



Designing a curriculum for the assistant practitioner of the future: Ensuring interprofessional care aspects and other stakeholder requirements are met



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ABSTRACT

The role of the Assistant Practitioner in radiography has been established for over 10 years. Wakefield, Spilsbury, Atkin and McKenna¹³ (2009) describe how the role was originally introduced to overcome a shortage of registered staff at that time. Whilst there are clear overarching descriptions of what the role of the Assistant Practitioner is, Wakefield et al. concluded that there are many interpretations of the role and that there are inconsistencies between employers and subsequent uncertainty in workforce planners. Stewart-Lord, McLaren and Ballinger¹⁸ (2011) also found that there were a variety of roles and responsibilities undertaken by Assistant Practitioners in the field of radiography.

This article outlines the curriculum design process for a foundation degree to develop Assistant Practitioners in diagnostic imaging and the associated challenges faced.

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Introduction

There is no single job description for Assistant Practitioners (AP) even within radiography. Therefore, when designing a programme suitable for all backgrounds and professional groups there are several challenges. Traynor, Nissen, Lincoln and Buus¹ (2015) identified the development of the AP role as a response to workforce reorganisation and clinical prioritisation, often resulting in traditional 'professional' boundaries becoming blurred. Norrie, Hasselder and Manning² (2012) identify the uncertainties in the workplace being a source of tension for aspirant Assistant Practitioners, with students describing how uncertainty about the AP role had made practitioners reluctant to delegate activities due to concerns about accountability. Education providers should be mindful of these needs and address professional concerns when designing programmes to support this sector of the workforce. This paper discusses the redesign of one such programme and how the needs of radiography assistant practitioners were addressed.

Griffiths and Robinson³ (2010) acknowledge that the role of the support workforce is expanding but also that there is no clear idea of precise numbers of workers occupying these roles. Cavendish⁴ (2013) estimates that there are over 100 000 support workers in

health, but the number in social care is estimated to be significantly higher (over one million). Buchan and Seecombe⁵ (2006) state that the nursing support workforce more than doubled between 1997 and 2006; however, it is hard to know whether this sort of increase has also been seen in radiography.

The NHS Plan⁶ (2000) identified the new role of the Assistant Practitioner in Radiography, principally mammography, in order to release radiographers to take on extended roles. The four-tier model and skill mix was further expounded (Department of Health, 2003⁷) and Ford⁸ (2004) concluded that a severe shortage of radiographers required the training of support workers to undertake a range of radiographic examinations. The Society and College of Radiographers published the Scope of Practice for APs⁹ in 2003, with the most up to date version released in 2012.¹⁰ Clear guidance is given that APs should perform only 'protocol limited clinical tasks' with varying educational options to support their development. Bennion and Irvine¹¹ (2010) reported that the AP role supported the role of the radiographer and had a positive impact on patient care, but that tensions still existed between practitioners and assistants. Stewart-Lord¹² (2014) suggested a national review of AP training, citing the diversity of training and job descriptions as challenges for both APs and radiology managers, particularly in terms of having a flexible and mobile workforce. Wakefield, Spilsbury, Atkin, McKenna, Borglin and Stuttard¹³ (2009) also acknowledged the problems surrounding 'role clarity and status' as

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a source of tension for APs, and the main influence for the variety of bespoke AP roles developing was the need to address localised gaps in the workforce. Trainee Assistant Practitioners in a study by Wareing, Chadwick and Baggs¹⁴ (2014) also reported workplace tensions, as supervision was sometimes inconsistent and requirements of their role over and above those originally expected. However, APs in the studies identified also reported positive aspects to their training in terms of skill development and improved confidence.

Perhaps one of the defining moments in the delivery of health (and subsequently social) care in modern times is the Francis Report¹⁵ (2013) following the concerns about care in Stafford. A small number of Francis's recommendations relate specifically to support workers, but such is the perceived importance of this sector of the workforce that Camilla Cavendish was subsequently commissioned specifically to review support workers in both health and social care. Whilst the recommendations of the Cavendish Review⁴ (2013) are still to be fully implemented, there is no doubt that the support worker is high on the political agenda at the moment. Cavendish recommended that all workers entering health and social care should achieve the Care Certificate, which is linked to the framework of National Occupational Standards, and this was implemented in April 2015 (Skills for Health,¹⁶ 2015). The Higher Certificate is yet to be launched, but both have the potential to impact on curriculum design for APs and support workers. For those Higher Education Institutions (HEIs) delivering education to this group of staff, there is a need to be mindful of this in the development of their teaching materials. Changes to the education and training requirements for support staff could be introduced quickly by the Government, making a rigid curriculum obsolete almost overnight.

Linked to this is the debate about whether this sector of the workforce should be regulated. Francis¹⁵ (2013) recommends that there should be a registration system for healthcare support workers, but this was quickly dismissed by the Government who stated this would make no difference to the level of care offered (House of Commons Health Committee,¹⁷ 2013). The Society and College of Radiographers offers individual accreditation for Assistant Practitioners and maintains a register, although both these processes are voluntary. Even so, Stewart-Lord, McLaren and Balingier¹⁸ (2011) suggested that the voluntary register had identified a number of APs working outside the published Scope of Practice and called for clarification of the register's use. Whilst healthcare professionals continue to support Francis's recommendation (Vaughan, Melling, O'Reilly, Cooper,¹⁹ 2014) and others support the introduction of a specific code of conduct (Higgins, Adams,²⁰ 2013), there exists no specific requirement to adhere to a regulatory framework or design of curriculum.

The recent Shape of Caring review (Willis,²¹ 2015) again emphasises the importance of the assistant role, but at the time of writing the impact of the review is unknown. In this current climate of uncertainty, it was important that the new programme was sustainable. This presents a challenge in the delivery of radiography programmes for Assistant Practitioners as numbers vary and can be low. In order to address this problem, an interprofessional foundation degree was proposed, with a significant amount of shared learning. CAIPE²² (2008) acknowledges that interprofessional education allows the professions to learn from and about each other. Whilst there may be barriers to introducing a truly interprofessional curriculum (Barr,²³ 2012), the changing role of the support worker and the lack of a sustained, commissioned programme meant that this was the optimal solution. Several professional backgrounds were also represented in the design including physiotherapy, occupational therapy, nursing, mental health and learning disabilities. Radiographic specific modules would be

provided as option modules, where lower numbers of registrants is more acceptable.

Methodology

An action learning approach was taken to the design of the Foundation degree curriculum. Bath, Smith, Stein and Swann²⁴ (2007) described a similar approach in Higher Education, emphasising the need to undertake a continuous process of review and renewal during the curriculum design process. It was also important to acknowledge both the educational and professional contexts pertinent to an interprofessional Foundation Degree (McKimm,²⁵ 2003): the professional contexts required a programme which would give a core grounding in common topics whilst meeting service needs; the educational context was influenced by a variety of evidence.

Harden, Sowden and Dunn²⁶ (1984) advocated the SPICES model (Student centred teaching, Problem based learning, Integrated curricula, Community based learning, Electives with a core and Systematic curricula). Although this is related to medical education there are some elements which were useful in the design of this programme. It needed to be student centric and students would be able to make clear links between theory and practice if it was, in part, problem based. The PRISMS approach advocated by Bligh, Prideaux and Parsell²⁷ (2001) was also informative. Although again referring to medical education, this model suggested the programme should be practice based (or product focussed) with outcomes aligned to practice rather than educational processes, relevant to students and communities, ideally reflective of real life for this group of learners.

Thurgate and MacGregor²⁸ (2008) acknowledged the value and challenges of collaborative design and provision of Foundation Degrees but provided a useful template for the approach to curriculum design. The Scope of Practice for Assistant Practitioners (SCoR,¹⁰ 2012) and the Education and Career Framework (SCoR,²⁹ 2013) were key documents to draw upon for the radiography specific aspects of the curriculum.

For this foundation degree, therefore, three key elements formed the approach:

- A review and consolidation of the policy, guidance and other information relevant to the role of the support worker (including the radiography assistant practitioner).
- Scoping exercise to establish the nature and content of similar programmes across the United Kingdom.
- Consultation with stakeholders including local employers in health and social care, current and previous students and experts by experience.

The consultation began with a regional event for employers, managers, practitioners and students. This allowed the programme team to capture current thinking on the varying roles of the assistant practitioner in the region, the future aspirations of the role, the lived experience of the current programme and the core shared content which would be applicable to students from both health and social care backgrounds. There were clear core topics for the curriculum (E.g. Study skills, anatomy and physiology, communication skills) and these topics formed the core modules shown above.

Once the background information had been gathered, the programme team worked to shape a programme which would meet a diverse range of professional needs, but also be interprofessional. This was an essential element in order to make the programme sustainable within the HEI and was in line with many programmes offered by other HEIs. Although current policy suggested that the role of the support worker would be important to the future of this

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