Guidance for Advanced Clinical Practitioners (ACP) Education Training & Continuous Professional Development (CPD)

South Yorkshire and Bassetlaw Faculty for Advanced Clinical Practice (SY&BFACP)

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title	
01	2	Final	Simon Clark Chair of Faculty & STH Medical Lead Alex Kocheta Sub Regional Medical Faculty Lead Julie Perrin Professional Lead Advanced Practice	Julie Perrin Professional Lead Advanced Practice Jo Stubbs Lead ANP Critical Care, STH	
Approval Body		South Yorkshire & Bassetlaw Faculty for Advanced Clinical Practice		**Date Approved**	12.09.18
Ratified by		South Yorkshire & Bassetlaw Faculty for Advanced Clinical Practice		**Date Ratified**	12.09.18
Date Issued					14.09.18
Date of revision					29.05.19
Review date					14.09.21
Contact for Review (Name and Job Title) Julie Perrin Professional Lead Advanced Practice					

Version History

Version	Date Issued	Brief Summary of amendments	Owner's Name:
3		Background and Justification	Julie Perrin Jo Stubbs
4		1.Less than full time training 2. Exit from the ACP programme following unsuccessful completion of either modules or clinical competencies 3. Accountability 4. Supervisor time	Julie Perrin Simon Clark Alex Kocheta
5		Post Qualification Development Alternative role following non completion of training	Julie Perrin Simon Clark
6		CASP form added	Julie Perrin
7	13.03.19	Inclusion of paragraph for eportfolio use in training and post qualification	Julie Perrin
7	13.03.19	Change in contact details for Julie Perrin	Julie Perrin
8	03.04.19	Adding a specific section on supervision standards and correcting the number of supervision PAs for trained ACPs in section 4 to 0.0625.	Alex Kocheta
9	13.08.20	Amendment to trainee ACP study time to reflect recommendations made in Best Practice Guide	Suzanne Owens

Contents

1. Introduction

An increasing demand for services and recognition of the need to remodel the workforce has led to the development of the ACP role. Health Education England provided a significant amount of funding to support this.

Historically advanced practitioners undertook the Masters Education programme in an unstructured way and modules were undertaken with or without support in clinical practice. This was reflective of the training in a number of areas within South Yorkshire and Bassetlaw, and is still undertaken in this way in some areas e.g. General Practice.

Recently, formalised programmes to develop Advanced Clinical Practitioners have been developed at local Health Education Institutions (HEIs) and this has resulted in a requirement for a structured approach to support learning in practice to ensure the development of competent and confident practitioners. In addition to this findings from Clinical Academic Support Panels (CASP) have identified that time and support for training are key issues locally (HEE 2017).

Healthcare organisations should explicitly recognise that supervised training is a core responsibility, in order to ensure both patient safety and the development of the medical workforce to provide for future service needs (Gold Guide 2016). This is further supported by HEE (2017).

Continuous professional development will help to protect against burnout, aid retention of staff, help the organisation to remain the employer of choice and enable service transformation and improvement (PHE 2017).

2. Purpose of Guidance and Scope

Publication of the Multi-Professional Framework for Advanced Practice (HEE 2017) identifies all the capabilities that an Advanced Practitioner should have. This guidance is for employing organisations, managers and ACPs and will support the successful development of advanced practice.

Rationale

Findings from the Clinical Academic Support Panels (CASP), best professional judgement of supervisors and feedback from trainees suggest that working as a member of the team in addition to the substantive work force (supernumerary or non rostered status) improves the confidence and competence of the trainee ACP. Feedback at the HEE ACP panel meeting on 27.6.18 supports this.

Supernumerary (or non rostered) status can be described as the trainee working as part of the multidisciplinary team but having the flexibility and freedom to undertake activity which will enhance their learning. This may involve leaving the base clinical area to follow a patient or having a placement within another clinical area or organisation and therefore the trainee will not be relied upon to deliver the service.

Building in supernumerary or non rostered status enables staff to undertake extra learning with relevance to knowledge and skills; however, this must be planned and structured to work. In addition, feedback from trainees has identified that whilst building clinical expertise within specialist areas is required, working within the substantive clinical area helps to give the trainees some stability to the role and a sense of continuity/belonging.

Developing training programmes with allocated supernumerary or non rostered status is viewed as a positive initiative and can go some way to enhance recruitment and address retention issues. It also provides an excellent framework for support and education, which enables non rostered practitioners to develop whilst still contributing to the service.

In conclusion, supernumerary or non rostered status represents the development of a supportive clinical environment which is an intrinsic factor contributing to a competent and confident practitioner.

Less than full time (LTFT) training

The SY&BFACP have a strong commitment to helping all practitioners to reach their full potential and to supporting those with child-caring or other caring responsibilities, health concerns or individual developmental opportunities to continue training on a less than full-time (LTFT) basis.

The aims of this are:-

- To retain within the workforce practitioners who are unable to continue their training on a full-time basis.
- To promote career development and work/life balance for practitioners training within the NHS.
- To ensure continued training in programmes on a time equivalence (pro-rata) basis.
- To maintain a balance between less than full-time arrangements, educational requirements and service needs. This should be undertaken with the manager, educational/clinical supervisor and Professional Lead.

In order to complete the first year of training, it is envisaged that the practitioner should work no less than 30 hours per week.

Absences from training other than for study leave or annual leave may have an impact on the practitioner's ability to demonstrate competence and progression through the curriculum.
Absences from training and impact on certification (or completion) date will be discussed at the CASP meetings in conjunction with the line manager.

Failure to complete all or part of the educational programme or failure to achieve clinical competence will lead to the practitioner being redeployed to a role commensurate with their professional registration eg Pharmacy, Paramedic, Nursing, etc.

3. Recommendation of Models for Advanced Clinical Practitioner Training Programme

The SY&BFACP recommends that organisations and employers comply with the guidance offered within this document. This recommendation is based upon existing literature and feedback from HEE including supervisors and trainee ACPs.

It is essential that each trainee has a dedicated Professional Lead, an appropriately trained Clinical Supervisor and Educational Supervisor. Line management should be provided by either an experienced ACP or an individual who has in depth knowledge of the requirements of the role. Some of these roles may be undertaken by the same

person. In addition, it is essential that there are clear lines of Clinical, Professional and managerial accountability.

The Supervisors should have time in their job plans to undertake this role; 0.25 PA (one hour) is currently recommended per trainee for Medical Supervisors. In addition the Supervisor should have one PA (four hours) per trainee, per year to support the CASP. In order to support the ongoing development of the qualified ACP, the Supervisor should have 0.0625 PA (one hour) per trainee per month.

In order to successfully develop a competent and confident ACP the education and training should encompass all four pillars of practice including clinical, education, management/leadership and research components.

The SY&BFACP recommends the use of an e-portfolio during training and post qualification. If practitioners are working within a specialty, they may have access to an area specific Royal College portfolio (eg RCEM) which is supported by the Faculty.

In the absence of a specialty specific portfolio, the Faculty recommends the Practitioners e-portfolio (PeP), which can be accessed here.

The annual costs for SY&BFACP trainee ACPs during training, to access the Practitioner e-portfolio (PeP) is currently £40 per year (from 1/4/2019). For trainee ACPs, the Faculty recommends that the Health Education England (HEE) Training Grant is used to fund this access.

For qualified ACPs, the Faculty recommends that a portfolio is used to evidence CPD. Access to the PeP is available on an employer or self-funded basis.

The Faculty would recommend the following training models dependant on the prior experience of the trainee:

Trainee ACP:

1. One year full time supernumerary or non rostered status as a minimum standard with one year preceptorship, the preceptorship year would include attending the required study modules and one day a week non rostered status to support on-going development of clinical skills, experience and confidence to practice.

2. A trainee Practitioner with a Post Graduate Certificate (PG Cert) working towards a Post Graduate Diploma (PG Dip) would include study time to attend the required module(s) and one day a week supernumerary or non rostered status to support on-going development of clinical skills, experience and confidence to practice. The SYB Faculty recommends that in the first year of the tACP Programme, the trainee has rostered/ supernumerary status (as a gold standard). However, it is recognised that this is not sustainable for some organisations, therefore a minimum of all university days are supported plus one day in supervised clinical practice, per week. Where there are no university days, the time should be used for supervised clinical practice or visits to specialty areas.

   It is an important patient safety principle that tACPs are fully supervised by an appropriately qualified colleague at all times.

Qualified ACP:

1. Practitioners with a Post Graduate Diploma working towards full MSc Advanced Practice or Practitioners in possession of an MSc Advanced Practice should have a minimum of three hours protected study time per week which can be aggregated per month to support their on-going professional need / development.

2. A qualification of a Masters in Advanced Practice should be achieved within five years of commencement of the course of study.

3. The philosophy of lifelong learning should be incorporated into the ongoing development of the individual. This will include the use of personal development plans and the use of a live portfolio of Professional Development including appropriate competencies.

4. In the event of the trainee ACP being unable to successfully complete both the academic component and the clinical competencies relevant to the role, support should be provided from the employing organisation in collaboration with the HR department to find a suitable alternative role

4. ACP Supervision

1. Effective clinical supervision supported by an educational culture and robust educational framework is fundamental for the development of safe and effective staff. It is a keystone in ensuring patient safety.
2. In conjunction with the development of ACP roles, attention needs to be given to the development of ACP supervisors to assist in the formative process of ACP development, both through the training and subsequent stages of ACP career development.
3. Initially, it will be the case that the majority of ACP supervisors are senior doctors, usually medical GP Principals or medical Consultants. As ACP role development continues, these will be increasingly joined by senior ACPs.
4. Supervisors should meet regularly with their supervisees. In the first two years of training, these meetings will involve the setting and review of personal learning plans, review and performance of supervised learning events etc. The supervisor will be responsible for the creation and administration of the trainee ACP's training rotation and activities. These should have assigned learning objectives that may be reviewed at supervision meetings.
5. Records of supervision meetings should be kept and if possible, uploaded to the ACP's ePortfolio e.g. the Practitioner's ePortfolio (PeP) or national ePortfolio, when available. This allows review of objectives and presentation of evidence of supervised learning for both the ACP and supervisor as necessary. This assures effective educational governance.
6. One of the major tasks for a supervisor is the delivery of effective and focussed feedback to the ACP. This may be on their clinical performance, their academic activities or in other areas such as feedback of multisource feedback surveys. Training in this is required for ACP supervision as it is for other staff groups, such as medical trainees and it is recommended that ACP supervisors have undertaken the HEE Educational Supervisor on line and face-to-face training package as a minimum.
7. Supervisors should advise and assist their supervisees in the preparation of evidential material for yearly Clinical and Academic Support Panel (CASP) meetings. They may also sit on the panels. CASP meetings assist in the robust credentialing of ACPs in the same way that ARCPs do for medical trainees and yearly in-depth appraisals using the MAG form or similar do for permanent medical staff.
8. It is advisable that each Trust, Practice or other organisation has a medical lead for Advanced Practice to sit alongside the Professional lead for advanced practice. One of the roles of this post-holder will be to assist in the development of ACP supervision locally and in the administration of CASP meetings.

9. The work involved in ACP supervision should be recognised in job plans. It is recommended that supervisors should have one hour per week (0.25PA) for each trainee ACP they supervise and one hour per month (0.0625PA) for each trained ACP supervised.

Contributors

- South Yorkshire and Bassetlaw Community of Practice
- South Yorkshire and Bassetlaw Lead ACPs
- South Yorkshire and Bassetlaw Faculty for Advanced Clinical Practice

For more information on this document please contact:-

Julie Perrin, Professional Lead Advanced Practice,
Integrated Care System (ICS) Workforce Hub, Faculty for Advanced Clinical Practice, 722 Prince of Wales Road, Sheffield S9 4EU
Email**:** j.perrin1@nhs.net

References

Advanced Practice Framework in Yorkshire and the Humber, Health Education Y&H (2015) https://hee.nhs.uk/sites/default/files/documents/Yorkshire%20and%20the%20Humber%20Advanced%20Clinical%20Practice%20Framework.pdf Last accessed 29.03.18

East Midlands Advanced Clinical Practice Framework, Health Education East Midlands (2014) https://hee.nhs.uk/sites/default/files/documents/East%20Midlands%20Advanced%20Clinical%20Practice%20Framework.pdf Last accessed 29.03.18

Enhancing Training and the Support for Learners, Health Education England (2017) https://www.hee.nhs.uk/sites/default/files/documents/ARCP%20Review%20-%20Enhancing%20training%20and%20the%20support%20for%20learners.pdf Last accessed 12.08.18

Facing the Facts, Shaping the Future. Public Health England (2017) https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf Last accessed 29.03.18

Multi - professional framework for advanced clinical practice in England, Health Education England (2017) https://hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf Last accessed 29.03.18

The Gold Guide Sixth Edition, COPMeD (2016)

Appendix 1

South Yorkshire and Bassetlaw Faculty for Advanced Clinical Practice : Clinical Academic Support Panel (CASP) Checklist

This document is to support the governance requirements identified within the Multi-Professional Advanced Clinical Advanced Practice Framework (HEE 2017) and should be used in conjunction with the Guidance for ACP Education and Training and Continuous Professional Development (SY&BFACP 2018)

ACP Name:
Educational Supervisor:
Trust:

Item		YES	NO	Comment
1. Portfolio	Evidence of a live portfolio of evidence?			
2. Appraisal	Evidence of appraisal within previous 12 months. Evidence of current professional registration.			
3 Supervision	Evidence of supervision meetings within the ACP portfolio.			
4. Education	Satisfactory performance on educational programme.			
4a	Which modules are complete? Which module is currently being studied? Completion of Masters programme and date.			
4b	Evidence of attending Trust/ non HEI teaching Evidence of delivering education.			
4c	Appropriate time allowed for education/development in line with regional guidance			
5. ILS/ALS	Completed ALS/ILS and date			

Item		YES	NO	Comment
6. Assessment	Completed: Mini CEx x 4 DOPs x 4 CBD x 4 TAB/ MSF/360 assess x 1			
7. Competencies	Completed core competencies Completed specialist competencies			

Glossary of Terms			
Mini CEx	Mini Clinical Examination	**DOPS**	Direct Observation of Procedural Skills
CBD	Case Based Discussion	**TAB**	Team Assessment of Behaviours
MSF	Multi Source Feedback		

Feedback

Action	Plan	Responsibility	Completion date
1.			
2.			
3.			
4.			

Name of ACP: .....

Date of commencement in post: .....

Name of Line manager: .....

Role the ACP has Accountability to: .....

Name of CASP member: .....

Name of CASP member: .....

Date of CASP Panel: .....

Glossary of Terms

ALS	Advanced Life Support
CASP	The Clinical Academic Support Panel (CASP) is a formal process which uses the evidence gathered by you to assess your ability to complete training or to progress to the next stage of development. It also identifies additional support or educational requirements.
CBD	Case Based Discussion – discussion of a clinical case that should be documented as a written record.
CS	Clinical Supervisor – A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.
DOPS	Direct Observation of Procedural Skills – covers procedures and intimate examinations.
ES	Educational Supervisor – A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements.
ILS	Immediate Life Support
Mini CEx	Mini Clinical Examination – observation of an aspect of the interaction between a clinician and a patient which is documented.
MSF	Multi Source Feedback - – should include clinical and non-clinical feedback from a range of clinicians and non clinicians.
TAB	Team Assessment of Behaviours - similar to MSF but generally only clinical feedback
WBA	Work Based Assessments – The assessment of working practices on what trainees may actually do in the work place, predominantly carried out in the work place itself.