

# **Healthcare Support Workers as Educators Scoping Study**

## **Full Report**

**November 2022**

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## Executive Summary

### Background, context and drivers

A key ambition for the Scottish Government is to improve the health of people in Scotland. Achieving this requires a range of long-term policy interventions, including through a renewed focus on optimising the impacts of available resources, such as supporting the upskilling of Healthcare Support Workers (HCSWs). This has arguably become even more important as a result of the COVID-19 pandemic and its impact on the health and social care workforce, ways of working, and the pressures and responses that have been required and continue. The Associate Practice Educator role presents an opportunity to effectively support the training and development of HCSWs.

There are a range of strategic drivers underpinning the implementation of the Associate Practice Educator role which has been developed in NHS Tayside and NHS Grampian. The NHS Education for Scotland (NES) Strategy 2019-2024: A Skilled and Sustainable Workforce for a Healthier Scotland, sets out five key areas of focus including three that are specific to training and learning. The Scottish Government's NHS Recovery Plan: 2021-2026 presents ambitions to ensure long term workforce and service sustainability in Scotland including training opportunities and development pathways. The National Workforce Strategy for Health and Social Care was published by the Scottish Government in March 2022 and outlines actions to support staff upskilling and career progression pathways.

Between 2016 and 2018, a pilot scheme in NHS Grampian introduced the Associate Practice Educator role and following this, NES delivered a test of change project from 2018 to 2020 to understand how Band 4 Associate Practice Educators could enhance the education infrastructure for HCSWs in Allied Health Professions. A subsequent review of wider career pathways for HCSWs at Levels 2-4 of the NHS Career Framework for Health in NHS Scotland highlighted the need to further build the pilot evidence base with a view to appointing Associate Practice Educators across all Health Boards in Scotland.

### Associate Practice Educators

Associate Practice Educators are skilled and experienced HCSWs who operate at Level/Band 4 and are embedded in Practice Education/Practice Development teams in two NHS Boards. Their role is to facilitate learning and development opportunities for HCSWs.

The Associate Practice Educator role was introduced in NHS Grampian and NHS Tayside to ensure that HCSWs were able to find and access education, training and development opportunities that matched and improved their skill levels in line with their day-to-day responsibilities. Associate Practice Educators perform a wide variety of activities and responsibilities to facilitate these opportunities for HCSWs, including: the development and delivery of group, person-centred, education provision; training and information sessions; drop-in opportunities; work-based mentoring; signposting to guidance materials and resources; and support with employability skills and mock interviews.

Associate Practice Educators also have a role to play in networking and building relationships across Health Boards, such as through participation in national conference events.

## Healthcare Support Workers as Educators

It is important for Associate Practice Educators to develop a range of key person-centred skills, values and knowledge. Through the role, Associate Practice Educators have developed wider, cross-cutting skills such as strong communication and public speaking, planning their own workload and taking initiative, adaptability and collaboration, and professionalism. Associate Practice Educators also require, and typically develop, good digital literacy and training delivery capabilities in the role.

There is a strong feeling that the level of investment in the Associate Practice Educator role, both in terms of the financial investment in developing and maintaining it and the supervisory time spent supporting Associate Practice Educators, has been matched by the role's impact on HCSWs within both NHS Grampian and NHS Tayside.

### Benefits and successes

The introduction of the Associate Practice Educator role in both Health Boards has seen a range of benefits and successes for HCSWs but also for Associate Practice Educators themselves. Associate Practice Educators operating in the role typically come from a HCSW background, meaning they have an understanding of what the role entails, and the challenges faced by HCSWs on a daily basis. This provides them with valuable knowledge and insight into how best to engage with HCSWs. As a result of this engagement, HCSWs are more likely to undertake education and training and reflect on their own learning and development needs – ultimately this can lead to service improvement.

Through learning the role, Associate Practice Educators have been able to develop a variety of tangible and transferable skills, including how to train staff, preparing and delivering presentations, improved communication, and personal workload planning. They have also been able to develop a range of important and emerging skills, including key digital tech competencies, for instance through the development and delivery of online presentations to HCSWs. In many cases, these skills are new to Associate Practice Educators.

Collaboration and relationship building between and across Health Boards has seen Associate Practice Educators develop positive relationships with each other and HCSWs, supporting the facilitation of best practice sharing. Newer entrants to the role have been supported to settle into it and gain confidence as a result of this strong collaboration element. HCSWs have benefited significantly through a strong multi-facet communication strategy, employed by Associate Practice Educators, encouraging engagement and identifying different learning and development opportunities for HCSWs.

From a career progression perspective, the role has opened up a new career pathway for HCSWs which has helped with retention in the workforce due to new opportunities for individuals to develop and learn new skills. For HCSWs, there is an overriding sense that Associate Practice Educators are always available and approachable which gives HCSWs more confidence to engage with them around any questions or issues they may be facing.

### Recommendations

- **Recommendation 1:** A formal induction process that is structured and comprehensive should be implemented for Associate Practice Educators. This would help new starts make the shift from clinical delivery to the role of educator and would help with practical aspects of the job, such as engaging with HCSWs, networks with wider teams, sourcing education and training, providing 1-2-1 support, identifying learner needs, and preparing materials and sessions.

- **Recommendation 2:** Experienced Associate Practice Educators should be involved in the recruitment process for new Associate Practice Educators. This would give them an opportunity to articulate to candidates what the role entails and the benefits of undertaking it.
- **Recommendation 3:** Consideration should be given to providing an Associate Practice Educator career development structure, for example by accessing Further and Higher Education, and courses such as the Professional Development Award: Healthcare Professionals, Facilitation of Learning, and Training and Assessment in the Workplace as SCQF Level 8.
- **Recommendation 4:** There should be more effective promotion of the role to HCSWs and their managers to enhance reach and engagement through additional activities undertaken by Practice Education teams to raise awareness of the role and its benefits for HCSWs.
- **Recommendation 5:** Associate Practice Educators see great value in delivering 1-2-1, in-person support sessions which largely stalled due to the pandemic, and more of these should be delivered to ensure person-centred and tailored provision is offered to HCSWs, some of whom may find this engagement less daunting than attending group sessions.
- **Recommendation 6:** Consideration should be given as to how every NHS Health Board in Scotland can develop an Associate Practice Educator workforce to support HCSWs. There should also be more Associate Practice Educators in NHS Grampian and NHS Tayside

## Section 1: Introduction

### Background

1.1 In June 2022, NHS Education for Scotland (NES) commissioned ekosgen to undertake review of the Associate Practice Educator role, which had been introduced in two NHS Health Boards (NHS Tayside and NHS Grampian) following an initial pilot in 2016. The research seeks to understand best practice related to the role and how it can overcome challenges around access to learning and development at work for Healthcare Support Worker (HCSWs).

1.2 A key ambition of the Scottish Government is to improve the health of people in Scotland and achieving this requires a range of long-term policy interventions, including through a renewed focus on optimising the impacts of available resources, i.e. the skills development of the existing workforce through learning opportunities. This has arguably become even more important as a result of the COVID-19 pandemic and its impact on the health and social care workforce, ways of working, and the pressures and responses that have been required and continue.

1.3 The National Workforce Strategy for Health and Social Care in Scotland<sup>1</sup> outlines a need for a high-quality, efficient, and effective health and social care system that delivers accessible, person-centred healthcare, which is underpinned by learning that supports people to have the right skills, for instance through upskilling and development opportunities. HCSWs are key to the NHS operating effectively, undertaking a variety of roles, and operating across all clinical areas and teams, and they had to adapt as a result of the COVID-19 pandemic which increased the pressure on all job roles.

1.4 Many HCSWs took on an expanded role as they had to meet the pressures of the volume of COVID-19 patients, the need for social distancing and other procedures, personal protection equipment (PPE), technological developments, and the clinical challenges presented by an unknown virus. This meant a need to ensure HCSWs were able and supported to develop their skills and knowledge in order to contribute to delivering high-quality patient care.

1.5 However, even without the pandemic, HCSWs remain central to patient care and experience, and as part of a wider team, supporting colleagues. This means there is an ongoing and important need for education, training and development opportunities for HCSWs, something that the Associate Practice Educator role aims to facilitate. It is vital that HCSWs are supported and have access to education, training and development to undertake their role, develop their skills and progress in their careers in line with their aspirations.

1.6 This report reviews the introduction of Associate Practice Educator role across NHS Tayside and NHS Grampian in order to understand the experiences of both HCSWs and Associate Practice Educators and the benefits of the latter in supporting and facilitating enhanced learning and development opportunities.

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<sup>1</sup> <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

## Objectives of the research

1.7 The overall aim of this research is to understand how the Associate Practice Educator role can address the long-standing issues around access to support that can facilitate learning and development at work for HCSWs. The study has several key objectives, and these are set out below:

- Identify good practice in supporting learning in the HCSW workplace.
- Understand the lived experiences of Associate Practice Educators, i.e. in terms of their alternative career pathway, the activities they routinely undertake, and the benefits of their new education development role.
- Explore the impact of the Associate Practice Educator role on HCSWs specifically, i.e. in identifying training and development opportunities for the latter.
- Consider the investment made by NHS Tayside and NHS Grampian, both financial and supervisory, in establishing and maintaining the Associate Practice Educator role.
- Identify key learning from the implementation of the Associate Practice Educator role in NHS Tayside and NHS Grampian, including the potential for further roll-out of the role across other Health Boards in Scotland.

## Approach and methods

1.8 The research was carried out in two main stages. The first stage involved a review of reports and evidence from the initial NES pilot project for the role, as well as a review of financial investment into the role and the supervisory time and effort to establish and support the role from a Health Board perspective.

1.9 The second stage included a primary research programme with a range of NHS stakeholder groups, as shown in Table 1.1.

Table 1.1: Primary research summary

Target	Approach
Associate Practice Educators	<ul style="list-style-type: none"> <li>• 1 focus group with 7 Associate Practice Educators.</li> <li>• 4 individual consultations with the remaining Associate Practice Educators.</li> <li>• This ensured that all active Associate Practice Educators across NHS Tayside and NHS Grampian were engaged with as part of the research.</li> </ul>
Healthcare Support Workers	<ul style="list-style-type: none"> <li>• 2 focus groups with 8 Healthcare Support Workers.</li> <li>• 3 individual consultations with 3 Healthcare Support Workers to inform the development of a series of case studies presented separately from this report.</li> </ul>
NHS Greater Glasgow & Clyde	<ul style="list-style-type: none"> <li>• 1 individual consultation with NHS Greater Glasgow &amp; Clyde to understand emerging thinking around implementing the role in the region.</li> </ul>
NES HCSW Project Team	<ul style="list-style-type: none"> <li>• 2 consultations with NHS Tayside and NHS Grampian Lead Practice Educators.</li> </ul>

1.10 Throughout the research, there was regular engagement with the NES HCSW Project Team, including as part of an emerging themes presentation where the NES HCSW Project Team provided feedback on initial emerging themes from the research.

### Report content

1.11 The remainder of the report is structured as follows:

- **Chapter 2** outlines the strategic context and drivers for the review of the Associate Practice Educator role, from both a regional and national perspective.
- **Chapter 3** sets out the rationale for the Associate Practice Educator role before going on to describe the role in detail, including the main activities, skills and responsibilities of the role, and the level of investment in establishing and maintaining it.
- **Chapter 4** explores the benefits, successes and challenges of the Associate Practice Educator role, both for HCSWs in accessing education, training and development opportunities, and for the Associate Practice Educators themselves, i.e. in career progression and relationship building.
- **Chapter 5** provides a summary of the key findings from the research as well as a series of recommendations.



## Section 2: Context and drivers

### Headline findings

- There are a range of strategic drivers underpinning the implementation of the Associate Practice Educator role in NHS Tayside and NHS Grampian.
- NES launched its Strategy 2019-2024: A Skilled and Sustainable Workforce for a Healthier Scotland in 2019<sup>2</sup>, setting out five key areas of focus, including three areas specifically addressing training and learning.
- The Scottish Government's NHS Recovery Plan: 2021-2026 presents a range of ambitions to ensure the longer-term sustainability of the workforce and service in Scotland<sup>3</sup>, including commitments around training opportunities and development pathways for staff.
- The National Workforce Strategy for Health and Social Care was published by the Scottish Government in March 2022<sup>4</sup>, with actions around ensuring staff have access to skills development opportunities both to improve career and enhance career progression pathways.
- A pilot scheme in NHS Grampian between 2016 and 2018 saw the Associate Practice Educator first developed and introduced to meet the education and training needs of HCSWs.
- Following this pilot, NES initiated a test of change project from 2018 to 2020 to understand how Band 4 Associate Practice Educators could enhance the existing education infrastructure for HCSWs within the Allied Health Professions (AHP).
- Thereafter, NES was commissioned by the Scottish Government to undertake a review of the wider career pathways for HCSWs working at Levels 2-4 of the NHS Career Framework for Health in NHS Scotland.
- The review highlighted the need to build the evidence base of the pilots, with a view to eventually appointing Associate Practice Educators in all NHS Health Boards.
- The review also emphasised a requirement to further develop education programmes and pathways for HCSWs, and a need to increase resource sharing among NHS Health Boards around these education opportunities.

### Introduction

2.1 This chapter presents the key policy, strategic and operational drivers related to the development of the Associate Practice Educator role in NHS Tayside and NHS Grampian. It outlines the strategic context for the role in Scotland, before highlighting the ongoing operational context within the NHS and how the Associate Practice Educator role fits.

### Strategic context

2.2 In 2019, NES launched its Strategy 2019-2024: A Skilled and Sustainable Workforce for a Healthier Scotland<sup>5</sup>. The Strategy sets out NES's mission to "enable excellence in health and care through education,

<sup>2</sup> [https://www.nes.scot.nhs.uk/media/kacboen5/nes\\_strategic\\_framework\\_2019\\_2024.pdf](https://www.nes.scot.nhs.uk/media/kacboen5/nes_strategic_framework_2019_2024.pdf)

<sup>3</sup> <https://www.gov.scot/publications/nhs-recovery-plan/>

<sup>4</sup> <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

<sup>5</sup> [https://www.nes.scot.nhs.uk/media/kacboen5/nes\\_strategic\\_framework\\_2019\\_2024.pdf](https://www.nes.scot.nhs.uk/media/kacboen5/nes_strategic_framework_2019_2024.pdf)

workforce development and support”. As part of this, the Strategy outlines five key areas of focus for the five-year period, including three areas specifically addressing training and learning:

- **A high-quality learning and employment environment:** Includes the provision of educational infrastructure for training and practice education to ensure learners are well supported in the workplace.
- **National infrastructure to improve attraction, recruitment, training and retention:** Includes ensuring clear routes of entry and progression for all roles, to support staff and trainees and help them achieve their potential.
- **Education and training for a skilled, adaptable and compassionate workforce:** Includes providing learning and development opportunities for all groups of staff in health and care, e.g. structured programmes of learning, CPD, practitioner role development, and education frameworks for all staff groups.

2.3 NES published its Strategy Annual Progress Report 2020-2021 in November 2021, its second annual report on the Strategy. The report provides a summary and review of progress towards NES achieving its five outcomes, as set out in the 2019-2024 Strategy<sup>6</sup>.

2.4 In August 2021, the Scottish Government and NHS Scotland published the NHS Recovery Plan 2021-2026<sup>7</sup>. The Plan was developed during the COVID-19 pandemic with a view to recovery for NHS Scotland through and beyond the pandemic. It sets out a range of key ambitions and actions to be developed and delivered between 2021 and 2026 to ensure longer term sustainability of the NHS and Health and Social Care sector in Scotland. The pandemic had a significant impact on the Health and Social Care sector, with a backlog of care contributing to an intense and stressful environment for staff within the NHS whose main focus was on addressing patient needs, rather than their own education, training and development.

2.5 In emerging from the pandemic, the Plan sets out a range of actions focused on recruitment, retention and training opportunities for staff. This includes commitments around providing additional training opportunities through the NHS Academy for new and existing staff in key areas of need and establishing new training and development pathways. The Associate Practice Educator role has a role to play in identifying these pathways for HCSWs who may not be aware of education, training and development opportunities, and do not have enough time to explore potential options due to their patient-facing activities post-COVID.

2.6 Following the NHS Recovery Plan 2021-2026, the Scottish Government published its National Workforce Strategy for Health and Social Care in Scotland in March 2022<sup>8</sup>. The Strategy sets out a national framework to achieve a vision of:

*‘a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.’*

2.7 Accounting for the impact of COVID-19 and the growth of new technologies and innovation within and across the sector, the Strategy highlights the need for ensuring the workforce is skilled to deliver a high-quality patient experience. It presents several national outcomes to be achieved as part of the overarching vision for Scotland, including:

- We have thriving and innovative businesses, with quality jobs and fair work for everyone.

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<sup>6</sup> <https://www.nes.scot.nhs.uk/media/erabi4bb/progress-against-strategic-outcomes-2020-21-2021-11-25.pdf>

<sup>7</sup> <https://www.gov.scot/publications/nhs-recovery-plan/>

<sup>8</sup> <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

- We are all well-educated, skilled and able to contribute to society.

2.8 The Strategy outlines Five Pillars of the Workforce Journey, one of which is Train, and associated actions to ensure these Pillars are addressed. It is important that staff have access to skills development opportunities, both to improve care and to enhance career progression pathways which will support workforce retention. The Strategy sets out actions around investment in training places for Allied Health Professionals, and progressively expanding the role of NES and the NHS Academy to support upskilling and development opportunities. Associate Practice Educators can play a significant role in ensuring HCSWs can access education and training opportunities in their role in order to enhance their career progression pathways and deliver a high level of care.

2.9 NHS Tayside's Transforming Tayside 2019-2022 plan highlights a need for continuous improvement in region, partly delivered through the provision of training, tools and guidance to NHS staff across the region. Similarly, NHS Grampian's Plan for the Future 2022-2028 outlines how healthcare services will be rebuilt following the COVID-19 pandemic, with a focus on three key areas: People, Places and Pathways<sup>9</sup>. Central to this is improving the experiences of the workforce with a range of measurable indicators to achieve this, i.e. protected time for learning in all NHS Grampian

### Pilots context

2.10 The value of, and need for, widening learning and development opportunities for HCSWs was recognised as part of a pilot scheme between 2016 and 2018, where the Associate Practice Educator was first developed and intended to meet the training needs of HCSWs<sup>10</sup>. The pilot took place in NHS Grampian with two Associate Practice Educators undertaking the role on a part-time basis in order to support HCSWs to access skills development and learning opportunities. Feedback suggested that the role could provide an effective way to train new workers and develop their careers, while supporting the NHS to deliver high quality, person-centred care.

2.11 The NHS HCSW Learning Survey (2018) highlighted four major barriers to learning experienced by HCSWs<sup>11</sup>. These were:

- Access to information about what learning is available
- Support (including psychological support)
- Funding
- Time

2.12 The Associate Practice Educator role was developed with the aim of addressing these barriers for HCSWs, and this will be explored throughout the report. As well as the initial 2016-2018 pilot, NES initiated a test of change project from 2018 to 2020 in order to understand how Band 4 Associate Practice Educators could enhance the existing education infrastructure for HCSWs within the Allied Health Professions (AHP)<sup>12</sup>. This identified findings around better understanding approaches to learning for HCSWs and opportunities for changes to existing learning practices. It also indicated that the Associate Practice Educator model could be applied across Scotland "to meet national objectives and local needs".

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<sup>9</sup> <https://www.nhsgrampian.org/strategy2022-2028>

<sup>10</sup> <https://learn.nes.nhs.scot/65936/support-worker-central/information-for-managers-and-educators/associate-practice-educator-project-case-study>

<sup>11</sup> <https://learn.nes.nhs.scot/65935/support-worker-central/hcsw-learning-framework/hcsw-learning-survey-2019-report>

<sup>12</sup> Emerging Roles – Healthcare Support Workers as Educators Project Report, December 2020

2.13 Following the implementation of the pilots, NES was commissioned by the Scottish Government to undertake a review of the wider career pathways for HCSWs working at Levels 2-4 of the NHS Career Framework for Health in NHS Scotland<sup>13</sup>. The review highlighted the need to build the evidence base of the pilots, with a view to eventually appointing Associate Practice Educators in all NHS Health Boards. It also emphasised a requirement to further develop education programmes and pathways for HCSWs where there are not always strong routes, and a need to increase resource sharing among NHS Health Boards around these education opportunities. There are areas the Associate Practice Educator role can effectively contribute to, and this will be explored in greater detail throughout this report.

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<sup>13</sup> <https://www.nes.scot.nhs.uk/media/3q2icf2n/commission-hcsw-final-report.pdf>

## Section 3: Associate Practice Educators

### Headline findings

- Through the pilot, NHS Grampian became the first NHS Health Board in Scotland to test a formal education role for HCSWs.
- The Associate Practice Educator role was introduced to ensure that HCSWs could find and access education, training and development opportunities that matched, and then improved, their skill levels to reflect their day-to-day responsibilities.
- The NHS Grampian pilot saw two individuals undertake the role on a part-time basis. By August 2022, the role had been implemented in NHS Tayside and, across the two Health Boards, there were 11 Associate Practice Educators.
- Associate Practice Educators have a range of responsibilities to ensure the education, development and training needs of HCSWs are met, including:
  - Development and delivery of group, person-centred education provision, training and information sessions, drop-in opportunities, work-based mentoring, signposting to guidance materials and resources, and support with employability skills and mock interviews.
- As well as direct training and development responsibilities, Associate Practice Educators engage in networking and relationship building activities, for instance through participation in external events, e.g. national conferences.
- A range of key person-centred skills, values and knowledge is required for the role and the Associate Practice Educators are considered to have developed these. They have also developed skills such as strong communication and public speaking, planning their own workload and taking initiative, adaptability and collaboration, and professionalism. Associate Practice Educators also require, and typically develop, good digital literacy and training delivery capabilities in the role.
- There is a strong sense that the level of investment in Associate Practice Educators, both financial and supervisory, has supported the development and sustainability of a very important and impactful role within both Health Boards.

### Introduction

3.1 This chapter provides the rationale for and background to the Associate Practice Educator role, before going on to describe the role and its associated skills, activities and responsibilities. The chapter concludes by reviewing the level of investment that went into the development of the role across NHS Tayside and NHS Grampian, specifically covering the financial and supervisory (i.e. time spent) investment.

### Rationale and background to the role

3.2 The Associate Practice Educator role was first introduced in 2016 as part of the NHS Grampian pilot in order to meet the education and training needs of HCSWs<sup>14</sup>. Through this, NHS Grampian became the first NHS Health Board in Scotland to test a formal education role for HCSWs. The role was developed with a view to ensuring access to a consistent level and high standard of training and practice, with the rationale to ultimately support recruitment and retention within the HCSW workforce in NHS Grampian, and eventually throughout Scotland. The introduction of the Associate Practice Educator role within the region aimed to ensure that

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<sup>14</sup> <https://learn.nes.nhs.scot/65936/support-worker-central/information-for-managers-and-educators/associate-practice-educator-project-case-study>

HCSWs could find and access education, training and development opportunities that matched, and then improved, their skill and knowledge levels to reflect their day-to-day responsibilities.

3.3 There are several frameworks and tools to support the learning and development of HCSWs in Scotland; however, it has been the case in the past that some HCSWs have found it difficult to fully engage with these tools as a means to drive personal and professional development, i.e. skills and knowledge. This may have been a result of a range of factors, most notably having other, more pressing commitments such as undertaking clinical activities in their position as patient-facing workers. It was felt the introduction of a specific point of contact for educational and training-related support and advice could overcome this barrier, therefore enabling HCSWs to better and more effectively utilise resources such as the online Support Worker Central Turas site<sup>15</sup> and the HCSW Learning Framework<sup>16</sup>.

3.4 For NHS Grampian, a key driver in implementing the role was to expand the range of career pathways and progression opportunities for HCSWs. This was important particularly within the context of a sector and workforce that faces recruitment and retention challenges, where a perceived lack of career progression opportunities could be seen as a factor in individuals leaving the workforce. There is therefore a need to ensure these pathways are clear and accessible for HCSWs, and through the development of the Associate Practice Educator role, there was an opportunity to use the knowledge and experiences of existing HCSWs to help identify these pathways and develop the skills and confidence of staff.

3.5 Having the background of an experienced clinical HCSW, Associate Practice Educators are in a strong position to effectively understand the challenges in the system, and to develop solutions which will support colleagues to access skills development opportunities. The role is unique in the NHS in that it acts a central point of contact for HCSW staff who otherwise may have struggled to engage in clinical learning, while not having a clinical, patient-facing component. This means individuals operating as Associate Practice Educators have the time and capacity to identify, plan and often deliver education and training opportunities for HCSWs.

3.6 The 2016-2018 pilot in NHS Grampian saw two Associate Practice Educators carry out the role on a part-time basis, equating to one Full-Time Equivalent (FTE). This allowed both individuals to continue to deliver clinical support on a part-time basis. Since then, the number of Associate Practice Educators has increased in NHS Grampian to eight, with another three Associate Practice Educators established in the role in NHS Tayside as of August 2022. The role operates at Level/Band 4 and is embedded in the Practice Education/Practice Development teams across the two Health Boards.

### Skills and responsibilities

3.7 Associate Practice Educators have a crucial role to play in the education, training and development needs of HCSWs. Building on existing NES tools and resources, such as the HCSW Learning Framework, the primary responsibility of the Associate Practice Educators is to provide expertise around learning and development within clinical teams and deliver education and training that support the four Pillars of Practice developed for HCSWs<sup>17</sup>. The Pillars of Practice are listed below:

- Clinical skills;
- Facilitating learning;
- Leadership; and

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<sup>15</sup> <https://learn.nes.nhs.scot/34351/support-worker-central>

<sup>16</sup> <https://www.nes.scot.nhs.uk/our-work/healthcare-support-workers-hcsws/>

<sup>17</sup> <https://learn.nes.nhs.scot/51691/support-worker-central/hcsw-learning-framework/developing-within-the-4-pillars-of-practice>

- Service improvement.

3.8 In order to support HCSWs in these four areas, Associate Practice Educators must fulfil a range of roles and person-centred interventions. These are typically non-clinical, patient-facing interventions but crucially are designed to ensure HCSWs can effectively undertake clinical responsibilities to a high standard. As set out in the initial pilot, there are several key roles for Associate Practice Educators in relation to supporting HCSWs:

- Providing work-based learning;
- Creating a culture of organisational learning;
- Nurturing team working and professionalism; and
- Developing leadership at all levels.

3.9 Through the primary research and direct engagement with all Associate Practice Educators across NHS Tayside and NHS Grampian, a range of interventions and responsibilities have been identified and relate to three overarching areas: the learning and development of HCSWs, day-to-day administration and planning for Associate Practice Educators, and networking and relationship building activities. These are described in detail in the following sections.

### **HCSW learning and development**

3.10 All Associate Practice Educators engaged with through the research feel their main responsibility is to support, guide and advise HCSWs with regard to education, training and development opportunities. Associate Practice Educators have a role to play in the induction of new HCSWs entering into the workforce, often through introductory meetings outlining how the Associate Practice Educator can support and advise HCSWs, as well as delivering the HCSW Induction Workbook. Working with HCSWs at Bands 2 to 4, Associate Practice Educators deliver sessions to facilitate development, upskilling and knowledge sharing across units within Health Boards, for instance the delivery of Fundamentals of Care training to ensure all HCSWs are equipped with knowledge and skills to meet the person-centred care needs of patients<sup>18</sup>.

3.11 In some cases, these development sessions are delivered in a group format, and in other instances there is an opportunity for 1-2-1 training. One example given in the primary research included an Associate Practice Educator shadow and mentor a HCSW who was in need of additional support on particular interventions. In this instance, the Associate Practice Educator spent time with the HCSW on the ward and gave practical demonstrations and advice on completing tasks and this approach was seen as very beneficial for the HCSW who was able to gain confidence in their role.

3.12 In terms of development sessions in a group format, the HCSW Forum provides Associate Practice Educators with an opportunity to deliver person-centred education and training to a large number of HCSWs at the same time. The Forum is an online event delivered through the HCSW Education Network<sup>19</sup>. It takes place every six weeks and typically brings together up to 60 HCSWs to discuss and share aspects related to education, role development and learning, i.e. through sharing good practice examples of learner and development opportunities, exploring barriers and enablers, and identifying any education gaps. Every second session is a development session, and these are occasionally delivered by Associate Practice Educators from NHS Tayside and NHS Grampian. It is a good opportunity for the Associate Practice Educators to reach a wider audience,

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<sup>18</sup> Feedback from HCSW focus group

<sup>19</sup> <https://learn.nes.nhs.scot/51619>

ensuring there are opportunities for all HCSWs in Tayside and Grampian to access Associate Practice Educator support in some form.

3.13 On a day-to-day basis, Associate Practice Educators also perform an important function as a key point of contact for HCSWs to ask for advice around education and development and to answer queries from HCSWs around their career progression opportunities. It is often the case that many HCSWs do not have immediate access to a computer or laptop when performing clinical duties on the ward, therefore having the opportunity to meet and speak with Associate Practice Educators is seen as a benefit. Feedback from Associate Practice Educators indicates that this eases the burden on HCSWs who can rely on the Associate Practice Educators to take away queries and return with solutions. As one Associate Practice Educator commented:

*'HCSWs don't have time to develop their training options – when they leave the workplace [at the end of each day] they need time to switch off. This is where Associate Practice Educators comes to the fore'.*

3.14 Most, if not all, Associate Practice Educators in NHS Tayside and NHS Grampian offer, or have plans to offer, drop-in sessions for HCSWs to facilitate this discussion on a 1-2-1 basis. This increases the accessibility of Associate Practice Educators across units and means HCSWs can drop in on short notice whenever they have some spare time. During this time, Associate Practice Educators can support HCSWs with advice and signpost them to education, training and development opportunities, where required.

3.15 Findings from the primary research highlighted Associate Practice Educators see their role as an important one in order to empower HCSWs to understand and undertake their own learning and development. Associate Practice Educators can act as a conduit for identifying these opportunities, or in some cases even delivering them. This includes supporting HCSWs to enhance their employability skills and, ultimately, prospects. One Associate Practice Educator recalled carrying out mock interview activities with HCSWs to help prepare them for interviews for different roles within the workforce, and these were seen as very beneficial for those involved – particularly as Associate Practice Educators have a strong understanding of the clinical setting and the types of skills and competencies required for succeeding.

### **Associate Practice Educators**

3.17 As well as providing support and guidance to HCSWs, Associate Practice Educators have a range of other responsibilities and commitments. Some of these are undertaken in order to facilitate that support activity. For instance, the primary research with Associate Practice Educators highlighted a significant increase in their individual work planning responsibility in their new role. This is because the role has a significant level of autonomy, where Associate Practice Educators are effectively in charge of their own working week and must plan communication, training and meeting activities accordingly. For most Associate Practice Educators engaged with through the research, this switch from clinical delivery to a more office or desk-based role was a culture shock that took some time to get used to. As one Associate Practice Educator commented:

*'the mindset change was daunting'.*

3.17 However, the individual work planning element of the role has become easier with experience for all Associate Practice Educators and those with more experience in the role see it as a crucial component of their weekly activities (and a crucial skill to have or develop).

3.18 Linked to this, some Associate Practice Educators undertake record-keeping of training they have delivered and resources available that they have signposted HCSWs to. This allows them to monitor the volume



and type of training that has been delivered to HCSWs, which in turn helps Associate Practice Educators to plan future training sessions or identify new resources and tools for sharing.

3.19 The primary research found that, given the role is relatively new in NHS Tayside and NHS Grampian, it is often the case that current Associate Practice Educators support new entrants to the role, and see value in doing this. This is not a formal process, therefore support and advice is given on an as needs basis and could take the form of Microsoft Teams discussions, sharing best practice and ideas, and identifying resources to support Associate Practice Educators.

3.20 Every six weeks, all of the Associate Practice Educators at NHS Tayside and NHS Grampian are invited to attend an online meeting to discuss events, good practice, and any potential issues or challenges they are facing related to the role. This is also attended by Lead Practice Educators in both Health Boards but chaired by the Associate Practice Educators. It is seen as a very positive approach and discussion, with one Associate Practice Educator noting:

*‘we work very closely together and have a unique bond’.*

### Networking and relationship building

3.21 In order to increase their visibility within NHS Tayside and NHS Grampian, Associate Practice Educators understand wider networking and relationship building activities. This is driven by a strong and varied communications output from all in the role. One Associate Practice Educator commented:

*‘One of our biggest successes is our communications strategy with HCSWs. One method of comms doesn’t work which is why we take a multi-faceted approach – emails, notice boards, social media (Facebook)’.*

3.22 The Associate Practice Educators have established and manage a Facebook page for HCSWs to access, where they can share education and training events and resources and can be reached for any questions or issues. This helps build relationships with a wider range of HCSWs, including those who may not be able to access Associate Practice Educators in a face-to-face manner, i.e. on units or wards.

3.23 A key part of the relationship-building aspect of the role is undertaking activities to ensure Associate Practice Educators make themselves visible to HCSWs and management staff within clinical teams across NHS Tayside and NHS Grampian. For all Associate Practice Educators this is an ongoing process, and often involves face-to-face introductions and meet and greet sessions around wards. Where time and capacity allow, Associate Practice Educators often meet with new HCSWs who are coming onto the ward to begin building relationships and increasing visibility at an early stage. An important element of this for Associate Practice Educators is ensuring management staff are aware of and understand the role of Associate Practice Educators and how they can benefit HCSWs and, ultimately, the quality of care delivered across teams.

3.24 As well as internal networking and relationship building, some Associate Practice Educators have been invited to participate in external events, such as national conferences, which they see as important to increasing their visibility and accessibility. A few are part of the NES HCSW Advisory Group which was established in 2015 and is a multidisciplinary group broadly consisting of support workers across Scotland<sup>20</sup>. Being part of this group enables the Associate Practice Educators to share their experiences in supporting HCSWs in NHS Tayside and NHS Grampian and understanding the needs of HCSWs. One Associate Practice

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<sup>20</sup> <https://learn.nes.nhs.scot/51619>

Educator also mentioned they have been involved in engaging with local schools to drive recruitment into the sector.

3.25 Associate Practice Educators also have a role to play within the wider Practice Education teams in each Health Board and unit. Through engagement and collaboration with other colleagues, Associate Practice Educators get involved in developing the strategic approach to service and staff development and audits, as reported by senior management consultees. This means the Associate Practice Educators contribute to service improvement and meeting NHS ambitions.

3.26 As one senior manager commented:

*‘Associate Practice Educators are contributing to planning our clinical skill programmes and meeting NHS ambitions’.*

### Key skills and knowledge

3.27 In order to effectively undertake the responsibilities described, it is important that Associate Practice Educators are adequately equipped with a range of core, person-centred skills, knowledge and values. The primary research highlighted that some of these skills and knowledge can be new to Associate Practice Educators when they first enter the role; however, all Associate Practice Educators engaged in the research indicated that they have been able to effectively develop their skills and knowledge through experience and exposure to the role, leading to personal development.

3.28 A total of 20 key person-centred skills, knowledge and values identified through the research are presented in Figure 3.1.

Figure 3.1: Key skills for Associate Practice Educators

Communication	People management	Emotional intelligence	Clinical awareness
Adaptability	Workplanning	Digital literacy	Resource development
Public speaking	Taking initiative	Clinical expertise	Training delivery
Approachability	Professionalism	Self-reflection	Creative thinking
Collaboration	Listening	Teamwork	Autonomy

Source: ekosgen primary research

### Investment

3.29 This section describes the level of financial and supervisory investment at NHS Health Board level that goes into sustaining the Associate Practice Educator role. Through discussion with NHS Grampian, it was established that one whole time equivalent (WTE) Associate Practice Educator equates to £33,908 per annum for the Health Board. This cost includes salary, pension contribution and other costs, i.e. National Insurance. This is similar in NHS Tayside, where the financial investment for one WTE Associate Practice Educator is £33,300, again covering salary and additional costs.

3.30 Across both Health Boards, Lead Practice Educators have an ongoing supervisory role to support Associate Practice Educators in the delivery of their role, and this has been explored in greater detail earlier in this chapter. There is one Lead Practice Educator for each of the Practice Education teams within NHS Tayside and NHS Grampian and supervisory time is spent overseeing the activities undertaken by Associate Practice Educators in both Health Boards and supporting them through any challenges or concerns.

3.31 As highlighted in the primary research with the NHS Health Boards, this time also involves an element of “nurturing and guidance” for the Associate Practice Educators, particularly around areas related to the delivery of training and education to HCSWs. Often, it includes the Lead Practice Educators and Practice Education teams reviewing training resources developed by Associate Practice Educators, such as PowerPoint presentations, and undertaking observation during training sessions delivered by the Associate Practice Educators.

3.32 The observational activity undertaken by the senior Practice Education team does not form part of a formal process that is implemented across both Health Boards. Rather, this is an important activity carried out in order to ensure Associate Practice Educators are supported and feel confident in delivering educational sessions to HCSWs. It is particularly important given many of the Associate Practice Educators had very little experience of delivering training to HCSWs before taking on the role, therefore the guidance of the Practice Education teams is seen as highly beneficial.

3.33 The primary research with NHS Tayside and NHS Grampian highlighted a strong sense that the level of investment, both financial and supervisory, has supported the development and sustainability of a very important and impactful role within both Health Boards. One Health Board commented:

***‘The Associate Practice Educator role is absolutely worth the investment time-wise’.***

## Section 4: Benefits and Successes

### Headline findings

- There are a range of benefits and successes as a result of the Associate Practice Educator role in NHS Tayside and NHS Grampian.
- As experienced HCSWs, Associate Practice Educators understand the role and challenges of HCSWs, and this provides them with very valuable knowledge and insight into how to engage and work with HCSWs.
- There is evidence that as a result of the Associate Practice Educators, HCSWs are more likely to undertake education and training and reflect on their learning and development needs, ultimately leading to service improvement.
- Associate Practice Educators have developed a range of tangible and transferable skills, such as training staff, preparing and delivering presentations, improved communication, and planning their own workload.
- Through their experience, they have also been able to develop key digital tech skills, e.g. through online presenting and training delivery, which is seen as a huge benefit.
- Associate Practice Educators have developed a productive relationship with each other, both within and across the two Health Boards, which has fostered great collaboration and best practice sharing.
- This has also been important for newer entrants to the role who have been able to settle into the role and gain confidence, supporting the facilitation of learning.
- Associate Practice Educators employ a strong, multi-faceted communication strategy with HCSWs which has been successful in engaging and encouraging them to participate in learning and training, e.g. through social media, noticeboards, face-to-face meetings.
- The Associate Practice Educator role is a relatively new one and has provided a new career progression pathway for HCSWs, which has helped with retention in the workforce.
- HCSWs report that Associate Practice Educators always make themselves available and approachable and this makes HCSWs feel confident to engage the Associate Practice Educator with questions and issues.
- The work of Associate Practice Educators combined with work of the wider Practice Education teams in both Health Boards has led to clearer and more structured pathways for HCSWs.

### Introduction

4.1 The research explored the benefits of the Associate Practice Educator role to the Associate Practice Educators themselves and to HCSWs. The findings are presented in this chapter and demonstrate the important impact of the role in NHS Tayside and NHS Grampian, and how these benefits will also contribute to wider teams as well as to patient care and experience.

## Associate Practice Educators Skills

4.2 All of the Associate Practice Educators have worked as HCSWs across a range of settings, clinical areas and types of care. As experienced HCSWs, they understand the role of HCSWs and how they fit into the various teams in which they work. They are also very aware of the challenges that HCSWs can face more broadly, and specifically in accessing education, training and development and support for progression in their career. This provides the Associate Practice Educators with very valuable knowledge and insight into how to engage and work with HCSWs and how to unlock some of the barriers that HCSWs face and, importantly, it gives them credibility with the HCSW workforce.

4.3 The Associate Practice Educators reported that by moving into the role, they have developed a wide variety of new skills and have been able to build on some of the existing skills they had. The role has given them a very valuable opportunity to learn and put into practice new knowledge, skills and ways of working. Some of these skills are tangible, 'hard' skills such as preparing and delivering presentations, training staff, accessing, using and disseminating information, and taking part in more strategic meetings and activities.

4.4 They have also developed transferable skills such as improved communication, self-motivation, time management, problem solving, and planning. There is clear evidence that the Associate Practice Educators have become more confident by moving into the role and there is a very high level of job satisfaction. There was broad agreement in an Associate Practice Educator group consultation conducted as part of the primary research that they:

*'enjoy the process of empowering people'.*

4.5 The Associate Practice Educators were motivated to provide support to HCSWs and address gaps that they had faced themselves as HCSWs. As one Associate Practice Educator commented:

*'I wanted to be the person I didn't have'.*

4.6 The Associate Practice Educators have been able to develop their creativity, for example in preparing materials and in how they interact with HCSWs and the wider staff teams. They also report that their work-based digital tech skills have improved as they are using tech more often and in different ways, for example preparing presentations, developing and using online resources, and delivering training online.

4.7 These new skills are incredibly valuable outcomes for the Associate Practice Educators themselves but also for the teams they work with. Developing the skills of employees is also important and valuable for the NHS Health Boards that employ them, contributing to improved patient care, for example.

4.8 Associate Practice Educators are also developing their own leadership skills and taking on roles across planning and operational groups, both within and across the two Health Boards. In doing so, more experienced Associate Practice Educators are able to contribute to the leadership Pillar of Practice, demonstrating and applying leadership skills in supporting new Associate Practice Educators into the role. Similarly, one Associate Practice Educator reflected on the support they received from a more senior Associate Practice Educator colleague to help them deliver presentations to large groups of people and build their confidence, contributing to the facilitating learning Pillar of Practice.

4.9 Whilst some Associate Practice Educators reported that they miss the practical, hands-on work and being patient-facing, they recognise that they are now more skilled than before – clinically and non-clinically –

which is and will continue to be beneficial to their career progression opportunities. It will also make them more confident to consider future progression options and raise their ambitions and aspirations.

### **Collaboration and relationship building**

4.10 A very clear finding is that the Associate Practice Educators have formed productive relationships with each other, both within each NHS Health Board and across the two. They meet regularly, around every six weeks, as well as contact each other on an ad hoc basis in between. The Associate Practice Educators collaborate closely and share information, resources, and experience. They discuss challenges and explore solutions together and share effective approaches and practice. This is deemed by the Associate Practice Educators to be a very positive outcome of the role, and also a great source of support. More experienced Associate Practice Educators proactively support those who are newer to the role offering coaching and mentoring. One less experienced Associate Practice Educator reported that this was key to help them settle into the role, commenting that:

*‘it was great to have another APE to support me as they had the knowledge and experience of the role’.*

4.11 As well as peer support, the Associate Practice Educators report that they have built positive and productive working relationships within the wider teams, with Lead Practice Educators, and with NES. It was reported by a senior manager that:

*‘the Associate Practice Educators are joining quite a senior and experienced team of registered practitioners so need support, development and confidence building to speak up, have a voice and recognise that they are equal’.*

4.12 The Lead Practice Educators have been critical in offering advice and support for the Associate Practice Educators relating to the development and delivery of training, and the provision of advice and access to resources. These relationships have helped to build the confidence of the Associate Practice Educators and have helped them understand how their role contributes to strategic objectives, as well as making them feel valued.

4.13 In terms of wider teams, the Associate Practice Educators bring a new and different perspective to professional practice development teams, as well as associated discussions and actions. As one commented:

*‘we can bring the HCSW perspective to the table and people listen’.*

4.14 This was reflected in the findings from senior colleagues who reported the benefits of having a direct conduit into and from the HCSW workforce and the impact that it has on whole-team development. A senior team member noted that:

*‘the Associate Practice Educators provide support to all clinical staff through their knowledge and their work with HCSWs’.*

4.15 Key to the Associate Practice Educator role is to reach into and work with the HCSW workforce and they do this through a range of approaches, reporting that a multi-faceted communication strategy with HCSWs is the most successful way of engaging and encouraging them to participate in learning and training. They use emails, noticeboards, social media, and also in-person visits to the HCSWs workplaces and units.

4.16 The teaching and learning that the HCSWs deliver is often provided in short sessions and it is therefore important that they can establish relationships quickly. They reported that they have to help HCSWs settle

## Healthcare Support Workers as Educators

quickly into the learning, especially those who may not have taken part in learning for many years and potentially feel daunted and uncomfortable. Illustrating the importance of this, some HCSWs stated that attending a group training session with Associate Practice Educators can be overwhelming. They cite the fact that they are attending with people they do not know, receive a significant amount of messaging and content, and are not used to a learning environment.

4.17 As former practice based HCSWs, the Associate Practice Educators have credibility amongst HCSWs who feel supported by them, and this helps to establish these positive and trusting relationships.

### Career progression

4.18 The Associate Practice Educator role is a relatively new one and has provided a new career progression pathway, which is also a varied pathway for HCSWs in the two NHS Health Boards. It offers a different option for workers, i.e. an educational route rather than the delivery of care, and this is seen as a very positive opportunity.

4.19 A number of the Associate Practice Educators reported that prior to applying for the role, they had been considering their future career and felt that they were able and ready to progress. Two mentioned that without the Associate Practice Educator role, they may have left the NHS in order to progress their career, stretch themselves, and enhance their job satisfaction. It has therefore been important in terms of staff retention. This is illustrated by the following quote from an Associate Practice Educator:

***‘I had been at Band 3 as a HCSW and had “hit a ceiling” – I couldn’t really see where to progress, until Associate Practice Educator role came along and offered new avenue’.***

4.20 Supporting this, a senior manager consulted with reported that:

***‘there needed to be a career pathway for HCSWs, and this is it, for the Associate Practice Educators and in their role in developing more career pathways and progression routes’.***

## Healthcare Support Workers

4.21 As well as examining the benefits and outcomes for the Associate Practice Educators, the research explored the impact of the Associate Practice Educator role on HCSWs and the benefits that have been achieved.

### Skills and benefits

4.22 The HCSWs in the study were very positive about the Associate Practice Educators. They reported that the Associate Practice Educators have a thorough and realistic understanding of the needs and challenges of HCSWs, in particular, the difficulties they can face in identifying their own learning and development needs, finding the support, education and training that is available to address these needs, and then engaging with that support. Without the Associate Practice Educators, and prior to them, the HCSWs strongly believe that they would not know who to talk to and where to access learning and development support. There is also evidence that as a result of the Associate Practice Educators, HCSWs are more likely to undertake training and reflect on their learning and development needs.

4.23 The HCSWs in the study reported that the Associate Practice Educators provide a safe space to discuss challenges and learning needs, with no judgement. They are focused on providing support and solutions and they are considered to be ‘resourceful’. One HCSW commented:

*'my Associate Practice Educator is very organised and helpful. They are flexible and responsive. They understand the pressures in my role and the time pressures.'*

4.24 Having the Associate Practice Educator as a familiar single point of contact means that HCSWs know there is someone who is dedicated to supporting them. They report that it makes them feel confident to approach the Associate Practice Educator with questions and issues, in person, by phone, through Facebook, WhatsApp or another route. Key to this is that the Associate Practice Educators are approachable – HCSWs report that this is critical to the success of the role and the achievement of outcomes.

Working with the Associate Practice Educators, the HCSWs have accessed training and education that they previously were not aware of. Examples provided include mock interviews and employability skills development sessions, as well as the completion of mandatory training, as one HCSW put it:

*'they have kept me on track and helped me complete my [HCSW] Induction Workbook'.*

4.25 An example of innovation is where an Associate Practice Educator recruited a pool of experienced HCSWs to review the work of others as they progressed through the HCSW Induction Workbook. This helped the reviewers develop their skills and confidence, promoted teamworking, and assisted the HCSWs to complete the workbook.

4.26 Examples were provided of where Associate Practice Educators and an individual HCSW identified a particular area of difficulty in their role and, to understand the difficulty and help address it, the Associate Practice Educator will shadow and support the HCSW in the workplace, for example on the ward to coach them 'on the job' and develop their skills. This is considered to be a particular benefit of the Associate Practice Educators as they are experienced HCSWs and can provide practical support at the level required. It is also a very good example of person-centred learning and development. In providing this person-centred support for HCSWs, i.e. demonstrating practical interventions and activities and walking HCSWs through processes, Associate Practice Educators play an important role in the facilitating learning Pillar of Practice which is foundational to the HCSW workforce and overall skills development.

4.27 There is also broad agreement that by supporting HCSWs to develop their learning and skills, the Associate Practice Educator role raises the standard of care and so contributes to service improvement, delivers efficiencies and positively impacts on patient experience. One HCSW said that following training delivered by the Associate Practice Educator they:

*'felt my worth again on the ward'.*

4.28 And as a senior manager reported:

*'the Associate Practice Educators are supporting HCSWs to take on bigger roles, which is really important'.*

4.29 The HCSWs reported that through the education, training and support from the Associate Practice Educators, they are more confident in their role, within their teams and in delivering patient care. The presence of the Associate Practice Educator role has been a big confidence booster for HCSWs to do their job well and progress.

4.30 Many HCSWs have developed strong and productive relationships with Associate Practice Educators and have benefited from 1-2-1 and tailored training, as well as on the job shadowing and development. The Associate Practice Educators regularly deliver group training sessions to HCSWs, online through Microsoft Teams, and going forward, potentially in person. Following these sessions, the HCSWs report that the groups



remain active and in touch. They have evolved into a mechanism for Associate Practice Educators and HCSWs to share information, experiences and training opportunities.

4.31 It was reported by senior consultees that as a result of the Associate Practice Educator posts combined with work of the wider Practice Education teams, clearer and more structured pathways for HCSWs are developing. This work is set to continue, for example with NHS Health Boards stating their commitment and ongoing work to achieving this during the consultations. As one senior manager commented in the research:

*‘in planning training, the Associate Practice Educator bring a new skill mix and perspective which is more efficient and effective’.*

4.32 Examples of training that is being delivered to develop skills and support HCSW progression includes, but is not limited to: Fundamentals of Care, bloodwork, fluids and nutrition, balance charts, and ECGs. One Associate Practice Educator discussed being in the process of developing Fundamentals of Care Champions, where one or two individuals within each ward in their setting would mentor and guide others in some clinical skills areas, in an example of “peer to peer guidance”. In facilitating and encouraging learning amongst HCSWs, Associate Practice Educators play an important role in contributing to other elements of the Pillars of Practice, including overall service improvement. They are supporting HCSWs to complete their workbook, which in turn is facilitating learning and also impacting positively on the delivery of care throughout units and Health Boards.

4.33 There is a strong sense that the Associate Practice Educator role contributes to staff retention, not only of the Associate Practice Educators themselves, but the HCSWs they work with. As one Associate Practice Educator said:

*‘whether a HCSW stays in post depends on how they are supported, particularly at the start’.*

4.34 This is as a result of a variety of factors, including the HCSWs feeling valued and invested in, their increased confidence, support to address any challenges or development needs, and clearer progression pathways. Staff recruitment and retention is a significant issue for the NHS, especially post-pandemic and given the implications of Brexit. If the Associate Practice Educators are helping to address this, then that is a very valuable contribution to the staffing challenges and the provision of quality care.

## Section 5: Conclusions and Recommendations

### Introduction

5.1 The desk and primary research undertaken throughout the study has generated evidence highlighting the benefits and successes of the Associate Practice Educator role in the two NHS Health Boards. This chapter summarises the key findings from the report, before presenting a series of recommendations informed by the research outcomes to support the role moving forward.

### Key findings

5.2 Associate Practice Educators have a key role to play in the education, training and development needs of HCSWs. They perform a range of activities and responsibilities related to this role to ensure HCSWs understand their education, training and development options and can access these. This is important, for instance, to ensure the four Pillars of Practice are reflected in the development and practice of HCSWs<sup>21</sup>.

5.3 Associate Practice Educators engage with and support HCSWs in a variety of ways, including through online group training and information sessions, drop-in opportunities, work-based mentoring, signposting to guidance materials and resources, and support with employability skills and mock interviews. These are all undertaken by Associate Practice Educators in order to implement a greater level of person-centred care and service improvement through clinical skills and knowledge development. A significant benefit of the role is that Associate Practice Educators are experienced in clinical work therefore understand the challenges and needs of HCSWs, particularly when it comes to accessing and undertaking education, training and development.

5.4 There are a range of skills, knowledge and values required for Associate Practice Educators to be effective in the role and meet the requirements. These include strong communication and public speaking, planning their own workload and taking initiative, adaptability and collaboration, and professionalism and taking a person-centred approach to education and training. It is also important for Associate Practice Educators to have good digital literacy and training delivery; however, these are skill areas that are often developed through experience in the role. Associate Practice Educators are motivated to improve their own skills in order to benefit the HCSWs they support.

5.5 The Associate Practice Educators have formed very beneficial and productive relationships with each other, both within and across the two NHS Health Boards. These relationships have been key to sharing good practice and overcoming any issues or challenges, as well as building the confidence of those in the role, particularly newer entrants, therefore enabling greater facilitation of learning across both Health Boards.

5.6 The role has introduced new, varied career progression opportunities within the workforce, and this is a key positive for the sector which faces ongoing recruitment and retention challenges. Through the Associate Practice Educator role, there is a new opportunity for progression routes beyond clinical service provision and into education. Similarly, through showcasing and delivering training opportunities, the role facilitates improved development and career pathways for HCSWs who are able to better access these opportunities. HCSWs report that all Associate Practice Educators are approachable and resourceful which gives HCSWs confidence to approach them with any questions or concerns.

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<sup>21</sup> <https://learn.nes.nhs.scot/51691/support-worker-central/hcsw-learning-framework/developing-within-the-4-pillars-of-practice>

## Recommendations

5.7 There is no doubt that the Associate Practice Educator role has delivered a wide range of benefits and successes, however, the research has identified some areas that could be improved. They are not substantial or insurmountable but require consideration. These are presented below as recommendations for NES to take into consideration.

### Recommendation 1: A formal induction process

When an Associate Practice Educator starts in the role, having been a HCSW, they report that there is a shift in how they work and so they need to alter their mindset and approach. They work quite autonomously and arrange their own work activities, tasks, interventions, and time. This is very different to their previous role as a HCSW. A key issue they said they faced is that they felt 'guilty' in the early days, that they were sitting at a desk, on a computer, and that they did not necessarily have a specific task or intervention at every stage of their working day. They also noted that there is no clear blueprint as to how they should undertake the role and it takes time to become effective, which is of course to be expected. As discussed, it is very valuable that they can draw on the experience of other Associate Practice Educators.

All Associate Practice Educators expressed that there should be a more formal, structured and comprehensive induction process for new Associate Practice Educators. This would help new starts make the shift from a clinical delivery role to the role of educator. It would also help them with practical aspects of the job, for example, making contact with HCSWs, networking with wider teams, sourcing education and training, providing 1-2-1 support, identifying learning needs, and preparing materials and sessions. It should incorporate an element of 'train the trainer' with experienced Associate Practice Educators providing training, shadowing opportunities and coaching to new Associate Practice Educators. Whilst this happens informally, a formal induction would ensure consistency and help to settle Associate Practice Educators into the role.

### Recommendation 2: Associate Practice Educators involved in recruitment process

Associate Practice Educators are well placed to understand the skills and aptitudes required for the job. Experienced Associate Practice Educators should be involved in the Associate Practice Educator recruitment process, as this would give them an opportunity to articulate to candidates what the role entails and the benefits of undertaking it. The Associate Practice Educators would require training to do this and that in itself would develop their skills, enhance job satisfaction and demonstrate progression.

### Recommendation 3: Career planning for Associate Practice Educators

The Associate Practice Educators have demonstrated their interest in development and progression by moving into the role, and for some, they see it as a step on the pathway of continued progression. Consideration should be given to providing an Associate Practice Educator career development structure, for example by accessing Further and Higher Education, and courses such as the Professional Development Award: Healthcare Professionals, Facilitation of Learning, and Training and Assessment in the Workplace at SCQF Level 8. This Professional Learning Award has a direct relation to the facilitating learning Pillar of Practice, in that it would support Associate Practice Educators to further embed that Pillar within their role and their daily person-centred interventions for HCSWs.

Linked to this, there should be a process of the Associate Practice Educators accruing academic points as they undertake the relevant training and education.

#### **Recommendation 4: Visibility and awareness of Associate Practice Educators**

The Associate Practice Educator role provides a single point of contact for learning and development and, importantly, the Associate Practice Educators must be approachable, visible and proactive in contacting and responding to HCSWs. On the whole, the Associate Practice Educators meet these requirements although there is anecdotal evidence that some are less consistent than others in terms of regularity of contact and responsiveness, largely due to experience in the role.

Associate Practice Educators believe that the role could be promoted more effectively to HCSWs and their managers to enhance reach and engagement. This is a key activity of the individual Associate Practice Educators but there is consensus that it could be supported by wider awareness raising within the NHS Health Boards. Therefore, there should be additional activities undertaken by the Practice Education teams within the two Health Boards to raise awareness of the role, particularly aimed at HCSWs and management staff.

#### **Recommendation 5: Person-centred training and development for HCSWs**

During the pandemic, face-to-face meetings and training was not possible. Some delivery of face-to-face sessions has resumed, and these tend to be in a group format, rather than 1-2-1. Some Associate Practice Educators deliver 1-2-1 support, but this varies and can be difficult due to time pressures on the Associate Practice Educators and also on individual HCSWs. They all report that there is great value in 1-2-1 support sessions as it provides person-centred tailored provision and can be delivered more flexibly to fit with the clinical responsibilities of the HCSWs. It can also be less daunting for HCSWs to have a 1-2-1 session to build their relationship with the Associate Practice Educators before joining a group session.

#### **Recommendation 6: Enhancing the reach of the Associate Practice Educator role**

The benefits to HCSWs mean that there is overwhelming support for there to be more Associate Practice Educators within the two NHS Boards, but also, that the role is rolled out to other Health Boards in Scotland. The model in NHS Tayside and NHS Grampian may not neatly fit with every other NHS Health Board but consideration should be given as to how every NHS Board can develop an Associate Practice Educator workforce to support HCSWs. For instance, this should include further engagement with NHS Greater Glasgow & Clyde to share good practice and understand plans to implement the role within the region.

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