

Federation for Healthcare Science

Statement on the Role of Associate Practitioner

1 Introduction

The NHS Career Framework is being used to guide the development of education and training, and to help introduce new roles. In Healthcare Science, the Framework is supported by sets of National Occupational Standards¹ developed with professional healthcare science practitioners.

There is national interest from employers in developing Associate roles. Associate roles are those which require qualifications at NVQ4 / SNVQ5 / Foundation degree level and appear at Career Framework Stage 4. Associate practitioners (referred to subsequently as 'Associates' in this document) take on elements of the workload of registered practitioners but operate within more limited protocols.

At present, there are few Associate healthcare science roles and limited experience in developing jobs at this level. It is also unclear what the potential demand for these roles might be and also what their impact could be on other roles in the Career Framework.

The purpose of this statement is to identify some of the key issues that will help professional staff and employers develop effective healthcare scientist roles at Associate level. The content was developed from a workshop held by the Federation for Healthcare Science in 2007 which was attended by a wide range of healthcare science professionals.

2 Background

Associate roles have been shown to be valuable in a number of areas of healthcare science. In cardiology, for example, associates perform basic tests unsupervised, assist with tests and analyse straightforward recordings. In the physiological sciences, physical sciences and life sciences, associate roles perform service delivery tasks in areas such as diagnosis, treatment and quality assurance.

Associate roles are most likely to be successful where carrying out well-defined tasks requiring limited judgement, especially where services are delivered as part of a team. They exercise a degree of autonomy and operate within protocols agreed by qualified Practitioners².

The degree of independence exercised by Associate roles depends on the complexity and risk of procedures being undertaken. Associates generally operate to protocols agreed by a Registered Practitioner or equivalent³ and are under supervision, except where risks are acceptably low. Where Associates are carrying out tasks that affect the high risk clinical diagnosis and/or treatment of patients, they should operate under the close supervision of a Registered Practitioner. This is particularly relevant where the Associate is the first point of contact in the service⁴ or when services are being offered over extended hours with reduced staffing. Patient safety must be the primary consideration.

¹ See the Skills for Health Website, www.skillsforhealth.org.uk

² Practitioners will be operating at Career Pathway Stage 5 or above and will be registered where an appropriate scheme has been established.

³ Someone of an equivalent status in a profession where regulation has not yet been established

⁴ For example, when receiving external referrals.

3 Principles and issues

A number of principles need to be addressed when setting up Associate roles.

3.1 Role definition

- Associate roles need to be clearly defined, with full consideration of the impact of the role on other jobs within the service
- Associate roles will take more responsibility than Assistant posts
- Associate roles should carry responsibility for less risk than those undertaken by Practitioners in the same area
- Monitoring arrangements should be provided when new roles are introduced, to ensure that any further role extension is properly planned for and supported

3.2 Scopes of practice

- Associate roles must operate within scopes of practice and limits of delegation that are safe for patients and provide an acceptable quality of outcome
- Whilst Associates may perform particular competences with a high degree of technical proficiency, it is the overall content of the role that determines their point on the career pathway. Progression to practitioner roles requires not only technical competence but also scientific proficiency and developed judgement
- Associates may be responsible for aspects of the management of patients / clients / services within well-defined protocols. Increased responsibility must be supported by better development of individuals and their competence
- Local scopes of practice should take account of national best practice, be based on outcome and specify explicit standards

3.3 Education and training

The education and training of Associates must provide:

- Proficiency in the competences required for the role
- Assessment of proficiency by accredited practitioners and organisations
- Sufficient background to develop an understanding of the possibilities and limitations of techniques used
- The ability to identify when to refer patients/clients/equipment to others for appropriate alternative procedures
- Structured pathways for development that provide for step on/step off points for the development of core qualifications and the acquisition of practical skills in service
- Support for the rapid introduction of new and revised techniques
- The ability to tailor education and training packages to facilitate accelerated development for individuals with specific skills and abilities

3.4 Continued development and monitoring

Ongoing development of Associates must:

- Identify individual needs for development⁵

⁵ As provided for example by the Knowledge and Skills Framework in the NHS

- Ensure individual competence is maintained and checked
- Provide supervision and ongoing support that can pick up and correct problems with technical performance and service delivery
- Equip individuals to respond flexibly to changes in knowledge and techniques

3.5 Regulation of Associate roles

- Associate roles need to be regulated by a suitable mechanism, to ensure protection of the public and provide for effective updating of individuals
- Local approaches to regulation must address the technical performance of individuals against required competences

4 Statement

The Federation considers that:

- 1. Associates need to work to clearly defined scopes of practice and within agreed operational protocols.**
- 2. The level of autonomy and supervision appropriate to each Associate role must be agreed with Registered Practitioners in the light of assessments of risk to patients and services and the requirements of accepted professional standards. Guidance on acceptable standards is generally given by and available from professional bodies.**
- 3. The boundaries between Associate and Registered Practitioner roles need to be clearly defined, taking account of the career pathway and expected technological development.**
- 4. The use of Associate roles needs to take account of overall skill mix requirements for the relevant service, including the need for cover and local flexibility and the importance of patient safety.**

5 Conclusion

Associate roles are likely to prove of benefit in a number of areas of healthcare science. They will not be applicable in all disciplines or in all workplaces.

The principles set out in this paper are not exhaustive but provide a range of comments to assist in the development of these roles.

This statement will be revised from time to time. Further detailed advice can be obtained from the Federation.

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