- Offer Letter, EF1, Contract of Employment, CRB Form, Car User Form and IT Access Form

Induction Paperwork
Appendix 11

Interview Questions for Assistant Practitioners
Assistant Practitioner Interview Questions

1. Why did you want to become an AP?

2. Explain what you think the difference is between an HCA and AP?

3. What effect can you have as an AP?

4. If you are successful today what do you think your short term and long term development needs will be to become an AP. What is your preferred learning style?

5. What do you feel are your strengths and in what areas would you need support?

6. Please give an example of effective team work in which you have been involved or observed

7. If you were asked by a Dr or senior colleague to undertake a task you have never done before what would you do and why?

8. Please give examples of how you use IT at work

9. What are your development needs in terms of IT to support your learning?

10. What access do you currently have to IT facilities at home and at work for personal study?

AP Interviews - Facilitated Group Discussion

Please consider the following statements:

Is the role of the AP important in today’s NHS?

What are the benefits of the AP role to patient care?

What are the benefits of the AP role are to ward/dept teams?

In your group develop a short presentation to feedback your ideas/answers