

Summary of Health Board activities in respect of Nursing HCSW role development



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Introduction

The Healthcare Support Worker (HCSW) commission and the launch of the [Development & Education Framework for Level 2-4 NMAHP HCSWs](#) has resulted in new and expanding opportunities for support workers across Scotland. This has reinforced the need for new/different ways of working, planning, preparation, and support embedding these roles.

NHS Education for Scotland (NES) have been receiving a lot of requests for information, links and who is the best person to speak to about different aspects of HCSW development. A networking event was held on 9 May 2024, specific to nursing HCSW roles in line with the commission focus at that point in time and attended by most health boards in NHS Scotland.

To support ongoing networking and sharing of good practice across Scotland, health boards were asked to complete pre-set questions relating to topics which were addressed during the event. These were:

1. Development & Education Framework for Level 2-4 NMAHP HCSWs
2. Administration of Medicines by Level 3-4 HCWs in NHS Scotland and the national education programme Promoting Effective Medicines Administration (PEMAP)
3. Development of nursing Assistant Practitioner roles
4. Associate Practice Educator roles

Responses were received from 10 of the 14 territorial health boards.

Workshop

The workshop was attended by 58 participants from 11 territorial health boards and 4 special health boards.

Presentations were delivered as follows:

1. Update from Nursing Task Force, Claire McGuinness, Professional Advisor for Nursing and Midwifery Education, Chief Nursing Officer's Directorate Scottish Government
2. Implementation of Development & Education Framework for Level 2-4 NMAHP HCSWs – Doleen Beagent, NHS Highland
3. Development of nursing Assistant Practitioner roles – Stacey Aydin, NHS Tayside
4. Development of nursing Assistant Practitioner roles - Margot Russell, Becky Moran & Nicola Ozatalay, NHS Lanarkshire

The workshop also featured an open discussion session around the Framework for Administration of Medicines and PEMA and a general Q&A session.

Theme 1: Development & Education Framework for Level 2-4 NMAHP HCSWs

Summary of responses received from NHS Boards to the pre-set questions:

1. Is the framework embedded in your HCSW induction process?

55% answered **Not yet but we have plans to embed** and 45% answered **Yes**.

2. Is the framework and 4 pillars of practice used as part of HCSW personal development discussions?

64% answered **Yes** and 36% answered **Not yet but we have plans to incorporate these**.

3. Is the framework used when developing new support worker roles?

73% of respondents answered **Yes** and 27% answered **Not yet but we plan to include this in the process**.

4. How have you implemented the framework in practice?

60% included **development** in their response. Some examples include:

- Implementing the framework has given focus to HCSW roles within practice.
- When delivering sessions to Trainee Assistant Practitioners on the PDA L8 course we talk about the 4 pillars and link it to their practice.
- The framework has been implemented in some areas of the Board but with plans to spread this out wider. Areas for development include Mental Health/Learning Disabilities, Community Nursing, Community Hospitals and specialist areas.
- Study days for each roles - we have a large number of Band 4 HCSW. This will form part of induction and competencies for AHP HCSWs going forward.
- HCSW development roadshow sessions for managers and HCSWs were carried out around the Board in 2023/2024. The framework is used to base HCSW education and development carried out by the Professional and Practice Development team.
- We have just started to implement the framework into our HCSW skills and development sessions, using it to set the standards for the levels of practice and to inform our development days. The framework is being used currently to inform discussions re the Assistant Practitioner role in the health board which will be piloted later this year. We have now adopted the titles used within the framework as HCSW, Senior HCSW and Assistant Practitioner to rationalise and standardise our job descriptions and improve accessibility for staff wishing to join the workforce.
- The framework and the 4 pillars are intended to be integral to HCSW personal development discussions. While an evaluation has not yet been conducted to verify routine implementation, the development of the Level 4 Assistant Practitioner role has highlighted increased attention to this practice. The team within PDC meet with our Assistant Practitioners quarterly and centre our discussions around the framework and the 4 pillars. We are also expanding our interactions with HCSW Bands 2/3, utilising the framework to guide discussions about CPD within their roles.
- The framework has played a crucial role in the development of the Level 4 Assistant Practitioner role, aiding in defining the scope of practice, ensuring the attainment of appropriate qualifications, and integrating into the Assistant Practitioner induction process.
- Implementation of the framework has been carried out through various means including recruitment, induction processes, development of the competency frameworks, and defining the scope of practice.

- The team within PDC who support HCSW development have played a crucial role in raising awareness and securing buy-in for the framework. We also envisage going forward that we will deliver a HCSW webinar week where we will integrate the framework and 4 pillars, this will be a rolling programme.

5. Please share your lessons learned from using and implementing the framework

The key themes arising from the lessons learned are that the framework has provided a **clear consistent structure** and **awareness**, and **understanding** has been raised amongst HCSWs. Some examples include:

- Availability of courses especially around SCQF level 7/HNC. Feeling that a Once for Scotland approach would have been more beneficial and equitable. Areas still focusing on clinical skills as opposed to the Four Pillars of Practice in their entirety.
- People working out with their scope of practice.
- Having a good structure in place, which the framework has, has made it more straightforward to implement. People have found it a useful structure to ensure that learning is outcome based. Having consistency has been useful. Marketing is key. Involving staff early in the discussions and ensuring they have ownership.
- Although the framework has always been a part of the HCSW induction since its introduction, HCSW's remained quite vague to its existence when reintroduced further into their careers. There has been a noticeable enhancement in the general awareness of the framework since the introduction of the Assistant Practitioner role.
- Using the framework has been beneficial for benchmarking our Band 3 Development Programme.
- Good uptake from HCSWs.
- Lack of knowledge amongst many clinicians, hence the road shows and webinar are planned for managers. Areas supported to use this, for instance a new band 3 role or band 4 Assistant Practitioner, have reported effective results in further understanding their scope of practice and influencing their new role.

6. What impact, if any, has the framework had?

The common themes from the feedback received around the impact of the framework on HCSW development indicates that the framework provides a **consistent approach to education, training and development** of this workforce through a **structured development pathway**. Other themes include:

- New posts being developed. Access to wider education for HCSW and more opportunities. Formalised pathways for this group of staff.
- More competent workforce. More identifiable career pathways available for staff. Strategic support. It defines roles and allows everyone a clear development pathway.
- The framework has served as a guiding tool across all areas of HCSW development, ensuring adherence to a national standard. It also provides a structured development pathway for HCSWs, complete with a visual roadmap of their career journey, offering them clear avenues for progression towards their nurse training if they decide to pursue a career in nursing.
- We found that Band 3 employees overall have been keen to learn and develop. They have gained confidence, which has enabled them to contribute to the nursing team at a higher level, and ultimately provide better care for patients.

- The framework has provided a helpful framework to ensure a consistent approach to education, training and development of the workforce however there has been no measurement on impact as yet.
- Great impact so far in terms of standardising practice. Positive impact on both HCSWs and teams.
- Those who used the framework have reported effective results in further understanding their scope of practice and influencing their new role, also this has supported career conversations.

Theme 2: Framework for Administration of Medicines and PEMAP

Summary of responses received from NHS Boards to the pre-set questions:

1. Do you currently use the Administration of Medicines Framework and the national education programme (PEMAP)?

Most responses highlighted that the Administration of Medicines Framework and the national education programme (PEMAP) are not currently being used widely within the boards. However, the majority stated that they have plans to implement/adopt both.

2. If no, do you have plans to use and implement the Administration of Medicines Framework?

83% answered **Yes** and 17% answered **No**.

3. Have you or do you plan to adopt the use of PEMAP (the national medicines administration education programme) to support local education provision?

80% answered **Yes** and 20% answered **No**.

4. Have your governance policy and processes been updated in respect of Administration of Medicines by HCSWs?

91% answered **Not yet but we plan to undertake this** and 9% answered **No**.

5. How have you rolled out the framework and/or national education programme?

The common theme is resoundingly **governance** and it has been the aspect that has required strategic discussion and caused initial delays to the roll out process. Specific examples include:

- Governance and policy is out for consultation and we will be utilising the national education programme (PEMAP) as its primary source of education.
- We have shared the framework and the associated PEMAP programme with practice. However, we have advised delaying full implementation as we are currently consulting with our lead pharmacist to ensure that our local policies are aligned with the framework and that appropriate governance structures are in place. We plan to fully adopt PEMAP and have encouraged staff to familiarise themselves with both the framework and PEMAP in anticipation of updates to our governance policies and procedures. We have been collaborating with four other health boards as part of a SLWG to support this initiative and share best practices.
- Currently HCSWs employed in NHS WI do not administer medications.

- This is service specific and cannot answer for a whole organisation in one question. This has not yet been rolled out, however in areas where this would be appropriate, they are aware of the framework and CTAC are currently working through governance as to how this would be implemented as a 1st test of change. We will learn from this to roll out to those other appropriate areas.
- This framework and national education programme will be used to inform our Assistant Practitioner programme due to be piloted later this year. We are exploring Admin of Meds by HCSW in our prison healthcare settings in the first instance.
- No, however we have set up a working group and are planning the role out within community in the first instance.
- We have created a working group to explore medicines administration for HCSWS to standardise the process and increase governance. Agreement has been made to create guidance and templates for local protocols to support clinical areas. Agreement is also the adoption of the PEMAP modules and competency assessment for education.

6. Please share any lessons learned from using and implementing the Administration of Medicines Framework and national education programme?

From discussions it emerged that most Boards are yet to implement the framework and national education programme, with work to date focussing on internal governance processes.

- In retrospect, we recognise that our initial excitement regarding rollout of the framework was premature, as the necessary governance structures were not yet established, necessitating a temporary retraction until these are in place. Moving forward, it's important to ensure the governance and processes at a local level are established prior to implementation to avoid similar issues.

7. What impact, if any, has the framework and national education programme had?

- Highlighted areas of historical practice which requires to be reviewed.
- Allowed conversations to talk place and ensure correct governance is in place
- Enabled board conversations and interested parties to come together to discuss how to carry this out in a person-centred, safe and effective way.

Theme 3: Development of nursing Assistant Practitioner roles

Summary of responses received from NHS Boards to the pre-set questions:

1. Do you have nursing Assistant Practitioners in your health board and/or Health and Social Care Partnership?

73% answered **Yes** and 27% answered **No**.

2. How many nursing Assistant Practitioners do you have and in what areas/settings re they working?

Health board	No. of Nursing Assistant Practitioners	Area/setting working
NHS Ayrshire & Arran	19	Acute Services

NHS Greater Glasgow & Clyde	7 with 47 in training	Medicine, Surgical and OPSS (Older People and Stroke Services), Adult community services
NHS Highland	55 approximately	Acute Adult, Community, Mental health
NHS Lanarkshire	42 which is our first cohort	Distributed across various settings including community district nursing teams and community mental health teams, as well as acute sites in frailty, critical care, and ED.
NHS Lothian	Unsure	Acute, Mental Health, Community
NHS Tayside	59 qualified and 58 in training	Adult in-patient areas, adult outpatients, mental health inpatient, mental health outpatient, adult community, mental health community, learning disabilities
NHS Western Isles	6 (undertaking Level 7 education with the OU. On completion of studies they will move into Band 4 Assistant Practitioner roles, later this year.	Medical ward – 1, Surgical ward – 2, Macmillan Team – 3

3. If you do not have nursing Assistant Practitioners, do you have any plans to introduce this role in the next 1-2 years?

67% answered **Yes** and 33% answered **No**.

4. What preparation do you have in place or are you considering for the development of nursing Assistant Practitioners?

The common theme is around **partnership working with HEI and FEC sector colleagues** around a range of qualifications. Specific examples include:

- For the upcoming cohort, we are planning to place Assistant Practitioners in acute areas such as renal, Acute Medical Receiving Units (AMRU), and Medical Assessment Units (MAU). Our Assistant Practitioners are presently completing the SCQF Level 8 PDA in Acute and Community Care. We have proposed introducing an HND in Healthcare Practice, SQA anticipates this will be ready for September 2025, which will replace the PDA.
- To support this role, we have developed a governance framework, a competency framework, a Scope of Practice document, and specialty 'Bolt-on' competencies tailored to each specific area of practice. Also, the HCSW Development team within PDC meet with the Assistant Practitioners on a quarterly basis on a one-to-one basis with their Practice Supervisor/Assessor. We also hold quarterly forums for the Assistant Practitioners to provide peer support, and similar forums for staff supporting the Assistant Practitioners, ensuring ongoing engagement and communication. We also provide a presence at the college to facilitate any questions when it is required. An induction programme specific to Assistant Practitioners has been introduced to introduce them to their roles. Designated Teams channels have been set up for efficient dissemination of vital information. SLWG's have been developed to ensure a galvanised approach to AP recruitment.

- We are still very much in the scoping stages of this although aim to have a job advert out in September this year. We are linking in with neighbouring health boards and our HEI partners to establish a model using the NES frameworks.
- PDA Acute and Community Care
- We are in discussion with our local college and HEI about the HND. Following initial scoping we found that we had very few HCSW with a HNC level qualification. The past two years we have focused on supporting our HCSWs to achieve a HNC in healthcare. This has been hugely successful. We are in the process of utilising the workforce needs analysis tool to identify areas who would utilise an assistant practitioner.

5. What has the impact of this role been in practice?

- The impact of this role is still being assessed, as we are in the early stages with our first cohort and await the completion of their 12-month training period for a comprehensive evaluation.
- Unable to quantify impact at this moment
- From an organisational evaluation impact stated has been - Assistant Practitioners have carried out person-centred, safe and effective care; supported registered colleagues, supported capacity and flow of service and HCSWs have had the opportunity to develop.

6. What are the three most valuable things you have learned when introducing new roles or implementing new processes and resources into practice?

Common themes arising from the introduction of the Assistant Practitioner roles are the need for **support and buy-in from operational and strategic management** and **robust infrastructure and preparation to support learning and development** of this staff group. Specific examples include:

- Among the most crucial lessons learned is the importance of having robust infrastructure to support learning, including ensuring adequate staff are prepared in practice to support their development. It's essential that both the Assistant Practitioners and supporting staff have a thorough understanding of the role, expectations, scope of practice, and necessary documentation before beginning the role. Also, having a dedicated central team within PDC to ensure consistency, adherence, and continuity has been invaluable.
- Communication is key, support of operational and strategic management, establishing a group to oversee implementation and ensure governance around the roles and decisions.
- Backfill and funding is very difficult. Areas are really struggling to release their HCSWs to do any development. This year we have become aware the SG will support with some funding those HCSWs who are embarking on the HNC who are planning to affiliate into the second year of their Nurse training.
- Not using a centralised recruitment process - targeted recruitment for areas to choose the right candidate for their service. Promotion and planning of the role as so little was known which created uncertainty and workforce needs analysis tools were poorly completed which led to lack of role clarity Offering increased support to areas and individuals (preceptors, trainees, managers) to proactively develop the role and its implementation.

7. If you were to go back in time and start again with the introduction of new HCSW roles, what if anything would you do differently?

Common themes include the necessity for **structure and support** to be in place prior to commencement and **recurrent funding** to be available for sustainability of approach. Specific examples include:

- If we could revise our approach, we would ensure that all necessary structures and supports were in place prior to their commencement rather than trying to establish these elements retrospectively and under time constraints. Have greater cognisance of the candidate's previous education level and time away from study.
- Working across the Board to secure recurring funding. Increase preparation time with operational managers.
- Introduce robust recruitment processes which are clear, concise and communicated to recruiting managers and trainees. Support or signpost teams to support for workforce needs analysis tools. Create support for those who are newly qualified. Ensure trainees and managers are aware of the commitment of time and study, and level of study as feedback has stated the SCQF Level 8 has been challenging. Perhaps introducing an access course or clear articulation into this level of study or preparation of study skills. Understand the difficulties of the educational routes (we used non-endorsed HNC 12 credit and PDA courses) into nursing as this has led to frustration for those who are qualified APs.

Theme 4: Associate Practice Educator roles

Summary of responses received from NHS Boards to the pre-set questions:

1. Do you currently have HCSW Associate/Assistant Practice Educators in your health board?

64% answered **No** and 36% answered **Yes**.

2. If yes, how many? (3 responses only)

NHS Lothian – 1

NHS GG&C – 2

NHS Tayside – 3 (2 x nursing and 1 x AHP)

3. Do you have any plans to include this role in the next 1-2 years?

- Yes, it is a role we are currently reviewing.
- We are in the process of submitting an eCOR to recruit two part-time Band 4 Associate Practice Educators and one full-time Band 5 Associate Practice Educator. We are hopeful that these individuals will have the opportunity to pursue the PDA in Education, Training, and Assessment.
- This would be an ambition for NHS Ayrshire and Arran.
- Yes - we have (just in the past 2 weeks) started to bring in senior HCSW staff on the bank to support Practice Development in the design and delivery of our HCSW Academy and HCSW skills training.
- Possibly, this will also depend on funding.

4. What was your implementation plan when introducing this role?

- To support HCSW, carry out induction sessions, teaching on clinical skills.
- Robust induction, learning from other boards, support from NES, support from within the Practice Development team and opportunities for learning.

5. What preparation, education and support did those in the role receive?

- The Facilitation of Learning Programme.
- Ensuring support of operational management and operational colleagues, Education on the HCSW Development and Education Framework, qualified at SCQF level 7.
- Ongoing personal development. 2 (1 x N&M and 1 x AHP) undertaking PDA in Education, Training, and Assessment.

6. Please share what lessons you have learned from implementing this role?

- Assistant Practice Educator is constantly learning and reflecting and keen to undertake the PDA in Education, Training, and Assessment.
- Positive lessons including empowering HCSWs.
- It's been critical to supporting HCSWs in practice - starting from induction, through a development journey, creating a community of practice that is a space for learning and reflection for only HCSWs which they did not have before. The APE role in supporting the implementation of the Assistant Practitioner role was also vital in offering support, development opportunities and linking with service areas.

7. What has the impact of this role been in practice?

- The PDA L8 candidates say they feel supported by the Associate Practice Educator who has undertaken the course previously.
- Positive – still evaluating.
- HCSWs requesting support in practice. Support with completion of mandatory induction standards workbooks. Positive feedback re the impact of the 2-day development programme offered which has stated increased confidence, knowledge and skills around all 4 pillars of HCSW practice. A celebration day has been created and resulted in engagement from HCSWs and registrants and senior leaders.

Workshop feedback

Participants were asked to sum up their experience in a few words, as illustrated below:



Feedback from the event:

'It was a really good session, I found it really helpful. Lots of great tips and ideas'

'We thoroughly enjoyed the session, thanks for inviting us to present. We have had a number of people reach out for more information which is great and of course, we are more than happy to share.'

'Thanks again for an excellent session - it was so valuable to hear from our neighbouring boards, and really quite reassuring to hear that we're not far off of where we need to be.'

'All sessions were very informative and networking opportunities were excellent'

'This was a great workshop, learning about what is happening in other boards to support the development for HCSWs'

Next steps

Participants were asked if they would find it beneficial to be part of a dedicated group to share and network on an ongoing basis. The results below show an appetite for this.

Yes	33
No	0
Maybe	2
Unsure	0



NHS Education for Scotland are planning to hold a further workshop on **19 November 2024** and details will be circulated in due course. Any boards interested in sharing their HCSW role development or learning and development plans or initiatives during the next workshop, please contact the team – hcsw@nes.scot.nhs.uk

Appendix 1: Theme 1 – Development and Education Framework for Level 2-4 NMAHP HCSWs (responses per health board)

Please confirm which health board you are responding on behalf of	Is the framework embedded in your HCSW induction process?	Is the framework and 4 pillars of practice used as part of HCSW personal development discussions?	Is the framework used when developing new support worker roles?	How have you implemented the framework in practice?	Please share your lessons learned from using and implementing the framework	What impact, if any, has the framework had?
NHS Ayrshire & Arran	Yes	Yes	Yes	<p>Although this is not consistently embedded throughout the organisation at present, there is an ambition to ensure it is. Some of these examples of where it is embedded include:</p> <p>Within South Ayrshire Children's service Previous learning has been taken from the implementation of competency frameworks in another health board area (at point of Health Visitors moving from Band 6 to Band 7), whereby gap analysis was undertaken, and all staff, along with manager were asked to complete competency framework, which then formed basis for annual reviews and development plans.</p> <p>CTAC use a competency HCSW booklet</p> <p>In Mental Health is has been implemented using the HCSW handbook</p> <p>Within Corporate Practice Development they have utilised</p>	<p>Having a good structure in place, which the framework has, has made it more straightforward to implement. People have found it a useful structure to ensure that learning is outcome based. Having consistency has been useful. Marketing is key. Involving staff early in the discussions and ensuring they have ownership.</p>	<p>The framework has provided a helpful framework to ensure a consistent approach to education, training and development of the workforce however it there has been no measurement on impact as yet.</p>

				the framework in HCSW education and development and use it to structure competency and development. Staff utilise the framework to structure their own development.		
NHS Borders	Not yet but we have plans to embed	Yes	Not yet but we plan to include this in the process	Study days for each roles - we have a large number of Band 4 HCSW. This will form part of induction and competencies for AHP HCSWs going forward	People working out with their scope of practice	More competent workforce. More identifiable career pathways available for staff. Strategic support. It defines roles and allows everyone a clear development pathway
NHS Dumfries & Galloway	Not yet but we have plans to embed	Not yet but we have plans to incorporate these	Not yet but we plan to include this in the process			
NHS Fife	No response received	NHS Fife	No response received	NHS Fife	No response received	NHS Fife
NHS Forth Valley	Not yet but we have plans to embed	Not yet but we have plans to incorporate these	Yes	We have just started to implement the framework into our HCSW skills and development sessions, using it to set the standards for the levels of practice and to inform our development days. The framework is being used currently to inform discussions re the AP role in NHSFV which will be piloted later this year. We have now adopted the titles used within the framework as HCSW, Senior HCSW and Assistant Practitioner to rationalise and standardise our job descriptions and improve accessibility for staff wishing to join the workforce.		Great impact so far in terms of standardising practice

NHS Grampian	No response received					
NHS Greater Glasgow & Clyde	Yes	Yes	Yes	Implementing the framework has given focus to HCSW roles within practice.	Good uptake from HCSWs	Positive impact on both HCSWs and teams.
NHS Highland	Not yet but we have plans to embed	Not yet but we have plans to incorporate these	Yes	The framework has been implemented in some areas of the Board but with plans to spread this out wider. Areas for development include Mental Health/Learning Disabilities, Community Nursing, Community Hospitals and specialist areas.	Availability of courses especially around SCQF level 7/HNC. Feeling that a Once for Scotland approach would have been more beneficial and equitable. Areas still focusing on clinical skills as opposed to the Four Pillars of Practice in their entirety	New posts being developed. Access to wider education for HCSW and more opportunities. Formalised pathways for this group of staff
NHS Lanarkshire	Yes	Yes	Yes	<p>The framework and the 4 pillars are intended to be integral to HCSW personal development discussions. While an evaluation has not yet been conducted to verify routine implementation, the development of the Level 4 Assistant Practitioner role has highlighted increased attention to this practice. The team within PDC meet with our Assistant Practitioners quarterly and centre our discussions around the framework and the 4 pillars. We are also expanding our interactions with HCSW Bands 2/3, utilising the framework to guide discussions about CPD within their roles.</p> <p>The framework has played a crucial role in the development of the Level 4 Assistant Practitioner role, aiding in defining the scope of practice, ensuring the attainment of appropriate</p>	Although the framework has always been a part of the HCSW induction since its introduction, HCSW's remained quite vague to its existence when reintroduced further into their careers. There has been a noticeable enhancement in the general awareness of the framework since the introduction of the Assistant Practitioner role.	The framework has served as a guiding tool across all areas of HCSW development, ensuring adherence to a national standard. It also provides a structured development pathway for HCSWs, complete with a visual roadmap of their career journey, offering them clear avenues for progression towards their nurse training if they decide to pursue a career in nursing.

				<p>qualifications, and integrating into the AP induction process. Implementation of the framework has been carried out through various means including recruitment, induction processes, development of the competency frameworks, and defining the scope of practice. Also, the team within PDC who support HCSW development have played a crucial role in raising awareness and securing buy-in for the framework. We also envisage going forward that we will deliver a HCSW webinar week where we will integrate the framework and 4 pillars, this will be a rolling programme.</p> <p>Although the framework has always been a part of the HCSW induction since its introduction, there has been a noticeable enhancement in the general awareness of the framework since the introduction of the Assistant Practitioner role.</p>		
NHS Lothian	Yes	Yes	Yes	When delivering sessions to Trainee Assistant Practitioners on the PDA L 8 course we talk about the 4 pillars and link it to their practice		
NHS Orkney	No response received					
NHS Shetland	No response received					
NHS Tayside	Yes	Yes	Yes	HCSW development roadshow sessions for managers and HCSWs were carried out around NHS Tayside in 2023/2024. The framework is used to base HCSW	Lack of knowledge amongst many clinicians, hence the road shows and webinar is planned for managers. Areas supported to use this, for	Those who used the framework have reported effective results in further understanding their scope of practice and influencing their

				education and development carried out by the Professional and Practice Development team.	instance a new band 3 role or band 4 Assistant Practitioner, have reported effective results in further understanding their scope of practice and influencing their new role.	new role, also this has supported career conversations.
NHS Western Isles	Not yet but we have plans to embed	Yes	Yes	We have created a Band 3 Development Programme, consisting of a Competency Framework and clinical skills sessions.	Using the framework has been beneficial for benchmarking our B3 Development Programme.	We found that Band 3 employees overall have been keen to learn and develop. They have gained confidence, which has enabled them to contribute to the nursing team at a higher level, and ultimately provide better care for patients.
Golden Jubilee	No response received					
State Hospital	No response received					

Appendix 2: Theme 2 - Framework for Administration of Medicines and PEMAP (responses per health board)

Please confirm which health board you are responding on behalf of	Do you currently use the Administration of Medicines Framework and the national education programme (PEMAP)?	If no, do you have plans to use and implement the Administration of Medicines Framework?	Have you or do you plan to adopt the use of PEMAP (the national medicines administration education programme) to support local education provision?	Have your governance policy and processes been updated in respect of Administration of Medicines by HCSWs?	How have you rolled out the framework and/or national education programme?	Please share any lessons learned from using and implementing the Administration of Medicines Framework and national education programme?	What impact, if any, has the framework and national education programme had?
NHS Ayrshire & Arran	No we don't use the framework	Yes		Not yet but we plan to undertake this	This is service specific and cannot answer for a whole organisation in one question. This has not yet been rolled out as yet, however in areas where this would be appropriate they are aware of the framework and CTAC are currently working through governance as to how this would be implemented as a 1st test of change. WE will learn from this to roll out to those other appropriate areas.	Have not yet implemented	Allowed conversations to take place and ensure correct governance is in place
NHS Borders	No we don't use the framework	Yes	No response	Not yet but we plan to undertake this	No response	No response	No response
NHS Dumfries & Galloway	No we don't use the national education	No response	Yes	Not yet but we plan to undertake this	No however we have set up a working group and are planning the roll out	No response	No response

	programme (PEMAP)				within community in the first instance.		
NHS Fife	No response received						
NHS Forth Valley	No we don't use the framework	Yes	No response	Not yet but we plan to undertake this	This framework and national education programme will be used to inform our AP programme due to be piloted later this year. We are exploring Admin of Meds by HCSW in our prison healthcare settings in the first instance.	No response	No response
NHS Grampian	No response received						
NHS Greater Glasgow & Clyde	No we don't use the framework	Yes	No response	Yes	N/A	N/A	N/A
NHS Highland	No we don't use the framework	Yes	No response	Not yet but we plan to undertake this	Governance and policy is out for consultation and NHS Highland will be utilising the national education programme (PEMAP) as its primary source of education	Still to be learned!	Highlighted areas of historical practice which requires to be reviewed.
NHS Lanarkshire	Yes we use the framework and the national education programme (PEMAP)	No response	No response	Not yet but we plan to undertake this	We have shared the framework and the associated PEMAP programme with practice. However, we have advised delaying full implementation as we are currently consulting with our lead pharmacist to ensure that our local policies are aligned with the framework and that	In retrospect, we recognise that our initial excitement regarding rollout of the framework was premature, as the necessary governance structures were not yet established, necessitating a temporary retraction until these are in place. Moving forward, it's important to ensure the governance and	N/A

					appropriate governance structures are in place.	processes at a local level are established prior to implementation to avoid similar issues.	
NHS Lothian	Yes we use the framework	No response	Yes	Not yet but we plan to undertake this	No response	No response	No response
NHS Orkney	No response received						
NHS Shetland	No response received						
NHS Tayside	No we don't use the national education programme (PEMAP)	No response	Yes	Not yet but we plan to undertake this	NHS Tayside have created a working group to explore medicines administration for HCSWS in order to standardise the process and increase governance. Agreement has been made to create guidance and templates for local protocols to support clinical areas. Agreement is also the adoption of the PEMAP modules and competency assessment in NHS Tayside for education.	N/A	Enabled board conversations and interested parties to come together how to carry this out in a person-centred, safe and effective way.
NHS Western Isles	No we don't use the framework	No	No	Not yet but we plan to undertake this	Currently HCSWs employed in NHS WI do not administer medications.		
Golden Jubilee	No response received						
State Hospital	No response received						

Appendix 3: Theme 3 - Development of nursing Assistant Practitioner roles (responses per health board)

Please confirm which health board you are responding on behalf of	Do you have nursing Assistant Practitioners in your health board and/or Health and Social Care Partnership?	If yes, how many nursing Assistant Practitioners do you have?	If yes, in what areas/settings are they working?	If you do not have nursing Assistant Practitioners, do you have any plans to introduce this role in the next 1-2 years?	What preparation do you have in place or are you considering for the development of nursing Assistant Practitioners?	What has the impact of this role been in practice?	What are the three most valuable things you have learned when introducing new roles or implementing new processes and resources into practice?	If you were to go back in time and start again with the introduction of new HCSW roles, what if anything would you do differently?
NHS Ayrshire & Arran	Yes	19	Acute Services	No response	No response	No response	No response	No response
NHS Borders	Yes	No response	No response	No response	No response	No response	No response	No response
NHS Dumfries & Galloway	No	No response	No response	Unsure	We are in discussion with our local college and HEI about the HND. Following initial scoping we found that we had very few HCSW with a HNC level qualification. The past two years we have focused on supporting our HCSWs to achieve a HNC in healthcare. This has been hugely successful. We are in the process of utilising the workforce needs analysis tool to identify areas who would utilise an	N/A	Backfill and funding is very difficult. Areas are really struggling to release their HCSWs to do any development. This year we have become aware the SG will support with some funding those HCSWs who are embarking on the HNC who are planning to affiliate into the second year of their Nurse training.	No response

					assistant practitioner.			
NHS Fife	No response received							
NHS Forth Valley	No	No response	No response	Yes	We are still very much in the scoping stages of this although aim to have a job advert out in September this year. We are linking in with neighbouring health boards and our HEI partners to establish a model using the NES frameworks.	No response	No response	No response
NHS Grampian	No response received							
NHS Greater Glasgow & Clyde	Yes	7 with 48 in training	Medicine, Surgical and OPSS (Older People and Stroke Services), Adult community Services	Yes	PDA Acute and Community Care	Unable to quantify impact at this moment	Communication is key, Support of operational and strategic management, establishing a group to oversee implementation and ensure governance around the roles and decisions	Working across the board to secure recurring funding. Increase preparation time with operational managers.
NHS Highland	Yes	Approximately 55	Acute Adult, Community, Mental health	No response	No response	No response	No response	No response
NHS Lanarkshire	Yes	We currently have 42 Assistant Practitioners which is our first cohort.	They are distributed across various settings including community district nursing	Yes	For the upcoming cohort, we are planning to place Assistant Practitioners in acute areas such as renal, Acute Medical	The impact of this role is still being assessed, as we are in the early stages with our first cohort and	Among the most crucial lessons learned is the importance of having robust infrastructure to support	If we could revise our approach, we would ensure that all necessary structures and

			<p>teams and community mental health teams, as well as acute sites in frailty, critical care, and ED.</p>		<p>Receiving Units (AMRU), and Medical Assessment Units (MAU). Our Assistant Practitioners are presently completing the SCQF Level 8 PDA in Acute and Community Care. We have proposed introducing an HND in Healthcare Practice, SQA anticipates this will be ready for September 2025, which will replace the PDA. To support this role, we have developed a governance framework, a competency framework, a Scope of Practice document, and specialty 'Bolt-on' competencies tailored to each specific area of practice. Also, the HCSW Development team within PDC meet with the Assistant Practitioners on a quarterly basis on a</p>	<p>await the completion of their 12-month training period for a comprehensive evaluation.</p>	<p>learning, including ensuring adequate staff are prepared in practice to support their development. It's essential that both the Assistant Practitioners and supporting staff have a thorough understanding of the role, expectations, scope of practice, and necessary documentation before beginning the role. Also, having a dedicated central team within PDC to ensure consistency, adherence, and continuity has been invaluable.</p>	<p>supports were in place prior to their commencement rather than trying to establish these elements retrospectively and under time constraints. Have greater cognisance of the candidate's previous education level and time away from study.</p>
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					<p>one-to-one basis with their Practice Supervisor/Assessor . We also hold quarterly forums for the Assistant Practitioners to provide peer support, and similar forums for staff supporting the Assistant Practitioners, ensuring ongoing engagement and communication. We also provide a presence at the college to facilitate any questions when it is required. An induction programme specific to Assistant Practitioners has been introduced to introduce them to their roles. Designated Teams channels have been set up for efficient dissemination of vital information. SLWG's have been developed to ensure a galvanised approach to AP recruitment.</p>			
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NHS Lothian	Yes	No response	Acute, Mental Health, Community	No response	No response	No response	No response	No response
NHS Orkney	No response received							
NHS Shetland	No response received							
NHS Tayside	Yes	59 qualified, 58 in training	Adult in-patient areas, adult outpatients, mental health inpatient, mental health outpatient, adult community, mental health community, learning disabilities	Yes	Already 58 trainees at present with plans to carry out in the future should services require	From an organisational evaluation impact stated has been - Assistant Practitioners have carried out person-centred, safe and effective care; supported registered colleagues, supported capacity and flow of service and HCSWs have had the opportunity to develop.	1. Not using a centralised recruitment process - targeted recruitment for areas to choose the right candidate for their service 2. Promotion and planning of the role - as so little was known which created uncertainty and workforce needs analysis tools were poorly completed which led to lack of role clarity 3. Offering increased support to areas and individuals (preceptors, trainees, managers) to proactively develop the role and its implementation	Introduce robust recruitment processes which are clear, concise and communicated to recruiting managers and trainees. Support or signpost teams to support for workforce needs analysis tools. Create support for those who are newly qualified. Ensure trainees and managers are aware of the commitment of time and study, and also level of study as feedback has stated the SCQF Level 8 has been challenging Perhaps introducing an access course or clear articulation into this level of

								study or a preparation of study skills Understand the difficulties of the educational routes (we used non-endorsed HNC 12 credit and PDA courses) into nursing as this has led to frustration for those who are qualified APs
NHS Western Isles	Yes	Yes, we currently have 6 employees undertaking Level 7 education with the OU. On completion of studies they will move into Band 4 Assistant Practitioner roles, later this year.	Medical ward – 1 Surgical ward – 2 Macmillan Team – 3	No response	No response	No response	No response	No response
Golden Jubilee	No response received							
State Hospital	No response received							

Appendix 4: Theme 4 - Associate Practice Educator roles (responses per health board)

Please confirm which health board you are responding on behalf of	Do you currently have HCSW Associate/Assistant Practice Educators in your health board?	If yes, how many?	If no, do you have any plans to include this role in the next 1-2 years?	What was your implementation plan when introducing this role?	What preparation, education and support did those in the role receive?	Please share what lessons you have learned from implementing this role?	What has the impact of this role been in practice?
NHS Ayrshire & Arran	No		This would be an ambition for NHS Ayrshire and Arran	No response	No response	No response	No response
NHS Borders	Yes		No response	No response	No response	No response	No response
NHS Dumfries & Galloway	No		Possibly, this will also depend on funding.	No response	No response	No response	No response
NHS Fife	No response received						
NHS Forth Valley	No		Yes - we have (just in the past 2 weeks) started to bring in senior HCSW staff on the bank to support Practice Development in the design and delivery of our HCSW Academy and HCSW skills training.	No response	No response	No response	No response
NHS Grampian	No response received						
NHS Greater Glasgow & Clyde	Yes	2	No response	No response	Ensuring support of operational management and operational colleagues, Education on the HCSW Development and Education Framework,	Positive lessons including empowering HCSWs	Positive – still evaluating

					qualified at SCQF level 7		
NHS Highland	No		Yes, it is a role we are currently reviewing	No response	No response	No response	No response
NHS Lanarkshire	No		We are in the process of submitting an eCOR to recruit two part-time Band 4 Associate Practice Educators and one full-time Band 5 Associate Practice Educator. We are hopeful that these individuals will have the opportunity to pursue the PDA in Education, Training, and Assessment.	No response	No response	No response	No response
NHS Lothian	Yes	1	No response	To support HCSW, Carry out induction sessions, teaching on clinical skills	The Facilitation of Learning Programme	I am the APE and I'm constantly learning and reflecting.	In particular the PDA L 8 candidates say they feel supported by me as I have undertaken the course previously too.
NHS Orkney	No response received						
NHS Shetland	No response received						
NHS Tayside	Yes	2 plus 1 x AHP	No response	Robust induction, learning from other boards, support from NES, support from within the Practice Development team and opportunities for learning	Ongoing personal development. 2 (1 x N&M and 1 x AHP) undertaking PDA course	It's been critical to supporting HCSWs in practice - starting from induction, through a development journey, creating a community of practice that is a space for learning and reflection for only HCSWs which they did not have before. The APE role in supporting the implementation of the	HCSWs requesting support in practice Support with completion of mandatory induction standards workbooks Positive feedback re the impact of the 2 day development programme offered which has stated increased confidence,

						Assistant Practitioner role was also vital in offering support, development opportunities and linking with service areas.	knowledge and skills around all 4 pillars of HCSW practice A celebration day has been created and resulted in engagement from HCSWs and registrants and senior leaders
NHS Western Isles	No		Unsure	No response	No response	No response	No response
Golden Jubilee	No response received						
State Hospital	No response received						

Summary of Health Board activities in respect of Nursing HCSW role development



This resource may be made available, in full or in summary form, in alternative formats and community languages. Please email us at altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.



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