**ACP governance document**

**GOVERNANCE STANDARDS AND PROCEDURES   
FOR ADVANCED CLINICAL PRACTITIONERS**

**To: Human Resources**

**at [insert trust name]**

**By: [insert author’s name]**

**Corporate Advanced Clinical Practitioner Lead**

**From: [insert trust name]**

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**This document will provide the governance structure for all advanced practitioner roles throughout**

**[insert trust name]**

# Introduction

The purpose of this document is to demonstrate compliance of advanced clinical practitioners (ACPs) in training and practice in accordance with Health Education England (HEE) recommendations for advanced practice as set out in the 2017 HEE national framework document.

Currently, healthcare professionals are accountable to their professional regulator but there is no national regulation for advanced level practice. [Insert trust name] has set its standard for practice against the HEE framework. All roles will be required to meet this standard in order to be able to use the ‘advanced’ title.

# Essential reading for:

Trainee advanced clinical practitioners

Advanced clinical practitioners

Clinical supervisors

Line managers

Lead advanced clinical practitioners

Medical, surgical and specialty consultants working with ACPs

# Information for:

Nursing leads

Allied health profession leads

Medical leads

Divisional directors

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# Glossary

ACP Advanced clinical practitioner

ACCP Advanced critical care practitioner

TACP Trainee advanced clinical practitioner

ES Educational supervisor

CSL Clinical service lead

CS Clinical supervisor

MDT Multi-disciplinary team

HEE Health Education England

ACAT Acute care assessment tool

CBD Case-based discussion

CBE Case-based examination

DOPS Direct observation of procedural skills

Mini CEX Mini clinical evaluation exercise

OSCE Objective structured clinical examination

MSF Multi-source feedback

# Definition of advanced clinical practice

Health Education England (HEE), in association with its multi-professional partners, has developed a definition of advanced clinical practice:

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a Master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes. (Health Education England, 2017)

The ACP definition has been developed to provide clarity for employers, service leads, education providers and healthcare professionals, as well as potential ACPs practising at an advanced level. This is the first time a common multi-professional definition has been developed which can be applied across professional boundaries and clinical settings. The definition serves to support a consistent title and recognises the increasing use of such roles in England.

**4.1** All trainee ACPs will be expected to undertake a recognised advanced practice Master’s. All ACPs will be expected to have obtained a full Master’s degree in advanced clinical practice (or equivalent). ACCPs and advanced neonatal ACPs are expected to complete the full Master’s as defined by their specific programmes.

# The anticipated benefits to the patient and the organisation

**5.1 ACP workforce**

Workforce developments across the MDT will benefit patients, providing consistent timely intervention and care. Moreover, ACPs will augment medical training by providing service delivery to enable training, provide education and training, and enhance multi-disciplinary working for health delivery. There are financial and quality benefits for patients and the organisation in the consistent of care delivery, new ways of working and reduction in locum spend.

This document lays out the Trust governance structure for ACP roles across sites with a standard for recruitment, education and training, practice and professional development. It incorporates the support structure for clinical and academic supervisors and the role of the Trust oversight group.

ACP incorporates all nursing and health professionals working in advanced roles across the organisation.

# Core components of the ACP role

**6.1** All advanced practitioner roles will need to demonstrate impact in each of the four pillars that define advanced practice as laid out in the HEE multi-professional framework for advanced clinical practice in England (2017):

Clinical

Audit and research

Education

Management and leadership

**6.2** These are underpinned by the key principles of:

Autonomous practice

Critical thinking

Clinical reasoning and decision making

High level decision and problem solving

Values-based care

Innovative practice

Management and leadership

**6.3** It is understood that ACPs manage a wide range of conditions at generalist level across the acuity and complexity spectrum, but within their own specialty.

# Recruitment

**7.1** There should be a defined population and service need, and a job plan for all new roles. This should be a consensus between the clinical service lead and senior nurse or AHP/manager.

**7.2** All new roles should have a 80% clinical/20% non-clinical split for trainee ACPs and a 90% clinical/  
10% non-clinical split for qualified ACPs to meet all four pillars of advanced practice.

**7.3** A business case should demonstrate the service need/improvement for all new advanced roles/teams.

**7.4** Standalone ACP roles are not advised but should be part of service review/development plans.

**7.5** There should be funding approval for band 7 trainee and band 8a qualified ACP roles.

**7.6** There should be funding identified for the Master’s level study.

**7.7** The recruitment process timeline should coordinate with the academic organisation MSc programme. Candidates will need to demonstrate that they meet the academic programme entry requirements. Robust recruitment, selection and interview processes must be in place with joint MSc programme and role interviews where possible.

**7.8** Clinical supervisor/s are to be named, identified and appropriately trained/prepared for this role.

**7.9** Approval should be sought via the advanced practice oversight group.

**7.9.1** All adverts to be signed off by the corporate advanced practice lead through the Trust recruitment process.

**7.9.2** All positions to have the Trust trainee and qualified ACP job descriptions and personal specifications with ‘bolt on’ specialty aspects.

**7.9.3** Shortlisting should be by the ACP lead and clinical service lead.

**7.9.4** Selection in accordance with the Trust HR interview process and documentation:

Interview

Group work

For clinical service ACP roles, a scenario relevant to the area of practice

# Continuing professional development

**8.1** MSc programme will be undertaken at university approved by the Trust.

**8.2** TACP will follow the MSc programme at the designated university.

**8.3** Recruitment will aim to have TACP in post 4/52 prior to the university course started.

**8.4** It is expected that TACP will cover the following modules:

Y1: Full clinical examination

Research

Leadership

Y2: Non-medical prescribing or pharmacology if NMP not an essential part of the role

The clinical portfolio will be completed throughout Y1 and Y2.

Y3: Dissertation or service improvement project

**8.5** Throughout the three years, they are expected to complete a number of related competencies, a portfolio and reflective accounts of their experiences and learning.

**8.6** Throughout the first 18/12, the TACP is supernumerary but will work in the clinical setting gaining experience and contributing daily activities. At 18/12 if successful on the MSc pathway, the TACP can contribute to service delivery and move to an 8a banding but will not be eligible to move to the next increment until they have completed their MSc study and been awarded the qualification.

**8.7** There is an expectation that the TACP will be awarded the MSc at the end of three years. Only in extenuating circumstances will this time period be extended to five years. Failure to complete will mean the individual will not be able to practise in the role.

**8.8** Throughout their training the clinical TACP will be expected to examine patients if this is part of their role, contribute towards requesting and interpretation of diagnostics and the clinical reasoning to develop appropriate management plans. They are also expected to demonstrate development of their leadership skills. They will be able to see diagnose and treat patients with acute and chronic conditions, prescribing within their scope of practice (if this is relevant to their role). They will be expected to demonstrate clinical reasoning, decision making skills and initiate treatment. The TACP will be expected to work within their scope of practice at all times, work within the MDT ensuring professional standards of communication and recognition of when to escalate patient treatment.

**8.9** Evidence of this will be demonstrated through the following assessments:

**8.10** Sight of trainee ACP/ACPS portfolio

**8.11** CPD support for 20% WTE for TACPs. This equates to 7.5hrs a week to attend university or personal/formal study.

**8.12** CPD support for 10% qualified ACP. This equates to 15hrs a month for professional development.

**8.13** CPD support is to attend courses or non-clinical time to be spent in the Trust unless negotiated.

**8.13** During non-clinical time, the ACP should be contactable and available to work if service provision requires such as capacity escalation.

**8.15** Role and non-clinical development is expected to demonstrate practice across all four pillars of advanced practice (Education, Clinical, Research and Audit, and Leadership) for both the TACP and the ACP.

# TACP and ACP training programmes/study governance

**9.1** All TACPs will be required to sign the annual educational department contract. ACPs who undertake further supported study will also be expected to sign the annual educational department contract.

**9.2** All TACPs and ACPs will be required to demonstrate self-awareness for their learning and responsibility for completing clinical competencies and university work as set out for each module.

# Appraisal

**10.1** Annual appraisal should be a joint process with the line manager and clinical supervisor.

**10.2** Documentation must reflect achievements, progress in all four pillars and any incidents. The following year’s objective must reflect practice in all four pillars of advanced practice.

**10.3** All ACPs will be required to demonstrate self-awareness for their learning and responsibility for completing clinical competencies.

**10.4** *Specific procedural competence*

For specific procedural competence with new clinical skills, the ACP and educational supervisor must demonstrate that these are in line with the clinical role and patient need. Appropriate training and specific competencies must be in place. A process for ongoing competence must be in place such as a logbook and recognised supervision, direct or indirect. This activity must be recorded in the ACP’s portfolio to ensure vicarious liability.

**10.5** *Competence assessment – Supervised workplace assessments*

These will follow the specific curriculum specifications such as RCEM, RCS, FICUM or to be agreed by the university, educational supervisor and trainee ACP for specific clinical competencies/capabilities.

ACAT x1

CBD x4

2 Reflective pieces

Portfolio +/- logbook

# Managing performance

**11.1** All necessary training and support required for the performance of the role will be provided to the trainee ACPs to help ensure continuing awareness of the expected levels of performance and provide the opportunity to address any concerns or issues at an early stage.

**11.2** If any performance concerns are identified but are unable to be addressed through preventative measures, management will refer to the Trust’s capability policy for next steps.

**11.3** If the trainee ACP’s performance or progress continues to be unsatisfactory or not meet the expected and agreed levels, it may lead to withdrawal of educational funding and the trainee ACP may be unable to continue in the ACP position.

**11.4** Following the Trust’s capability policy, redeployment into an alternative role may be explored in consultation with the trainee ACP. Redeployment will involve looking for suitable alternative roles using the following factors:

* the level of the trainee ACP’s performance
* the training, qualifications and skills of the trainee ACP
* the trainee ACP’s previous job including the status of the post
* the banding
* the location of the post

Please refer to the Trust’s redeployment guidance for more information.

# Educational support and training for supervisors

**12.1** The educational supervisor and clinical supervisor will be expected to have undertaken the Trust supervisors study day.

**12.2** They will be required to submit a CV that demonstrated relevance to the area of TACP/ACP practice.

**12.3** They will be invited to attend the university study day for supervisors to provide additional preparation/support for supervisors regarding the advanced level practice and multi-professional aspects.

**12.4** They are required to meet with the TACP prior to the university course to identify the TACP current experience and knowledge, and to map future expectations and learning opportunities across all four pillars.

**12.5** They are required to meet with the TACP monthly with direct supervision or indirect supervision to support the TACP across all four pillars.

**12.6** For ACPs the CL should meet monthly to ensure there is a plan and support for ongoing development and practice to support the four pillars of practice.

**12.7** The CL is expected to be part of the annual appraisal process.

**12.8** There will be a register of supervisors.

# Annual leave

**13.1** Annual leave is in accordance with Trust policy.

**13.2** Where ACPs work on joint MDT rotas to provide direct service delivery, annual leave should be avoided (i.e. in August when new doctors join the Trust).

**13.3** Sickness and other leave will be in accordance with the Trust policy.

# Role of the advanced practitioner oversight group

**14.1** This group will comprise:

Lead for AHP Representative

Educational representative

Finance representative

Human resources representative

Executive Medical Director

Chief Nurse

Workforce Representative

**14.2** Reports into the Strategic Workforce and Local Academic and Local Faculty Boards

**14.3 Purpose:**

Hold a register of ACPs throughout the organisation of TACP and ACPs will be updated annually

Quality assure generic and specialty training and roles

Oversee and approve new service development and posts

Quality assure the supervision by the local academic and local faculty board to provide guidance and quality assurance on issues relating to training, supervisors, educational organisation, students failing to progress, qualified ACPs whose professional development does not meet the HEE framework of four pillar practice

Quality assurance to advanced scope of practice for procedures, access to diagnostics and other areas underpinning practice development

Review of IT development necessary for ACP roles

# References

E-Learning for Healthcare. Advanced Practice Toolkit.   
Available at: <https://www.e-lfh.org.uk/programmes/advanced-clinical-practice-toolkit/>

Health Education West Midlands (2015). Advanced Clinical Practice Framework for the West Midlands. Available at: https://www.hee.nhs.uk/sites/default/files/documents/West%20Midlands%20Advanced%20Clinical%20Practice%20Framework.pdf

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