**Principles for the implementation of clinical practice – Planning new services/posts – Checklist**

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| **Planning the workforce and governance** | **Responsibility** | **Definition / description** | **Gaps / future training needed / sign off** |
| **1. Consider where ACP roles can be placed in health and care pathways to maximise their impact**.  Where would this level of practice be best placed for greatest impact in health and care pathways?  May be outside traditional service delivery and professional boundaries.  Plan to meet local population needs. |  |  |  |
| **2. Define a clear purpose and objectives for advanced clinical roles.**  In multiprofessional teams?  Do not plan in isolation (i.e. consider workforce supply, existing roles, support for development).  Clear definition of capabilities reflecting the area of work, core training, duties and responsibilities.  Clinicians and service managers plan workforce together. |  |  |  |
| **3. Consider and evaluate the impact of ACP roles on service user experience, and outcomes on service delivery and improvement objectives.**  Patient/user and public involvement in role development.  Continuous improvement in quality of care.  Impact of activities of all staff.  Robust evaluation/value for money.  Quality assurance, safety, effectiveness.  **Specific questions – re: governance**  What objective outcomes are expected from the ACP role?  When will these outcomes be achieved, and how will these be measured pre and post implementation?  What risks and unintended consequences might there be to the introduction of this role, and how may they be mitigated against?  What resources and support are required for role development and succession planning?  Is workforce optimised to ensure clinical and financial benefits are maximised?  How will ongoing competence and capability be reviewed and enabled? |  |  |  |
| **4. Ensure clarity about the service area in which the individuals will work**.  Roles of all team members surrounding this role need to be understood, multiprofessional engagement.  Initial individual scope of practice needs negotiation with SMs and team.  Needs a proactive culture of working partnership.  All roles may need a review to embrace and support the change; this must be understood, supported and well communicated. Consider impact planning and implications for skill mix etc.  Career and succession planning is enabled. |  |  |  |
| **5. Ensure clear and unambiguous support for the role from the organisation/employer at all levels**.  Needs support at local and organisational level.  Clear lines of professional and managerial accountability, and therefore full understanding of the roles by those involved. |  |  |  |
| **6. Develop a succession plan for future workforce.**  Active clarity in these principles will support retention and service sustainability. |  |  |  |

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| **Accountability** | **Responsibility** | **Definition / description** | **Gaps / future training needed / sign off** |
| **1. Individual practitioners, as registered professionals, continue to hold professional responsibility and accountability for their practice**.  What are the set of responsibilities and capabilities of the role, commensurate with the developmental stage of the individual?  Recognise the parameters of their scope of practice. |  |  |  |
| **2. Employers recognise and accept potential new responsibilities and greater accountability in relation to governance and support for these roles and associated level of practice.**  Policies and processes in place to demonstrate correct level of governance.  Describe/attach.  Who is the named assessor to oversee competence and capability?  Evidence of assessment of such. |  |  |  |
| **3. Professional support arrangements that recognise the nature of the role and the responsibilities involved must be explicit and developed.**  Benchmark posts against agreed standards in England, best practice and capabilities under the four pillars.  Accountability within practice by supervision, mentorship, good record keeping, ongoing self-assessment and development.  Provide paperwork to support this.  Regular independent clinical reviews (set framework).  Manage operational and professional/clinical lines of accountability.  Appraisal to include evidence, feedback, clinical audit data, outcomes and issues review, productivity measures 360 feedback, service user. |  |  |  |
| **4. Employers must ensure regular review and supervision is carried out by those who are appropriately qualified to do so.**  Provide governance framework. (Those supporting roles are also developed, facilitated and supported.) |  |  |  |

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| **Education and development** | **Responsibility** | **Definition / description** | **Gaps / future training needed / sign off** |
| **1. Principles for education and development**  Develop to be clinically competent.  Capability development also – recognise level of competence necessary in any given situation and apply this. Extend limits when necessary and flexibly adapt.  Focus on outcome.  Education development to support both. |  |  |  |
| **2. Development of competence and capability**  Framework needed for individual needs, collaborative approach.  PDPs  Clear articulation of role and scope. Define.  Build on existing national clinical competences.  Map previous education experience against the four pillars… Gap analysis. |  |  |  |
| **3. Supervision and support in the workplace**  Identify educational supervisor in workplace (e.g. consultant/senior practitioner).  Continuity of support  Develop the individual day to day.  Access to supported peer review.  Action learning sets?  Manage own CPD to ensure patient safety, ongoing development and maintenance of capability. |  |  |  |
| **4. Assessment of competence and capability**  Formal assessment and achievement of capabilities (checklist).  Credibility of assessment outside formal training? How to ensure?  NB: To ensure assessment in the workplace is valid and reliable:   * assessors must be occupationally competent, recognised as such by employers and education providers, and be familiar with the chosen assessment tool; * a range of assessors, trained in the relevant assessments, should be used, including educators with appropriate academic and clinical experience, and competent health and care professionals at the required level; * healthcare providers must invest in and support staff to undertake assessment(s) in practice. |  |  |  |
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| **Assessment of a portfolio of evidence** |  |  |  |
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| **Additional considerations** |  |  |  |