

Advanced Practice Policy

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**Glossary**

ACP Advanced Clinical Practitioner (former title now being phased out)

AHP Allied Health Professional

AP Advanced Practitioner

BLMK Bedfordshire, Luton & Milton Keynes (Integrated Care System)

CPD Continuing Professional Development

ELFT East London NHS Foundation Trust

HCPC Health & Care Professions Council

HEE Health Education England (now merged with NHSE)

HEI Higher Education Institution

ICS Integrated Care System

IP Independent Prescribing

NEL North East London (Integrated Care System)

NMC Nursing & Midwifery Council

NMP Non-Medical Prescribing

NHSE NHS England

RPS Royal Pharmaceutical Society

**Executive Summary**

East London NHS Foundation Trust is committed to developing the Advanced Practitioner (AP) role across its services, and ensuring that governance and assurance are in place to support both the qualified and the trainee role.

Application process

* There is a central and standardised application process in ELFT for AP Training that is open and transparent and based on the principles of equal opportunities for all those staff who are eligible to apply and have service support.
* All applicants must meet the application criteria and have full service support, with a commitment to create a qualified AP role for the applicant upon successful completion of their training.
* Where possible, ELFT will endeavour to carry out a ‘joint interview’ with the applicant’s chosen HEI.

Funding route

* As a default position, all applicants in ELFT who are accepted onto an AP master’s programme will be enrolled via the apprenticeship route.
* The exception would be where the HEI does not offer the apprenticeship route, or where the candidate does not possess evidence of GCSE English and Maths. In both these cases, funding will be sought via NHSE direct funding.
* ‘Top up’ pathways also cannot be funded via the apprenticeship route, and are funded directly by NHSE.
* All pathways, regardless of funding route, enable the candidate to achieve a master’s level qualification in Advanced Practice.

‘Accredited’ AP master’s programme

* It is strongly recommended that Trainees complete an accredited AP master’s programme. NHSE will still fund a non-accredited master’s, but upon qualifying the practitioner will not be able to apply for a digital badge from NHSE.
* Many employers are starting to list an accredited AP master’s qualification among ‘essential’ criteria for applying for a qualified AP role.
* For those practitioners who have completed an AP master’s that is not accredited, NHSE are recommending that they complete the AP ePortolio route which will then enable them to apply for a digital badge from NHSE.
* In the future ELFT will move towards the principle that any staff in an AP role should have a digital badge from NHSE or be working towards one.

NMP

* All eligible professionals should complete Independent Prescribing as part of their AP Training, unless they have already completed this before.
* Any exception to this would need to be agreed by the local service lead and the Trust Lead for Advanced Roles.

Supervision

* All Trainees must be enrolled onto an MSc in Advanced Practice, funded either via the apprenticeship route or via NHSE direct funding.
* During supervised clinical practice, Trainees should have a designated Clinical Supervisor for each shift or period of practice, and an overall Main Supervisor or Co-ordinating Education Supervisor for the duration of the master’s programme.
* Clinical Supervisors can be experienced clinicians matched to support the development of specific, identified aspects of AP competence and capability, with an understanding of the multi-professional considerations associated with AP development and supervision.
* Main Supervisors can be doctors at consultant, GP, Registrar or SAS level, consultant practitioners, or qualified APs with a minimum of 1 year experience working in that role.
* Different HEIs have slightly different criteria as to who can ‘sign off’ practice-based or work-based competencies for the Trainee. The supervisor best placed to observe and assess the Trainee for a specific competency should always do the initial ‘sign off’, which can then be counter-signed by the supervisor who meets the specific criteria of the university; usually this would be the Main Supervisor.

Learning Time in Practice

* It is recommended that throughout their training, the Trainee has a minimum of 1 day a week protected time (‘clinical day’) for supervised clinical practice, in-depth discussions, joint working, direct supervision and teaching, or to attend additional training or development events.
* In addition, Trainees will be released one day a week for academic study. This ‘academic day’ should be given throughout their training, regardless of whether the Trainee has university classes to attend or not.
* Best practice would be for the Trainee to meet with the Main Supervisor for a minimum of 1 hour each week in years 1 and 2, and 1 hour a month in year 3.

Portfolio

* The Trainee should keep a portfolio of all their supervision, training events, reflections, self-directed learning and assessments in a portfolio or electronic learning log or e-portfolio.

Governance

* The Trust Lead for Advanced Roles will maintain an AP Register and Employer Credential Process to ensure that all those working in an AP role in the Trust are safe to practise.
* Additional employer portfolio requirements will be developed via the Learning Academy.

**1.0 Introduction**

1.1 The aim of this policy is to set out the procedural standards and governance and assurance processes for the role of Advanced Practitioner (AP) across services in East London NHS Foundation Trust in order to ensure that the Trust provides a workforce that delivers safe and effective care.

1.2 This policy will also set out the recruitment process for Trainee APs, and what training and supervision both trainees and qualified practitioners should receive, that is appropriate to the individual needs of their job role and service requirements.

1.3 Those in an AP role are required to work autonomously and demonstrate a high level of self-direction and originality in helping patients and tackling and solving problems. It is acknowledged that currently there are some staff within the Trust who have ‘advanced’ in their job title and who may not necessarily have been through the requisite competency assessment or hold the required qualifications. It is intended through this policy to set out and standardise (in line with national frameworks) the training, education and supervision of existing and future Advanced Practitioners.

1.4 The Trust is committed to increasing the numbers of APs across the workforce and becoming a regional and national leader in the development and utilisation of the AP role and an exemplary site for AP provision.

1.5 This policy should be read in conjunction with the Trust’s Non-Medical Prescribing Policy, for eligible professionals, and the Supervision Policy.

1.6 Mission statement

The mission statement for the development of Advanced Practice across East London NHS Foundation Trust is to ensure the provision of the highest possible quality of care whilst upholding the values and meeting the strategic aims of the organisation. In meeting this goal, we aim to promote a culture of staff support, encouragement, role clarification and job satisfaction. We therefore need to recognise the skills, experience and expertise that already exist within the AP workforce and recognise this workforce as a separate but complementary entity to existing clinicians and ways of working. The Trust will ensure that a system of standardised AP recruitment, training and development, underpinned by safe and professional practice, is integrated into routine activity and service development.

**2.0 Definition of AP Role**

2.1 Note on terminology: The terms used in Scotland and Wales are ‘Advanced Practice’ and ‘Advanced Practitioner’ and previously the terms used in England have been ‘Advanced *Clinical* Practice’ and ‘Advanced *Clinical* Practitioner’. NHS England, however, will be adopting the same terms as Scotland and Wales to provide uniformity across the nations. This policy will therefore use the terms ‘Advanced Practice’, ‘Advanced Practitioner’, and ‘AP’ throughout and will not use the terms ‘Advanced Clinical Practice’, ‘Advanced Clinical Practitioner’, or ‘ACP’, except where referencing previously published documents or guidance, as these terms will soon be phased out in England.

2.2 NHS England’s ‘Next Steps on the Five Year Forward View’ (2017), clearly sets out the current challenges faced by the NHS and describes how the NHS needs to change, arguing for a more engaged relationship with people and communities to promote wellbeing and prevent ill-health. This change will require workforce transformation and a consistent approach to the expansion of new roles and new ways of working, which includes the development of advanced roles as set out in the NHS Long Term Plan (2019) and the interim NHS People Plan (2019).

2.3 Advanced Practice in healthcare is defined as a level of practice characterised by a high degree of autonomy and complex decision making with demonstration of area specific clinical competence and capability. This is underpinned by a master’s level award or equivalent that encompasses the **four pillars**:

* Clinical practice
* Leadership and management
* Education
* Research

2.4 Advanced 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.

2.5 All health and care professionals working at the level of Advanced Practitioner (AP) should have developed their skills and knowledge to the standard set out in the Multi-professional Framework for Advanced Clinical Practice in England (HEE, 2017). The AP role is open to Allied Health Professionals, Nurses, Paramedics, Pharmacists, and Social Workers.

2.6 All eligible professionals should complete Independent Prescribing as part of their AP Training. This enables Practitioners to assess, treat, and prescribe within their area of specialism. Non-eligible professionals, e.g. Occupational Therapists, Social Workers, complete the AP programme without the Independent Prescribing component, but they can still assess and treat at an AP level and prescribe non-pharmacological health interventions or make recommendations for treatment.

2.7 As yet in the UK, Advanced Practice has no specific regulation but each practitioner is governed by the professional body of the discipline for which they hold registration. The AP must be a registered healthcare professional and must maintain their professional registration. There continues to be some inconsistencies in titles and this has resulted in a lack of clarity as to what an AP can do and at what level of autonomy. Advanced Practice defines a level of practice and knowledge rather than a role, with APs being autonomous practitioners working with a high degree of self-direction at a level beyond their registration, using expert knowledge to manage complex decisions in unpredictable situations through complete episodes of care (The Royal College of General Practitioners, 2015).

**3.0 AP Training & Funding**

3.1 The Multi-Professional Framework (HEE, 2017) provides a clear and consistent approach to the development of Advanced Practice across England. HEE/NHSE have developed or are developing additional ‘credentials’ for specialist areas of practice, e.g. acute medicine, older people, mental health, learning disability and autism, amongst others. Many HEIs offer a predominantly ‘generic’ AP programme. Some offer pathways specific to a credential. Currently London South Bank University is 1 of 5 pilot sites in England offering a mental health credential AP programme.

3.2 There are currently 4 routes to achieve the AP master’s qualification:

* Direct funded route: NHSE fully fund the master’s degree university course fees for candidates, as well as providing additional funds to employing organisations for supervision and support (currently £2.5k per candidate per year).
* Apprenticeship route: Employing organisations can also use the apprenticeship levy to fund additional places at university for candidates, which although funded slightly differently, results in the apprentice achieving exactly the same master’s level qualification. For this route NHSE also provide additional funds to employing organisations for supervision and support (currently £6k per candidate per year).
* ‘Top up’ route: Candidates who have previously completed relevant Post Graduate study can apply for a ‘top up’ master’s in Advanced Practice funded over 1 year or 2 years, depending on the amount of previous study and credits. Suitability for completing the master’s programme in 1 year or 2 years, with Accreditation of Prior Learning (APL), would need to be discussed and agreed with the HEI prior to requesting funding from NHSE.
* ePortfolio route: There is an additional pathway to gain recognition as an AP and that is via the ePortfolio (supported) route. This allows clinicians already working at an advanced level of practice but who do not hold an AP qualification to demonstrate that they meet most of the skills and competencies set out in the Multi-Professional Framework by submitting a portfolio of evidence ‘mapping’ to the framework. A Learning Needs Analysis (LNA) is then carried out in partnership with an accredited HEI and a plan developed to fill any remaining ‘gaps’ identified in the portfolio, usually over 1 academic year and amounting to no more than 30 credits at master’s level. No additional fee for supervision support is provided for this route, as it is not a developmental route of study, but rather it provides a framework for the candidate to complete and submit a portfolio of evidence to demonstrate that they are working at an advanced level of practice. NHSE have stated that this route will close at some point in the future, perhaps around 2025 or 2026, once it is felt that most or all of the staff who are eligible to apply for recognition, have done so.

3.3 As a default position, all applicants in ELFT who are accepted onto an AP master’s programme will be enrolled via the apprenticeship route. NHSE are encouraging employing organisations to utilise the apprenticeship route as much as possible, to enable AP Training to become self-sustaining in the future. The exception would be where the HEI does not offer the apprenticeship route, or where the candidate does not possess evidence of GCSE English and Maths. In both these cases, funding will be sought via NHSE direct funding.

3.4 ‘Top up’ pathways cannot be funded via the apprenticeship route and are funded directly by NHSE.

3.5 Both the direct funded route and the apprenticeship route enable the candidate to achieve the same master’s level qualification in Advanced Practice. Candidates who have previously completed a 2-year Diploma in Advanced Practice, should not use the title of Advanced Practitioner, unless and until they go on to achieve the full mater’s level qualification.

Educational Development

3.6 HEE / NHSE consider Advanced Practice as part of the developmental journey of clinicians, from registrant, to Enhanced Practice, Advanced Practice, and Consultant Practice, as illustrated below:

Diagram

Description automatically generated

3.7 Enhanced Practice programmes are in development in some of our HEI partners, and in the future completing a degree in Enhanced Practice will provide a helpful ‘stepping stone’ for some staff onto the AP master’s programme.

3.8 Any staff in ELFT using the title ‘Advanced Practitioner’ should have completed an AP master’s programme, or be working towards completing the ePortfolio in Advanced Practice. There is currently no ‘standard’ qualification for the Consultant Practitioner role, but HEE have published guidance on Competencies for this role. All job descriptions for the Consultant Practitioner role in the Trust should be approved by the Trustwide Advanced Roles Steering Group.

Accreditation

3.9 HEE/NHSE review all AP programmes provided by HEIs in England. To become accredited, programmes must meet the standards set out in the Multi-Professional Framework for advanced clinical practice in England and Standards for Education and Training set by HEE/NHSE. HEE/NHSE accredited programmes will become one of the benchmark routes to recognition for Practitioners and will ensure a consistent level of quality across England.

3.10 NHSE are developing a ‘digital badge’ based on completion of an accredited master’s programme that many or most employers in the future will expect a qualified AP to possess when applying for a qualified AP role. It is strongly recommended that any staff in ELFT applying for the AP master’s programme apply to an HEI that is offering an accredited AP master’s. NHSE will still fund a non-accredited master’s, but upon qualifying the practitioner will not be able to apply for a digital badge from NHSE. Many employers are starting to list an accredited AP master’s qualification as ‘essential’ criteria for applying for a qualified AP role.

3.11 For those practitioners who have completed an AP master’s that is not accredited, NHSE are recommending that they complete the AP ePortolio route which will then enable them to apply for a digital badge from NHSE.

3.12 In the future ELFT will move towards the principle that any staff in a qualified AP role should have a digital badge from NHSE or be working towards one.

3.13 Use of ‘Advanced’ in Job Titles

There is currently no regulation around the use of the word ‘advanced’ in job titles across the NHS. NHSE want to move towards a point where the AP role is nationally standardised and accredited.

3.14 With regard to staff who have the word ‘advanced’ in their job title but who have not completed an accredited AP master’s, ELFT will move towards the principle that such staff are asked to complete the AP ePortfolio route and obtain a digital badge. At some point in the future, use of the word ‘advanced’ in a job title without a digital badge will not be permitted.

**4.0 Roles and Responsibilities**

4.1 Trust Lead for Advanced Roles

Overall responsibility for Advanced Practice and Non-Medical Prescribing in the Trust sits with the Directors of Nursing and Chief Nurse. Delegated responsibility sits with the nominated Trust Lead for Advanced Roles. The Trust Lead for Advanced Roles has day to day oversight of the recruitment, training, and governance and assurance structure for Advanced Practice and Non-Medical Prescribing across the Trust. They are responsible for ensuring that this policy is kept up to date, every 2 years as a minimum, or as required. They will also ensure that this policy has been assessed against a full Equality Impact Assessment to ensure inclusivity.

The Trust Lead for Advanced Roles is responsible for:

* Managing and co-ordinating Trainee AP recruitment and selection and ensuring that this is transparent and fair
* Managing and co-ordinating all funding for AP Training, either via the apprenticeship levy or via NHSE direct funding
* Ensuring all new starter Trainee APs receive an induction to the role
* Maintaining a database of Trainees APs and AP Supervisors
* Maintaining the Trust’s AP Register of qualified APs
* Ensuring the Trust meets HEE/NHSE’s readiness checklist (Appendix 1)
* Scoping demands and commissioning cycles submitted to NHSE in relation to Advanced Practice and ensuring expressions of interest for candidates meet the readiness checklist
* Managing expenditure and governance of the Supervision Fee and Support Offer from NHSE
* Ensuring there are opportunities for APs to network and form peer support
* Ensuring all Trainee APs can access appropriate and high quality supervision and supervised clinical practice
* Facilitating and supporting education opportunities for both APs and Trainee APs to meet the four pillars of practice
* Provide supervision where appropriate and ensure supervisors receive adequate training to support APs and Trainee APs
* Manage the Employer Credential Process and maintain the Trust’s AP Register

4.2 Senior Leaders

Service Managers and Directors are responsible for ensuring that there is adequate service planning in order to create a career pathway for the Trainee AP when they qualify. This is now a requirement before NHSE will support any application for AP Training. The Trust application form for AP Training asks the Trainee’s Service Director to confirm this at the point of application. Service Managers and Directors should avoid using the job title of Advanced Practitioner, Advanced Clinical Practitioner, or Advanced Nurse Practitioner, unless the role meets the standards set out in the Multi-Professional Framework for advanced clinical practice in England (HEE, 2017).

Service Directors are required to sign the declaration within the application form (Appendix 2). This includes ensuring there is the following for all Trainee APs:

* A suitable Main Supervisor to support the Trainee throughout the duration of the AP programme.
* A minimum of 8 supernumerary hours each week for supervised clinical practice, in depth discussions, joint working, direct supervision and teaching or to attend additional training events.
* One day each week for academic study.
* An appropriate job plan to ensure all four pillars of practice are met during their training with a regular review of the job plan by the line manager.
* A qualified AP post at the end of training banded at Band 8a to promote retention. It is the responsibility of the service to provide business planning to integrate the role.
* To provide protected time for the Trainee to attend AP group supervision to ensure peer support and networking.

For APs that are qualified, the following should also be ensured:

* That all governance processes around AP and NMP are followed.
* That the job titles of Advanced Practitioner/Advanced Clinical Practitioner/Advanced Nurse Practitioner etc. are not used without consultation with the Trust Lead for Advanced Roles and Advanced Roles Steering Group.
* That there is a suitable supervisor to support the demands of the role of qualified AP.
* That the qualified AP has access to Continuing Professional Development (CPD) opportunities.
* That there is an appropriate job plan for the qualified AP to ensure all four pillars of advanced practice can be met with a review of the job plan on a yearly basis or more frequent if necessary.
* That the qualified AP maintains a Professional Portfolio that is reviewed and discussed during annual appraisal.
* That the AP is released to attend any relevant AP or NMP forums to ensure peer support and networking.
* That the AP Lead or NMP Lead is notified if any new member of staff joins the Trust who is an AP or Independent Prescriber.

4.3 Trainee APs

It is the responsibility of Trainees to:

* Attend all study days, supervised clinical practice, and supervision as required by the training programme and complete all academic work within the time frame and according to instructions provided by the University, and if unable to attend due to sickness or absence follow the agreed absence reporting procedure.
* Notify the Trust Lead for Advanced Roles and their Main Supervisor if struggling or unable to complete demands of the course. This includes non-attendance, non-submission of work and/or deferral of submission.
* Notify the Trust Lead for Advanced Practice and their Main Supervisor immediately if they accept employment outside the Trust, with the understanding that continuation of funding by NHSE is not guaranteed in these circumstances and will depend on evidence of support from the new employer.
* Ensure that any absence from training or supervised clinical practice is authorised and understand that unauthorised absence from agreed study leave or supervised practice may be subject to disciplinary action and details may be referred to the Trust’s Local Counter Fraud Specialist for investigation should there be a suspicion of fraudulent behaviour.
* Remain up to date with all Statutory & Mandatory training and maintain their professional registration and revalidation as required by their professional body.
* Comply with any employer portfolio requirements and the Employer Credential Process at the end of their training programme that will confirm there is evidence that they have met all the requirements of the AP programme and readiness to be added to the Trust’s AP Register.

4.4 AP Supervisors

* The Main Supervisor is responsible for co-ordinating and supporting the overall educational journey of the Trainee AP.
* Best Practice would be for Trainee APs to meet with the Main Supervisor for a minimum of 1 hour each week.
* The Main Supervisor should liaise with the Trainee’s line manager or the Trust Lead for Advanced Roles if there is any concern about the Trainee’s educational journey or safe practice.
* The Clinical Supervisor is responsible for ensuring that the Trainee AP s able to learn in a safe environment through clinical practice and observation of others.
* The Clinical Supervisor should liaise with the Trainee’s Main Supervisor, line manager, or the Trust Lead for Advanced Practice, if there is any concern about the Trainee’s safe practice.

4.5 Qualified APs

* Ensure that they have the necessary qualifications and competencies to practice as an AP and be able to provide evidence within a portfolio.
* On completion of the NMP module ensure that their registration is updated by their professional body, they are added to the Trust’s NMP Register, and their job description is updated to include Independent Prescribing.
* Ensure that they practice within the boundaries of this policy, national legislation, professional and ethical guidance and best practice, and adhere to their professional code of conduct.
* Ensure that they provide appropriate, evidence-based, safe and effective care to their patients at all times.
* Maintain their CPD to ensure that they are always practicing safely and effectively for the benefit of patient.
* Ensure they act only within and not beyond the boundaries of their knowledge and scope of practice and competence at all times.

**5.0 The Qualified AP Role**

5.1 Job description and person specification

A generic job description and person specification for the qualified AP role (Band 8a) can be found in Appendix 3. Managers should adapt this document to the local needs of the service and proposed job role. Ideally the proposed job description should be completed at the point of the applicant being offered a place on the AP programme and a request being made for funding. It is recognised, however, that this may not always be possible and a job description for the new role may need to develop and take shape over the 3 years of the applicant’s training.

5.2 Job planning

Job planning provides the opportunity for qualified APs and managers to negotiate a prospective agreement that sets out the practitioner’s duties and responsibilities for the coming year. The purpose of job planning is to ensure that practitioners are in a position to maintain their expertise and to deliver high quality patient care.

What is the purpose of job planning?

The job planning process is an opportunity to look at current working practices and to consider alternative ways of working in order to deliver high quality services. In most cases, the job plan will build upon the practitioner’s existing commitments. It is also an opportunity to think about the way the practitioner works and how the service is organised and can be improved. The job plan should also be used to ensure that the practitioner is able to continue to develop skills and experience in all four pillars of advanced practice.

The process enables the line manager and staff member to:

 Identify what has affected the job plan

 Agree what changes to duties may be needed

 Agree a plan for achieving service objectives

 Review personal development needs

When should the job plan be completed?

The job plan should be reviewed on an annual basis, but may be reviewed more frequently if there are exceptional changes to either the practitioner’s circumstances or the service’s needs. The practitioner or the line manager can initiate a job plan review at any time.

Practitioners who are new into post should discuss their job plan with their line manager on starting a new post. A tentative job plan could be included with the recruitment paperwork to give prospective applicants an idea of what the job may entail on a day-to-day basis. New job plans should be reviewed at six-months (or before). Line managers may wish to consider agreeing a ‘foundation’ or ‘training’ job plan for the initial period of a new job. This may include agreed study time and/or placements.

Job plans should be based on sessions which are approximately 4 hours long, including a break; a full-time practitioner will therefore have 10 sessions over a week. Sessions can be divided into half sessions if this is appropriate. Practitioners working part-time may have one or more partial sessions.

Sessions should relate to the 4 pillars and be identified as:

Clinical Practice (usually about 80% of activity)

Leadership & Management

Education

Research

(the other 3 pillars combining to about 20% of activity)

Clinical Practice

This describes any session where a practitioner has a direct or indirect impact on patient care. Activities might include:

 AP led clinics

 AP led care

 Group work with patients or carers

 Patient / carer education sessions

 Multidisciplinary clinics

 Ward rounds / MDT reviews

 Telephone or virtual consultations with patients or carers

 One-to-one patient care

 Clinical supervision

Leadership & Management

This describes any session where a practitioner is involved in supporting team performance and standards, the running of the service, and clinical governance and assurance. Activities might include:

 Off-duty rostering (Health Roster)

 Contributions to service management, review and planning

 Clinical governance activities

 Management supervision and appraisal

 Performance and quality meetings

 Investigating complaints or conducting incident reviews

 Investigating disciplinary or dignity at work allegations

 Recruitment & retention

 Policy review & development

Education

This describes any session where a practitioner is involved in the teaching or training and development of other staff, or their own development as a clinical educator or teacher. Activities might include:

 Advising other members of the multidisciplinary team on specific care matters (this may be face-to-face, via telephone, email or letter)

 Writing guidelines or protocols

 Teaching (including in-house or at university)

 Giving a presentation at team away day or conference

 Continuing Professional Development

 Supervision of students or Trainee APs or Independent Prescribers

Research

This describes any session where a practitioner is involved in using data and evidence to improve practice or services. Activities might include:

 Conducting an audit cycle

 Research

 Disseminating findings from research

 Quality Improvement

 Journal club

5.3 To achieve personal development plan objectives, continuous professional development, teaching and research commitments, and to ensure currency of clinical practice, all clinicians whilst in training will have a consistent clinical and non-clinical split (80%/20%) that is clearly evidenced in clinical or organisational rotas. Qualified APs will have a consistent clinical and non-clinical split (80%/20%) in line with their medical equivalent level. The proportion of clinical and non-clinical duties will be dependent on specific service needs and should reflect additional service and/or strategic level responsibilities that occur as the clinician becomes more senior. Any changes to the clinical and non-clinical division of time must be approved by the service lead to ensure consistency and equity across the site and Trust.

A suggested job plan template is provided in Appendix 5.

**6.0 Non-Medical Prescribing**

6.1 Non-Medical Prescribing (NMP) is the term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist. Included in the term NMP are ‘Independent Prescribing’ (IP), ‘Supplementary Prescribing’, and ‘Community Nurse Prescribing’.

6.2 IP more fully describes the practitioner’s ability to clinically assess a patient, establish a diagnosis, determine the clinical management required, and prescribe where necessary. IP is an embedded component of the Advanced Practice training programme for eligible professionals.

6.3 Professions who can legally prescribe on completion of the NMP component of the programme are: Pharmacists, Physiotherapists, Podiatrists, Paramedics, and Nurses. Non-eligible professionals, or those who have already completed NMP previously, would usually complete an elective module instead of the NMP component of the programme, or have a break in the programme, or have a shortened programme, depending on the programme structure of the particular HEI. Which professions can legally prescribe is set out by legislation. Professions such as Social Work and Occupational Therapy cannot prescribe drugs and therefore cannot study the NMP component of the programme.

6.4 All Trainee APs commencing the NMP component of the programme must have an identified Designated Prescribing Practitioner (DPP) and proposed Scope of Practice. In order to fully develop safe and effective prescribing practice, all Independent Prescribers need to achieve and maintain competency and capability in this role. The NMC has recommended a mandatory Continuing Professional Development (CPD) requirement for all nurse and midwife prescribers (NMC 2008), and CPD is also a requirement for all AHP, Pharmacy and Paramedic registrants and prescribers in order to maintain their registration and practice safely.

6.5 All eligible professionals who commence an AP programme sponsored by ELFT should complete the NMP component of the programme, unless they have completed NMP previously as a stand-alone course. It is possible that there may be an exception to this requirement, based on the specific circumstances of an individual service, but only with the full support of the service lead and after discussion with the Trust Lead for Advanced Practice.

6.6 Once the NMP component of the training has been completed and their professional registration has been updated, the Trainee AP can request addition to the Trust’s NMP Register and, before prescribing, must ensure that Independent Prescribing is added to their job description. The Trainee must not commence prescribing until this has been completed. Please see the NMP Policy for full details of this process.

6.7 Indemnity

As a Trainee, as an Independent Prescriber, and as a qualified AP working in the NHS, all members of staff working in the NHS have basic indemnity protection provided via ‘Crown Indemnity’. This means that members of staff working in the NHS receive legal representation and support from their employer as long as they work according to their job description and scope of practice and follow policy. Basic indemnity is limited, however, and does not cover the member of staff in all scenarios. Basic NHS indemnity also would not cover an Independent Prescriber or qualified AP working in a non-NHS setting. Independent Prescribers and qualified APs may therefore wish to consider whether additional indemnity is required for their role (external to the NHS this is a legal requirement). Additional indemnity is something that the individual practitioner would need to arrange for themselves. Joining a trade union may also be a consideration, as some union membership may provide the practitioner with additional indemnity and legal support.

6.8 Roles & Responsibilities

An AP who is an Independent Prescriber must:

 Meet all the competencies set out in *A Competency Framework for All Prescribers* (RPS, 2021)

 Only prescribe within their scope of practice

 Be held to account for, and continuously improve, their prescribing skills

 Ensure that they possess current, relevant knowledge and expertise to safely undertake the IP role

 Develop their individual CPD activity linked to their annual development review process and annual update

 Comply with all audit processes related to prescribing practice

 Network and share learning / experiences with peers

 Promote the IP role and the benefits of NMP generally

 Access their DPP for guidance, support and advice

 Participate in quality assurance and audit activities to measure, monitor and continuously improve the service

 Promote the organisation through local and national activity

Those with line management responsibility for APs who carry out the IP role must:

 Assure themselves that the AP is able to safely and effectively practice and only prescribes within their scope of practice

 Recognise the requirements of CPD activity for prescribers in order to deliver safe and effective services

 Reflect on the AP’s prescribing practice during the annual development review process

 Inform the commissioning, development and provision of appropriate training programmes and CPD for prescribers

 Utilise data from audit activity to measure, monitor and continuously improve the service

6.9 Monitoring of CPD activity

It is the responsibility of the relevant service lead / lead pharmacist to ensure that Independent Prescribers have access to ongoing CPD activity. This will be monitored by the Trust NMP Lead to ensure value, consistency and adherence to national recommendations and drivers. Please refer to the Trust’s NMP Policy for further guidance.

**7.0 Workforce Planning**

7.1 HEE / NHSE are encouraging services and organisations to move towards a 5-year cycle for workforce planning and commissioning. Service Directors are strongly encouraged to consider advanced roles such as Independent Prescribing and Advanced Practice when reviewing and planning service provision.

7.2 ELFT has added advanced roles and workforce transformation to its Financial Viability Plan. It is important, however, that the main drivers for advanced roles and workforce transformation are improving quality and access to care – creating efficiencies in service provision are vitally important, but should not be seen as the main driver.

7.3 In some sectors of the NHS, APs have been recruited to lessen the gap left by doctor shortages, however, they are not designed to replace a doctor and the role of AP has not been created to directly address doctor shortages. The roles are complementary and therefore systems will likely operate more optimally with APs working within them as a *new role* in healthcare.

7.4 Ideally the need for a qualified AP role, or for a Trainee AP role, should be identified at the workforce planning stage, based on clear patient benefit and service need, and then the right person can be identified to apply for this role via an open recruitment process.

7.5 Regular updates on workforce planning around advanced roles should be presented regularly by the Lead for Advanced Roles at the Trust wide Advanced Roles Steering Group.

7.6 There should also be regular impact assessment of the various advanced roles in the Trust, with a report made by the Trust Lead for Advanced Roles to the Trust wide Advanced Roles Steering Group yearly.

**8.0 AP Recruitment**

8.1 Once the need for an AP role has been identified, based on clear patient benefit and service need, the right person should be identified to apply for this role via a recruitment process. This policy recommends that the successful candidate should then transfer into a Trainee AP role for the duration of their training, and recorded as such on ESR, but this is not mandatory.

8.2 Job description and person specification

A generic job description and person specification for the Trainee AP role (Band 7) can be found in Appendix 2. Managers should adapt this document to the local needs of the service and job role. ELFT so far have not advertised Trainee AP roles externally, however, and the model used in ELFT has been one where Trainees remain in their substantive role throughout their training, with protected time for study days and supervised clinical practice.

8.3 Upon completion of AP Training and employer credentialing, the Trainee becomes eligible to apply for a qualified AP role. There is no automatic re-banding upon completion of training. Any Trainee already working in a Band 8a role can request a review of their job description with their line manager or service manager, to include the AP job title and the addition of AP-specific roles and responsibilities.

8.4 Applicants for the AP programme must meet the following criteria:

* Current professional registration.
* Previous completed study at degree level (minimum 2:2). Applicants with a diploma may be considered if they are able to evidence additional CPD study at level 6 or 7. Each HEI may have slightly different entry criteria in such cases.
* Ideally be working at Band 7 level in order to demonstrate the appropriate level of clinical knowledge and experience. Applications may be considered from those working at Band 6 level, as long as this is for a minimum of 2 years and they are able to demonstrate the appropriate level of clinical knowledge and experience. The criteria are slightly different for Pharmacy: pharmacists should ideally be working at Band 8a level in order to apply; pharmacy applications are encouraged to discuss their AP application with their local pharmacy lead, or the Trust Lead for Advanced Roles.
* Be working in a clinical role (80% of role).
* Be employed on a substantive contract. NHSE will not fund AP Training for staff on a fixed term or ‘bank’ contract.
* Be employed for a minimum of 30 hours per week. NHSE will not fund AP Training for any part-time staff working less than 30 hours per week.
* Have an identified Main Supervisor who can support them throughout their AP Training.
* Have service support for them to become an Independent Prescriber (if they are eligible to prescribe).
* Have service support for them to complete their AP Training and commitment from their service director to create a qualified AP role for them when they qualify. This is a condition of funding from NHS England.

8.5 Flow chart

The flow chart below sets out the recommended process for AP role development, recruitment and training in the Trust. Historically, the process often commenced with a member of staff simply expressing an interest in applying for AP Training, but this is not ideal, as it can mean that there is often no clear plan for what will happen when the Trainee qualifies.

NHSE require that each Trainee has a clear qualified AP career pathway agreed before they commence the AP programme. This is a requirement for NHSE funding.

|  |  |
| --- | --- |
| **Identification of service need** | * **Service need identified** * **Role of qualified AP in service outlined** * **Proposed job description of future AP role completed** |
|  | |
| **Service agreement** | * **AP training role supported by service lead** * **Commitment to support training (1 day a week at university & up to 1 day a week in supervised clinical practice)** * **Appropriate Main Supervisor identified** |
|  |  |
| **Recruitment** | * **Applicant submits their application form to include supporting statement from service lead & signed declaration from Main Supervisor** * **Recruitment window 2 times a year (Sept & Jan intake)** |
|  |  |
| **Shortlisting & interview** | * **Trust Lead & other members of Development Team complete shortlisting** * **Shortlisted applicant attends interview conducted jointly with the proposed HEI** * **Funding for fees agreed (via HEE MSc route funding or** **apprenticeship levy funding)** |
|  |  |
| **ACP Training** | * **Trainee signs Learning Contract** * **Agreed plan for regular educational / clinical supervision** * **Protected time for Trainee (up to 2 days a week)** |
|  |  |
| **Completion of Training** | * **Attainment of Master’s qualification** * **Employer Credential Process** * **Eligible to apply for qualified AP post** * **Entry to Trust AP register** |

8.6 A copy of the application form for AP Training can be found in Appendix 4.

8.7 A copy of the Learning Contract for AP Training can be found in Appendix 5.

**9.0 Supervision**

9.1 Many HEIs use slightly different terminology from that used by NHSE. This policy will use the terms set out in *Workplace Supervision for Advanced Clinical Practice* (HEE, 2021), which should be read in conjunction with this section of the policy and used to inform any teaching and guidance for ACP supervision.

Co-ordinating Education Supervisor/Main Supervisor

The Co-ordinating Education Supervisor or Main Supervisor provides a consistent supervisory relationship throughout the AP’s advanced practice development, guiding the Trainee’s development from uniprofessional to hybrid professional at an advanced practice level. The relationship between the Main Supervisor and the Trainee is integral to their development. Ideally the role of the Main Supervisor should be undertaken by a substantive member of the senior clinical team within the speciality area in which the AP is training to practice, e.g. consultant / GP / associate specialist / qualified AP with at least 1 year experience / Consultant Practitioner, although it is recognised that in some areas a locum member of staff may be totally appropriate. Some HEIs, however, insist that ‘sign off’ must be done by a substantive member of staff. Where this is the case, a locum may carry out the supervision, but an appropriate substantive member of staff will have to ‘counter sign’ the module documentation for the HEI.

Clinical Supervisor

Clinical Supervisors, also called Associate Workplace Supervisors, are practice-based practitioners who are experienced in practice-based education and the supervision of experienced registered professionals. The developing AP can expect to work with a variety of Clinical Supervisors, each matched to support the development of specific, identified aspects of advanced practice competence and capability that may or may not be within the particular area of specialism of the AP. The Clinical Supervisor should be appraised of the multiprofessional considerations and level of competence and capability associated with advanced practice development and supervision. Additional associate supervisors may also be identified to support the Trainee’s development across the other pillars of advanced practice: leadership and management, education, and research.

Practice Facilitator

Many HEIs use the term Practice Facilitator or Work-Based Supervisor to describe the function of the supervisor responsible for the supervision and overall assessment of the student within the practice-based learning component of the AP programme. This role would normally be carried out by the Main Supervisor or one of the Trainee’s Clinical Supervisors according to the capability needing to be assessed and signed off. This is an essential component of AP Training, as it assesses the Trainee’s clinical competence and capability and readiness to practice at an advanced level in the clinical area. The role of the Practice Facilitator is to ‘sign off’ the Trainee’s specific clinical skills. The ‘sign off’ usually cannot be done by a Locum or Agency staff, although the supervision itself can be carried out by non-substantive staff and then ‘counter signed’. If the Trainee encounters any difficulties with practice-based supervision, they are advised to try to resolve this themselves with their line manager in the first instance. If the problems continue, they should speak to the Trust Lead for Advanced Practice and Course Director or Module Lead to problem-solve and/or discuss possible alternative sources of supervision and support. If a Trainee is not obtaining sufficient practice-based supervision and support they may be required to interrupt their studies until a suitable arrangement can be made.

Supervision of Trainee APs

9.2 Supervision of the Trainee AP will include allocation of a Clinical Supervisor (each shift when working in supervised clinical practice) and a Main Supervisor for the duration of their training and beyond, Tripartite Reviews, as well as additional support and informal supervision provided by the Trust Lead for Advanced Practice or the respective Professional Lead where relevant.

|  |  |
| --- | --- |
| **Responsibilities of the Clinical Supervisor** | **Responsibilities of the Main Supervisor** |
| Supervise the Trainee during supervised clinical practice at a level of autonomy appropriate to their level of experience and learning | Provide continuity for assessment and supervision throughout the training period and beyond |
| Assess specific clinical skills as part of the practice-based learning component of the AP programme | If necessary counter-sign sign off of specific clinical skills as part of the practice-based learning component of the AP programme |
|  | Prepare action plans where necessary for areas requiring further development including helping to identify suitable clinical placements for the Trainee |
|  | Formal review of portfolio and progress at agreed intervals including appraisals in conjunction with the line manager |
|  | Manage any problems, concerns and significant events |

9.3 The Trainee AP would therefore normally have multiple Clinical Supervisors but usually only one Main Supervisor. The Main Supervisor may change, however, according to staff and/or service changes or the changing needs of the Trainee. The Main Supervisor, of course, may also carry out the role of Clinical Supervisor where appropriate. It is recommended that Main Supervisors are responsible for no more than two Trainees at any given time. Traditionally, Main Supervisors have been a doctor, often at consultant or GP level, but this may not be sustainable as the AP workforce expands. The following recommendations are therefore made regarding supervisors for Trainee APs:

|  |  |  |
| --- | --- | --- |
|  | **Clinical Supervisor** | **Main Supervisor** |
| Doctor: consultant or GP | ✓ | ✓ |
| Doctor: registrar, SAS | ✓ | ✓ |
| Doctor: junior doctor | ✓ | x |
| Consultant Practitioner | ✓ | ✓ |
| Qualified ACP <1 year | ✓ | x |
| Qualified ACP >1 year | ✓ | ✓ |
| Other qualified clinicians at Band 7 or above | ✓ | x |
| Other qualified clinicians at Band 8b or above with expertise in specialism & supervisor training | ✓ | ✓ |

Development of formal training for supervisors is currently being delivered by NHSE as a pilot and will in future be provided by the Trust. The Trust is not currently mandating specific training for AP supervisors, however, this may be something that is mandated in the future.

9.4 HEI’s AP programmes have varying recommendations with regards to time spent with supervisors. This policy recommends that Trainees and Main Supervisors should meet for one hour per week, during the first two years of training, and for one hour per month for the final year of training, as a minimum. On completion of training, the recommendation is that APs continue to meet with their Main Supervisor at least twice a year.

9.5 Clinical Supervision

This should consist of support and supervision during supervised clinical practice, discussing decisions and cases with constructive feedback, and debriefing. Patient safety should always be the main focus of clinical supervision, as well as the learning and development of the Trainee. Discussion of cases can be for each patient or in retrospect after each clinic or shift depending on experience and stage of learning. Supervisory activities should consist of:

 Joint working, shadowing supervisor and supervisor shadowing trainee with time for discussion

 Clinical meetings, ward rounds or working with GP in surgery

 Shadowing other members of the team with feedback to supervisor and trainee

 Indirect supervision with supervisor available at the same site for questions and to discuss cases at the time or at the end of the session/shift or case

 Debrief at the end of each session

 More formalised teaching such as tutorials on agreed topics or cases

 Support the trainee to lead teaching sessions to other trainees or groups

 Supervised learning events, for example: Case Based Discussions, DOPs, Reflective Practice, Significant Event Analysis,

 Support with Audit

 Support and access to external experiences and training resources

 Review of patient and staff feedback

 Facilitation of independent learning and e-learning

 Support to enable HEI outcomes to be met

 Raising of concerns regarding outcomes or professional conduct

9.6 Main Supervision

Trainees should generally meet with their Main Supervisor for a minimum of one hour each week (or two hours each fortnight, or four hours each month) for year 1 and 2, and one hour each month for year 3. This time should consist of joint work or review of the work undertaken with the Main Supervisor as part of maintaining a portfolio of learning, experience and ongoing professional development. The Main Supervisor will take overall responsibility for the progress of the Trainee in their practice-based learning and clinical skills development. The initial meeting should be used to develop a Personal Development Plan for the Trainee. The Main Supervisor will take time to periodically assess and observe the Trainee in practice and to co-ordinate feedback from other supervisors. The Trainee should keep a portfolio of all their training events, reflections, self-directed learning and assessments in a portfolio or electronic learning log or e-portfolio. Where agreed competency documents and curricula are in place, these should also be completed in addition, according to the area of work.

|  |  |  |
| --- | --- | --- |
| **Timing** | **Actions** | **Work Based Assessment (minimum)** |
| Induction | Local Induction  Induction appraisal after 1 month  PDP and goals and expectations set  Plan learning activities  Statutory and mandatory training | Direct Observation of Practice (DOPs) as required  E-learning  Start Training log /portfolio |
| 3 months | Progress Review/ appraisal Review of developing portfolio | 2 x DOPS  3 x Clinical Examination (MiniCEX)  2 x Case Based Discussion (CBD)  3 x Critical Reflection |
| 6 months | Progression review and appraisal Revise PDP | 2 x DOPS  3 x MiniCEX  3 x CBD  3 x Critical Reflection  Delivery of one teaching session |
| 12 months | Annual Appraisal Review of Portfolio  PDP and Plan of learning needs  CASP | 4 x DOPS or as required (8 in 12 month period)  6 x MiniCEX (12 in total)  5 x CBD (10 in total)  1 x MSF/TAB (Colleagues and Patients) (1 per year)  6 x critical reflection (12 in total) |
| 18 months | Progress and portfolio review | Continue DOPS as required  6 x MiniCEX and 4 x CBD in 6 month period.  6 x Critical reflection |
| 24 months | Annual Appraisal  Review PDP Review portfolio CASP  Plan learning needs | As per 18 months with 1 x MSF |
| 30 months | Review PDP Review portfolio Plan learning needs | As per 18 months.  Preparation and presentation of a teaching episode to others. Could be a subject, case, research or audit findings |
| 36 months | Annual Appraisal  Review PDP and portfolio  Plan learning needs into qualifying role and speciality  Employer Credential Process |  |

9.7 Induction

All Trainee APs in ELFT will have an induction when they commence their training. This will be organised and facilitated by the Trust Lead for Advanced Practice. The main purpose of the induction will be to set out the expectations and requirements with regard to work-based supervision and portfolio development, as well as providing a basic over-view of all other aspects of the course and how to access additional help and support if needed.

9.8 Tripartite Reviews

Tripartite Reviews are a requirement for all Trainees on the apprenticeship route, but it is best practice to also hold regular Tripartite Reviews for Trainees on the MSc route. Tripartite Reviews should consist of the Trainee, their HEI supervisor, their Main Supervisor, and the Trust Lead for Advanced Practice, nominated deputy, or the respective Professional Lead where relevant. It may also be helpful for the Trainee’s line manager to attend. Tripartite Reviews should ideally take place once a term (every 3 months), but they should take place twice a year as a minimum. The Trust Lead for Advanced Practice and the HEI are jointly responsible for ensuring that Tripartite Reviews take place as required, and the HEI is responsible for ensuring that they are documented and recorded. Tripartite Reviews should be used to review the academic progress of the Trainee, as well as their clinical and practical skills progress, and to identify any unmet learning needs. The final Tripartite Review also has an important role to play in the Employer Credential Process.

9.9 Portfolio

The Trainee AP will usually have a portfolio of evidence of learning to submit to the HEI that is developed throughout their training. Different HEIs use different platforms to support this process. HEE are also looking at developing a standard online portfolio for AP Training, similar to that used for doctors or pharmacists in training. In the meantime, employing organisations are encouraged to develop their own standards and requirements for portfolio development with regard to AP supervision and work-based learning and employer credentialing. This is discussed further in Section 7.

Supervision of qualified APs

9.10 The relationship between the AP and the Main Supervisor would normally be identified at the time the candidate submits an application to commence AP Training. During the training period, supervision will occur not only as academically dictated by the training programme, but also when the individual Trainee may require support both in a pastoral and clinical capacity on a more ad hoc basis. After qualification and appointment to a qualified AP role, whilst the supportive relationship is a continuous process, supervision with the Main Supervisor should take a more formal approach.

9.11 Formal supervision meetings between the Main Supervisor and the qualified AP should take place bi-annually as a minimum during which the following should be discussed /assessed:

 Clinical development (including completion of induction)

 Case load/mix

 Review of completed work based assessments

 Review and sign off of any additional competencies required for the specialism

9.12 The aim of the supervision meeting is to develop an agreed scope of practice between the Main Supervisor and the AP, within which the AP will work, thereby ensuring patient safety, clinical governance, and practitioner development. The results of each supervision meeting should be recorded and displayed alongside the Competency Framework in the AP’s clinical portfolio and can be used as evidence in the annual development review, undertaken by the AP’s line manager.

9.13 The role of supervision for APs, in training or qualified, is crucial and is expected to be based primarily on the model used in medicine. Whilst many AP supervisors are initially likely to be medical consultants, this requirement is changing to allow non-medical senior clinicians with the appropriate level of supervision skills, to undertake this role. HEE is developing guidance for a multi-professional approach to supervision for APs.

9.14 In the development of new AP roles, clinical services will need to consider not only the availability of appropriately trained clinical supervisors for Trainee and qualified APs, but also the time required for supervision. This is clearly greater during the AP training period but must be considered following qualification to provide assurance and performance review.

**10.0 Portfolio**

10.1 Both Trainee and qualified APs are required to build and maintain a portfolio of evidence of their practice and capabilities. An electronic portfolio is recommended for ease of use, however, paper (hard copy) formats can be used if preferred.

10.2 NHSE plan to introduce an online portfolio for Trainee APs at some point in the future, similar to that used by medical and pharmacy trainees. This online portfolio will be introduced when the ePortfolio route is closed to new applicants.

10.3 Where a Royal College exists and a portfolio is available, this can be used. Alternatively, a generic Professional Portfolio may be used, for example, an NHS Professional Portfolio held electronically, or paper copy, providing the evidence required can be provided.

10.4 All Trainee APs in the Trust are required to maintain a professional portfolio as part of their development as an AP. The use of various forms of work-based assessment is expected and includes:

* Mini-Clinical Evaluation Exercise (Mini-Cex)

This is a workplace-based method of assessment where direct observation of clinical skills during an everyday clinical encounter is assessed. These skills include history taking, examination and clinical reasoning and can be used anywhere in any setting.

* Case based discussion (CBD)

Case-based discussion is designed to enable the mentor to provide structured feedback on recently seen case on management of a patient. Clinical notes of several recent cases should be discussed to provide an indication of competence in clinical reasoning, decision making and application of knowledge to care of the patient. The notes, assessment and management plan should be reviewed.

* Directly Observed Procedural Skills (DOPS)

Directly Observed Procedural Skills are designed to assess the procedural skills of a trainee in a particular procedure. The procedure in question is fully supervised by the mentor/senior clinician and real time feedback is documented and discussed.

* Multi-Source Feedback (MSF)

This assesses generic skills including communication, leadership, team working, time management, record keeping, handover and reliability through the systematic collection and feedback of performance data on a practitioner. This feedback can from anyone the trainee or qualified practitioner works with, including nursing, doctors, administration staff and any other member of the multi-professional team. This feedback should be anonymised, and feedback is given to the trainee by their supervisor or trained facilitator.

* Most of the assessments are formative and are intended to provide feedback in a non- judgemental way. The competencies and capabilities specific to an area of practice should follow a national framework if available, or if not available, an agreed competency and capability matrix with the supervisor.

10.5 The minimum expected assessment requirements include:

|  |  |
| --- | --- |
| Assessment category | Frequency and number of assessments |
| Clinical evaluation | One each month |
| Case based discussion | One every 2 months |
| Directly Observed Procedural Skills | One each month |
| MSF | One each month |

10.6 Additional method of assessment (optional):

* Patient survey

Patient surveys can inform an assessment of a practitioner’s behaviour, effectiveness of consultation skills deemed important by the patient. This may include interpersonal skills, communication skills and professionalism by focusing on each episode of care.

**11.0 Employer Credential Process**

11.1 The purpose of the Employer Credential Process is to ensure there is evidence that the Practitioner is ready to practise at an advanced level and can be added to the Trust’s AP Register (‘employer credentialing’). This process can either be used to provide final ‘sign off’ for the Trainee on behalf of the Trust towards the end of the AP programme, or as a means of confirming that a newly appointed member of staff can work in the Trust as an AP. The main function of the Employer Credential Process will be co-ordinated by the Trust Lead for Advanced Practice. The Employer Credential Process provides an essential governance structure to ensure there is evidence that the Trainee has met all the requirements of the AP master’s programme and the employing organisation, to practise at an advanced level.

11.2 Oversight of the Trainee AP throughout their training should be provided via regular supervision with their Main Supervisor and also the Tripartite Review. Tripartite Reviews should take place regardless of whether the Trainee is on the MSc route or the apprenticeship route. Regular supervision and Tripartite Reviews should be used to identify if a particular Trainee is struggling in any way, and a remedial action plan agreed with the Trainee. Supervisors may request the input of the Trust Lead for Advanced Practice, and the Trainee’s line manager, at any point if it is felt that this would be helpful.

11.3 The final Tripartite Review that takes place towards the end of the AP programme should consider whether the Trainee has met all the clinical and other requirements of the programme and make a recommendation as to employer credentialing. If employer credentialing is not recommended, an action plan should be agreed and shared with all parties so that the Trainee can be supported to meet all the requirements of the Employer Credential Process. For those Trainees on the apprenticeship route, the Tripartite Review immediately before the ‘gateway’ meeting should be used for this purpose, as that meeting confirms whether the Trainee is ready to move to the End Point Assessment.

11.4 The current Employer Credential Process in its basic form includes:

* Practitioner Self Declaration, to be completed by the Practitioner
* Line Manager Declaration, to be completed the Practitioner’s Line Manager
* Evidence of AP master’s qualification
* Evidence of current registration
* Evidence of statutory & mandatory training compliance, including ILS

This will be submitted by the Practitioner via the Trust’s Learning Academy online system.

11.5 Once the evidence above has been submitted and reviewed, the Trust Lead for Advanced Practice will sign a declaration (Appendix 7) confirming the Practitioner’s readiness to be added to the Trust’s AP Register and this will be uploaded to the Learning Academy online portal. This will complete the Employer Credential Process and this will be communicated in writing to the Practitioner by the Trust Lead for Advanced Practice. A copy of the declaration will be kept by the Trust Lead for Advanced Practice and the Practitioner should save a copy in their portfolio.

11.6 In the future it is proposed to enable an additional full portfolio of evidence to be submitted via the Learning Academy online portal as part of the Employer Credential Process. The proposed portfolio of evidence will consist of:

 Evidence of regular supervision with the Main Supervisor

 Evidence of work-based assessments

 Evidence of the clinical pillar (practice-based learning component)

 Evidence of the leadership & management pillar

 Evidence of the education pillar

 Evidence of the research pillar

 Evidence of appraisal within previous 12 months

 Confirmation of statutory and mandatory training compliance

11.7 This additional iteration of the Employer Credential Process is in development. Once it has gone live, the Trainee AP will need to submit the portfolio of evidence as part of the Employer Credential Process. The review and decision making process, including how to appeal, will be set out once the additional process has gone live.

11.8 Any candidate applying for a qualified AP post in ELFT who completed their AP master’s during employment with another employer will need to be credentialed in the same way described above. They should be asked to complete a Self-Declaration and provide evidence as set out in the declaration, their previous Line Manager should complete the Line Manager Declaration, and the ELFT Lead for Advanced Roles should review the evidence and sign the Employer Credential declaration if the Practitioner meets all the requirements. A conditional offer of employment may be made to the candidate if successful at interview, but an unconditional offer of employment should not be made until the ELFT Employer Credential Process has been completed.

**12.0 Governance Maturity Matrix**

12.1 The Governance Maturity Matrix template can be accessed here:

<https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/>

12.2 Credible governance of advanced practice is central to the safe, effective, and successful employment of APs. NHS England’s Governance Maturity Matrix aims to help organisations assess and improve advanced practice standards.

12.3 Health and care organisations across all settings can formatively self-assess their progress on governance of advanced practice against each domain. This will indicate whether they are making either early progress, substantial progress, or are mature in the effective implementation of advanced practice within their system/organisation/team. The matrix is designed to be used across all NHS settings including acute, community, mental health and primary care.

12.4 The matrix aims to be a developmental activity for health and care provider organisations. It encourages discussion and constructive challenge within organisations and with the relevant Regional Faculty for Advancing Practice. This discussion and debate can help reach a consensus on the current self-assessment. Organisations can agree on future aspirations to have credible governance for advanced practice at the health and care provider organisation. The Matrix aims to support providers to put anticipatory governance arrangements in place and to keep their effectiveness under review. It is also helpful for actively planning to strengthen governance arrangements to optimise how advanced practice roles contribute to workforce development and deployment, service delivery, and improved patient care.

12.5 The domains are:

G Provider governance of advanced practice roles

L Leadership at all levels

W Building advanced roles into the workforce

B Building advanced practice business cases & funding

T Advanced practice training & assessment

C Clinical practice

S Supervision

C AP Continuing Professional Development (CPD)

12.6 The Lead for Advanced Roles will report annually on progress against the domains of the Governance Maturity Matrix to the Advanced Roles Steering Group.

**13.0 References, Further Reading & Resources**

Health & Care Professions Council (2019) Standards for Prescribing

<https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>

Health Education England (2023) Governance Maturity Matrix – Governance of advanced practice

<https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/>

Health Education England (2023) Multi-professional consultant-level practice

capability and impact framework

<https://www.hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf>

Health Education England (2021) Workplace Supervision for Advanced Clinical Practice

<https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/>

Health Education England (2021) Supporting Advanced Practitioner Training: A guide to funding and processes

<https://advanced-practice.hee.nhs.uk/wp-content/uploads/sites/28/2021/11/Guidance-to-AP-funding-and-processes-2022_23-HEE-EOE-Final-1.pdf>

Health Education England (2017) Multi-professional framework for Advanced Clinical Practice in England

<https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>

Nursing and Midwifery Council (2008) Guidance for Continuing Professional Development for Nurse and Midwife Prescribers

<https://muppet.pbworks.com/f/NMC-Guidance-for-CPD-for-nurse-and-midwife-prescribers.pdf>

Royal Pharmaceutical Society (2021) A Competency Framework for All Prescribers

<https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework>

APPENDIX 1

AP Job Description & Person Specification (Band 8a)



APPENDIX 2

Trainee AP Job Description & Person Specification (Band 7)



APPENDIX 3

Application Form for AP Training



APPENDIX 4

Trainee AP Learning Agreement



APPENDIX 5

AP Register Line Manager Declaration



APPENDIX 6

AP Register Self Declaration



APPENDIX 7

AP Register Trust Declaration

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APPENDIX 8

AP Job Plan (template)

