University Hospitals of Leicester NHS
NHS Trust

Policy for the Development and Governance of Advanced Clinical Practitioners

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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

This is a new policy to be reviewed 3 yearly, or sooner in light of significant legislative changes nationally.

KEY WORDS

Advanced Clinical Practitioner, ACP, ANP, non-medical workforce development

1 INTRODUCTION

1.1 The NHS is facing significant change in terms of resources available to deliver safe, high quality, effective care and meet patient and public demands and expectations in the way services are commissioned and delivered in the future. Health care organisations are challenged to find new and efficient ways to deliver services which will result in staff working in different roles and more flexibly; developing a range of generic advanced clinical skills that can be applied in a variety of patient settings and multi professional teams.(Larkin 2015)

1.2 Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy and complex decision-making. This is underpinned by a Masters level award or equivalent that encompasses the four pillars of clinical practice, management and leadership, education and research, with demonstration of core and area specific clinical competence. Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes. (HEE 2017)

2 POLICY AIMS

2.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the development and governance of Advanced Clinical Practitioners

3 POLICY SCOPE

This policy applies to:

3.1 All qualified Advanced Clinical Practitioners (ACPs) (as defined by Health Education England 2017) employed by UHL NHS Trust.

3.2 All Trainee Advanced Clinical Practitioners, with the understanding that to practise under supervision, either direct or indirect, is an essential part of training.

3.3 All managers, who employ Advanced Clinical Practitioners within their clinical areas, or have identified the need for the role as part of their workforce plans.

3.4 All Clinicians who include Advanced Clinical Practitioners as part of their team.

3.5 All Designated Clinical Supervisors of ACPs

Exclusions: This policy does not cover staff working in extended roles, within their own profession, only those undertaking “Advanced Clinical Practitioner” roles.

4 DEFINITIONS

Advanced Clinical Practitioner (ACP)

"A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competences for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant education is recommended for entry level which is to be at masters level and which meets the education, training and CPD requirements for Advanced Clinical Practice as identified within the framework."(Health Education England 2014)

ALS- Advanced Life Support Course (UK Resus Council)

ATNC- Advanced Trauma Nursing Course (Royal College of Surgeons)

5 ROLES AND RESPONSIBILITIES

5.1 Executive Lead- Chief Nurse- delegated this responsibility to Deputy Chief Nurse.

5.2 Professional lead: From staff member's own profession as appropriate

5.3 University Hospitals of Leicester NHS Trust ACP Oversight and Development Group (ACPODG) will ratify all ACP competency completions.

5.4 Advanced Practice Strategic Lead (APSL) will ensure:

- All current practitioners are added to governance register
- All new Advanced Clinical Practitioner roles are developed within this policy
- Clinical Management Groups are operating within policy
- Professional leads consulted where appropriate regarding new roles/employees.

5.5 Clinical Management Group (Clinical Director/Head of Nursing/Head of service/corporate director):

- To ensure clinical supervision arrangements for all ACPs adhere to the policy
- Any new expansions to practice adhere to governance requirements.
- To escalate any concerns via the APSL.

5.6 Line Managers/Clinical Lead/Designated Clinical Supervisor:

- To meet regularly with ACP as required by level of development, minimum annually as per appraisal requirements

5.7 All staff working as or training to be ACPs:

- To work within their current scope of practice

- To engage with the appraisal and governance processes
- To maintain responsibility for their own development

6 POLICY STATEMENTS

6.1 Core principles of an ACP

The following principles will be used to enhance and further clarify understanding of the functions of the ACP:

a. Autonomous Practice:
It is recognised that many professions work autonomously from first registration, however the level of autonomy exercised by ACPs would be commensurate with that expected of medical staff providing the same level of service delivery. The role requires a significantly higher level of responsibility and autonomy to make professionally accountable decisions, including requesting and interpreting investigations, formulating differential diagnoses, prescribing medication where legally permitted and delivery of care, often from referral to discharge in unpredictable situations. They are empowered to use their advanced knowledge, skills and judgement for high level and complex decision making in an expanded scope of practice role.

b. Critical Thinking:
Practising autonomously requires "self-regulatory judgement that results in demonstrating the ability to interpret, analyse, evaluate and infer" (Mantzoukas et al, 2007; 33). Critical thinking allows Advanced Clinical Practitioners to reflectively and rationally explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgement and decision making.

c. High Levels of Decision Making and Problem Solving:
ACPs will demonstrate expertise in complex decision making in relation to their role. This includes determining what to include in the decision making process and making a decision based on judgement and critical thinking/problem solving. This in turn directly impacts on their ability to practice autonomously.

d. Values Based Care:
At this level of practice, individuals are required to have a high level of awareness of their own values and beliefs. Care is negotiated with service user/carers as an equal partner. Practitioners will consistently demonstrate the Trust values.

e. Improving Practice:
ACP's will deliver advanced practice, which is evidence based within service, acting as a positive role model that enables change regardless of their 'job title'.

6.2 Development Programme

There is a 3 year development programme. Employees will be titled "Trainee ACP" during their first stage of development, progressing through the gateway to "Foundation

ACP" on successful completion of initial development programme, and to "ACP" when assessed as proficient to operate at the level described in section 5.1. (see competency framework –appendix 2)

Some specialist Advanced Level Practice Roles may have specific development pathways, but these must adhere to HEE principles, and be agreed by the ACPODG**.**

6.3 Recruitment standard - New trainees and those trained elsewhere

New trainees will be assessed through application and interview as to their suitability to access and enter the dual clinical training and University education.

External candidates entering trust will be assessed through application and interview as to current level of training/education. They will enter development programme at level appropriate to their prior education, training and experience.

6.4 Standardised Job Descriptions

Standardised job descriptions and person specifications have been created to match the stages from Trainee ACP to ACP *Example trainee ACP job description,* , *ACP job description*

These can be adjusted to suit the specific requirements of a role.

All applicants will need to meet the requirements of the person specification requirements to be accepted into role.

6.5 Appraisal

The annual appraisal process will be broadly aligned with the Trust appraisal process. It will also allow ACPs to address the "four pillars of advanced practice", and to maintain evidence of competence in extended skills, to facilitate the revalidation requirements of the ACP's professional regulatory body. (*Additional appraisal documentation*)

6.6 Clinical Supervision

All ACPs must have a Designated Clinical Supervisor (DCS).

During the period in which the ACP is defined as "Trainee" and "Foundation" clinical supervision will occur through the DCS not only as dictated by the academic programme, but also when the individual trainee requires support both in a pastoral and clinical capacity on a more structured basis. After qualification, the supportive relationship is a continuous process and regular clinical supervision should take place.

In order for Advanced Level Practice roles to be successful within the organisation, support and clinical supervision within the workplace is essential. The role of the DCS is to provide support combined with a high level of challenge, thereby enabling the development of advanced clinical practice skills. It is recognised that additional supportive mechanisms may be required for specific roles or aspects of development, e.g. clinical roles may require multi-professional mentorship (RCN 2008).

The DCS will be crucial in supporting good governance by utilising their own expertise and knowledge to confirm the competence of the ACP.

The role of a DCS should be undertaken by a substantive member of the senior clinical team within the speciality area in which the ACP is to practice e.g. a consultant/associate specialist/Senior ACP.

The DCS should be identified at the time the ACP commences training or on commencement of a new employee within the Trust as a qualified ACP.

Where the DCS does not directly line manage the ACP, a separate line manager will be required to deal with employment relating issues such as sickness/absence management.

- Formal clinical supervision meetings between the DCS and ACP will take place as advised in the Competency Framework (*UHL ACP competency framework*)

The aim of the clinical supervision meeting is to develop an agreed scope of practice between the DCS and the ACP which the ACP will work within, thereby ensuring patient safety and practitioner development. The discussions and outcome of each clinical supervision meeting should be recorded and displayed alongside the Competency Framework in the ACP clinical portfolio and can be used as evidence in the annual development review, undertaken collaboratively by the DCS and the ACPODG.

6.7 Role Monitoring

Where the DCS has any serious concerns regarding the performance of the ACP which cannot be resolved locally, this may be escalated to the APSL and the executive team for advice and support, in line with the UHL performance and capability policy, with support from a professional lead if appropriate.

6.8 Job Planning

Job planning will be led by the DCS in collaboration with the ACP and line manager/ professional lead. It is recommended that job plans remain flexible to meet the needs of the service and ensure the ACP has protected non clinical time to ensure that continuing professional and service development can be achieved. It is recommended that advanced clinical practitioners should have a minimum of 80% clinical commitment though this arrangement may be negotiated locally to meet individual needs or profession specific requirements.

Thus, the job planning exercise provides the opportunity for the ACP, manager and the DCS to negotiate a prospective agreement that sets out the advanced practitioner's duties and responsibilities for the coming year. A formal job plan will also ensure the advanced clinical practitioner is enabled to maintain their expertise and deliver high quality patient care.

The job planning process provides an opportunity to review current working practices and to consider alternatives to deliver high quality services. In most cases, the job plan will build upon the advanced clinical practitioner's existing commitments and provide a platform for ongoing development.

The process enables the line manager, DCS and ACP 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

The job plan will be reviewed annually and is strongly linked with the annual appraisal however the two processes are undertaken separately. It is recommended that the job

plan is evaluated at the six month review meeting.

6.9 Continuing Professional Development (CPD)

CPD can be defined as any educational activity which helps to maintain, develop or increase knowledge, problem-solving, technical skills or professional performance standards and/or competence. The purpose of CPD is to provide quality, safe, effective evidence based practice. CPD activity can come in many guises, including:

- undertaking an academic course
- attendance at conferences and workshops
- delivering education and training to others
- self-directed activities such as preceptorship and directed reading
- participating in audit / research and service improvement

CPD is a requirement of professional regulatory bodies and is an essential part of developing and sustaining excellence within this framework and as such, managers/ clinicians should support ACPs to improve their practice, share their knowledge and influence their colleagues practice to the ultimate benefit of the service user. All qualified ACPs are expected to have negotiated non clinical time to support CPD on a weekly basis. The minimum time allocated to CPD should be 3.75 hours per week (pro rata). This time should be focused around the 4 domains of the role:

Clinical practice, Education, Research and Leadership and Management.

Individual job plans may negotiate increased time for CPd as approriate to role.

The aim of this is to utilise the ACP to best effect, improving job satisfaction, and ultimately improving service delivery, raising standards of care and improving the patient's experience. Evidence will be expected to be included in the portfolio and reviewed at the individual's supervision sessions. This evidence will also support revalidation where applicable.

Student and foundation ACPs may require additional CPD time to support their learning and development, to be negotiated locally. Higher Education Institution attendance alone will not provide sufficient CPD, and clinical CPD time must be maintained even during formal education processes.

6.10 Advanced Practice Portfolio

From 2016, the way in which nurses and midwives re-register or renew their registration to practice has changed under a system known as revalidation and it is anticipated that the Health and Care Professions Council will adopt a similar approach.

All ACPs within the Trust regardless of professional background will be expected to maintain a professional portfolio which includes evidence of the following:

- A full current Curriculum Vitae
- A current agreed job description, person specification.
- Evidence of formal recognition of education programmes preparing practitioners for advanced practice, which are accredited or approved by Higher Education Institutions/Professional Regulatory Statutory Bodies (PRSB)
- Evidence of formal systems of licensure, registration/re-registration, certification and credentialing

- Evidence of independent and/or supplementary prescribing education (if applicable) and revalidation. Including registration with UHL as per UHL NON MEDICAL PRESCRIBING Policy.
- A current development review (DHFT, 2011), personal development plan/ KSF outline (DH, 2004)
- Evidence of reflection of learning activity/practice, including any risk management issues in relation to the role eg incidents, complaints etc and learning
- Evidence of annual audit/ service improvement activity
- Evidence of liaising with the DCS/ clinical supervision
- Evidence of delivery of education activity to others
- Evidence of up to date Job Plan

The DCS should undertake the annual review and assess the portfolio. The annual review may be undertaken with the named manager/professional lead of the ACP where this has been agreed locally.

6.11 Non medical prescribing

ACPs are expected to undertake Non-medical prescribing where this is legally permitted by their professional registration. This process is dealt with by the non-medical prescribing policy

6.12 Research and Audit

Audit is integral to providing evidence that the Trust is meeting national targets and demonstrating compliance with the recommendations, standards and guidance, for example, those required by the National Institute for Health and Clinical Excellence (NICE), National Confidential Enquiries of Patient Outcomes and Death (NCEPOD) and the Department of Health.

ACPs are expected to undertake audit with the intention of identifying areas that may need addressing either through practice or service development, or to demonstrate that care is within acceptable standards and maintaining standards.

The ACP will also be expected to link with the Quality Improvement agenda in their clinical area, and to support as appropriate, research taking place within their departments.

7 EDUCATION AND TRAINING REQUIREMENTS

All ACPs will maintain their required mandatory/statutory UHL and area specific training.

All ACPs will have at minimum Post Graduate Diploma or equivalent in Advanced Clinical Practice, recognising those who have trained to this level and have consolidated with clinical practice at ACP level since. New trainees will be expected to complete full MSc to reflect changing national guidance.

Each ACP must also have access to support network of ACPs across the trust through regular attendance at the ACP forum.

Where appropriate to role, the trust will support ACPs to deliver Education and training locally and nationally for the benefit of the wider NHS (for example ALS/ATNC)

8 PROCESS FOR MONITORING COMPLIANCE AND STANDARDS OF CARE

POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
All new roles to be developed in line with policy	APSL	APSL to be required to approve all new roles on TRAC	monthly	Monthly report to deputy chief Nurse
All ACPs to have DCS allocated	APSL	ACP database	On commencement and annually.	ACPODG to report annually to Deputy Chief Nurse
All ACPs to have annual appraisal	APSL	ACP database	Annually	ACPODG to report annually to Deputy Chief Nurse
Portfolio maintenance	DCS	Appraisal documentation	Annually 3 yearly for revalidation	Copy of appraisal to ACPODG

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- *HEE (2017) Multi-professional framework for advanced Clinical Practice in England https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf*

- *HEEM (2013) Workforce development plan 2014/2017*

- *HEEM (2014) East midlands Advanced Clinical Practice Framework*

- *Larking, Alex (2015) Governance framework to support Professional accountability and assurance for advanced clinical practice.* ***Salford Royal NHS foundation Trust.***

- *RCN (2012) RCN Competences Advanced Nurse Practitioners. An RCN guide to advancing nursing practice.*

- *UHL NON MEDICAL PRESCRIBING Policy*

- *UHL Medicines Code*

- *UHL Controlled Drug Policy*

- *ACP job description*
- *Additional appraisal documentation*
- *UHL ACP competency framework*

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.