assurance mechanisms and appropriate action was taken as required.

As a result of the comments received from course participants, the project team made the following suggestions to further develop the course and improve it in the future:

- Increase the formal study and writing skills component of the course;
- Incorporate additional teaching sessions on the use of IT library skills and electronic databases (such as Athens or Shibboleth) to assist the transition from level 7 to 8;
- Include academic supervision from the higher education institutions on the prerequisites for level 8 modules;
- Refer to two newly published frameworks in the programme: the professional development framework for healthcare support workers on working with people with cancer (NES, 2009) and the workforce development framework on safe use of cytotoxic medicines (NES, 2007).

Future developments

The project team had discussions about future developments, which focused on:

- Recruiting and selecting future course participants: it was generally considered that the process should be more formal, planned and that potential candidates should be able to demonstrate capability at band 3;
- Enhancing the course: aspects of psychology should be included to enable APs to support patients and have a greater understanding of the impact of bad news and issues surrounding death. APs highlighted that future courses could consider including some anatomy, physiology and pathology of the common cancers, diagnostic investigations, staging and relevant treatments;
- Clarifying roles: the roles of a newly qualified staff nurse, AP and nursing assistant need to be differentiated;
- Academic/clinical support: a policy should be developed to identify mentors’ commitment when supporting training APs, ensure equity of support and monitor mentors’ additional workload burdens;
- Transferability of the AP course to other clinical areas: the higher education institutions planned to take this forward, possibly by developing core portfolios for the AP role, then developing specialised portfolios for specialised areas of nursing. Locally, areas such as intensive care and mental health nursing have shown interest. Those involved in the review process believe that the course has been successful and can see the potential of developing it further. Developing education and the workforce at the same time is always challenging though, so in order to ensure sustainability, minimise organisational risk and enhance patients’ experience of care, the project team made the following suggestions:
  - Generic and specialist competencies for band 4 should be formulated, matching the specific requirements for different specialties;
  - Decision making capabilities of band 4 staff members should be clarified, according to context specific job descriptions, competencies and the KSF;
  - Career progression opportunities should be incorporated into the performance appraisal or personal development planning of band 2 and 3 support workers.

CONCLUSION

The South East Scotland Cancer Network now has a template that may enable further development of the AP role and provide options for service redesign that can be transferred to other clinical areas. The pilot also identified the potential clinical benefits of the role, while allowing the issues that related to clinical and academic support and training needs to be addressed. Further discussion and strategic planning is needed on the educational content and level of future courses to ensure the smooth integration of APs into practice, provide career opportunities and, most importantly, ensure patient safety at all times.

REFERENCES


