All interviews were tape recorded and transcribed. The local ethics committee was consulted before interviews started. The evaluation generated three themes, which are discussed below.

**Experience of course participants**

In general participants initially felt apprehensive:

“[I was] sceptical about it as it was the first time it ran and a lot of people didn’t know anything of this role and the value it might provide, it was [a] new role.”

After their initial fear, participants felt they had gained a greater understanding of the purpose of the course and its content. They felt they had gained confidence in their abilities in clinical practice:

“The course prepared us well for the change in the role.”

“Now in my work I feel I can stand my ground with my opinion and fight my corner for the patient.”

Nurses and doctors working with course participants said their depth of knowledge was more than adequate and even exceeded the requirements of the AP role. One staff member regarded the project as a “positive development and a worthwhile investment”, indicating that it was well received.

The role seemed to create its own niche, as it showed there was greatest potential for development in outpatient/day care haematology. This was due to patients’ needs for increased levels of supportive care in the form of blood transfusions and venepuncture during treatment. In addition, trainee APs showed they could hold a patient caseload, providing continuity and high quality care under nursing/medical supervision. As a result, once the pilot was completed, a job description at band 4 was created specifically for the haematology setting. One aspect of this new job description involved identifying areas of care that post holders can take on as a caseload, such as managing blood transfusions, which enhances job satisfaction. After the telephone interviews the project team continued to tackle the issues related to role clarification in the different clinical areas, with the following suggestions to help develop the AP course:

- Review skill mix in oncology/chemotherapy and haematology areas and match against the Knowledge and Skills Framework (Department of Health, 2004);
- Plan AP role development and build into budget projections;
- Carry out a situational analysis to identify service need before developing the AP role.

Another topic of concern for both course participants and other healthcare staff related to the number of band 4 posts that the cancer centre would need. Participants had assumed that after completing the course successfully all four would be employed at band 4. However, at the time of the interviews it appeared there would be funding for only two posts in the chemotherapy day unit and the possibility of one in the haematology inpatient ward. This created anxiety for trainees and clearly distracted them from their coursework:

“I am worried about the interview for the posts.”

“The mentor in the clinical area was wonderful.”

“Support was good at the college.”

Participants also described increasing anxiety when they moved from the further/ higher education college to the higher education institution. This is not unusual; those entering the undergraduate nursing programme after completing their HNC qualification have described similar feelings. Participants also commented on the additional study/workload, with the needs and demands of the portfolio varying:

“The new assignment scenarios were difficult.”

“Sometimes the support was ad hoc, just as we went along.”

Course participants expressed concern and anxiety about progressing from level 7 to 8. They felt there was a general lack of guidance once level 7 had been completed and when starting the level 8 portfolio. This created feelings of confusion and anxiety and there was a general lack of understanding around the validation process of the level 8 portfolio. The project team had to continually revisit the pilot to ensure the correct standards of education were maintained for band 4 posts. Course participants and other staff stressed the need for formalised educational and clinical support, adding that the level of support provided must be made explicit to students and those in main supportive roles. However, it was unclear from the telephone interviews whether formal expectations of clinical and academic support were made explicit upon recruitment to the course.

Continuous evaluation and student feedback on the course took place through the educational establishments’ usual quality control procedures.

**Table 1. Rationale for pilot**

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**Background**

- Edinburgh Cancer Centre decided to introduce the role of assistant practitioner in the chemotherapy day unit to resolve a number of workload problems
- This also provided the opportunity to release trained chemotherapy nurses to carry out more complex care.

**Academic/clinical support provided during the course**

Course participants generally viewed the teaching, learning and assessment support from the two education institutions and the clinical areas positively:

“[The] main problem is there are only two posts, not four as I thought there would be. The competition will worry me.”

**TABLE 1. RATIONALE FOR PILOT**

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