

## ADVANCED CLINICAL PRACTICE Policy (Non - Medical)

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**This policy will be reviewed in line with the Document Control Policy, please read the policy in conjunction with any updates provided by National Guidance.**

**DOCUMENT HISTORY**

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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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## Executive summary

This policy sets out the local processes and procedures for developing and maintaining advanced clinical practice roles (Advanced Clinical Practitioners and Consultant Practitioners) in the non-medical registered professions. The policy provides an agreed definition of Advanced Clinical Practice to enable clinicians, managers and education providers to deliver the functions, knowledge and skills to support the competence of our healthcare professionals working in advanced roles. It is underpinned by refreshed Health Education England's (HEE) guidance from the Centre for Advancing Practice on how NHS organisations should develop these roles in line with the NHS Long Term Plan and the People Plan.

For the Trust to be compliant with the requirements of these advanced practice roles via the HEE Advancing Practice Centre, it has been necessary to change our local integrated framework for advanced practice into an updated local policy. This is to ensure it is followed by all and consistently monitored to give assurance on patient safety and when externally inspected that we are in line with national standards and expectations on these roles within our workforce.

This policy sets out strategically how this element of the Trust workforce will be monitored and developed to ensure the role and services provided by ACPs are sustainable. If an advanced practice role is identified as needed within the workforce, this policy describes the process to develop the new role and the level of education required to achieve advanced practice role status within this Trust. It provides clear expectations of others from the point of view of the line manager, supervisors in practice and the individual practitioners.

Compliance and performance in relation to this policy will be monitored annually and reported to the relevant professional workforce meeting within the Trust.

## 1 Introduction

### Local Context:

The development of non-medical advanced practice roles has had a long history in this country. The drivers influencing the change and expansion of role boundaries have varied over time with quality concerns, reduction in junior doctors' hours and more recently service innovation and recruitment difficulties focussing attention. The national growth in advanced practice roles has been accompanied by a lack of clarity around definitions, governance, and standardisation of roles in practice. More recently efforts to address the situation have been made with publication of the Willis report (2012), and a Health Education England (HEE) response in the form of the 'Shape of Caring Review' (2015), with the drive to ensure that the non-medical workforce is educated and trained to be fit for the future delivery of healthcare and health improvement.

In response to these challenges the Isle of Wight NHS Trust in 2017 developed an integrated advanced practice framework that covered the whole organisation and provided a standard approach to developing these roles and the level of practice that is required for these roles. The Trust also introduced a local advanced practice register to monitor these roles due to the lack of national regulation, and to place a governance structure around these roles.

## **Advanced Clinical Practice:**

Advanced clinical practice (ACP) roles are increasingly seen as key to the delivery of healthcare services. Both local organisations and national bodies state that there is a need for Registered Nurses and Allied Health Professionals to advance their skills and knowledge to provide safe, effective and timely care for those accessing services.

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of core capabilities and area specific clinical competence. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes, (HEE 2018). These roles are essential to supporting the current workforce challenges, including significant numbers of medical consultant vacancies in high pressure specialty services (e.g. urgent care) and the reduction of medical trainees working in other areas (e.g. surgery).

The above definition therefore requires that health and care professionals working at the level of advanced clinical practice will exercise autonomy and decision making in a context of complexity, uncertainty, and varying levels of risk, holding accountability for decisions made.

## **Capabilities for Advanced Clinical Practice in England:**

All health and care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in this framework; the capabilities are common across this level of practice enabling standardisation. The four pillars that underpin this practice are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

The language used to describe the capabilities is deliberately mapped to level 7 taxonomy to support and make clear the expectation that people working at this level are required to operate at master's level i.e., to have the ability to make sound judgements in the absence of full information and to manage varying levels of risk when there is complex, competing, or ambiguous information or uncertainty. This framework acknowledges that the developmental pathway towards delivering advanced clinical practice may be different for individual practitioners. Health and care practitioners will demonstrate the capabilities in different ways, depending upon the nature of the scope and context of their practice, role, and profession. It recognises there are many ways to gain and develop advanced practice capabilities.

## **National Context:**

More recently the NHS Long Term Plan and People Plan set out the commitments for the 21<sup>st</sup> century workforce, which included accelerating skill mix to deliver workforce transformation. Both recognised Advanced Practice and credentials as tools to address the need for: greater cross-professional development of high-quality generalist and specialist

skills, an agile, multi professional workforce skilled to work in multi-disciplinary teams and a solution for addressing localised skill gaps in important models of care.

Advanced practitioners offer multiple benefits to the health service and the population. They provide person centred care to patients, support continuity of care and extend their scope of practice across traditional boundaries. The aim is a greater focus on prevention, more personalised care, a more efficient team, a faster response to patient needs and better outcomes.

Health Education England (HEE) has established the Centre for Advancing Practice to oversee the workforce transformation of advanced level practice, by establishing and monitoring standards for education and training, accrediting advanced level programmes, supporting, and recognising educational and training equivalence, and growing and embedding the advanced and consultant practice workforce.

**The National Centre will deliver this through five key functions:**

- Programme accreditation
- Recognition of education and training equivalence
- Advanced Practice Directory
- HEE credentials
- Workforce solutions

The Trust is in the South East Faculty for Advancing Practice and will be performance reviewed against determined national standards for advanced practice every six months.

## 2 Definitions

**ACP:** Advanced Clinical Practitioner

**CP:** Consultant Practitioner, these roles are also known by the post holder's primary professional registration, i.e., Consultant Nurse, Consultant Paramedic for example.

**HEE:** Health Education England The national body that supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

**M Level:** Academic Masters level (7)

**CPD:** Continuous Professional Development. It refers to the process of tracking and documenting the additional skills, knowledge and experience that registered practitioners gain both formally and informally, after entering their profession at the point of registration.

**TNA:** Training Needs Analysis. An annual analysis of the education and learning requirements of trust staff to manage risks and meet business objectives.

### 3 Scope

- 3.1 This policy applies to the whole Isle of Wight NHS Trust and covers all non-medical registered professionals where the service has identified the need to develop an Advanced Clinical Practitioner / Consultant Practitioner role. It also covers already qualified ACPs / Consultant Practitioners and those that develop and manage these roles within the Trust.
- 3.2 This policy does not cover the Physician's Associate, Anaesthetic Associate, Surgical Practitioner and Enhanced Care Practitioner roles.

### 4 Purpose

4.1 The purpose of this policy is to ensure the Trust meets national standards set by Health Education England in relation to developing, delivering, and maintaining advanced practice roles within our local workforce, namely Consultant Practitioners and Advanced Clinical Practitioners.

### 5 Roles and responsibilities

#### 5.1 Director of Nursing, Midwifery and Allied Healthcare Professionals Will:

- Ensure there is a robust governance framework in place for advanced practice that is underpinned by the principles outlined by Health Education England for advanced practice.
- Ensure the Trust has a designated Lead for advanced practice.
- Champion the development of advanced practice roles in the Trust's non medical workforce plans to ensure services are safe and sustainable.

#### 5.2 Medical Director Will:

- Support the development of advanced practice roles within the Trust to ensure clinical services are safe and sustainable.

#### 5.3 Trust Advanced Clinical Practice Lead Will:

- Develop a clear framework and policy to support the development and maintenance of advanced practice roles within the Trust.
- Oversee the annual collation of information on workforce plans from Divisions for advanced practice role development, that will inform the annual educational Training Needs Analysis (TNA) process.
- Chair the advanced practice verification panel.
- Be the link for HEE alongside the Head of Education and Development for advanced practice.
- Ensure there is a robust supervision framework in place for advanced practice in the Trust
- Provide organisational updates and reports on advanced practice as required.

#### **5.4 Learning, Education and Development Members of LEaD Will:**

- Be the corporate education link with HEE and HEI's for Advanced Practice alongside the Trust Advanced Practice Lead
- Co-ordinate the annual educational Training Needs Analysis (TNA) process for Advanced Practice
- Keep abreast of Advanced Practice education funding routes and inform the organisation of any changes/developments
- Manage and coordinate the central budget for Advanced Practice on behalf of the Organisation.
- Process applications for courses and arrange payments where appropriate.
- Procure ACP Education programmes and Education Supervisor training programmes ensuring high quality and value for money.
- Collaborate and maintain good working relationships with internal and external stakeholders.
- Recognise and celebrate achievement of Advanced Clinical Practice programmes.
- Undertake an annual impact assessment of the return on investment.
- Be a key member of the Advanced Practice verification panel to provide educational oversight.
- Maintain the register for Advanced and Consultant Practitioners.
- Maintain the register of Educational Supervisors and Associate workplace supervisors for Advanced Practice.
- Support the development of placement opportunities for advanced practice across the system.

#### **5.5 Divisional Clinical Directors / Associate Directors of Nursing and Director of Operations Will:**

- Develop a workforce plan annually that identifies the number of ACPs/CPs that are required for their services which will then inform the education annual TNA.
- Ensure there is a clear plan to ensure robust succession planning for ACP and CP roles.
- Ensure their ACP and CPs have allocated clinical supervisors in place during training and post training.

#### **5.6 Co-Ordinating Education Supervisors Will:**

- Complete the required local training to become a supervisor and will be on the local supervisor register.
- Meet regularly with the ACP/CP's, ensuring robust and transparent communication. This will be a minimum of one hour per week.
- Understand the four pillars of advanced practice and the level of practice required in each.
- Take part in the annual development review in partnership with the AP line manager and /or clinical lead.
- Critically challenge the ACP/CP and receive assurance that practice is current and evidence based



- Influence / facilitate Continuous Professional Development (CPD) activity for the advanced practice to deliver effective and safe services
- Support the ACP/CP with scholarly activity, research and audit
- Respond in a proactive and timely manner to issues of escalation / concerns raised by the ACP /CP.
- Escalate any serious concerns to the Trust's Lead for Advanced Practice for advice and support.
- Assess the ACP/CP in practice as safe to work within their role
- Ensure there is a record of the supervision undertaken and the ACP/CP places this in their portfolio. **(Template for this can be found on the Trust's advanced practice intranet site)**

### 5.7 Associate Workplace Supervisors Will:

- Complete the required local training to become a supervisor and will be on the local supervisor register.
- Work collaboratively with the co-ordinating education supervisor and the ACP/CP to ensure to support their advanced practice.
- understand the four pillars of advanced practice and the level of practice required in each.
- Work the ACP/CP during their training to support development in practice.
- Cover the co-ordinating education supervisor in their absence.
- Ensure there is a record of the supervision undertaken and the ACP/CP places this in their portfolio. **(Template for this can be found on the Trusts advanced practice intranet site)**

### 5.8 Line Managers of ACPs/CPs Will:

- Assure themselves that the ACP/CP for which they have professional lead responsibilities are enabled to practice safely and effectively.
- Undertake the annual appraisal in partnership with the ACP / CPs clinical supervisor.
- Collaboratively agree the annual requirements of CPD activity .
- Meet regularly with the ACP / CP, ensuring robust and transparent communication.
- Respond in a proactive and timely a manner to issues of escalation/ concerns raised by the ACP / CP.

### 5.9 Consultant Practitioners Will:

- Work within this policy and governance structure for advanced practice.
- Complete the required qualifications to become a CP.
- Engage with supervision during training and post training with allocated supervisor.
- Keep records of supervision undertaken and place in their portfolio. **(Template for this can be found on the Trusts advanced practice intranet site)**
- Provide evidence annually at appraisal that they are safe to practice and working in all five domains of advanced practice for a CP.
- Once qualified, will be required to submit their portfolio of evidence to the advanced practice verification panel to gain entry to the advanced practice register.

### 5.10 Advanced Clinical Practitioners Will:

- Work within this policy and governance structure for advanced practice.
- Complete the required qualifications to become an ACP.
- Engage with supervision during training and post training with allocated supervisor.
- Keep records of supervision undertaken and place in their portfolio. **(Template for this can be found on the Trusts advanced practice intranet site)**
- Provide evidence annually at appraisal that they are safe to practice and working in all four domains of advanced practice.
- Once qualified, will be required to submit their portfolio of evidence to the advanced practice verification panel to gain entry to the advanced practice register.

## 6 Policy detail/course of action

### 6.1 Identification of need for an Advanced Clinical Practitioner or Consultant Practitioner Role:

- The need to place an ACP or CP role into the workforce will be identified at individual service level and evidenced through the organisational/divisional business planning cycle.
- If a division wishes to develop an ACP and CP, **Appendix A** shows the process that must be followed to ensure there is consistent and transparent process when these roles are added to the workforce in the Trust.
- On an annual basis, the Trust Lead for Advanced Clinical Practice will meet with the divisional senior leadership teams to gain the above information in order to inform the number of ACP masters programmes required. This information will then be fed into the Trust's annual non-medical training needs analysis. This will enable the Trust to ensure the resource is allocated to services with clear plans and a clear justification to put these posts in place.

### 6.2 Member of staff interested in a career as an Advanced Clinical Practitioner or Consultant Practitioner:

- The Trust recognises the need to support staff to achieve their professional aspirations and should staff show interest in advanced clinical practice, we have a clear pathway which can be followed and supported by the Trust. This career pathway can be found in **Appendix B** If staff would like to pursue an advanced practice pathway this needs to be identified at their annual appraisal and recorded, so that line managers can support staff to apply for trainee posts that may arise in the future.
- Interested staff should also contact the Trust Lead for Advanced Clinical Practice who can advise on up-and-coming opportunities within the Trust and outside of the Trust which may be of interest to them and to also gain advice on what development they can do now whilst waiting for an opportunity to arise.

- Due to limited ACP programme resources and high demand in the Trust for roles already in place, the Trust cannot fund ACP programmes for staff that are not currently employed to be an ACP. Staff that are not employed within a trainee role would not be able to achieve the supervision they require to qualify as an ACP and would then not be in a position to pass the programme.

### 6.3 Process to be followed to put in place a new ACP/CP role:

- See Appendix A

### 6.4 Advanced Clinical Practitioners and Consultant Practitioner job descriptions:

- Within the Trust we have a generic ACP and CP job descriptions that have been job matched and are ready for use. **(These can be access on the Trsuts advanced practice intranet site)**
- When a new role is developed the job descriptions must be updated with details on the ACP/CPs Clinical Supervisor, the specialty they work within and the percentage of time they will be working within each domain. For both the ACP and CP they should be in clinical practice 50% of the time as a minimum. The remainder of the ACP/CPs time in the other domains should be determined by their clinical supervisor/line manager.
- Section 11 of the job description must be completed by the clinical supervisor/ line manager which details the specialty specific work the role will be undertaking.
- The clinical supervisor / line manger should then complete the job plan enclosed within the job description and this will be reviewed annually with the ACP/CP.
- If there are additional responsibilities and additions added to either job descriptions, they will be need to be resubmitted for job matching by their line manager/clinical supervisor.

### 6.5 Job titles:

- Within the Trust all staff undertaking an ACP role regardless of profession will be called an Advanced Clinical Practitioner and reference made to their specialty: for example Advanced Clinical Practitioner in Critical Care or Emergency Medicine.
- Within the Trust all staff undertaking an CP role regardless of profession will be called an Consultant Practitioner and reference made to their profession : for example Consultant Nurse in Cancer or Consultant Podiatrist.

## 6.6 Remuneration:

- Fully qualified ACPs as per local requirements are remunerated at a Band 8A under Agenda for Change terms and conditions.
- ACPs in training will be remunerated on annex 21 on a Band 8A.
- Fully qualified CPs as per local requirements are remunerated at a Band 8C under Agenda for Change terms and conditions.
- CPs in training will be remunerated on annex 21 on a Band 8C.
- If CPs or ACPs take on additional responsibilities within their role as required by the Trust/service, their remuneration will be negotiated under local guidance that is outside the remit of this policy.
- If CPs take on additional traditional roles that medical staff would undertake, for example, clinical director roles, remuneration will be negotiated under local guidance that is outside the remit of this policy.

## 6.7 Uniforms:

- Trainee Consultant Practitioners and Advanced Clinical Practitioners will wear grey uniform with red piping.
- Consultant Practitioners uniform will be a black uniform with red piping. Some CPs will not need a uniform, for example CPs working in mental health, and they would adhere to the uniform policy relevant to their specialty.

## 6.8 Lines of reporting for ACP/CP – in training

- **ACPs in training:** will report to their Co-ordinating Education Supervisor and in their absence the Associate Workplace Supervisor. If the Co-ordinating Education Supervisor is a consultant, the day-to-day line management role will be carried out by the clinical lead of the service.
- **CPs in training:** will report to their Co-ordinating Education Supervisor and in their absence the Associate Workplace Supervisor. If the Co-ordinating Education Supervisor is a Consultant, the day to day line management role will be carried out by the clinical lead of the service.

## 6.9 Lines of reporting for ACP/CP – qualified

- **ACPs on Qualification:** will report to, and be managed by, the clinical lead of the service who should ideally be in an advanced practice role as well. If the service lead is not in an advanced practice role they should be jointly managed by service lead and a clinical supervisor.
- **ACPs** can become supervisors of trainee ACPs if they have 3 years post qualification experience.
- **CPs on Qualification:** will report to a clinical supervisor who will usually be a consultant in their specialty, The clinical supervisor may also line manage them as well. If the clinical supervisor does not line manage them, a senior clinical leader within the division should be allocated as line manager.
- All CPs will have a professional line of reporting to the Director of Nursing.

## 6.10 Training and level required to work within the Trust in an ACP/CP role:

- The expectation in the Trust is that ACPs will be educated through a recognised full masters level programme in advanced clinical practice which is HEE accredited and approved, or hold an historic MSc. They must also evidence appropriate portfolio mapping, demonstrating currency and appropriate level of practice, and submit to the centre of advancing practice or an HEI to gain recognition of master's level study in advanced practice.
- If the person does not hold a full masters in advanced clinical practice an alternative validation of masters level working can be achieved via other routes to gain ACP status in the Trust; this can be for example via the Royal College of Nursing Advanced Practice Credentialling or the National Advancing Practice Centre Portfolio route.
- Consultant Practitioners are required to hold as a minimum of a full master's degree in their relevant advanced practice area / specialty and have a clear plan to work towards completion of a PhD / Doctorate level qualification.

## 6.11 Core competency required in each pillar of advanced practice:

- ACPs and CPs will be required to evidence competency in all four domains of advanced practice and the descriptors for each domain are outlined in **Appendix C**.
- CPs will also need to demonstrate the development and competency in a fifth domain we have developed within the Trust, outlined as strategic working and this can be found in **Appendix C**

- The ACP and CP will be able to demonstrate competency via completion of a recognised masters level qualification in advance practice or alternative route and this will be verified at the internal verification panel review to gain a place on the local advanced practice register.

#### **6.12 Specialty specific competencies:**

- All ACP/CPs will need to have successfully completed relevant speciality specific competencies for their role, for example emergency medicine competencies, palliative care, cancer, MSK, General Practice etc.

#### **6.13 Access to ACP programme training:**

- Once a service in the Trust has identified the need for a ACP/CP role, they should contact the Advanced Practice Lead for the Trust (which can be found on the Trust Advanced Practice Intranet site). They will advise on how the Trust will support access to a recognised ACP/CP programme.
- There are a number of routes by which the Trust can support training as a ACP/CP and these include HEE funded places, salary supported ACP training programmes and ACP apprenticeships.

#### **6.14 ACP/CPs in training and on qualification in difficulty:**

- ACPs and CPs in training will be supported by their Co-ordinating Education Supervisor who will be responsible for their development and progression on the programme and in their absence, the Associate Workplace Supervisor.
- If a trainee is in difficulty they should discuss this in the first instance with their Co-ordinating Education Supervisor and/or Line Manager to resolve matters at service level and put in place an action plan.
- If the concerns cannot be managed at Co-ordinating Education Supervisor/Line Manager level, advice should be sought from the Trust Lead for Advanced Practice at the earliest opportunity. The Trust lead will meet with both the trainee and/or supervisor/line manager to put in place a supportive action plan to enable the trainee to carry on with their programme.
- If despite local intervention the trainee is still in difficulty this will need to be raised as a point of concern with the higher education institute lead for their programme and the South East Faculty Lead for Advanced Practice by the Trust Lead for advanced practice.
- If the ACP/CP remains in difficulty the clinical supervisor/line manager should seek relevant Human Resource advice and input.

- ACPs and CPs that are qualified and develop difficulties in practice should in the first instance raise this with their clinical supervisor/line manager to gain local support and resolution to put in place an action plan. If this is not possible and further advice and support is needed both parties must contact the Trust Lead for Advanced Practice to gain support and advice.
- If the ACP/CP is not able to discuss their concerns with their clinical supervisor/line manager, they can discuss their concerns with the Trust Lead for Advanced Practice.
- If the ACP/CP remains in difficulty the clinical supervisor/line manager should seek relevant Human Resource advice and input.

#### **6.15 Failure to achieve the level of clinical practice or academic studies required to be an ACP/CP:**

- If the Trainee ACP/CP fails to progress and pass their programme in clinical practice and / or their academic studies, they will be supported as above and if despite support and intervention they continue to fail to achieve to be able to gain a full ACP/CP MSc, the trainee will be managed in line with the relevant HR policy.

#### **6.16 Supervision in practice – in training**

- **ACP and CPs:** will report to their Co-ordinating Education Supervisor and in their absence the Associate Workplace Supervisor. If the Co-ordinating Education Supervisor is a Consultant the day to day line management role will be carried out by the clinical lead of the service.
- Co-ordinating supervisors for ACPs can be another ACP with 3 years post qualification experience, a consultant practitioner with 1 years' experience or medically qualified Registrar / Consultant from the relevant specialty.
- Associate supervisors can be another qualified ACP/CP and/or medically qualified Registrar / Consultant from the relevant specialty.
- ACP and CPs in training should have a minimum of 1 hour of formal supervision each week with their Co-ordinating Education Supervisor or their Associate Workplace Supervisor. This will be documented on the supervision record which can be found on the advanced practice intranet site and recorded on the staff member's personal file and in the trainee's portfolio.
- The Co-ordinating Education Supervisor and the Associate Workplace Supervisor will use a range of techniques and tools to support and assess the trainee in practice. These may include direct observation of procedures in practice, multi source feedback, mini clinical evaluation exercise, case based discussions and acute care assessments. These forms can be found on the Trust's Advanced Practice intranet site under Supervision. This record should be recorded on ESR and in the trainee's portfolio.



### 6.17 Supervision in practice – qualified

- **ACPs:** Once qualified they should be managed and clinically supervised by another Lead ACP/CP of the service they work within. If this type of role is not in place they should be jointly supervised and managed by a Consultant in the speciality and clinical lead for the service.
- **CPs:** Once qualified they will be required to be supervised by a Consultant within their specialty.

### 6.18 Local Advanced Practice Register:

- Due to the lack of current national regulation of ACP and CP roles and their practice, the Trust has in place a local advanced practice register for ACP and CPs.

Once a staff member has qualified as an ACP or CP and they are employed to be in an ACP/CP role, they are required to complete a portfolio evidence document (**this can be found on the advance practice intranet site**) and submit to the Trust Lead for Advanced Practice to arrange verification of the evidence at a formal panel.

- The verification panel that will review the portfolio evidence will be chaired by a Consultant Practitioner and made up of an educationalist, experienced ACPs and CPs.

The allocated chair of the panel will arrange a time for the panel to meet and will also invite the ACP/CP to attend to present and discuss their submitted portfolio evidence.

- The panel will make their judgment on the evidence submitted based on the national advanced practice framework competencies for both ACP and CP roles. These competencies are detailed in **Appendix C**.
- The panel will determine if the ACP/CP meets these standards and if they do they will be placed on the local advanced practice register and will be informed by the panel chair via email and with any ongoing recommendations that will support their development.
- If the panel determine the ACP/CP does not meet the expected standards, the chair of the panel will inform the staff member via email and will outline the reasons why they don't meet the standards currently and what remedial actions they need to take to achieve them.
- If the ACP/CP does not achieve the required national standards once they have taken the advice and action to achieve them, they can resubmit their portfolio evidence at any point going forward.



- If the ACP/CP stops working within their advance practice role they need to inform the Trust Learning, Education and Development Department who will make them either inactive on the register or remove them.
- The Trust Learning, Education and Development Department will annually request the members on the register to confirm they are still in post and have achieved the requirements of their role to practice safely for the next 12 months.

#### 6.19 Local supervisors register:

- The Trust Learning, Education and Development Department will hold a register of the Trusts recognised Co-ordinating Education Supervisors and Associate Workplace Supervisors that have received training to specifically supervise ACP/CP trainees and qualified ACP/CPs.
- The training for these roles are outline in section 8 of this policy.
- Every 3 years the Trust Learning, Education and Development Department will request each supervisor on the local supervisors register to submit a self-declaration they have undertaken relevant CPD and supervised ACPs /CPs and still meet the criteria to be on the supervisors register.

#### 6.20 Annual appraisal requirements for ACP/CPs:

- Annually ACPs and CPs will receive and participate in the standard Trust appraisal process that will be conducted by their clinical supervisor and/or clinical lead line manager.
- ACPs will also need to present a reflective case-based discussion at appraisal to demonstrate safe practice across all four domains of advanced practice. There is no fixed template for this and a copy of this should be saved with their appraisal document on their personal file.
- From 2023 onwards Consultant Practitioners will be required to share annually at appraisal their ongoing record of capability and impact document that is based on the national Consultant Practitioner capability and impact framework published in 2021 by HEE. ***(This can be found on the Trusts advance practice intranet site)***
- Evidence of a multisource feedback exercise in the last 18 months ***(Multisource feedback forms can be found on the Trusts advanced practice intranet site).***
- In addition to this ACP/CPs will also complete any other annual advance practice requirements in the Trust, for example radiation audit, non-medical prescribing declaration.

- Within the appraisal meeting the CP and ACPs job plan should be reviewed, updated, and agreed, and this should be documented on the job plan template within the ACP/CP job description. A copy of the updated job plan should be given to the ACP/CP and a copy placed on their personal file.

#### **6.21 Community of practice:**

- Within the Trust there will be two specific groups for ACPs and CPs respectively to support the growth of a local community of practice and to ensure staff in these roles are involved in a professional forum to discuss relevant and contemporary issues affecting their work.
- The new community of practice forums will also allow for time for informal supervision and support and the growth of advanced practice within the Trust through peer support.
- The Trust Lead for Advanced Practice will feed into these forums relevant updates and initiatives affecting advanced practice from HEE.
- The CP community of practice forum will be facilitated by the Trust Lead for Advanced practice and the ACP community of practice will be facilitated by Shared facilitation by verified ACP's/CPs on the ACP Register and attendance of the Trust Lead for Advanced Practice.

## **7 Consultation**

This policy has been developed in consultation with the professional group meetings within Nursing, Midwifery and Allied healthcare Professionals, divisional level meetings and Corporate Teams relevant to this policy content which included Education and Human Resources.

## 8 Training

This Advanced Clinical Practice Policy does not have a mandatory training requirement but the following non mandatory training is recommended:-

**Co-ordinating Education Supervisor** are required to undertake the following activities before taking on this role;

- If you are already a GMC accredited educational supervisor, then you will already have received the training and will not need to undertake the below requirements, other than the 3 yearly self-declaration.
- Watch the HEE videos on supervising ACP/CPs and supervision that are located on the Trust's advanced practice intranet site.
- Self-assess own learning needs in relation to supervising ACP/CPs by completing the supervisors readiness self-assessment checklist (**Appendix A of the professional development framework for supervisors which can be found on the Trusts advanced practice intranet site**) and undertaking relevant e-learning modules from E learning for Health under the following sections: Ensuring Safe and Effective Patient Care Through Learning, Enhancing Learning Through Assessment and Guiding Personal and Professional Development
- Access and read the local professional development framework for co-ordinating education supervisors and associate supervisors.
- Undertake a self-declaration to confirm they have completed the above actions to be recognised as a Co-ordinating Education Supervisor.
- Sign a self-declaration every 3 years that they have undertaken relevant CPD and supervised ACPs /CPs and still meet the criteria to be on the supervisors register.

**Non Medical Associate Workplace Supervisors** will undertake the following activities before taking on this role:

- watch the HEE videos on supervising ACP/CPs and supervision that are located on the Trust's advanced practice intranet site.
- self-assess own learning needs in relation to supervising ACP/CPs by completing the supervisors readiness self-assessment checklist (**Appendix A of the professional development framework for supervisors which can be found on the Trusts advanced practice intranet site**) and undertaking relevant e-learning modules from E Learning for Health under the following sections: Ensuring Safe and Effective Patient Care Through Learning, Enhancing Learning Through Assessment and Guiding Personal and Professional Development
- access and read the local professional development framework for co-ordinating education and associate supervisors.

- undertake a self-declaration to confirm they have completed the above actions to be recognised as an associate workplace supervisor.
- sign a self-declaration every 3 years that they have undertaken relevant CPD and supervised ACPs /CPs and still meet the criteria to be on the supervisors register.
- (GMC accredited educational supervisors, will already have received their training and will not need to undertake the above requirements, other than the 3 yearly self-declaration).

## 9 Monitoring compliance and effectiveness

**9.1** Compliance with this policy will be conducted and monitored at the 6 monthly Health Education England performance reviews that the Trust now participates.

**9.2** Advanced Practice will report into the The Trust Learning, Education and Development Department Quality and Performance meeting (and this will cover external reporting to HEE) and then report onwards to the following meetings: Divisional Workforce Group Meeting / Trust Professional Nursing, Midwifery and AHP Group, which will then report into the People and Organisational Development Sub-committee.

## 10 Links to other Organisational Documents

Non-Medical Prescribing Policy  
Recruitment and Selection Policy  
Redeployment Policy  
Advanced Practice Intranet site  
Learning, Education and Development Policy

## 11 References

Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England (2020). Core capabilities framework, 2020. <https://skillsforhealth.org.uk/info-hub/advanced-clinical-practicenurses-working-in-general-practice-primary-care-in-england-2020/>

Allied Health Professionals into Action. (2017)  
<https://www.england.nhs.uk/wpcontent/uploads/2017/01/ahp-action-transform-hlth.pdf>

Chartered Society of Physiotherapists (2016) Advanced Practice in Physiotherapy.  
<https://www.csp.org.uk/professional-clinical/professional-guidance/scope-practice>

E learning for Health, Advanced Practice Tool Kit <https://www.e-lfh.org.uk/programmes/advancedpractice-toolkit/>

Health and Care professions Council (2017) Standards of Education and Training  
<https://www.hcpc-uk.org/resources/standards/standards-of-education-and-training/>

Health Education England (2021) *Multipressaional Consualtnat Level Praxtice Capablityand Impact Framework*. London: HEE.

Health Education England (2018) *Multipressaional framework for Advanced Clinical Practice in England*. London: HEE.

Health Education England (2020) Workplace Supervisions for Advanced Clinical Practice.  
<https://www.hee.nhs.uk/sites/default/files/documents/Workplace%20Supervision%20for%20ACPs.pdf>

Royal College of Nursing (2018) Royal College of Nursing Standards for Advanced Level Nursing Practice, London: RCN. <https://www.rcn.org.uk/professional-development/publications/pub-007038>

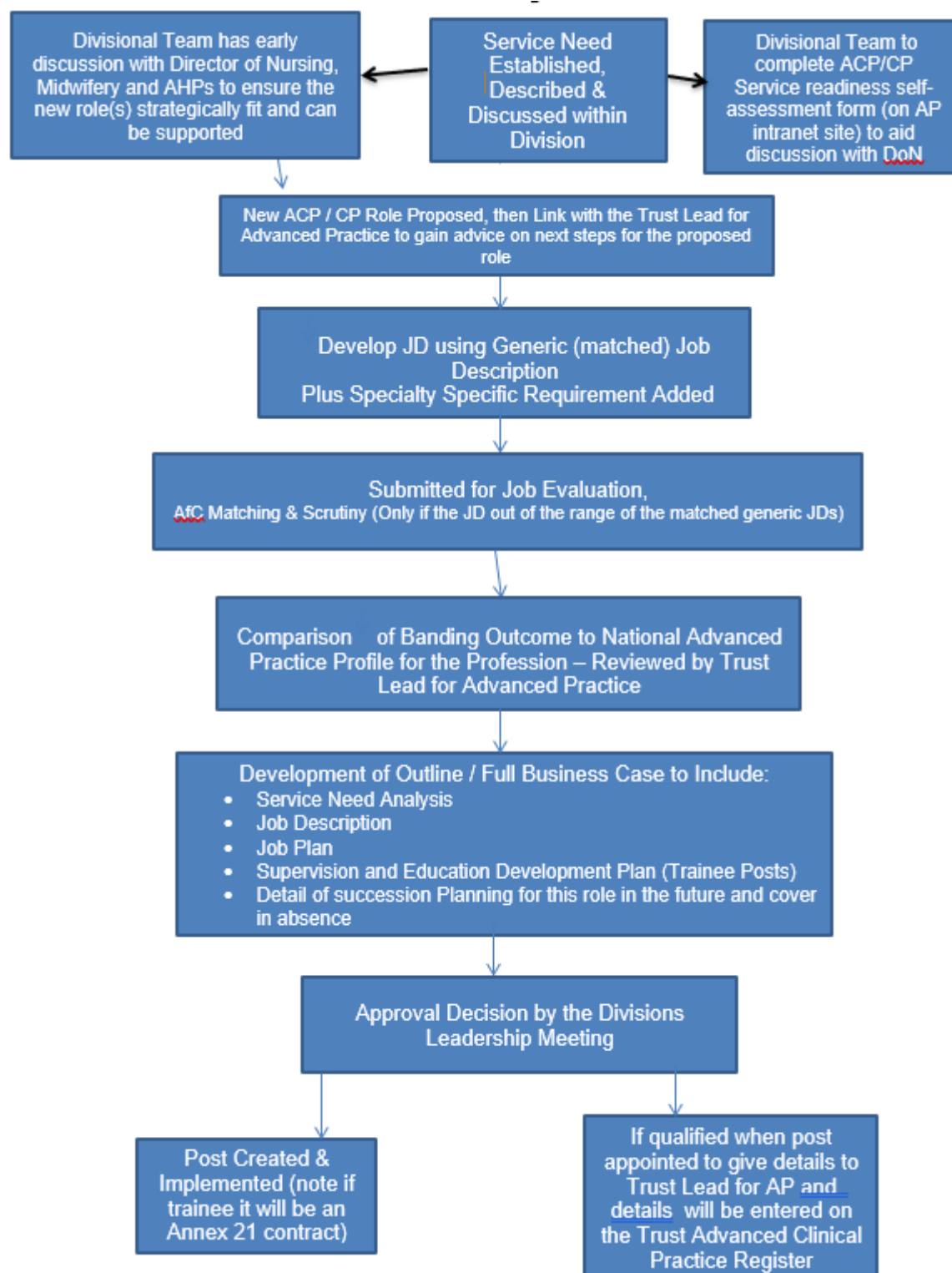
Royal Pharmaceutical Society (2016) A Competency framework for All Prescribers.  
<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

Skills for health. Six steps methodology to integrated workforce planning (2017)  
<https://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-tointegrated-workforce-planning>

## 12 Appendices

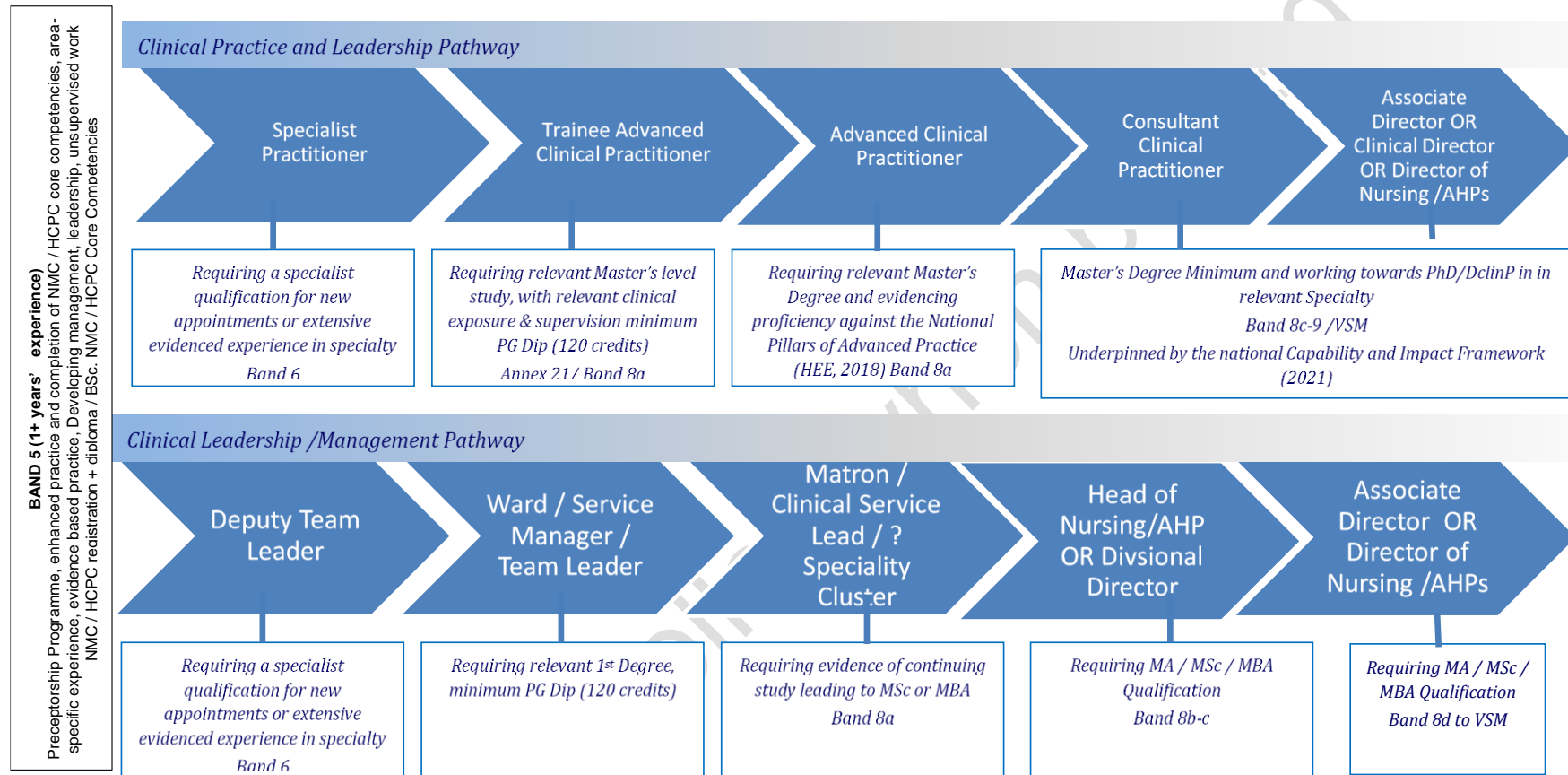
Appendix A  
Appendix B  
Appendix C  
Appendix D  
Appendix E

## Process for Developing New Advanced or Consultant Practitioners Roles within the Organisation



## Non-Medical Clinical Practice and Leadership Pathway

## Appendix B



### Notes

Remuneration Bands shown relate to Agenda for Change pay scales within national benchmarking

Level of practice identified ('Proficient') relate to the Novice to Expert trajectory described by Benner, (1984) and used as part of the National Pillars of Advanced Practice, (HEE, 2018).

### National Pillars of Advanced Clinical Practice

#### Clinical Practice

1.1 Practise in compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions and omissions at this level of practice.

1.2 Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.

1.3 Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence, and openness to change.

1.4 Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g. of history-taking; holistic assessment; identifying risk factors; mental health assessments; requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments).

1.5 Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes, using Health Education England's framework to promote person-centred approaches in health and care. .

1.6 Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.

1.7 Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, life style advice and care.

1.8 Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure safety of individuals, families and carers.

1.9 Work collaboratively with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to manage risk and issues across organisations and settings.

1.10 Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs, agencies and networks.

1.11 Evidence the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of the capabilities to these, in an approach that is appropriate to the individual role, setting and scope.



## **Leadership and Management**

2.1 Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.

2.2 Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.

2.3 Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).

2.4 Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.

2.5 Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.

2.6 Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.

2.7 Critically apply advanced clinical expertise in appropriate facilitative ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.

2.8 Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.

2.9 Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges).

2.10 Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals', families', carers', communities' and colleagues' safety and well-being when necessary.

2.11 Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.

## **Education (Self and Others)**

3.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.

3.2 Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.

3.3 Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.

3.4 Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.

3.5 Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.

3.6 Identify further developmental needs for the individual and the wider team and supporting them to address these.

3.7 Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice

3.8 Act as a role model, educator, supervisor, coach and mentor, seeking to instill and develop the confidence of others.

## Research

4.1 Critically engage in research activity, adhering to good research practice guidance, so that evidence based strategies are developed and applied to enhance quality, safety, productivity and value for money.

4.2 Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.

4.3 Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.

4.4 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.

4.5 Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.

4.6 Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.

4.7 Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).

4.8 Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers.

### **Strategy (Consultant Practitioners only)**

5.1 Contribute to strategic development of service.

5.2 Review of national policies and provide guidance on local implementation.

5.3 Leading local policy development, implementation, and monitoring.

5.4 Inform management team of current changes and trends in national practice that could improve patient care and facilitate change.

5.5 Advise and communicate with acute hospitals, primary and social care and community teams to ensure seamless continuity and transfer of care.

5.6 Establish and maintain a regional and national network of contacts relevant to the service.

5.7 Provide evidence of national profile within specialty.

## Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

Document title	Advanced Clinical Practice Roles ( Non medical) Policy		
Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0		
Training Staff	n/a		Funding for training programmes via HEE and apprenticeship levy
Equipment & Provision of resources	0		

**Summary of Impact:** cost of training programmes supported via HEE and apprenticeship levy and within that supervision costs are paid to the cost center hosting the trainee ACP/CP

**Risk Management Issues:** places on programmes can vary from year to year

**Benefits / Savings to the organisation:** the benefit is that we will have an alternative workforce that supports continued delivery of specific services locally on the IOW

### Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<b>Manpower</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Operational running costs			
<b>Totals:</b>			

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b>Totals:</b>		

<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

## Equality Impact Assessment

This Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination**, **advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

<b>Name of policy/procedure</b>	<b>Advanced Clinical Practice Roles ( Non medical) Policy</b>
<b>Date of assessment:</b>	04/04/2022
<b>Responsible department:</b>	Training and development
<b>EIA Author:</b>	S.Moody
<b>Intended equality outcomes:</b>	

### Who was involved in the consultation of this document?

Date	Forum
<b>Non medical Professional groups/leads</b>	Sent to various s service and professional leads for comments and sharing during March 2022

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any actions to mitigate against this by completing stage 2. Supporting Information can be found by following the link:  
[www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

Protected Characteristic	Equality Analysis	EIA Impact (Positive/Negative)
Age	No Issues identified	positive
Disability	No Issues identified	positive
Gender reassignment	No Issues identified	positive
Marriage & civil partnership	No Issues identified	positive
Pregnancy & maternity	No Issues identified	positive
Race	No Issues identified	positive
Religion/Belief	No Issues identified	positive
Sex	No Issues identified	positive
Sexual orientation	No Issues identified	positive

### Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions
Positive opportunity for all non-medical professional staff to train within these different professional roles in the Trust	n/a	Policy and impact assessment will be reviewed in line with the Trust policy management policy