

Introduction of the Role of Assistant Practitioner within a Palliative Care Setting



Ms Esther Webb¹, Mrs Sarah Stanley¹, Mrs Tracey Taylor¹, Mrs Lorna Richardson¹

¹ Marie Curie Hospice Liverpool



Background

The role of Assistant Practitioner (AP) was first formally defined in 2002 and is widely considered a pioneering role able to work semi-autonomously across various health and social care settings¹. Although not registered to a formal body, an AP's accountability comes through locally agreed and defined protocols and the Core Standards for Assistant Practitioners as set by Skills for Health². Health Care Assistants (HCA) can progress to AP by successfully completing a 2-year Foundation Degree in Health and Social Care³.

Aims

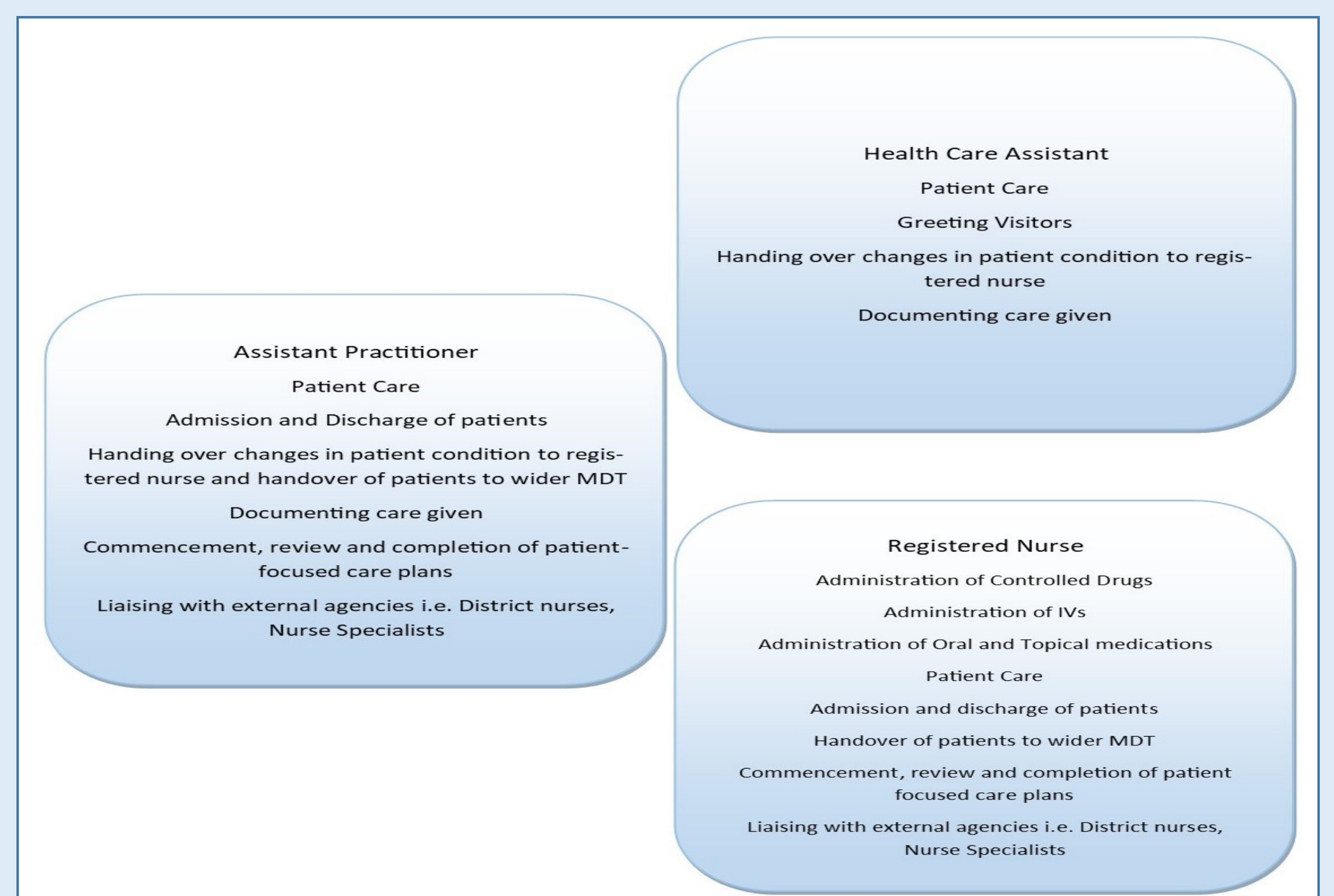
Successful integration of the role of AP into a hospice setting across all patient-facing areas, with a clear, defined role, responsibilities and competencies.

Method

In 2015 Marie Curie introduced the role of AP within one of their hospices in the North West of England to work across all patient-facing areas and two individuals were identified to attend university one day a week while spending 4 days per week in practice developing new skills. Due to the role being new to the charity, there was opportunity for the AP to co-create the job specification and identify, with the help of the wider multi-disciplinary team (MDT), tasks which would be beneficial to the team for the AP to carry out. The AP would continue to carry out many of the tasks usually delegated to the HCA, while also developing new skills to support the registered nurse.

Results

Both APs successfully completed the Foundation Degree and continued to develop the role and their skills. New opportunities to develop the role are continuously sought although there have been some barriers to development due to not being registered to a formal body; mainly around medication checking and administration. Nevertheless, venepuncture, assessing new patients, handover of patients to the MDT and assisting in the application of topical medications have become key skills within the role of AP. While there is an agreed job description for the AP within the charity, there is still some uncertainty among the MDT of the clear duties the AP can and should be carrying out and this does seem to vary trust to trust across the country⁴.



Conclusion

Although the introduction and implementation of the role has been somewhat successful, there are areas of the journey of the development of the role that have been identified that could have been improved on and role distinction is still unclear to a certain degree.

It would be suggested that if the role were to be introduced within another hospice setting, that a clear outline of the duties and responsibilities of the AP should be set out prior to commencement of further education.

References

1. Wheeler, I. (2017). Drivers for and barriers to the continued development of assistant practitioner roles. *British Journal of Healthcare Assistants* vol 11, 02, 83-87.
2. Thurgate, C. (2010). Partnership working and the assistant practitioner. *British Journal of Healthcare Assistants* vol 04 12, 603-604.
3. Mullen, C. (2014). So you want to be an AP? How you could get there. *British Journal of Healthcare Assistants* vol 08 03, 130-135.
4. Murphy, T., Mullen, C. (2017). Assistant practitioners: why are they still not regulated? *British Journal of Healthcare Assistants* vol 11 04, 174-175.