Assistant/Associate Practitioner Steering Group Meeting  
Kennett Room, Rivergate House, Newbury, 19 January 2010

Present:
Ann Stainton (AS), Progress South Central  
Emma Wilton (EW), NESC  
Fatima Syed (FS), NESC  
Kasia Miadowicz (KM), Southampton University Hospital Trust  
Sam Donohue (SD), Oxfordshire Assistant Practitioner Programme  
Sue Byrne (SB), Oxfordshire PCT  
Suzanne Rankin (SR), SC SHA  
Robert Stanfield (RS), Skills for Health

Apologies:  
Barry Hodgson, Portsmouth Hospital NHS Trust  
David Slingo, Oxfordshire and Buckinghamshire Mental Healthcare Trust  
Jo Sandy, Royal Berkshire NHS Foundation Trust  
Toni Sanderson, NESC  
Anita Esser, Southampton University Hospital Trust  
Chris Wintle, Skills for Health  
Ruth Monger, South Central SHA  
Richard Billing, NESC  
Mary Lewis, South Central SHA  
Julie Abdalla, Hampshire Community Health Care

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<tr>
<th>No</th>
<th>Item</th>
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<tr>
<td>1.</td>
<td>Apologies and Introductions</td>
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<tr>
<td>1.1</td>
<td>Introductions were made and apologies given.</td>
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<td>2.</td>
<td>Minutes of Steering Group Meeting on 27.10.09</td>
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<td>2.1</td>
<td>Minutes of the meeting were agreed as an accurate record.</td>
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<td>3.</td>
<td>Matters Arising</td>
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<td>3.1</td>
<td>The DH has established an Extending Professional Regulation Working Group to examine mechanisms to assist decision making regarding regulation of staff in bands 1 – 4, including the AP role. Maree Barnett is the lead.</td>
<td>EW to invite Maree Barnett to next Steering Group to discuss regulation</td>
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<td>3.2</td>
<td>The Working Group has established that:</td>
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<td>• The primary purpose of regulation should be patient safety and public protection</td>
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<td>• A cost/benefit analysis is vital for decision making</td>
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<td>• Many regulation options exist which are proportionate to the risk posed by an occupational or professional group, not just statutory regulation.</td>
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<td>3.3</td>
<td>Research will be undertaken to explore regulation of staff in bands 1 – 4, the scope of which will include:</td>
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<td>• The extent to which certain staff groups present a risk to the public,</td>
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and the effective regulatory response.  
- The impact of existing regulation mechanisms, such as CQC, on these risks, and the possible need to add more regulatory burdens.  
- The impact of regulation aside from public protection, i.e. enhanced status, increased recognition.  
- The challenges posed by inconsistent and non-transferable roles.  
- The need to be legally feasible and workable.  
- The desire to pilot approaches to inform future decisions.  

3.4 Members of the Professional Standards Division have developed a draft research brief and are engaging stakeholders to help shape an effective commission. EW has requested to be added to the stakeholder list.  

3.5 In addition to the work outlined above, the NMC are also undertaking a study to explore the need for regulation for Healthcare Support Workers. This will be informed by work previously undertaken in the four countries, particularly Scotland. The report will be published by Spring 2010.  

3.6 AS, SD and SB are attending a Healthcare Assistant Conference on 29 January. They will circulate information regarding regulation, if it arises, to members of the Steering Group. AS, SD and SB to circulate information regarding regulation of APs, if raised at conference.  

3.7 As discussed at previous meetings, the lack of regulation can act as a barrier to development of the AP. However, it was felt that if APs receive the correct underpinning knowledge and develop relevant, fit for purpose competences, to reflect the National Standards, there should be no reasons why registered practitioners could not delegate to APs.  

4. Overview of Assistant/Associate Practitioner Demand, until 2013  

4.1 EW presented information to the group regarding demand for the AP over the next three years, see attached presentation. Information was collected from each Trust and PCT during October 2009 regarding the numbers of APs they wish to develop, the strategies which exist to support this, the provision of education and training and funding AP development.  

4.2 Demand for the AP over the next three years is growing significantly. Despite there being a strong recognition of the need to increase the skill mix of the workforce, and increase the numbers of APs developed, few Trusts and PCTs outlined plans to decrease the size of the registered workforce, via reducing pre-registration education commissions. APs were acknowledged as a useful tool to use the skills and competences of clinical teams in the most effective way. Plans included development of pathway specific and generic roles, which cross professional boundaries.  

4.3 Two funding options were outlined, including 1) funding tuition fees only and a greater number of APs, or 2) funding tuition fees and salary support, and limiting the development of APs to priority groups. There was strong support for option 2, but a reluctance to limit AP development.  

4.4 In relation to the provision of education and training, there was recognition that development of the AP will put additional pressure on the learning environment, including mentoring, supervision and clinical placements.
Education for the AP needs to be embedded within clear progression pathways, and should allow APEL of existing skills and competences.

5 **Funding Assistant/Associate Practitioner Demand**

5.1 Further work has been undertaken to model different financial options around demand for the AP, see attached presentation. This includes three options, funding tuition fees only, funding tuition fees and salary support, funding tuition fees and a contribution towards development of the local learning infrastructure. EW outlined the perceived benefits and limitations of each option.

5.2 Funding for developing the local learning infrastructure is calculated on one hour mentoring per week from a member of staff employed at mid-point band six. It was felt that for this funding to be used most effectively, Trusts and PCTs should have flexibility over how they spend this money, to suit their local needs. Information is required regarding the number of hours per week spent by registered staff mentoring the AP, and whether the time used in the funding model is accurate.

5.3 It was acknowledged that some organisations/divisions do not use salary support funding to cover the backfill of APs whilst studying. Therefore funding to develop the learning infrastructure could be more valuable, and have a sustainable impact. However, other organisations/divisions may be inhibited by a lack of salary support. Steering Group members to talk to colleagues locally about the three funding options and feedback to EW.

Steering Group members to send info to EW regarding the number of hours spent mentoring APs in the workplace.

Steering Group members to send feedback to EW regarding the 3 funding options.

6 **Developing Competence-Based Education and Training**

6.1 The need to develop competence-based education and training is strong. Work is necessary to define the functions APs will deliver, in both associate nurse and pathway specific roles.

6.2 EW will attend a meeting with Chris Wintle, and NHS East Midlands, to discuss work undertaken to develop competence-based education and training for the AP. The aim of this meeting is to share work undertaken across SHAs to develop the AP and focus work undertaken within NHS SC on areas yet to be developed.

6.3 Cultural change is required to ensure APs are given the freedom to use their new skills and competences in the workforce, once qualified. RS will circulate work undertaken in Yorkshire and the Humber around developing the AP in End of Life Care.

6.4 RS to circulate work to develop the AP in EoL care.

RS to circulate work to develop the AP in EoL care.

7 **Supporting Progression from FE into HE**

7.1 AS provided feedback regarding the Progress South Central Health and Social Care Forum held in November 2009, which was focussed upon implementing recommendations from the NHS South Central CPD Framework for Bands 1 – 4. The Forum was attended by representatives from Further and Higher Education, Sector Skills Councils, Social Care and Trusts and PCTs.

7.2 A great deal of interest was expressed from Education Providers in working with Trusts and PCTs to develop staff in bands 1 – 4. Providers are keen to develop local links with NHS Employers, using consistent and collaborative communication. The next Progress South Central Forum will be held on 18
May at Reading University, focussed upon work-based learning.

7.3 FS provided an update regarding work to map career pathways for staff in bands 1 – 4, around the 8 Next Stage Review pathways, plus administration and clerical and support services. Following publication of the CDP Report for Bands 1 – 4, a workshop was held with representatives from Trusts and PCTs in November 2009 were it was agreed to develop a progression framework and a training directory for education and training leads. FS is leading this work.

8. **Next Steps and Priorities**

8.1 The following next steps and priorities were agreed:
   - Pursue consultation around the 3 funding options to support AP development
   - Explore methods for scoping competences for the AP
   - Continue development of progression framework and a training directory.

9. **Date of Next Meeting**

9.1 The date of the next meeting is 27 April 2010, 14:00 – 16:00 hrs, Hamble Room, Rivergate House, Newbury