POLICY DOCUMENT

Burton Hospitals
NHS Foundation Trust

DEVELOPMENT OF ASSISTANT PRACTITIONERS IN CLINICAL PRACTICE

Approved by:	**Trust Executive Committee**
On:	**26 September 2017**
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Department Responsible for Review:	**Learning and Development**
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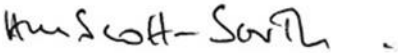
Signature:	 **Chief Executive**
Date:	**26 September 2017**

Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

Title:	**Development of Assistant Practitioners in Clinical Practice**
Original Issue Date:	**April 2011**
Date of Last Review:	**July 2017**
Reason for amendment:	**Review**
Responsibility:	**Learning and Development Manager**
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Linked Trust Policies:	**Royal Marsden Clinical Guidelines**
E & D Impact Assessed	**EIA 240**
Responsible Committee / Group	**Professional Forum**
Consulted	**Department Heads, Clinical Specialists, Matrons Professional Forum**

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
2	Review	September 2014	Minor structural and procedural changes
3	Review	July 2017	Removal of protocols, inclusion of theatre specific requirements structural changes

DEVELOPMENT OF ASSISTANT PRACTITIONERS IN CLINICAL PRACTICE

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Burton Hospitals NHS Foundation Trust

DEVELOPMENT OF ASSISTANT PRACTITIONERS IN CLINICAL PRACTICE

1. BACKGROUND

1.1 Healthcare is in a state of rapid change and the scope exists for healthcare practitioners in response to service demand, policy drivers and most importantly patient need to develop a highly skilled, competent and flexible workforce.

The development and extension of clinical support workers has been identified in numerous Government papers since 2000. More recently the Five Year Forward View (2014) identified that a focus is needed on the education and training of our current workforce to equip them with the skills and flexibilities to deliver new models of care. It is clear that the NHS can further develop the talents of non-registered staff for the benefit of patient care, utilising their skills to provide further essential assistance to the registered practitioner, who can then use his/her knowledge and skills where they are most needed.

1.2 The Assistant Practitioner (AP) role has been developed nationally within Health & Social Care and is identified within the Talent for Care National Strategic Framework (2014) for development of support staff.

The AP role is designed to provide a high level of support to registered staff from a variety of professional back grounds. They are able to carry out more complex skills than those undertaken by Healthcare Support Workers.

A qualified AP has the potential to work with proximal supervision supported by protocols at Band 4 of Agenda for Change

1.3 The AP is personally accountable for all actions or omissions to the patient under Civil Law and the law courts; to their employer under the contract of employment and policies/procedures and also to the public under Criminal law and Criminal courts.

1.4 The AP is not at present regulated by a professional body but the Trust does retain vicarious liability for the AP acting within the hospital's policies and protocols.

2. POLICY OBJECTIVE

2.1 The objective of this Policy is to define the governance framework for the development of APs and to ensure that all APs work within defined parameters within the clinical environment.

3. ASSISTANT PRACTITIONER DEVELOPMENT

3.1 Trainee APs undertake a specifically designed education programme in conjunction with local Further Education and Higher Education Institutes. This incorporates a phased development programme to include initial literacy, numeracy and study skills development. The trainee, on successful completion of the initial phase advances on to a Foundation Degree which is work based and is linked into the achievement of specific competencies and the Care Certificate.

Competencies are designed to meet the core, specific and clinical skill requirements of the role. Core competencies are those that are a requirement for all APs irrespective of their clinical environment. Specific competencies relate to the wider area in which the AP works for example, medicine or surgery. Clinical skills are the identified skills required to provide more complex care to patients for example, wound care and cannulation. Specific role requirements and role management have been identified for APs working within the theatre environment (Appendix A).

The competencies each AP is required to achieve will be dependent on the clinical environment in which they predominantly work.

3.2 During the first and second year of the Foundation Degree the learner is expected to achieve clinical skills relevant to their clinical area. Clinical skill education study days provide the underpinning knowledge to support the clinical skill being undertaken.

3.3 The content of the education programme reflects the requirements of the core standards for Assistant Practitioners (Skills for Health, 2009).

3.4 In the clinical environment the learner is supervised by a mentor who assesses the learner's practice in line with the competency requirements and provides exposure to new skills. Mentors are required to possess a nationally recognised mentorship qualification as outlined in Appendix B.

Mentors are also required to undertake preparation for the role of mentor to ensure understanding against the AP assessment framework.

3.5 The scope of practice of the trainee AP and AP are defined in the relevant job descriptions.

3.6 The standards in which the Trust and members of the public can expect the AP to work against are defined in the AP Code of Conduct (Appendix C)

3.7 AP delivery of care is supported by the use of protocols and group authorities which define the parameters in which the AP delivers care.

4. PURPOSE OF PROTOCOLS

4.1 A protocol is defined as an agreed framework outlining the care that will be provided to patients in a designated area of practice (WiPP 2006).

4.2 Essentially a protocol should be easily understood and followed by individuals who have received an appropriate level of education and training and are competent to undertake the activity.

4.3 Protocols should be used to describe why, where, when and by whom care is given rather than a specific procedure on how an activity is performed. In line with hospital requirements clinical guidelines are the tools used to specify how a procedure is performed according to best practice and these are found on the hospital intranet site identified as Royal Marsden Clinical Guidelines

4.4 Protocols provide increased autonomy with a focus to shape future work, ensures consensus and consistency within teams, provides legal protection and identifies training needs.

5.1 GROUP AUTHORITIES

5.1.1 A group authority is a written instruction for the administration (not supply) of named medicines in a hospital, in an identified clinical situation to groups of patients who may not be individually identified before presentation for treatment. They should be reserved for those limited situations where they offer an advantage for patient care (without compromising patient safety) and where they are consistent with appropriate professional relationships and accountability.

5.1.2 Only staff authorised by the Trust to administer may administer medicines under a Group Authority. Persons administering medicines under Group Authorities do so as named individuals and no delegation of administration of medicines is permissible.

5.2 ACTIVITIES SUPPORTED BY PROTOCOLS AND GROUP AUTHORITIES

5.2.1 Clinical protocols will be approved by the Professional Forum and will be authorised by the Chief Nurse.

5.2.2 Approved protocols and group authorities will be stored on the Trust intranet pages and can be accessed using the following hyperlink:

http://bhftintranet.burtonft.nhs.uk/Departments/corporate-nursing-and-patient-services/royal-marsden.htm

5.2.3 As the AP role expands the need to develop further protocols will be required; as this occurs, approval will be sought as indicated above.

6. DELEGATING ACTIVITIES TO ASSISTANT PRACTITIONERS

6.1 Currently APs are not professionally registered or regulated, and therefore cannot be professionally accountable, so it is important that the AP and the mentor have a clear understanding of the AP role. Equally the mentors must understand the principles of safe delegation as stated by their regulating body.

The Code for nurses and midwives (2015) states that the registered practitioner must:

- Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instruction
- ,Make sure that everyone you delegate tasks to is adequately supervised and supported as they provide safe and compassionate care
- Confirm that the outcome of any task you have delegated to someone else meets the required standard

6.2 REGISTERED NURSE ACCOUNTABILITY

A nurse is therefore able to delegate in line with the principles above and will remain accountable for the appropriateness of that delegation. They will also remain accountable for the appropriate level of supervision in order to ensure competence to carry out the delegated task. Registered practitioners must be sure that the person to whom they are delegating the activity has the knowledge, skills and competence to undertake the delegated activity**.**

6.3 ASSISTANT PRACTITIONER ACCOUNTABILITY

6.3.1 APs are accountable legally to the patient for any errors they make through civil or criminal law and to their employer through employment law.

6.3.2 APs are accountable on the basis that they have been deemed competent to do an activity following adequate training / preparation and have a responsibility to work within guidelines and protocols and the authority delegated by a Registered Practitioner (RCN 2015).

7. CONTINUING DEVELOPMENT OF APS

7.1 It is recognised that the role of the AP will develop beyond that agreed during the initial implementation of the role and education attainment. It is therefore essential that any proposals to expand the role follow the correct procedure in order to provide assurance that adequate preparation, training and competence of the new skill is achieved.

7.2 Any development to the role must be for the purpose of meeting the needs and serving the interests of patients/clients. It must not result in compromising or fragmenting existing aspects of care.

7.3 Role development may be identified either by the AP's Line Manager or as a result of a business case which has identified a skill deficit which could be appropriately delegated to an AP.

All AP role development is subject to the skill/activity being ratified by the Professional Forum prior to its implementation.

7.4 To ensure consistency of the approach taken to develop the AP role across the Trust the following must accompany any submission to the Professional Forum:

- Identification of rationale for the developed skill/activity
- Detail surrounding resource implications and any agreed resources required for delivery
- Protocol or group authority to support the activity/skill
- Clinical practice guideline/s
- Educational plan – including time scales to achieve the required skill and knowledge
- Assessment plan and assessment tool
- Mechanism by which competence level and skill will be maintained **(**Flow chart – Appendix D)

7.5 Once a new skill/activity has received ratification from the Professional Forum the protocol will be stored as stated in 5.2.2.

8. RESPONSIBILITIES

8.1 CHIEF NURSE

It is the responsibility of the Chief Nurse to ensure the standard of practice provided across the Trust is safe, efficient and cost effective.

To monitor the compliance against the policy as Appendix E.

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8.2 DIVISIONAL NURSE DIRECTOR/MIDWIFE

It is the responsibility of the Divisional Nurse Director/Midwife to provide a division perspective on the development of the AP role and ensure the role development process is adhered to prior to submission to the Professional Forum.

8.3 MATRON

It is the responsibility of the Matron to oversee the role development ensuring all documentation is completed and all relevant individuals within the process are consulted.

8.4 PRACTICE DEVELOPMENT/LEARNING & DEVELOPMENT

It is the responsibility of Practice Development and Learning and Development teams to assist in the development of educational programmes and standards for assessment of competence.

8.5 LINE MANAGER

It is the responsibility of the Line Manager to ensure guidance and support is available to individuals undertaking the role/activity development. This will include regular reviews in line with the Trust's appraisal requirements to ensure ongoing competence.

8.6 TRAINEE ASSISTANT PRACTITIONER / ASSISTANT PRACTITIONER

It is the AP's responsibility to only undertake practice for those skills/activities in which they have received training and have been deemed competent.

9. REFERENCES

Health Education England (2014) Talent for Care National Strategic Framework

Health Education West Midlands (2013) Competent, confident & compassionate, West Midlands Workforce Skills and Development Strategy 2013-2018. Version 4

NHS England (2014) Five Year Forward View

NHS England (2017) Next Steps on the NHS Five Year Forward View

NHS West Midlands (2010) Best Practice Governance Framework to Support the Implementation of Assistant Practitioners

Nursing and Midwifery Council (2015) The Code. Professional standards of practice and behaviour for nurses and midwives. NMC

Royal College Nursing. (2015) Accountability and delegation. A guide for the nursing team.

Skills for Health (2009) Core Standards for Assistant Practitioners

WiPP (2006) Using protocols, standards, policies and guidelines to enhance confidence and career development

10 POLICY REVIEW

This Policy and Protocols developed in line with this Policy will be subject to a 3 yearly review or sooner if there is evidence relating to the bullet points below which become apparent prior to the review date.

- Review of the outcome of any audit undertaken.
- Review of new evidence relating to any aspect of the protocol.
- Review of any significant event relating to the application of a specific protocol.

Practice Outcomes

Throughout the Foundation Degree the Trainee Assistant Practitioner is required to complete work based competencies. Their purpose is to ensure that the trainee has the key skills and knowledge to perform their role within a specific clinical environment.

The competency framework consists of core, specific and specialist clinical competencies. The competencies are closely linked to Skills for Health Occupational Standards and the knowledge acquired during the academic component of the Foundation Degree.

Core competencies	**Specific Competencies**
• Communication and documentation • Health and Safety • Equality and Diversity • Legal and professional issues	• Providing hand over to health care staff • Inform patient assessment • Implement patient care • Quality improvement dignity focus • Assessment of practice
There is a bank of clinical competencies which will be relevant to some, but not all trainees. These will be selected at the beginning of the programme according to the clinical environment in which the trainee works. There is an expectation that the student will achieve a given number of competencies within the first year.	
Clinical Skills:	
• Venepuncture • Wound Care • Removal of wound closure material • Wound drain care and removal • Catheterisation • Extended feeding techniques • Care of Naso gastric tube • Monitoring infusions • ECG Monitoring • Naso gastric tube insertion	• Cannulation • Discontinue infusion devices • Transfer patients to and from a peri operative care environment • Promoting independence/provision of rehabilitation • Critical care specialist competencies • Diabetic specialist competencies • Stroke specialist competencies • Orthopaedic specialist competencies • Theatre specialist competencies

Theatre Assistant Practitioner (TAP)

All Theatre Assistant Practitioners (TAP) will have undergone a 2 year training programme, consisting of study at academic level 5, foundation degree and achievement of an extensive competency package to prepare them for the role within the Theatre Department.

The TAP will only scrub for procedures on a set list; these will not include any emergency surgery, major abdominal surgery or obstetric cases. Whilst the TAP is going through their training programme they will develop their skills over a two year period and the procedure list highlights the procedures they are allowed to scrub for over that timeframe. As the TAP role develops more procedures may be included and will be added to the list and it is expected that the TAP will undergo a period of education and competency assessment prior to them being added.

Whilst the TAP is scrubbed there must be a minimum of 1 Registered Scrub Practitioner circulating in that particular theatre for the duration of the procedure (The Practitioner will have over 1 years scrub experience or have passed the Trust Scrub Competency Package).

All swab, needle and instrument counts have to be performed with a Registered Theatre Practitioner who has passed the relevant competencies; it should never be performed with a Theatre Support Worker. Both will sign all relevant documentation as outlined in the Theatre Swab, Needle and Instrument Count Policy found in the Theatre Section of the Intranet.

After scrubbing for a procedure that has included the collection of a specimen the TAP will sign all the relevant specimen documentation, the second theatre staff member signature on the documentation must be that of a Registered Theatre Practitioner. This is set out in the Management of Specimens in Theatre Guidelines that can be found in the Theatre Section on the Intranet.

TAP Procedure List

Year 1 (for training purposes)

Hysteroscopy / D&C / Endometrial Ablation

Cystoscopy (Rigid & Flexible)

TURP / TURB

Ureteroscopy / Retrograde / Stent Insertion / Laser Stone Removal

Hydrocele

Vasectomy

Circumcision

Epididimal Cyst

Umbilical Hernia

Epigastric Hernia

EUA of Anus

Myringotomy and Grommets

SMD

Excision of Lesion / BCC including flap

Excision of Lipoma / Sebaceous Cyst / Ganglion

Removal of Foreign Body from Nose / Ear

Septoplasty

All Dental Surgery

Year 2 (for training purposes)

Anterior / Posterior Repair

Open Inguinal Hernia

Small Incisional Hernia (not major Incisional Abdominal Hernia)

Pilonidal Sinus

Haemorrhoids

Breast Surgery

Thyroidectomy (only if believed not to be a malignancy)

Parotidectomy

Submandibular Gland Excision

Cataract Surgery

Appendix B

Assessor Qualification Requirements

Any nurse assessing an Assistant Practitioner against the competencies as part of the Foundation Degree qualification must possess a nationally recognised mentorship qualification.

The following would be relevant qualifications:-

- SLAiP: Support Learning and Assessment in Practice
- ENB 998 – Teaching and Assessing in Clinical Practice
- Mentorship in Practice
- Preparation of Mentors
- D32/33 - Assess candidate performance
- A1 – Assessing candidates using a range of methods
- City & Guilds 730 – Further and Adult Education Teachers Certificate

This list is not exhaustive; if an individual has achieved an alternative mentorship qualification they must obtain verification from either the Clinical Placement Facilitator or Learning & Development Manager to ensure its validity and relevance for assessing in this context.

Burton Hospitals NHS
NHS Foundation Trust

Assistant Practitioner

Code of Conduct

This code of practice identifies the standards of behaviour and attitude that are required of all Assistant Practitioners (AP) who work within the Trust, to ensure that staff undertake their work in a safe, skilled and principled way.

Each AP shall act, at all times, in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the service, to serve the interests of society and above all to safeguard the interests of individual patients and clients.

APs are not yet accountable to a professional body, but they are accountable to themselves, their employer and, more importantly, their patients. Registered Health Care Professionals are accountable for their roles, including delegation. This means that they must be able to justify why they delegate a task to you.

As an AP you are accountable for the actions you take when work is delegated to you. In addition, you are also accountable for any omissions to act, if it was reasonably foreseeable that a patient might be injured or caused distress or harm by your failure to act.

You must act in a way that:

1. Abides by Trust policies, procedures and protocols.

2. Promotes and safeguards the wellbeing and interests of patients/clients.

3. Takes every reasonable opportunity to maintain and improve knowledge and competence.

4. Acknowledges any limitations of competence and refuse in such cases to accept delegated functions without first having received instruction in regard to those functions and having been assessed as competent.

5. Works in a collaborative and co-operative manner with other health care professionals and recognise and respect their particular contributions within the health care team.

6. Respects the individuality and diversity of patients, colleagues and public and does not discriminate against them in any way.

7. Works in partnership with patients and whenever possible, supports their rights to choice independence and self-management.

8. Makes known to an appropriate person or authority any conscientious objection which may be relevant to AP practice.

9. Avoids any abuse of the privileged relationship which exists with patients/clients and of the privileged access allowed to their property, residence or workplace.

10. Respects confidential information obtained in the course of AP practice and refrains from disclosing such information internally unless for the patient's needs or outside of the workplace.

11. Protects the rights, dignity and privacy of patients.

12. Have regards to the environment of care and its physical, psychological and social effects on patients/clients, and also to the adequacy of resources, and make it known to the Team Leader or Nurse in Charge any circumstances which could place patients/clients in jeopardy.

13. Have regards to the workload of and pressures on colleagues and report to the Team Leader or Nurse in Charge.

14. In the context of the individual's own knowledge, experience, and sphere of responsibility, assist peers and subordinates to develop individual competence in accordance with their needs.

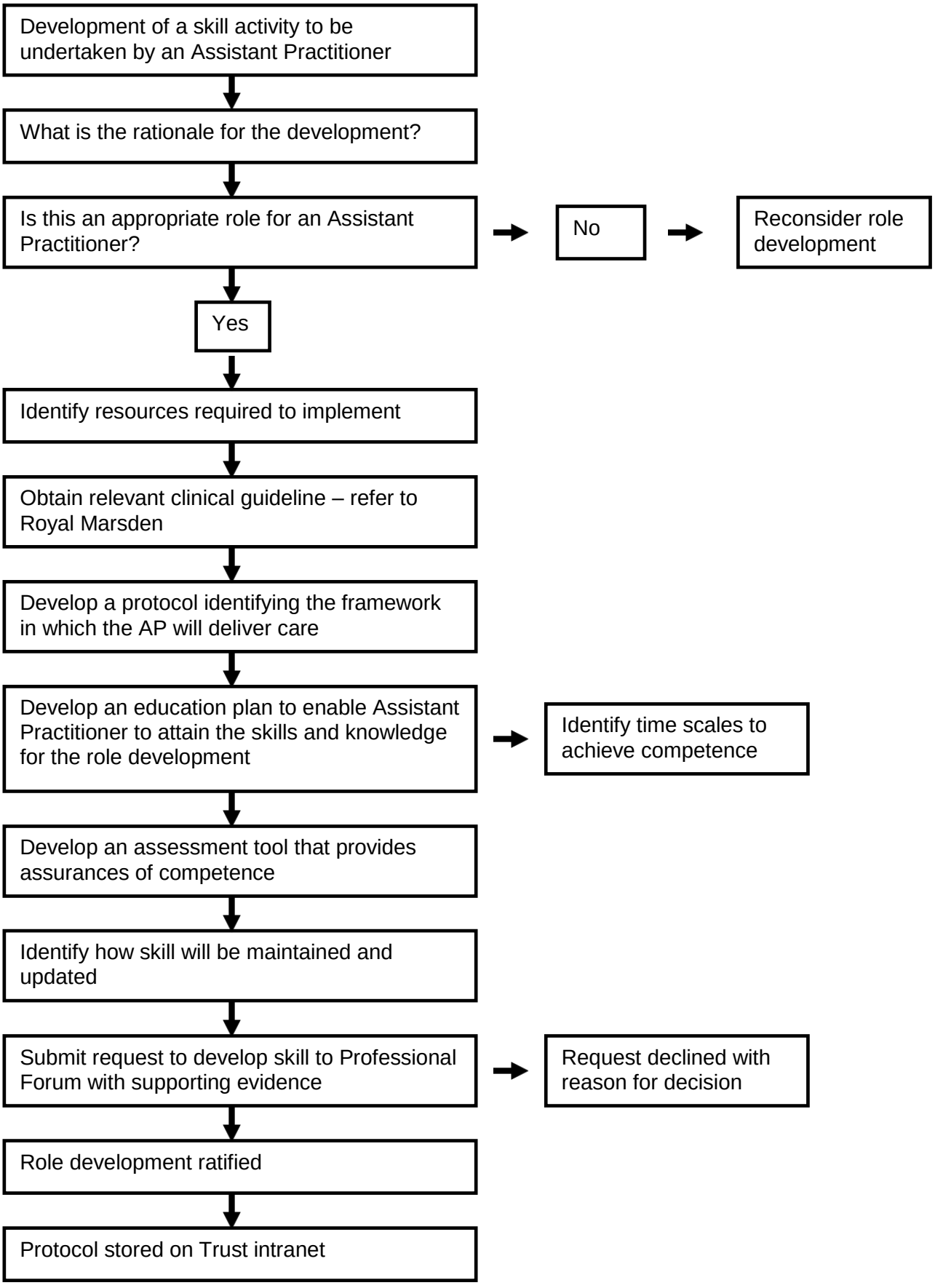
15. Refuse to accept any gift, favour or hospitality which might be interpreted as seeking to exert undue influence to obtain preferential consideration.

16. Do not use the AP qualifications in the promotion of commercial products in order not to compromise the independence of professional judgement on which patients/clients rely.

17. Keep yourself up-to-date.

This Code of Conduct is based on the principals as outlined within the Nursing and Midwifery Code

Process to obtain ratification for Assistant Practitioner Role Development



Appendix E

DEVELOPMENT OF ASSISTANT PRACTITIONERS IN CLINICAL PRACTICE

MONITORING COMPLIANCE

Minimum policy requirements to be monitored	Process for monitoring e.g.audit	Responsible individual/ committee/ group	Frequency	Responsible individual/committee/ group for review of results	Responsible individual/committee/ group for development of the action plan	Responsible individual/committee/ group for monitoring of the action plan
All AP role development to be implemented in line with the policy.	Number of role developme nt submission s to the Profession al Forum monitored	Senior Sisters	12 monthly	Chief Nurse & Professional forum	Senior sisters	Chief Nurse & Professional Forum