

Supporting the Trainee Assistant Practitioner

Guidance Document



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Supporting the Trainee Assistant Practitioner

Introduction

This guide has been developed as a resource to support the learning and development of Trainee Assistant Practitioners (TAPs), within the workplace learning environment. It offers important information to help ensure that both TAPs and workplace educators feel adequately prepared for the teaching, learning and assessment methods throughout the practice element of the programme.

The Foundation Degree for Assistant Practitioners (APs) has most often been the programme of study to prepare for the AP role. This is a work-based learning programme of study consisting of both practical and theoretical assessments, often with the requirement to develop a portfolio to evidence competence. Foundation degrees are vocationally focused and equip learners with the skills and knowledge relevant to their employment and the needs of employers. They also provide a pathway for life-long learning and the opportunity to progress to other qualifications.

Whilst some TAPs may be completing alternative qualifications to qualify for AP roles, it is expected that these would also include a strong element of workplace assessment. It is therefore envisaged, that this guidance document should have relevance to all Trainee Assistant Practitioners (TAP) and their workplace educators.

Assistant Practitioner Roles

The Assistant Practitioner (AP) role was introduced more than a decade ago to address a skills shortage within the health and social care workforce. The AP is a “higher level support worker who compliments the registered staff and transcends traditional boundaries of care” (Skills for Health, 2009). APs provide direct or indirect care and/or treatment to a variety of service users across a wide range of services. The role is developed locally by employers to meet the specific needs of the service, generally working at Level 4 of the Career Framework (Skills for Health, 2010) or the equivalent within Social Care and non-statutory organisations.

In order to meet national requirements of the AP role, the workplace competencies reflect the Core Competence and Knowledge Framework (Skills for Health 2012) and are mapped to the Core Standards for Assistant Practitioners Skills for Health, 2009, National Occupational Standards (NOS) and / or NHS Knowledge and Skills Framework (KSF).

Qualified APs have a multi-skilled role within a particular area, providing accountable, holistic and diverse care. It is important to note that **‘The specific technical competencies required for the role will vary depending on the clinical area in which the assistant practitioner is working.’** Skills for Health (2012), Core Competence and Knowledge framework for a Higher Level Apprenticeship for Assistant Practitioners.

Current roles being developed can be found in:

- Community and Intermediate Care Teams
- Mental Health
- Learning Disabilities

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- Allied Health Professions e.g., physiotherapy, dietetics, radiography
- Acute hospital wards and departments e.g., Rapid Assessment Units, Theatres, Outpatients, Accident and Emergency
- Maternity
- Children's services
- Hospice/End of Life Services
- Social Care
- Reablement Services

For examples of Case Studies of AP roles on the Assistant Practitioner pages at <http://www.ewin.nhs.uk/>

The role of the AP will be shaped and directed by the area in which they are employed. The learning and development in practice will be based on what will be required of the role upon qualification, which will differ depending on where the service.

With this in mind, it is strongly recommended that conversations take place between the TAP and line manager at the beginning of the programme regarding the expectations and the scope of the role. This will then enable a clear direction of development in practice. For further information see the Good Practice Guide – developing Assistant Practitioner <http://www.ewin.nhs.uk/>

Work-Based Learning

The course is a work-based learning programme of study. Work-based learning recognises and values everyday experiences within the workplace as having the potential to learn through activity. Many of these activities may already be undertaken by the learner in their current role. As the learner progresses throughout the programme, they will become involved in new experiences and develop new knowledge and skills in order to become an effective, competent AP.

Work-based learning is recognised as a significant element of professional development and life long learning, (Gray, 2001). It is learning at higher education level derived from undertaking paid or unpaid work and includes:

- Learning at work
- Learning through work
- Learning for work

It is this learning which is recognised, assessed and accredited from work at higher education level and so extends opportunities to adults who may not have engaged with further study.

Developmental Support

It is important that learners are made aware of resources and support available in order to get the best out of their learning experience. This support may include: programme lead, personal tutor, practice/clinical educator, learning services, library and IT staff. All are

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committed to ensuring learners have a positive learning experience, and so work collaboratively to achieve this.

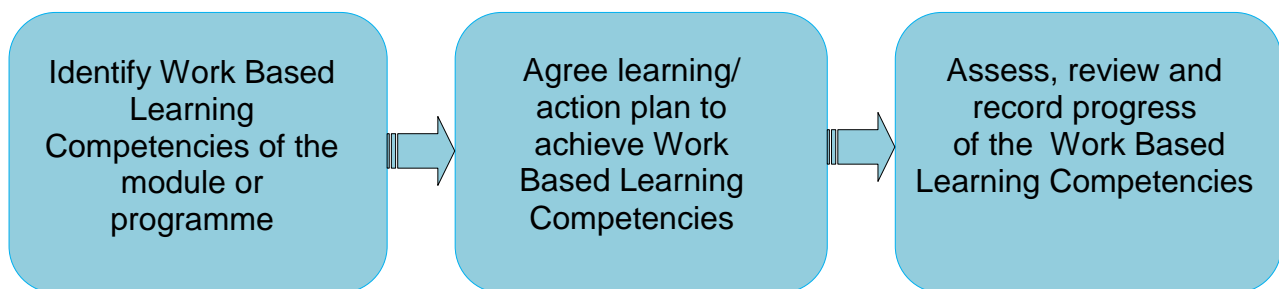
It is essential that the TAP draws on the support available to get the best out of the programme of study. It is however worth noting that, as adult learners, students are expected to take ownership of their learning and communicate with the available support staff. The commitment to learning for students and placement areas is defined in the NHS Placement Charter, Health Education England (HENW), 2013.

Educator (mentor/supervisor) role

All TAPs will require an identified workplace educator, who should be suitably prepared for the role. The educator plays a pivotal role in the TAP's learning journey and is essential in facilitating learning and in the assessment process. TAPs should be mentored by experienced, knowledgeable, occupationally competent professionals. Whilst the AP role may be unfamiliar to some educators, the actual process of teaching, learning and assessing remains the same.

For advice on who may undertake competence assessments for TAPs, please refer to the education provider's specific guidelines.

Educators will need to familiarise themselves with the programme structure and the learning outcomes for each module. All TAPs will have competencies which will require assessment in practice. Submission dates for completed competencies will vary between education providers. It is essential that educators are aware of timescales for submission of academic work and the work based learning competency documentation. This will enable the TAP and educator to agree timely formal meetings to review progress, provide feedback, identify learning needs and agree a learning plan.



Key aspects of the educator role:

- Facilitate teaching and learning in the workplace
- Familiarise self with course content
- Enable the TAP to make sense of their practice through the application of theory
- Meet regularly with the TAP at key points within each term or semester
- Provide regular feedback to the TAP
- Complete practice documentation
- Assess and sign work-based learning competencies
- Support development of portfolio
- Highlight concerns regarding students' progress to relevant person, as soon as they arise

Learning Opportunities

It is essential TAPs participate in identified learning opportunities which are relevant to their role development. Not all learning activities are planned and it is essential to make the most

of work based learning to nurture a safe, competent, compassionate practitioner. Additionally, creating learning opportunities that promote engagement with a variety of professional roles and practice areas can promote an awareness and understanding of the AP role.

There are also many other roles within the workplace that TAPs can work alongside in order to gain developmental experience. Indeed, it is good practice to facilitate a broad range of learning experiences with different members of the team. This can assist the assessment process, whilst providing opportunities for the generation of portfolio evidence.

Concerns regarding learner progress

Educators are responsible for making assessment decisions and are accountable for passing or failing a learner's competencies. There may be times when a TAP is failing to progress towards the expected level of competence. In these instances, it is important to remember that support is available for both the mentor and TAP.

The educator and/or TAP must contact the relevant people, e.g., programme lead, Practice Education Facilitator, for support and advice as soon as concerns arise, particularly if there are concerns that a TAP may fail practice competencies. An action plan can then be discussed, agreed and documented. This must include clear objectives and review dates. It is essential that communication between educator and TAP is maintained. Clear and accurate documentation can support the educator in any decision to mark competencies as not achieved.

Accountability and delegation

There is often some confusion about who is accountable for the care delivered by an AP. The delegator is *accountable for the decision to delegate care*, and should only delegate an aspect of care to a person who has had appropriate training and has the relevant assessed and recorded competency.

When a registered practitioner is delegating they must be assured that the person to whom they have delegated (the delegatee) fully understands the nature of the task, particularly in relation to what is expected of them. The delegatee should know their limitations and when to seek advice from the appropriate professional in the event that circumstances change. This must be supported with protocols and documentation for the task.

The principles of accountability and delegation remain the same within Social Care and non-statutory organisations, with tasks only being delegated to individuals who have been assessed as competent to carry out the tasks and are permitted to do so.

The Royal College of Nursing has produced several resources on accountability and delegation in practice. You can access these at: www.rcn.org.uk. In addition, the All Wales

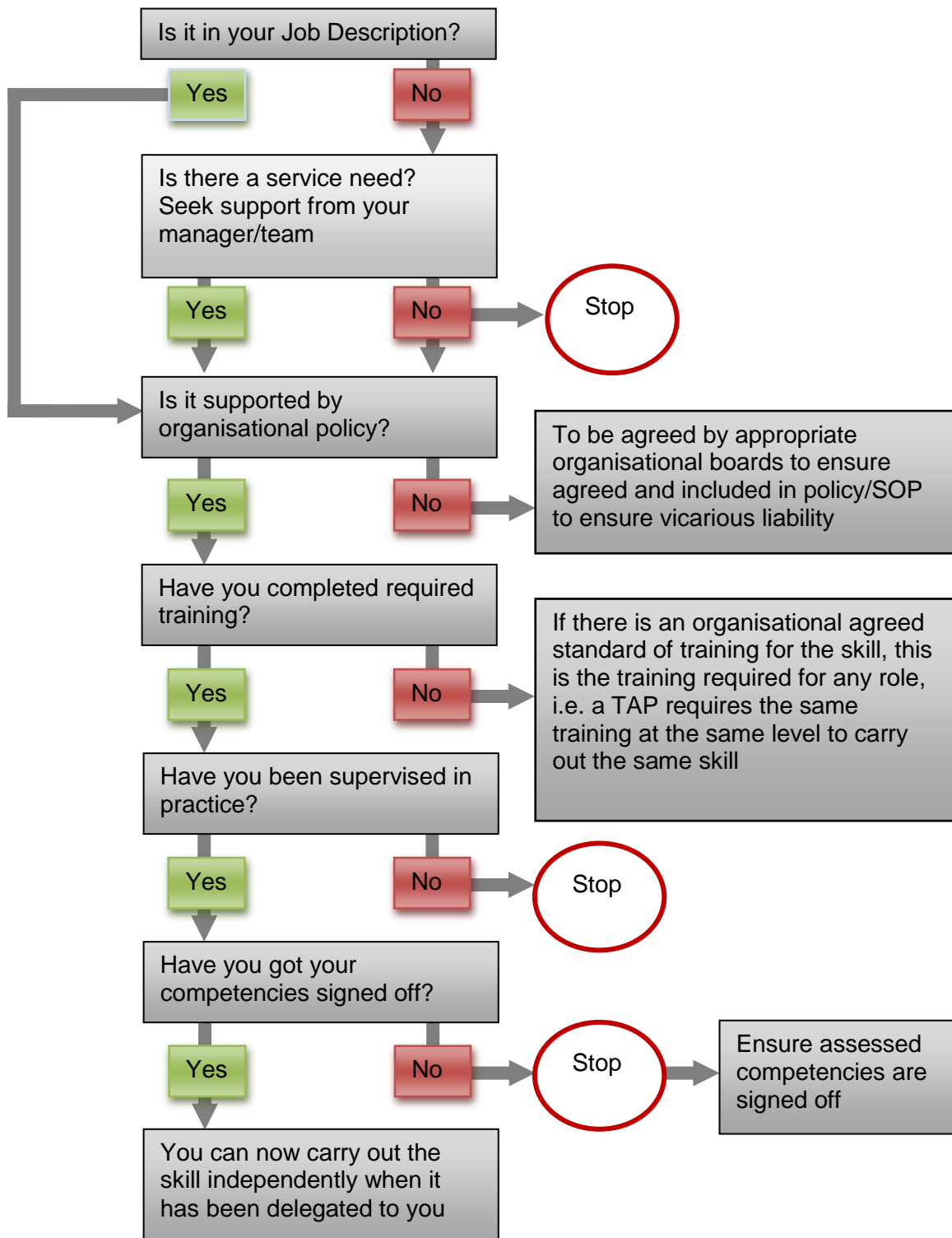
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Guidelines for Delegation, contain principles which can be applied to all staff groups, available at www.weds.wales.nhs.uk. Often it can be useful to share these resources with your colleagues in the work place. Most of them can be downloaded and some can be ordered as pocket guides, leaflets and posters.

Delegation Process

When delegating or accepting a delegated task the following steps should be considered:-

Can I carry out a skill in practice?



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Assessment of competence

Educators will be required to assess the competence of the TAP throughout the programme and should refer to relevant professional bodies' standards on competency assessment.

Competence- What is it?

Competence is the ability of an individual to perform effectively and safely at work. Whilst there are many definitions of competence, the common understanding is that competence is about having the right knowledge, understanding, skills and values to perform at the required level, within a clearly defined scope of practice.

TAPs will be required to achieve specific competencies in the workplace. Below are two examples of competencies and how evidence can be achieved, if in doubt please seek advice.

Example 1 - Communicate effectively with individuals

Knowledge and understanding may be gained on the academic programme, reading relevant literature, customer service training, conflict resolution training, observing experienced staff in a variety of settings, local organisational training such as information governance, confidentiality and communication skills, feedback from colleagues and service users.

Possible evidence:

- Witness statement testimonial evidencing communication skills
- Example of referral process
- Reflection exploring communication styles and methods in the work place
- Certificate of attendance at relevant study day, with reflection on learning
- Patient information leaflet designed by learner e.g. health promotion
- A presentation, for example a case study

Example 2 - Ensure your actions support the care, protection and well being of individuals

Knowledge and understanding may be gained on the academic programme, reading relevant literature, mandatory training such as safe guarding vulnerable adults/children, equality & diversity, health & safety, appraisals, attending multi- disciplinary case reviews.

Possible evidence:

- Safeguarding referral
- Personalised care plan
- Provision of dignified care, eg., respecting individual's preferences and wishes
- Reflection of an incident/attendance of case review
- Communication methods
- Mandatory Training

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Summary of key points

- Develop a scope of practice prior to the learner commencing on programme
- Develop a job description (band 4) with a clear vision of the developing role
- Identify a named educator/supervisor in the workplace to provide support. This should be in place at the start of the programme
- It is recommended that the learner works with an educator/supervisor a minimum of once a week
- Study time is in accordance with the education provider's guidelines
- Educators/supervisors should familiarise themselves with the academic programme, including documentation, and ensure they are suitably prepared to facilitate learning and assessment
- Portfolios are usually a requirement of the programme
- Plan learning around work based competencies/learning outcomes
- Discuss suitable evidence to support the assessment process and portfolio development
- Regular meaningful feedback on performance and progress should be offered to the learner at appropriate points of development
- An initial, mid-point and final review meeting should take place between the educator/supervisor and the learner at key points, e.g., beginning of term, mid-way and towards the end of term. These formalised meetings facilitate achievement of learning outcomes and as such, must be documented accordingly
- Specific clinical skills are taught and developed in the workplace, not in the education provider setting
- Additional responsibility should be a gradual development over the duration of the programme in line with the job description and scope of practice
- The learner is accountable for their care delivery, providing tasks have been appropriately delegated. The registered staff or responsible individual is accountable for the appropriate delegation to the student. Guidance on accountability is available from a number of the regulatory bodies
- Concerns regarding a learner's progression should be raised at the earliest opportunity and an action plan agreed where appropriate
- Any concerns in practice must be communicated to the education provider

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Useful Links

To read the Assistant Practitioner Core Standards please visit:

[Skills for Health - AP Cores Standards](#)

To find out more about accountability and delegation please visit either the RCN website at

[RCN Accountability and delegation](#)

To access the All Wales Guidelines for delegation: [All Wales Guidelines](#)

To access the Health Education North West Placement Charter visit: [Placement Charter](#)

To find out more about the competences and National Occupational Standards within the Foundation Programme visit:

<http://www.skillsforhealth.org.uk/>

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References

Betsi Cadwaladr University Health Board, All Wales Guidelines for Delegation (2010), <http://www.wales.nhs.uk/siteplus/documents/861/>

Department of Health, (2004), 'The Knowledge and Skills Framework (NHS KSF) and the Development Review Process'

Gray, D., (2001), Assessment Series No.11, 'A Briefing on Work-based Learning', LTSN Generic Centre, www.swap.ac.uk/docs/ltsnbrieff11workbased.pdf.

Health Education North West, (2013), 'NHS Placement Charter', <https://www.ewin.nhs.uk/resources/item/2442/north-west-nhs-placement-charter>

Advice sheet on Accountability, Nursing and Midwifery Council (2009), <https://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Accountability/>

Advice sheet on Delegation, Nursing and Midwifery Council (2008), <https://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Delegation/>

Skills for Health Career Framework (2010), Skills for Health, <http://www.skillsforhealth.org.uk/resources/guidance-documents/163-key-elements-of-the-career-framework>

Skills for Health, (2009), 'Core Standards for Assistant Practitioners', Bristol.

Skills for Health, (2012), 'Core Competence and Knowledge Framework for the Assistant Practitioner Higher Level Apprenticeship', www.skillsforhealth.org.uk.

Skills for Health, National Occupational Standards (NOS)/Workforce Competences, www.skillsforhealth.org.uk