

TITLE

Shaping the future assistant/associate practitioner workforce: a Hampshire case study.

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Key words:

Assistant/Associate Practitioner, Healthcare support worker, Partnership working, Interprofessional learning, Competency work-based learning, Workforce development.

Key points:

- Students graduate with both the FdSch&SC and are eligible for the Higher Apprenticeship award.
- The structure of the course is based on a collaborative ‘hub and spoke’ model where Southampton Solent University, as the accrediting body, is the hub and the partner NHS Trusts are the spokes.
- The course seemingly engenders clinical confidence and the development of skilled and knowledgeable Assistant Practitioners with the potential positive impact on the quality of patient care.
- As the course is designed for learners who are employed within health and social care settings and who wish to further develop their skills within a CPD context, it explicitly recognises and maximises the use of the students’ prior learning and experience.
- The rapid expansion, flexible interprofessional curriculum design and ‘hub and spoke’ delivery model suggests that this foundation degree is effectively meeting workforce needs within the local partner NHS trusts as well, as the needs of the HCSWs, and can be seen an exemplar of best practice.

Abstract

This case study looks at the two-year full-time-equivalent Foundation Degree in Health and Social Care, initially developed in partnership between University Hospital Southampton NHS Foundation Trust and Southampton Solent University, Hampshire, UK.

The aim of this collaborative initiative is to develop healthcare support workers to gain and apply the required knowledge, skills, values and behaviours to care for patients/families/other service users and relatives in complex clinical situations, within the emerging role descriptors of an Assistant/Associate Practitioner (AP), often within a specialist/specified context.

Since the initial cohort of students began in January 2012, the foundation degree now has over 100 students/healthcare support workers across the two years and is being delivered in partnership with an increasing number of NHS trusts.

This paper will discuss the innovative and unique features of this foundation degree in health and social care, including the collaborative model of its curriculum design, delivery and management.

Introduction

This paper will describe the context of the Foundation Degree (Science) in Health and Social Care (FdSch&SC) to develop Health Care Support Workers (HCSWs) to become Assistant/Associate Practitioners (APs). It will discuss the academic content and pedagogy, as well as providing an overview of the collaborative model of delivery—a partnership between one university and several NHS trusts.

It will explore the innovative features of its design and delivery, which include the collaborative model, the teaching, learning and assessment strategy (Table 3) and the range of specialist option units offered (Table 2), all of which can be taken as standalone units for continuing professional development (CPD).

In addition, it will discuss the inclusion of competency work-based learning and interprofessional learning, which make it an exemplar of good practice.

Context

The Francis Report (2013) highlighted the need for national standards for the education and training HCSWs. The Cavendish Report (2013) has further endorsed this, with the requirement for HCSWs to complete a 'Certificate of Fundamental Care'. Prior to these recommendations, the need for education for HCSWs in order for them to be 'fit for purpose' and to take on the emerging role of AP, as defined by Skills for Health (2009), was explored at a local employer level by a small working party at University Hospital Southampton NHS Foundation Trust (UHSFT). The decision was made to develop a FdSch&SC to meet UHSFT's requirements for its APs and Southampton Solent University (SSU) was approached to become the awarding body and a partner organisation in the delivery of the programme of study in 2011. The first students began the course in January 2012 and completed in January 2014 and the third cohort has just been recruited.

Course structure

The learning outcomes for the course are embedded in the *NHS Knowledge and Skills Framework* (Department of Health (DH), 2004) and aligned to the *Skills for Health Guidance on the Core Standards for Assistant Practitioners* (Skills for Health, 2009). As the course is designed for learners who are employed within health and social care settings and who wish to further develop their skills within a CPD context, it explicitly recognises and maximises the use of the students' prior learning and experience. This is achieved in a variety of ways both through the teaching strategies (for example; using patient scenarios and examples from the students' own experience) and modes of assessments (for example; reflective accounts and clinical competencies achieved in the students' own area of practice).

In addition, the course design and content firmly embed the *Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England* (DH, 2012). To enable transferability, the FdSch&SC was mapped to the National Apprenticeship Standard (SASE) (Department of Innovation, Business and Skills, 2011) and is now one of the recognised qualifications, as Higher Apprenticeship in Health (Assistant Practitioner). This means students graduate with both the FdSch&SC and are eligible for a Higher Apprenticeship award.

The structure of the course is based on a collaborative ‘hub and spoke’ model. SSU as the accrediting body is the hub and the partner NHS Trusts are the spokes. Existing partners include the instigating NHS Trust UHSFT and, following recent expansion, Southern Health NHS Foundation Trust, Hampshire Hospitals NHS Foundation Trust, Isle of Wight NHS, Portsmouth Hospitals NHS Trust and the more recent additions of Solent NHS Trust and Salisbury NHS Foundation Trust.

Students are either funded by Health Education Wessex (HEW), the Local Education and Training Board (LETB), or by the individual NHS Trusts themselves.

The course comprises of a combination of core (see Table 1) and optional units (see Table 2). The term ‘optional unit’ is a slight misnomer as the choice of unit is decided by the employer based on the students’ area of practice, intended role and workforce requirements. The units are jointly planned and the curriculum content is discussed by all partners at the regular curriculum planning meetings which are held between bi-monthly. This ensures every unit covers the knowledge necessary for contemporary practice.

The units are then delivered by experts from the partner NHS trusts and SSU, with each location providing sites for the delivery of the course and identified unit leads. For the FdSch&SC, students must complete all the core units, plus one option unit per year. All HCSWs are employed by the partner trusts and for the January 2015 intake, it was agreed to pilot a values-based recruitment approach for potential candidates (Francis, 2013). This included writing a short reflective essay in response to a current health issue, a group discussion and an individual interview. The final decision regarding HCSWs being accepted onto the course was made by a joint panel comprising of NHS Trust representatives and SSU course staff.

Table 1: Core units

Year 1 (level 4)	Year 2 (level 5)	(Organisation) Lead Delivery
Developing work-based practice in health and social care (40 credits)	Extending work-based practice in health and social care (40 credits)	Trust

Developing communication skills in practice (20 credits)	Extending communication skills in practice (20 credits)	SSU and trust
Introduction to health care science (20 credits)	Supervision of teams in practice (20 credits)	SSU and trust
Social and psychological impacts on health and social care (20 credits)	Improving/enhancing patient/service delivery (20 credits)	SSU and trust
1 option chosen from Level 4 list below (20 credits)	1 option chosen from Level 5 list below(20 credits)	Trust

Table 2: Optional units

Level 4	Level 5
Cardiac physiology	Advanced cardiac physiology
Respiratory and sleep	Advanced respiratory and sleep
Imaging science	Digital and cross-sectional imaging within imaging science
Core medical technologies	Specialist medical technologies
Introduction to medical microbiology	Advanced medical microbiology
Introduction to histopathology	Advanced histopathology
Pathophysiological basis of blood sciences	Diagnosis of disease and the blood sciences laboratory
Human growth and development	Child health

Long-term conditions and end of life	Mental health care and practice
Multi-agency practice and discharge	Positive approaches to challenging behaviour
	Medicines management
	Healthy living
	Care of the acutely ill patient
	Intravenous antibiotic drug administration

Learning, teaching and assessment

Learning, teaching and assessment methods are student-centred and focus on the characteristics of the student's own working context. Students share the responsibility for identifying their own learning needs with their line managers, allocated mentors and trust-based educational leads.

The learning, teaching and assessment strategy is based on the principles outlined in Table 3.

Table 3: Learning, teaching and assessment strategy

<p>Learning reflects, as practically as possible, the working environment of the learners. Teaching is therefore clinically relevant and evidence-based.</p> <p>Learning is promoted by applying a range of teaching strategies to meet individual students learning styles (see below); valuing the diversity of students experience and enabling them to share this within the bounds of confidentiality; making use of self-reflection (both in the class room and in practice which is evidenced in their work-based portfolio); self-directed study; the use of the university's virtual learning environment (myCourse) and the types of assessment (see below).</p>
<p>Teaching is focused on the practical application of theoretical understanding and is practice-based. For example, the application of educational and leadership theories to their role as an AP.</p> <p>Individual units are taught sequentially. This means one 20 credit unit is taught on a day release basis for one day a week for six weeks for a total of 36 hours, usually followed by an additional week for self-directed study or assessment. The next unit then commences. Units are taught either on campus or within the NHS Trusts themselves. The 40 credit work-based learning unit requires a minimum of 375 practice hours per year and is ongoing throughout the academic year.</p> <p>Teaching strategies include lectures, seminars and workshops. There are</p>

also opportunities for group work, reflection, tutorials and personal development. Additional support is available via the university's virtual learning environment and e-learning.

Assessment is based on 'real-world' practice, and reflects contemporary health and social care learning trends, as well as meets the requirements of the quality assurance processes of the university as a Higher Education Institution. Work is assessed at levels 4 and 5 (European Qualifications Framework).

Types of assessment include: work-related outputs, such as reports, reflective case studies and presentations based on their practice (for example, application of theories of communication to the student's individual experience of using them in the clinical setting); examinations (for science subjects); OSCEs (Objective Structured Clinical Examinations) for medicines management using simulated patients; and work-based learning (competency) assessed practice presented in portfolios.

Curriculum initiatives

This is an exciting contemporary initiative which has led to its rapid expansion within the Health Education Wessex region. These initiatives include:

- Interprofessional learning
- Flexibility and adaptability
- Competency Work-Based Learning
- Partnership working and sustainability

The students benefit from an interprofessional learning environment, as all the core units are taught to students from adult, child and mental health clinical settings and also to administration and health sciences students (such as microbiology, physiotherapy, histopathology, blood sciences, cardiac physiology, respiratory and sleep physiology and medical technologies). This offers an enriched academic environment both in lectures and seminars and from working together in small interprofessional groups. Students are afforded the opportunity to develop transferable skills to enable them to work within the multiprofessional contexts of their day-to-day working lives.

The specialist option units are taught by experts in practice within the NHS trusts themselves; this allows small numbers to be taught, something universities have traditionally found difficult to sustain. The support of Health Education Wessex (HEW) is also key as it has a role in ensuring the commissioned FdSch&SC meets its requirements. This includes the need for it to have standalone units for CPD, enabling the flexibility, adaptability and accessibility that are so important in the current fast-changing health and social care contexts. In addition, students can start the programme by undertaking one or two of the units, then at an appropriate time transfer onto the full foundation degree.

The level 4 and 5 work-based learning units are designed to provide the student HCSWs with the knowledge, skills and understanding, relevant to their work setting and environment. The

assessment of students' practice involves employer involvement with assigned mentors and line-manager supervision. It is therefore crucial for the students' development that practice opportunities be available and appropriate for them to be able to meet their learning needs.

Students undertake an assessment of occupational standards using a modified Bondy (1983) model of competence. Bondy identified five levels of competency: dependent; marginal; assisted; supervised; and independent. They are represented within the four following practice levels:

- Practices with constant supervision (level 1)
- Practices with decreasing supervision (level 2)
- Practices with assistance (level 3)
- Practices independently (level 4)

To achieve the required level of competence, the student and mentor must ensure regular supervision and review learning outcomes, in order for the mentor to assess that the student can be deemed competent. For those students working in adult, mental health and child health settings, the mentor is registered with the Nursing and Midwifery Council (NMC) and qualified in the same area of practice (Nursing and Midwifery Council, 2008). For students in other areas, such as microbiology and medical technologies, the mentor is a person who is experienced, skilled and knowledgeable with relevant qualifications in the same field of practice. Support is provided for mentors by the university in the form of Trust based workshops as required, marking/assessment workshops and advice from the unit lead and NHS Trust-based educational leads.

The success and the continued sustainability of this course is dependent on the effective partnership working between the NHS trusts, the local LETB (HEW) and the university. To ensure this is maintained, the course leads act as link tutors with the NHS trusts and ensure regular communication and liaison with the trust-specific education lead or their nominated representatives.

Regular meetings are also held between representatives of the university and identified trust staff, to discuss both the micro (bi-monthly curriculum group and bi-annual work-based learning steering group) and the macro (bi-monthly operational group [strategic] and bi-annual programme management group {strategic and quality assurance – comprising of senior university and NHS trust managers, the course team, HEW's education commissioning manager and student representatives}).

Student feedback

The students' voice is highly valued and has a strong influence on the delivery of the curriculum so that it meets their needs as well as the requirements of the workforce. Student representative meetings are held bi-annually for both year groups with the course leads and there are student representatives on the Work-based Learning Steering Group and the Programme Committee as noted earlier. Students can also speak directly to the course team at any time and issues raised are dealt with in a timely manner. Students provide feedback on the individual units via the university evaluation process and on the course as a whole by means of the National Student Survey.

Verbal feedback from students have included comments such as:

“I am more able to present information in a formal way and have a more technical vocabulary”.

“I have the ability to plan care more effectively”.

“I have the ability to reflect and analyse”.

“I can act as an advocate for my patients”.

“I can put theory into practice”.

“I can now communicate effectively”.

From these selected comments, it would seem that this course not only engenders clinical confidence and the development of skills and knowledge, but also will have potentially a very positive impact on the quality of patient care.

Conclusion

The rapid expansion, flexible interprofessional curriculum design and ‘hub and spoke’ delivery model suggests that this foundation degree is effectively meeting workforce needs in the local partner NHS trusts as well as the needs of the HCSWs and can be seen an exemplar of best practice. With the recent addition of Salisbury NHS Foundation Trust and Solent NHS Trust in the autumn of 2014, there are now seven NHS partners. The course has successfully recruited for the January 2015 intake as it continues to respond flexibly to the needs of local employers in the development of CPD for HCSWs to undertake Assistant/Associate Practitioner roles. Work is underway to assess the impact of this programme on patient care and outcomes. Further expansion into social care, the voluntary sector and further education is also under discussion.

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