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healthcare*

# East Midlands Advanced Clinical Practice Framework



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Health Education East Midlands

## Contents

<b>SECTION 1 INTRODUCTION AND BACKGROUND</b>	<b>3</b>
1.1 Introduction	3
1.2 National factors and policy drivers	3
1.3 National policy direction and key workforce factors	4
1.4 Local workforce factors and key drivers	4
1.5 Development of this framework	4
<b>SECTION 2 DEFINING ADVANCED CLINICAL PRACTICE</b>	<b>5</b>
2.2 East Midlands Advanced Clinical Practice definition	5
2.3 Benefits for a single definition and standardised framework	5
2.4 Relationship between Specialist and Generalist Roles	5
2.5 Progression from novice to expert	6
2.6 Pillars of Advanced Clinical Practice Role	7
2.7 Core principles of an ACP	8
2.8 Advanced Clinical Practice functions	9
2.9 Descriptors for Advanced Clinical Practice	10
<b>SECTION 3 EDUCATION, TRAINING AND DEVELOPMENT</b>	<b>11</b>
3.1 The East Midlands' approach to education development for the role	11
3.2 Theoretical and academic development	12
3.3 Robust process of assessment	12
3.4 Support to succeed	13
3.5 The competent practitioner	13
3.6 Career Progression	13
<b>SECTION 4 WORKFORCE PLANNING TO SUPPORT THE ROLE</b>	<b>13</b>
4.1 Embedding the role	15
4.2 Workforce planning to ensure a future supply	15
<b>APPENDICES</b>	
Appendix I	17
Appendix II	24
Appendix III	46
Appendix IV	47
Appendix V	48

## **SECTION 1 INTRODUCTION AND BACKGROUND**

### **1.1 Introduction**

We are delighted to launch the East Midlands Advanced Clinical Practice Framework. This has been developed with contributions from our partners across our area who are passionate about improving patient outcomes through advancing practice to meet the complexity of their needs. This framework also supports organisations in developing solutions to the numerous workforce challenges currently being experienced.

The framework represents a breadth of engagement: we have seen contributions from Health Professionals, Workforce Managers, Employers, Universities, Professional Bodies and Unions as well as our Advanced Practitioners who have dedicated their time and commitment to develop this final framework.

This framework provides an agreed definition of Advanced Clinical Practice to enable clinicians, managers and education providers to deliver the functions, knowledge and skills to support the competence of our healthcare professionals working in advanced roles. The case studies which accompany this framework represent a range of clinical areas that are at the leading edge of advanced practice in the East Midlands: we propose to add to this portfolio of case studies to ensure good practice is celebrated and disseminated so others can learn from our leading health professionals.

#### **We value your feedback**

Feedback on the framework and its online resources is most welcome. Suggestions for improvement and the inclusion of links to other relevant resources will be considered as part of its ongoing development. Please send your feedback to Ruth Auton at [r.auton@nhs.net](mailto:r.auton@nhs.net).

### **1.2 National factors and policy drivers**

Advanced clinical practice roles are increasingly seen as key to the delivery of healthcare services. This framework provides the foundation on which all future advanced clinical practice roles within East Midlands should be developed and existing roles can be reviewed and subsequently supported. The framework has been developed for employers, service leads, education providers and senior or Advanced Clinical Practitioners themselves. Both local organisations and national bodies state that there is a need for Registered Nurses and Allied Health Professionals to advance their skills and knowledge to provide safe, effective and timely care for those accessing services.

These roles are essential to supporting the current workforce challenges, including significant levels of medical consultant vacancies in high pressure specialty services (e.g. urgent care) and the reduction of medical trainees working in other areas (e.g. surgery). Across the United Kingdom it has been recognised that frameworks are essential to effectively support and enable the future development of the advanced clinical practice role. Scotland and Wales have a single framework for healthcare professionals undertaking advanced clinical practice roles and regional clusters in England are also developing similar frameworks.

### **1.3 National policy direction and key workforce factors**

There are a number of national policy drivers that have directly impacted on workforce development. Some of the factors worth highlighting are:

- impact of the Working Time Directive on the workforce
- increasing vacancies in higher specialty training grade roles
- need for Specialty and Associate Specialist Career grade doctors
- Modernising Nursing Careers and the RCN National Career Framework
- Modernising Allied Health Professional Careers Programme
- promoting the move towards an increasing competent and flexible workforce
- professional requirements for Revalidation
- Chief Nurses Care and Compassion: Six Cs highlight that it is essential if we are to understand the impact of what we do and ensure we deliver truly compassionate care.

### **1.4 Local workforce factors and key drivers**

Development of a regional framework supporting Advanced Clinical Practitioner roles was initiated by a local drive to establish healthcare professional solutions for urgent and emergency care. Local workforce planning intelligence and the geographical workforce profile demonstrated to Health Education East Midlands (HEEM) and its key stakeholders that there was a growing need to plan for and develop healthcare professionals to undertake an Advanced Clinical Practice role. This role was seen as especially contributing to the development of non-medical solutions to providing service delivery.

This role development is supported by Health Education East Midlands Strategy 2014 – 2018, which sets out a commitment to build the capacity, capability and behaviours of today's and tomorrow's workforce to deliver high quality care and meet the changing landscape of healthcare into the future.

### **1.5 Development of this framework**

Key activities undertaken as part of the development of this framework have included:

- discussions and information generated by Local Health Community Workforce Teams
- engagement events bringing together local multidisciplinary clinicians to identify needs
- visits to Trust emergency areas to understand and review current advanced clinical practice activities and functions
- gathering role descriptions and organisational competency packages within East Midlands
- mapping the role capacity, capabilities and behaviours against the Skills for Health functional map
- taking into account existing national, regional and local framework examples
- wide reaching web consultation
- overseeing development through the East Midlands Emergency Care Board.

## **SECTION 2 DEFINING ADVANCED CLINICAL PRACTICE**

### **2.1 Definition of Advanced Clinical Practice role**

Extensive desk research has been undertaken to review and analyse existing advanced practice frameworks as well as understand local developments and role functions.

The role of the Advanced Clinical Practitioner is not new; over the past few years there has been a steady increase in the number of posts which includes the words 'Advanced' or 'Practitioner' or both in the title. This has led to confusion and debate about the definition of the role and the features which distinguish it from other healthcare roles, subsequently leading to a lack of clarity about what an 'Advanced Clinical Practitioner' actually is. From the intelligence gathered and tested out within the working group sessions, the following definition has been agreed:

### **2.2 East Midlands Advanced Clinical Practice definition**

*"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."*

### **2.3 Benefits for a single definition and standardised framework**

To deliver these benefits consistently across the East Midlands, organisations have agreed, through HEEM, to a single framework that will support employers, service leads and senior clinicians to articulate the role, its function and the educational requirements. Setting a standard and career pathway for individuals undertaking that role enables HEEM to develop and sustain the future of advanced clinical practice roles.

Through an evidence-based foundation the framework clearly identifies the expectations for the role from which care can be delivered. The framework will:

- support workforce planning and development of new roles
- provide transparency, standardisation and assurance for existing roles
- provide a mechanism for role transferability across the region
- inform and shape educational development, commissioning and investment
- enable workforce transformation.

### **2.4 Relationship between Specialist and Generalist roles**

In defining the requirements for Advanced Clinical Practice, it was necessary to draw the distinction between this role and that of Specialist and more advanced generalist roles. The term 'Advanced Clinical Practice' has been used for a number of years to describe those working in often unique roles with skills that are in advance of their primary practice. Often included under this advanced practice umbrella is both 'Specialist' and 'Generalist' roles.

Within healthcare there is not a shared understanding of the 'Specialist' role amongst stakeholders, professionals and the public and this may reduce the impact and effectiveness of such roles.

Figure 1 demonstrates that the term 'Specialist' should be considered as one pole of the 'Specialist - Generalist' continuum, which is separate from the developmental continuum from novice to expert. The diagram provides clarity and defines a 'Specialist' practitioner within a particular context, which may, for example, be a client group, a skill set or an organisational context.



Figure 1. Relationship between Specialist and Advanced Clinical Practice

## 2.5 Progression from novice to expert

The Advanced Clinical Practitioner (ACP) is characterised by high levels of clinical skill, competence and autonomous decision-making, and reflects a particular benchmark on the career development ladder as exemplified in the Career Framework for Health. Whilst many 'Specialist' practitioners may function at an 'advanced' level, it is possible to identify roles which might characterise the 'Junior-Level Specialist' and/or the 'Advanced Generalist' (figure 2).

Importantly, this model also recognises the developmental pathway towards advanced level practice. Accepting that the knowledge, skills and competence may be different for individual practitioners, with some following a 'Specialist' route through focusing on high level skills and decision-making within a particular client group or clinical context, whilst others will develop a portfolio that reflects a greater breadth of practice. A newly appointed advanced clinical practitioner can be identified as a novice; one who recognises their own development needs and has a plan for learning the new skill, before moving on to the next stage in their development. The descriptors articulated in Appendix I identify the personal growth and development expected from an Advanced Clinical Practitioner as they progress within their role from Competent to Proficient to Expert.

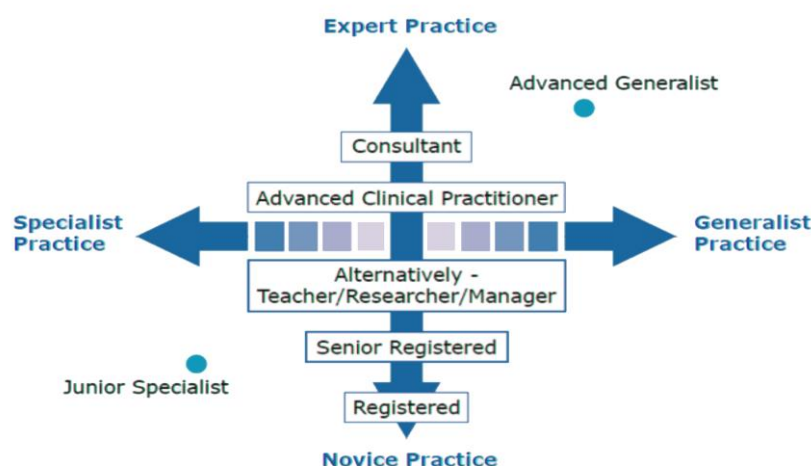


Figure 2. Development pathway for career progression

## 2.6 Pillars of Advanced Clinical Practice role

HEEM, along with similar areas across the United Kingdom, recognise that there are many practitioners who function at an 'Advanced' level but may not always be working within a specifically clinical role or to a comparable standard or expectation. Locally, clinicians identified that all Advanced Clinical Practitioners should be expected to work, practice and function to the same standard and will be supported and empowered by their organisations to make high-level decisions of similar complexity and responsibility.

Within this framework, a core principle is for advanced practice to be defined as a level of practice rather than a specific role. The required level of practice is characterised by functions set out within the clinical, research, education and managerial/leadership domains. These functions are articulated as pillars of advanced practice shown in figure 3 below.

Whilst the specific composition of individual roles will be determined locally, every Advanced Clinical Practice post will contain a minimum level of each pillar in order to be deemed competent. Figures 3 and 4 below indicate how individual roles may potentially reflect different mixes, but reinforce that, for the advanced practice clinical roles within the East Midlands, the clinical pillar will always be the most prominent.

Figure 3. Advanced Practice clinical role with a large management element



Figure 4. Advanced Practice clinical role with strong research/teaching elements



## 2.7 Core principles of an ACP

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

**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 differential diagnosis, prescribing medication 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 extended scope of practice role.

**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.

**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.



**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 ‘Working in a positive and constructive way with difference and diversity. Putting the values, views and understanding of individual service users/ carers at the centre of everything we do.’

**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’.

## 2.8 Advanced Clinical Practice functions

This table provides the detail by which outcomes can be demonstrated.

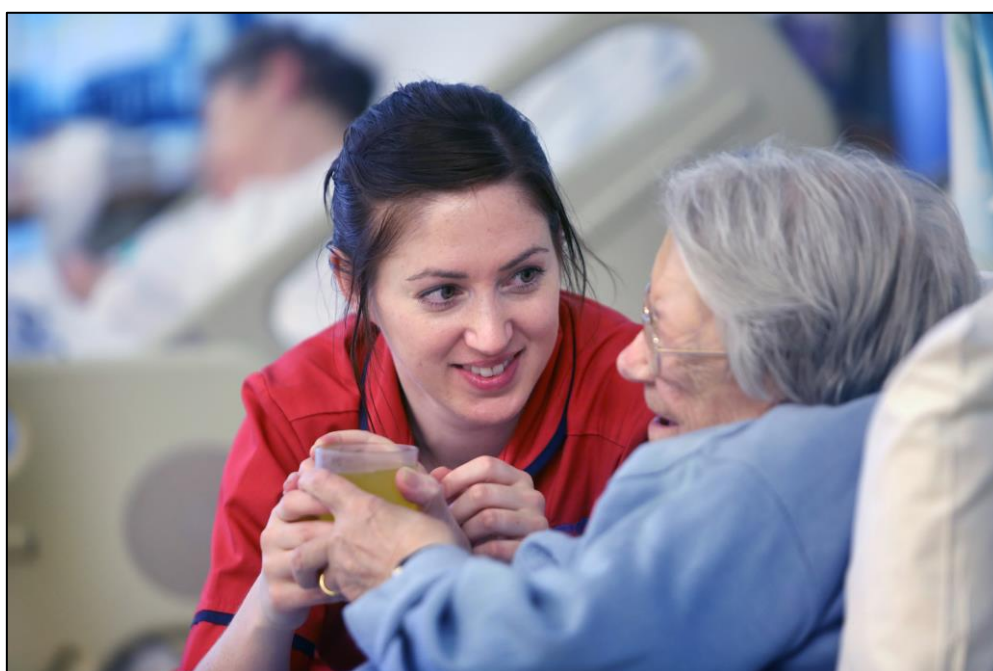
Advanced Clinical Practice	Education
<ul style="list-style-type: none"> <li>○ Clear decision making/clinical judgment and problem solving</li> <li>○ Critical thinking and analytical skills</li> <li>○ Evidence of critical reflection and learning</li> <li>○ Successful outcome when managing complexity</li> <li>○ Acts in line with Clinical Governance standards</li> <li>○ Acts to uphold equality, diversity and decision-making</li> <li>○ Robust assessment and diagnosis, making appropriate referrals and/or discharge</li> <li>○ Evidence of higher levels of autonomy when assessing and managing risk</li> <li>○ Competent and safe to prescribe in line with legislation</li> <li>○ Level of confidence and assurance</li> <li>○ Ability to prescribe and/or advise therapeutic interventions to improve service user outcomes including use of assisted technology</li> <li>○ Higher level of communication skills</li> <li>○ Ensures services service user focus through public involvement</li> <li>○ Evidence of promoting and influencing others to deliver value based care</li> </ul>	<ul style="list-style-type: none"> <li>○ Evidences the principles of teaching and learning</li> <li>○ Teaching competence in delivering theoretical knowledge and clinical skills</li> <li>○ Supports others to develop knowledge, skills an competences</li> <li>○ Acts as a coach and mentor to the inter-professional team</li> <li>○ Ability to create and promote a learning environment</li> <li>○ Acts, provides and advises on service user/carer teaching documents and information giving</li> <li>○ Ability to develop service user/carer education materials</li> <li>○ Evidences and maintains competence as a sign off mentor</li> </ul>

<b>Management and Leadership</b> <ul style="list-style-type: none"> <li>○ Abilities to identify a need for change, lead innovation and manage implementation of a service development</li> <li>○ Ability to develop a case for change, negotiate and influence</li> <li>○ Confidence at leading networks groups and initiating team development</li> </ul>	<b>Research</b> <ul style="list-style-type: none"> <li>○ Ability to access research/use information systems</li> <li>○ Critical appraisal/evaluation skills</li> <li>○ Involvement in research, audit and service evaluation</li> <li>○ Ability to implement research findings into practice - including use of and development of policies/protocols and guidelines</li> <li>○ Confidence at public speaking, presentations and writing publications</li> </ul>
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## 2.9 Descriptors for Advanced Clinical Practice

The descriptors identified within Appendix I of this framework articulate how ACPs can be expected to develop as they gain experience and confidence within their role.

Each of the four pillars; Clinical Skills; Education; Research and Management and Leadership are further described in terms of the expectation of ACPs as they develop from 'Competent' practitioners, to 'Proficient' practitioners to 'Expert' practitioners. This generally coincides with the Practitioners developing their own skill (competent) working within the local team (proficient) and then influencing the wider team (expert).



## SECTION 3 EDUCATION, TRAINING AND DEVELOPMENT

### 3.1 The East Midlands' approach to education development for the role

Each health community within East Midlands has undertaken a considerable level of work to develop the Advanced Clinical Practitioner role locally. Role requirements, job descriptions, education and assessment processes, as well as the supporting infrastructure required to ensure the successful development of individuals new to the role, have generally been implemented. At this time, HEEM has taken the decision to build on this local investment and create a standardised framework describing the collective expectations for the role as articulated within the framework pillars, the core principles, domains and functions. There is no intention at the moment to create and impose a standard job description or single education programme and support structure.

All Advanced Clinical Practitioners do, however, need to undertake or have included within their development: (Figure 5)

- Increased knowledge and clinical skill development to meet a defined competence level
- A robust process of assessment of both theoretical and practical skills and knowledge
- Academic, clinical and professional support to a consolidate, apply and assimilate newly gained knowledge and skills.



Figure 5. Education Provision

### 3.2 Theoretical and academic development

Theoretical knowledge and clinical skills development can be, and is being, accessed through a number of routes. Some examples are:

- Locally, health communities and individual Trusts have worked closely with Higher Education Institutes (HEIs) to develop bespoke accredited programmes at Masters level
- Development of in-house programmes utilising support and expertise from current Advanced Clinical Practitioners and Medical colleagues
- Use of simulation suites and technology based learning and exercises
- Inter-professional learning alongside medical students within medical schools
- Accessing Medical Royal College e-learning platforms.

Typically individuals and Trusts will utilise a combination of these options in order to ensure that ACP learners get full exposure to the appropriate levels of education, learning and training. However theoretical knowledge and clinical skills are developed, it is expected that the developmental programme will enable successful learners to graduate to work at a level equivalent to 'middle grade' medical staff as part of the non-medical workforce solution.

### 3.3 Robust process of assessment

Critical to the implementation, acceptance and sustainability of this role is that ACPs are widely recognised as being consistently competent and capable in fulfilling the requirement of the role in its entirety. Given that the ACP is expected to have a level of clinical knowledge and skills commensurate with some areas of medicine, it is appropriate that comparable assessment strategies are utilised to ensure robust, valid and reliable assessments are undertaken resulting in practitioners deemed fit for purpose.

Assessment tools used will be a mixture of:

- Assignments, exams, projects etc. testing theoretical clinical knowledge
- Objective Structured Clinical Examinations (OSCEs)
- Mini Clinical Evaluation exercises (Mini-CEX)
- Case based discussions
- Direct observation of clinical skills
- Development of Clinical Competence Portfolio.

Assessment is likely to be undertaken by a range of assessors. These will include HEI colleagues with appropriate academic and clinical experience, medical practitioners and healthcare professionals who are competent at the required level. All assessors will need to demonstrate that they possess the required knowledge and clinical skills and be familiar with all of the chosen assessment tools. There will be a strong need for collaboration and working across normal professional and organisational boundaries to ensure that learning and assessment in practice delivers practitioners who consistently meet the required outcomes.

### **3.4 Support to succeed**

Notwithstanding the effort individual ACPs put into their learning and practice, they are also reliant on the support of particular individuals as well as the whole team surrounding them. It is expected that each ACP will have an identified clinical supervisor who will act as a critical friend, teacher, coach, mentor, assessor and support throughout the formal ACP programme. This does not mean they are the sole support for the ACP during this period, however, they provide a framework of stability and can provide an overview of the developing practitioner as a whole. A range of other staff will also undertake most of the roles identified but may do so for shorter focussed periods. These may include staff at consultant level, medical staff, senior practitioners and educators. There is a need to ensure that the work teams who will be instrumental on a day to day basis are clear about the role and responsibility they play in supporting the development of individual ACPs as well as being aware of the importance they will play in nurturing and supporting the personal development of an individual into this demanding role.

Thought needs to be given as to how ongoing supervision will be established and maintained once an ACP has been developed to the required competency levels. This is to ensure support for the ACP but also ensure patient safety and promote ongoing professional development.

### **3.5 The competent practitioner**

Whilst individual organisations may currently choose slightly different routes to develop their ACPs, all the delivered programmes, development requirements and infrastructure need to ensure that the outcome is the same. Individuals deemed competent ACPs need to be able to demonstrate that they can demonstrate the knowledge, skills and outcomes across all four pillars and meet the requirements of the Advanced Clinical Practice Framework. This will enable individuals to:

- deal with complex issues both systematically and creatively, making sound judgments and decisions in the absence of complete data and communicate their conclusions clearly to specialist and non-specialist audiences
- demonstrate self-direction and originality in solving problems and act autonomously in planning and implementing treatment and care
- function effectively and safely in circumstances requiring sound judgment, personal responsibility and initiative in complex and unpredictable clinical environments
- continue to advance their knowledge and understanding and to develop new skills to a high level.

### **3.6 Career Progression**

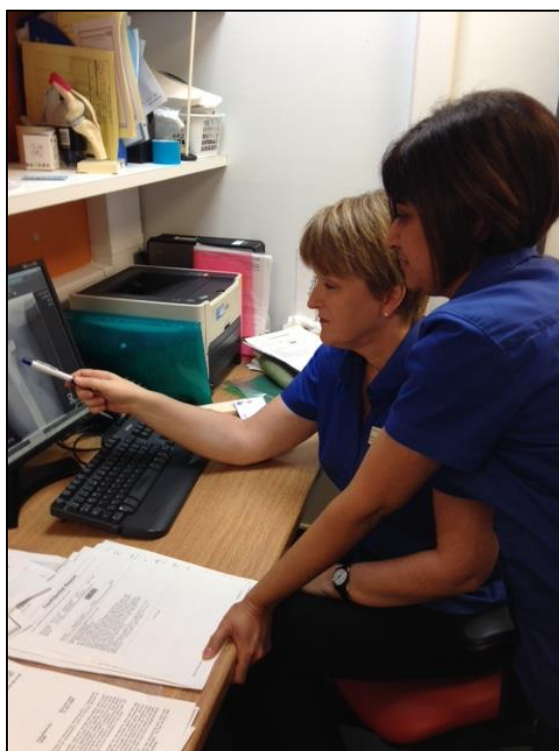
ACPs may develop themselves or their post to consultant level. These addition to the pillars builds on an individual's skills and knowledge at a strategic level working to influence and input interpret national, regional and local strategy.

Figure 6 shows the levels of a healthcare professional consultant:



Nationally the five recognised consultant components for non-medical practitioners are; expert advanced clinical practice; education, training and development; leadership and consultancy; research and evaluation; and strategic service development.

It is expected that the consultant role reaches high/expert levels across all of these five components compared with the ACP, where the requirement is a fully realised expert within the clinical pillar, with lower levels of expertise and practice in the other components/pillars working at a level to influence strategic service development.



## **SECTION 4 WORKFORCE PLANNING TO SUPPORT THE ROLE**

### **4.1 Embedding the role**

It is clear that ACP roles are valued as part of the current workforce and seen as a response to changing patient and service need and addressing current workforce challenges. Through collaborative implementation of this framework, East Midlands organisations will:

- create a safe and effective response to significant clinical service pressures
- provide a clear framework for:
  - career development
  - professional accountability
  - education and training of advanced clinical practitioners
  - added value and contribution to care delivery
- manage the immediate and long term issue associated with workforce pressure in shortage areas
- enhance care through a shared model of rigorous assessment of knowledge skills and competence
- enable openness and transparency in relation to the clinical activity and function of the role
- create a clear progression route that takes into account succession planning and career development
- standardise and promote consistent governance and quality standards
- create a peer review network
- create a multi-professional model supporting a 24-hour seven-day service
- create innovative roles that follow care pathways across organisational boundaries.

To embed the role and ensure its sustainability it is necessary that the organisational governance and infrastructure arrangements take into account:

- clinical governance and patient safety arrangements
- supporting systems and infrastructure (e.g. ordering diagnostic tests)
- professional and managerial pathways of accountability
- assessment against, and progression through, the competencies identified within this framework
- provision of a career framework to support recruitment and retention, including succession planning to support workforce development.

### **4.2 Workforce planning to ensure a future supply**

This framework aims to provide a consistent standard, sustainable and transferable workforce for the East Midlands. HEEM is working in partnership with health and social care

organisations in order to identify the appropriate demand and to ensure that appropriate commissioning arrangements are in place for sufficient appropriately skilled staff.

Organisations should identify their ACP requirements both in terms of capacity and capability within their annual workforce plans. Further support for this process is available from:

Health Education England East Midlands  
1 Mere Way  
Ruddington Field Business Park  
Ruddington  
Nottingham  
NG11 5SJ

Telephone: 0115 823 3300

or via our website <http://em.hee.nhs.uk/>

You can get advice from your **Local Workforce Team**. Each of the East Midlands counties – Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Nottinghamshire – has its own Local Workforce Team. These teams support health and social care employers with workforce development and planning, ensuring the local care community's priorities are identified to inform our investment decisions.

Derbyshire <http://em.hee.nhs.uk/our-workforce/local-workforce-teams/derbyshire/>

Leicestershire and Rutland <http://em.hee.nhs.uk/our-workforce/local-workforce-teams/leicestershire-and-rutland-2/>

Lincolnshire <http://em.hee.nhs.uk/our-workforce/local-workforce-teams/lincolnshire/>

Northamptonshire <http://em.hee.nhs.uk/our-workforce/local-workforce-teams/northamptonshire/>

Nottinghamshire <http://em.hee.nhs.uk/our-workforce/local-workforce-teams/nottinghamshire>

## Education

For help in relation to available education, go to the **Learning Beyond Registration (LBR)** site. LBR is a vital part of developing competent, capable practitioners appropriately prepared to deliver a dynamic, flexible, quality, client-focused service. To this end Health Education East Midlands aims to commission a suite of modules/programmes from a range of universities and can be accessed via <http://lbr.eastmidlands.nhs.uk/> or contact the LBR lead in your Local Workforce Teams.



## Appendix I

### East Midlands descriptors for Advanced Clinical Practice 1.

The descriptors articulate how ACPs can be expected to develop as they gain experience and confidence within their role. They describe the expectation of ACPs as they develop from 'Competent' practitioners to 'Proficient' practitioners to 'Expert' practitioners. The descriptors are part of developing a clear, transferable framework across East Midlands.

### Clinical Skills

Pillar Domains	Competent	Proficient	Expert
Autonomous practice:	<p>Demonstrates a professional understanding of autonomy within this framework and respective professional codes of conduct.</p> <p>Versed in organisational processes, ethical insight to enable freedom and confidence to act with authority when making decisions.</p> <p>Demonstrates confidence and high level communication skills when working within the boundaries of the organisations policy.</p>	<p>Demonstrates the application of autonomous critical appraisal and evaluation skills in the context of working practice.</p> <p>Acts within the organisational processes confidently, demonstrating their freedom to act and authority when making decisions.</p> <p>Has the confidence and ability to communicate and influence the local policy in terms of the political context of the role and its future potential to deliver services.</p>	<p>Demonstrates autonomy and application, extending their courage in taking charge in situations for which they are responsible, and promoting and influencing others to incorporate values based care into practice</p> <p>Leading and setting direction in relation to the clinical governance and organisational liabilities where non-medical professionals are working independently.</p> <p>Able to articulate effectively from board to ward. Setting direction and local policy, engaging in national and strategic thinking relating to the role. Leads within the political context of the role and develops future services.</p>
Critical thinking:	<p>Demonstrates critical thinking and analytical skills in their practice and attainment of knowledge.</p> <p>Incorporates analysis, critical thinking and reflection to inform their clinical assessments.</p>	<p>Able to synthesize experience evidence and knowledge to apply within unfamiliar situations.</p> <p>Courage to challenge and question others in complex situations.</p>	<p>Has developed advanced psychomotor skills with creative ability to make the decisions required of them in their nursing practice.</p> <p>Challenging existing thinking with new ideas and debating practice issues across professional boundaries.</p>

High levels of decision making and problem solving:	<p>Demonstrates decision making skills in assessment, diagnosis referral and discharge.</p> <p>Confident to seek second opinion, relevant information and the answers to key questions from several sources.</p> <p>Has solutions and suggestions that are effective in addressing the problem at hand.</p>	<p>Decisions combine logical analysis, experience, wisdom and advanced methods to make sound, timely decisions.</p> <p>Demonstrates persistence and skill in gathering information.</p> <p>Is confident in utilising gathered opinions to act and creatively find solutions at times of crisis.</p> <p>Articulates solutions and decisions that impact the whole organisation.</p> <p>Understands levels of inclusion necessary for ownership and effective action.</p>	<p>Demonstrates the ability to make decisions and solve complex, difficult, and intractable problems.</p> <p>Demonstrates advanced skill and keen insight in gathering, sorting, and applying key information.</p> <p>Delivers solutions and decisions that have a positive, far-reaching, and comprehensive organisational impact.</p> <p>Demonstrates deep resolve and resilience throughout the decision making process.</p> <p>Is well respected and sought out often by others for input, support, and direct decision making.</p>
Values based care:	<p>Demonstrates and lives the NHS organisational, personal and professional values.</p> <p>Develops therapeutic interventions to improve service user outcomes by demonstrating personal ability to understand an individual's health and social needs.</p> <p>Communicates effectively to promote good workplace with benefits for those in their care and staff alike.</p>	<p>Works to improve the values of others in the health of the individual and the whole community.</p> <p>Leads teams and builds relationships based on compassion, empathy, respect and dignity.</p> <p>Shows good communication and listening skills and demonstrates courage to ensure effective multi-professional team working.</p>	<p>Influences and leads integration to ensure improved pathways through shared values and behaviours.</p> <p>Is exemplar at ensuring engagement and 'no decision about me without me'.</p> <p>Demonstrates strong leadership at a strategic level and able to engage in and influence local regional and national policy.</p>

Improving practice:	<p>Understands and has knowledge and experience in change management techniques.</p> <p>Is knowledgeable and versed in clinical governance and trust accountability for practice changes.</p> <p>Ensures improvement is in the service user's best interest.</p> <p>Takes feedback seriously and embraces learning from incidents and complaints.</p>	<p>Possesses personal strength and vision to innovate and embrace new ways of working.</p> <p>Demonstrates and articulates clinical governance in practice.</p> <p>Undertakes clinical audit and service evaluation to ensure change has improved and developed the service.</p> <p>Promotes and encourages others to listen and value opinions, helping staff to understand all perspectives.</p>	<p>Demonstrates work upstream to influence the social, political, and economic factors affecting nursing practice.</p> <p>Demonstrates strong leadership and actions to make vision and strategy a reality.</p> <p>Presents and publishes audit findings, improvement and innovation locally and nationally, to share and develop others within the NHS.</p> <p>Provides leadership and influence in policy development and lessons learnt from national enquiries and reviews.</p>
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## Education

Pillar Domains	Competent	Proficient	Expert
Role model:	Understands and demonstrates the characteristics of a role model to members in the team/and or service.	Demonstrates the characteristics of an effective role model at a higher level.	Is able to develop effective role model behaviour in others.
Mentorship and coaching:	Demonstrates understanding of mentorship and coaching principles and processes, and applies these appropriately with team members.	Demonstrates ability to support others within the team to effectively mentor and/or coach.	Demonstrates ability to effectively mentor and/or coach within the wider environment.
Leading and shaping education and training:	<p>Demonstrates an understanding of current teaching and learning principles relevant to current areas of practice.</p> <p>Participates in the delivery of formal and informal education programmes within the team.</p>	<p>Demonstrates an ability to design and implement a local approach to workforce education planning and development.</p> <p>Leads on and participates in education and training delivery out with the team.</p>	<p>Contributes to and shapes the approach to workforce education planning and development within the wider environment.</p> <p>Shapes, contributes or is accountable for the creation or development of accredited education.</p>

Promotion creation of learning environment:	Demonstrates an understanding of East Midlands Quality Standards for local Training and Education providers and undertakes appropriate role in meeting the standards.	Shapes how East Midlands Quality Standards for local Training and Education providers are implemented and outcomes improved on within the local area.	Contributes and shapes how East Midlands Quality Standards for local Training and Education providers are implemented and outcomes improved on within the wider environment.
Maintain and improve fitness to practice in self and others:	Demonstrates individual fitness for practice through continuing to develop skills, knowledge and behaviours that underpin the agreed requirements of the role.	Demonstrates own fitness for practice, supports and ensures others within the team continue to develop and demonstrate their fitness for practice.	Takes a lead role in ensuring the development of staff groups within the wider environment demonstrate their fitness for practice.
Educating and supporting patients, service user and carers:	Demonstrates an active contribution to the education and awareness raising for patients, service users and carers.	Demonstrates an ability to engage with patients, service users and carers to improve the provision of education and awareness raising.	Contributes and shapes the provision of education and awareness raising for patients, service users and carers within the wider environment.

## Management and Leadership

Pillar Domains	Competent	Proficient	Expert
Developing case for change:	<p>Contributes to the development of a case for change. Taking into account workforce vision and business strategy.</p> <p>Demonstrates an ability to think 4-12 months ahead within a defined area and contribute to the planned service improvement work programme.</p>	<p>Creates vision of future change and translates this into clear direction for others.</p> <p>Demonstrates the ability to think over a year ahead within a defined area and can generate formal arguments and evidence to support change.</p>	<p>Convinces others within the wider environment to share the vision for change at a more strategic level.</p> <p>Demonstrates the ability to think over a longer term and across the wider environment, contributing to the management of organisational politics and changes in the external environment.</p>
Identifying need for change, leading innovation and managing change, including service development:	<p>Contributes to improving quality through effectively undertaking agreed change management and project managing roles.</p> <p>Identifies where innovation could support improvements to service delivery and can articulate changes required to implement.</p>	<p>Develops clear understanding of priorities and formulates practical short-term plans in line with workplace strategy.</p> <p>Recognises and implements service improvements and innovation through successfully managing the process of change with a team.</p>	<p>Takes a lead to ensure innovation produces demonstrable improvements in service provision, which is embedded into working practices in the short, medium and longer term.</p> <p>Takes the lead in service innovation and improvement, facilitating adoption and spread in accordance with best practice.</p>
Negotiation and influencing skills:	<p>Demonstrates an understanding of organisational behaviours and cultural climate within the team and how this can be utilised to effectively deliver service priorities.</p>	<p>Demonstrates an understanding and ability to influence behaviours and the cultural climate at service level.</p> <p>Demonstrates how to obtain co-operation of relevant stakeholders, both within and outwith service level, to deliver improved patient services.</p>	<p>Demonstrates leadership and ability to influence at a strategic level the behaviour and cultural climate in light of public and media perceptions.</p> <p>Understands the role of health and social care organisational boundaries to promote and build integrated service for the future.</p> <p>Demonstrates the ability to develop and support increased levels of co-operation across potentially diverse groups when faced with potentially contentious issues and decisions.</p>

Networking:	Promotes the sharing of information and resources.  Actively seeks the views of others.	Creates opportunities to bring individuals and groups together to achieve goals.	Identifies opportunities where working in collaboration with others within and across networks can bring added benefits.
Team development:	Demonstrates a clear sense of their role, responsibilities and purpose within the team.  Recognises the common purpose of the team and respects team decisions.	Demonstrates the ability to motivate individuals and/or team.  Demonstrates a willingness and aptitude to effectively lead a team to fulfil their potential.	Can recognise the role they play in supporting more strategic motivational activities with both individuals and teams within a wider environment.  Adopts a team approach within the wider environment, acknowledging and appreciating efforts, contributions and compromises.

## Research

Pillar Domains	Competent	Proficient	Expert
Ability to access research/use information systems:	Demonstrates ability to access research/use appropriate information systems.	Demonstrates ability to access research and show teams use of appropriate information systems.	Demonstrates ability to lead teams and services to access/use appropriate information systems.
Critical appraisal/evaluation skills:	Demonstrates ability to critically evaluate and review literature.	Demonstrates application of critical appraisal and evaluation skills in the context of working practice.	Is recognised as undertaking peer review activities within working practice.
Identifies gaps in evidence base:	Demonstrates ability to identify where there is a gap in evidence base to support practice.	Demonstrates an ability to formulate appropriate and rigorous research questions to bridge the gaps.	Demonstrates ability to design a successful strategy to address the research questions and support implementation into practice.
Implement research evidence into working practice:	Demonstrates ability to apply research evidence base into working practice.	Demonstrates ability to apply research and evidenced based practice within team and or service.	Is able to use research evidence to shape policy/procedure at an organisational level.
Develops and evaluate research protocols / guidelines and working practices	Demonstrates ability to describe core features of research protocols/guidelines.  Demonstrates their application into working practice.	Demonstrates ability to design a rigorous protocol/guideline to address previously formulated research questions.  Demonstrates ability to apply protocols/guidelines with teams.	Demonstrates active involvement in the critical review of research protocols/guidelines.  Demonstrates ability to lead protocol/guidelines at an organisational level.

Supervision of others undertaking research:	Demonstrates the understanding of research governance.	Is able to contribute to research supervision in collaboration with others.	Is a research supervisor for postgraduate students.
Establishes research partnerships:	Demonstrates the ability to work as a member of the research team.	Demonstrates ability to establish new multidisciplinary links to conduct research projects.	Demonstrates ability to show leadership within research teams concerning the conduct of specialist research.

### Case study: Advanced Clinical Practice Framework

**Name: Clare Sutherland**

**Current role: Lead Advanced Clinical Practitioner, Royal Derby Hospital and Senior Nurse Practitioner Derbyshire Health United (out of hours - OOH)**

#### **What attracted you to become an ACP?**

I wanted to work clinically and not move into management. I was a paediatric ITU sister and enjoyed my work most when I was directly caring for a patient and not managing the unit. When a clinical practitioner post became in adults available near to where I lived I chose to apply even though it meant leaving paediatrics. At this time there were no advanced clinical posts for nurses in my area and working clinically was the career path I wanted to follow regardless of the age of my patient.

#### **What sort of things do you do on a daily basis/what are your daily responsibilities?**

Clerking patients who arrive for assessment on the medical assessment unit including examining, formulating a provisional diagnosis initiating management chasing and acting on results, discharging – writing discharge summaries, prescribing, discussing diagnosis with patients and families breaking bad news, the list is endless which is what makes it so great. My role supports and educates nursing staff to help them manage patients safely and effectively and provide provides clinical leadership and support to the MAU sisters and medical consultants.

In my role as Trust lead for ACPs, I work as an advisor to the divisional teams educating & supporting them with advanced practice. I also liaise with the local HEI facilitating the development of an educational programme that meets the needs of the healthcare providers.

Out of hours – I assess patients in a similar way to my work on MAU but in their homes or nursing homes and support them whilst their GP surgeries are closed.

#### **What difference has becoming an ACP changed how you practice?**

The key change from qualifying as RGN & RN child is the level of autonomy I now have. My everyday clinical practice has moved from informing a Dr about a patient to being the person to whom the nurse might come for advice. One of the key changes is the ability to make a decision to discharge and then enable this to happen.

#### **What does the ACP route offer that other routes don't?**

It offers a clinical pathway, on-going hands on care – keeping experienced healthcare practitioners on the wards & clinical areas thus strengthening clinical leadership.





**What has been the biggest challenge for you in this role?**

Patience!! I've been working in this role in Derby for 10 years and three years in the South before this. In the last four years there has been an increase in numbers of ACPs and in the last 18 months it's been a case of holding onto things as the momentum quickens. From 2 ACPs 10 years ago we now have 36.

**What difference do you think this role has made to patient care in your area?**

The role provides continuity at a senior clinical level and provides senior clinical staff with expert communication skills. Although we haven't been able to measure the impact anecdotally there are reports of improved efficiency, patient s waiting less time to be assessed or discharged and improved communication about their illness and treatment.

## Case study: Advanced Clinical Practice Framework

**Name: Gill Fletcher**

**Current role: Advanced Clinical Practitioner, Derby Hospitals NHS Foundation Trust**

### **What attracted you to become an ACP?**

I have been in an ACP role since 2004, when I started as a trainee. At the time I was working as a Senior Respiratory Physiotherapist with my main focus in Intensive Care. I felt ready for a new challenge, striving to stretch and improve my clinical knowledge and skills. The Trust I worked in was one of the trial centres for the Advanced Critical Care Practitioners and one of the ITU Nursing sisters was starting in the role. Unfortunately, they were only looking at Nurses for the Critical Care Practitioner roles. To me it looked like a role I could do, with training, and I would love. I was interested in breaking down some of the traditional professional boundaries that existed back then. A few months later I saw an advert for ACP posts in Medicine and Surgery, in the Therapy Weekly – openly agreeable to therapists applying so I did and I've not looked back since.

### **What sort of things do you do on a daily basis/what are your daily responsibilities?**

My role has changed many times over the last 10 years, including a move to a different Trust four years ago. Initially we covered a 24/7 rota being the first on-call for ward based problems. At present, my shifts tend to be day-based only.

As an ACP, daily responsibilities involve you providing medical care for your patients, along with utilising all the other knowledge and skills you have from your professional background. A typical day will begin with a medical ward round seeing the patients, followed by completing the jobs that arise. This will include completing a physical examination of the patient, documenting clinical signs, interpreting investigation results, prescribing medications, requesting blood tests, radiological examinations etc based on the assessment. Often it requires the carrying out of clinical skills such as phlebotomy, IV cannulation, urinary catheterisation, arterial blood gas sampling.

Much of the role also involves discussion with patients and relatives regarding diagnosis, prognosis and breaking bad news. Also as part of my role I am required to be Advanced Life Support trained and attend emergencies in the hospital as a member of the Cardiac arrest team.



### **What difference has becoming an ACP changed how you practice?**

I still utilise a lot of the skills I learnt being in physiotherapy roles, but I put them into use in a different way now. Physiotherapy gives you very good clinical assessment skills, and I have just enhanced and expanded them to cover more body systems, such as the gastrointestinal system.

I also use a lot of my respiratory knowledge – for example, blood gas interpretation – now I can also perform the arterial stab myself. This helps with efficiency within an assessment as I don't need to ask somebody else to do the stab for me.

Being in an ACP role has really helped to see that there is a great benefit from the breaking down of some professional boundaries – it gives you a greater insight into each other's professions and how the actions of one can greatly impact on others. It also improves efficiency of treatment for patients and I believe can be a positive way to maintain staff satisfaction.

**What does the ACP route offer that other routes don't?**

The ACP route is an excellent way of keeping highly skilled senior clinicians, working in the clinical field. Often there is a ceiling point in clinical practice, and staff often can feel themselves stagnating or indeed have to move into management roles, which mean their clinical expertise is lost.

Going down an ACP route, is a demanding and challenging process but has great rewards for patients, the individual and the wider NHS.

**What has been the biggest challenge for you in this role?**

Getting people to realise that I wasn't a nurse and that although I came to the ACP role with a Physiotherapy background my skill set was not lower than a nurse's, just different.

Despite being in an ACP role for 10 years, there is still an assumption that all ACP's are nurses, and people are often shocked when I say I'm actually a Physiotherapist.

It has helped that in my current Trust our uniform is a scrub suit, and in fact more and more AHP's are applying for and getting ACP posts – in our Trust we also have three paramedics in ACP posts.

**What difference do you think this role has made to patient care in your area?**

The ACP role has been a fantastic benefit to patient care. ACP's have helped to expand the amount of medical care that can be provided to patients, so that they receive the right care at the right time.

ACP's also have a wealth of clinical experience behind them which means they can support the newly qualified medical staff as they start out in their roles. Many junior doctors have commented on the benefits they have felt by having ACP's around – and not just to help with the workload!

Finally, by bringing skills from your professional background to the ACP role, patients are often viewed in a more holistic manner.

## Case study: Advanced Clinical Practice Framework

**Name: Matthew Holmes**

**Current role: Urgent Care Practitioner, Clarendon Park Medical Centre, Leicester**

### **What attracted you to become an ACP?**

I was attracted by the autonomy of advance practice. As a Paramedic you can get very bogged down in the routines of treating trauma and taking people to hospital. Being an Advanced Practitioner in Primary Care allows me to use my skills and knowledge to give my patients the treatment and advice to supplement the primary care service. It felt like a natural progression from Paramedic Practice.

### **What sort of things do you do on a daily basis/what are your daily responsibilities?**

I handle the “unscheduled” care at the surgery through our Urgent Appointment Service. Patients call and log their condition with reception, I call them back within 30 minutes and using the self-designed template, make an initial telephone consultation to determine their needs which leads to one of the following:

- An appointment in the (UCP Led) Minor Illness and Minor Injury (MiaMI) Clinic
- An appointment with a GP
- Advice over the phone.

This allows the patient to have 100% access every working day.

### **What difference has becoming an ACP changed how you practice?**

I have certainly become a more considered practitioner because of the in-depth enquiries I’m able to make firstly on the phone and then often face-to-face with patients.

It allows me to make better relationships with patients too, being able to see patients on repeats consultations or if a patient has frequent health problems they have a point of call so that we have a clinical relationship that helps their condition.

Through the extra training and study events that I’m invited to through being in primary care I have also gained a huge amount of knowledge that I would have previously missed out on.



### **What does the ACP route offer that other routes don’t?**

I have become involved in a number of national health initiatives including the most recent Better Care Fund which has allowed me to use my experience of minor illness and injury and ongoing care of patients to develop health plans to support patients’ needs.

It has also given me the opportunity to attend specialist training events and conferences around the country in developing the role further and meeting other advanced practitioners.

**What has been the biggest challenge for you in this role?**

The biggest challenge was giving the patients confidence in the system and service, allowing them to see my role as a positive addition to the surgery rather than a gatekeeper, stopping them from seeing a GP.

Another lesser challenge was ensuring that I complied with standards and proficiencies of examination and assessment and to ensure that standards remained high we developed a series of consultation templates, which have been adopted by the doctors, to ensure that consultation notes have the information required.

**What difference do you think this role has made to patient care in your area?**

The patients that use this service are always grateful to have someone at the end of a phone who can answer any of their questions about medication, health problems, injuries or general support of their condition. They appreciate the accessibility and are very accepting and pleased with the advances the surgery has made in terms of urgent appointments.

**Final thoughts...**

Through daily auditing of figures for usage of the service we can show that the Urgent Care Practitioner frequently deals with more than 60% of the patients who would normally have either turned up at the surgery hoping for a same day appointment, or been declined a same day appointment because they had already been booked by the former patients.

## Case study: Advanced Clinical Practice Framework

**Name: Simon Browes**

**Current role: Nurse Practitioner (Urgent Primary Care),  
Nottinghamshire Emergency Medical Services (NEMS)**

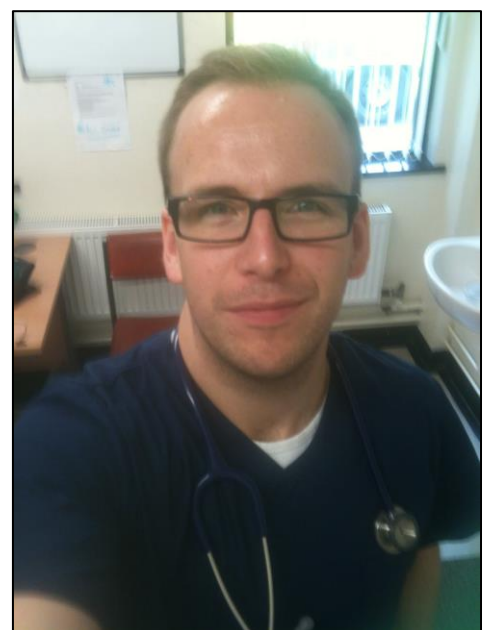
### **What attracted you to become an ACP?**

Advanced practice has been a natural progression from my early roles in community nursing working with both children and adults. Community practice lends itself to autonomous practice as you are often working alone and take a lead role in coordination of complex health and social care. As a community nurse I gained experience in a number of diverse nurse-led clinical settings, including sexual health, wound care and smoking cessation. I completed a degree in specialist community practice and went on to work as a Health Visitor with a Sure Start programme, developing accessible community-based health services, including an open-access family health clinic. As my career developed I progressed to working in a range of clinical settings, both hospital and community based, in urban and rural communities. I learned that advanced clinical practice across health professions shares a multi-professional and inter-professional domain. Whilst each profession can contribute unique perspectives and skills at various steps of the patient journey, ACP enables practitioners to develop their own expertise in practice, leadership and education. I have worked alongside medical practitioners and advanced practitioners from a range of disciplines, including physiotherapy, podiatry, midwifery, pharmacy and paramedical.

I am an independent prescriber and have completed a Master's degree, as well as maintaining a portfolio of continuous professional development in clinical, education and research topics. My masters dissertation explored the development of specialist and advanced nursing roles across a predominantly rural province of New Zealand and the ability of nursing leadership to influence practice.

### **What sort of things do you do on a daily basis/what are your daily responsibilities?**

NEMS provides a range of primary and urgent care services on behalf of the NHS. I have been fortunate enough to work across the various settings. This has included providing out of hours primary care, assessing health care needs by telephone, consulting patients in the treatment centre and in the community at home or in care homes. I have also worked in the Nottingham City 8-8 Health Centre, which provides walk-in primary healthcare and the Emergency Department at Nottingham University Hospitals, seeing children and adults attending ED who are more suitable for a general practice environment. As an autonomous nurse practitioner I am able to take a full history, perform a physical examination, request diagnostic tests, make a diagnosis and provide treatment, which may include prescribing medicines, or make an onward referral.



I have worked in a general practice environment where I would see children and adults for both urgent appointments, mainly with acute illness and minor injury, but also had a significant role in the management of long-term conditions, provision of contraception and sexual health, and mental health care. I had a lead role in the practice for child and family health, safeguarding and learning disabilities care.

### **What difference has becoming an ACP changed how you practice?**

As an advanced practitioner I am able to provide complete care for most of my patients from the moment I meet them to the point of discharge from care. Whilst this often involves colleagues from other professions I am able to take a lead clinical role. The skills I have developed have allowed me to practice in a domain I consider to be inter-professional, sharing knowledge and skills with other professions. As an independent prescriber I learned to think about health and illness in a very different way, strengthening my biomedical knowledge and integrating it with expert nursing practice. As my practice has progressed these expanded roles have become a natural extension to my practice. I feel able to work alongside practitioners from the range of professions, knowing that we each contribute expertise.

I love to teach and support learners and enjoy working with students from all health professions as well as supporting nursing and medical staff in post-registration education and training. It is satisfying to feel that I have much to offer learners at various stages of their careers.

### **What does the ACP route offer that other routes don't?**

Advanced practice has enabled me to remain a clinical practitioner, developing expertise in clinical practice, whilst also having roles in leadership, management, education and research. Advanced practice in its fullest sense spans all these domains. There are a myriad of advanced practice roles which allow you to develop a focus on one domain and you can move between them throughout your career. For example, you may be predominantly in a clinical role, whilst having a regular teaching or research role or you may combine clinical practice with leading a team or service. There is no need to restrict yourself to one domain of advanced practice. Increasingly there are opportunities to have flexible advanced practice careers and portfolio roles.

### **What has been the biggest challenge for you in this role?**

Balancing competing demands of leadership and practice has been challenging. For a time I was managing a challenging and complex service and the demands of my management role often made it difficult to spend enough time in practice and working alongside clinical colleagues. Ultimately I made the decision to return to a full-time clinical role, as I found this most satisfying.

### **What difference do you think this role has made to patient care in your area?**

In my experience the development of advanced practice roles in primary care has made access to expert care around the clock a reality. From provision of advice by telephone to arranging palliative care at short notice, advanced practitioners are able to use expert skills in both direct provision of care and to navigate the often complex and daunting systems on with and on behalf of our patients. A great example of this would be responding to somebody's changing needs towards the end of life. In a large rural community this can be particularly challenging in the out of hours period, when a handful of GPs and other professionals are covering large distances. An advanced practitioner can visit the person at home to make a detailed assessment of their needs, medical, nursing and personal care. The ACP can then prescribe medications that may be needed without the delay of referral to a GP, arrange for other services that may support care, and provide expert advice and direction to nursing and care colleagues.

### **Final thoughts...**

My knowledge and skills have been developed over several years and through a combination of both formal qualification and informal learning. Increasingly now opportunities are created and supported to enable practitioners to progress into advanced roles in a planned and formalised

programme (e.g. MSc Advanced Practice). However without a nationally agreed and regulated scope of advanced practice I believe it is important to provide a framework for the many highly skilled advanced practitioners who have developed their practice in a “portfolio” route to gain recognition and/or accreditation that will enable easier transition between roles and employers.



# Case study: Advanced Clinical Practice Framework

## Advanced Nurse Practitioners in the Emergency Department, University Hospitals, Leicester

### What is the issue?

There is a national shortage of doctors in Emergency Departments (ED) and the breadth and scope of practice means that in short rotations (4-12 months) junior doctors become proficient just as they are about to leave. UHL ED decided to address this problem by employing Advanced Nurse Practitioners, six treating adults and four in paediatrics. These staff were already qualified as ANPs and proved very successful in their roles. Consequently UHL ED decided to develop a practice-based learning programme to develop ANPs from existing nursing staff.

### The context

University Hospitals of Leicester ED is based at Leicester Royal Infirmary and is one of the busiest EDs in the country, with an average of 550 and up to 700 patients attending each day. Patients come from across Leicester City and Leicestershire and within the department there are approximately 240 non-medical staff, 109 medical staff of whom 18 are consultants.

### How did you address this?

The project aimed to address staff shortages in ED by recruiting and developing Advanced Nurse Practitioners who would perform at the same level as junior doctors but who would stay longer once they were qualified/ competent. As employees rather than trainees on a rotation they are more integrated into the department and organisation and have a clearer understanding of their role.

UHL wanted to recruit and develop experienced ED nurses into this role because they are:

- already trained to deliver holistic care, listen carefully to patients, and ensure that all patients' needs are considered (psychological, basic care needs, the role of the whole family etc.)
- less likely to over-medicalise the patient's problem
- more aware of the role of the GP, community services etc.
- able to flex their role at times, to incorporate tasks which are traditionally done by nurses rather than doctors, thus avoiding delays in the patient journey
- willing to take a more managerial / supervisory role within the department and with other staff
- able to teach both nursing and medical staff within the department.



There are few experienced ED ANPs nationally so UHL ED developed a training programme which is delivered in-house and accredited by De Montfort University. Students experience most of their learning in the workplace and use the medical work-place based assessments (common to all medical Royal Colleges) as tools to assess competency. This brings the trainees direct clinical experience from the outset, which enables them quickly to decide if they have made the right career choice. The training is provided by experienced ANPs, DMU and supported by the close availability of consultants and senior registrars.

### **What difference did it make?**

This new role has created a more stable group of staff who are able to deliver care to patients with a consistent set of skills. The benefits are:

- The development of this role within the department has provided a career aspiration for other nurses, important in an area where burn-out among both nurses and doctors is common
- Patients are more likely to be seen by someone who is clinically competent and proficient, and understands how the organisation works, how to order tests, make referrals etc.
- UHL has benefited from a more stable team within ED and the role has attracted staff to apply for nursing posts within ED. There is potential to expand this role into other areas of the Trust.

There are some areas where ANPs are less able to contribute to the care of patients due to their limited physiological and pharmacological training. These include:

- resus patients requiring a more ITU-orientated approach
- patients who have multiple medications.

These patients must be seen under the close supervision of a senior ED doctor.

There have not been any problems with matching shifts to patient flow, fitting shifts in with the medical staff shifts, integration within the rest of the team, or any complaints that supervision of ANP is detracting from the medical junior doctors. There have been no issues around patient safety such as above average rate of incidents, Serious Untoward Incidents, complaints etc.

The development of ANPs has been supported by HEEM who have provided funding to develop and evaluate the training programme.

### **Next Steps**

Over the next year, three groups will be studied (adult ANPs, paediatric ANPs and trainee adult ANPs):

- A qualitative analysis of the perception of other staff of the value of the ANP in the ED (by the University of Northampton)
- An analysis of the quality of medical record-keeping and quality of care as compared with junior doctors, via a notes audit
- An analysis of the workload and efficiency of seeing patients compared with junior doctors.

Analysis of complaints against the ANP, or serious incidents, is unlikely to be meaningful given the small numbers of such events overall, and a small number of practitioners being studied.

### **Top Tips for Implementation**

#### **What do you wish you had known when you started?**

Compared with the medical profession, the curriculum, competencies, assessment and certification of nurses as Advanced Practice Nurses is much more subject to local variation. It was therefore

more difficult to demonstrate how the training programme compared to other qualifications and establish its validity.

**What did you learn that could be useful for others?**

This model of ANPs could be used as an additional resource to deliver safe and more efficient care on acute Admissions Units for medicine, surgery, gynaecology, orthopaedic and paediatric wards.

## Case study: Advanced Clinical Practice Framework

### Extended Scope Practitioners in Primary Care, Northamptonshire Healthcare Foundation Trust

#### The context

Advanced Practitioners in the Integrated Musculoskeletal Service of Northamptonshire Healthcare Foundation Trust are known as Extended Scope Practitioners (ESP). This team is comprised of Physiotherapists as well as Podiatrists with advanced knowledge and skills. The role of the ESP in primary care is a decision-making one to manage patients within primary care or to refer them forward for secondary care intervention. After a highly skilled assessment process the patients can be referred to Orthopaedics, Pain Clinic, Rheumatology or Physiotherapy for on-going management. In Northamptonshire we have a clear integrated pathway from GP or as a result of patient self-referral into the Musculoskeletal Service. Patients will more often initially be reviewed by a Physiotherapist and if they are failing to improve with physiotherapy management then these patients are quickly referred forward to the ESP for further assessment and management.

#### How did you address this?

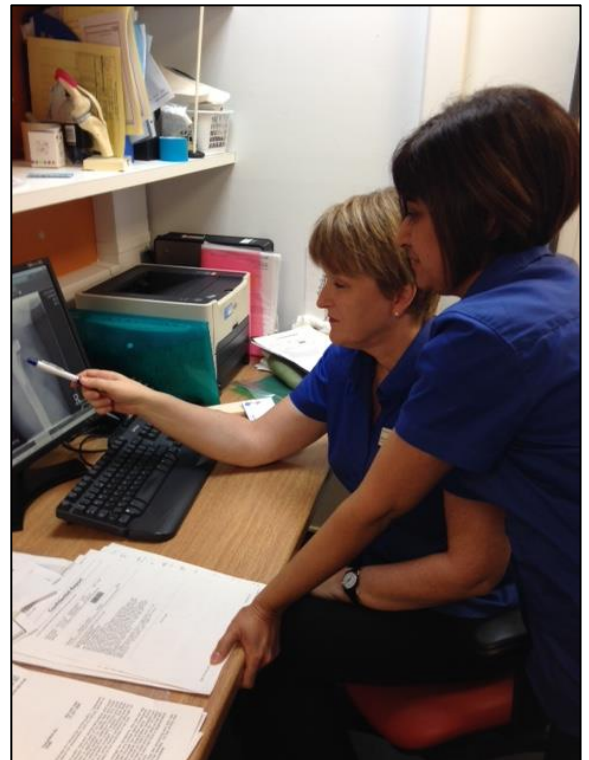
Extended Scope Physiotherapists have completed Masters Level training in advanced clinical reasoning, injection therapy and Musculoskeletal Physiotherapy. ESPs have advanced knowledge and skills in the assessment and management of highly complex patients, and having been IRMER registered and collaborated on creating guidelines for referring to MRI / dynamic ultrasound scanning, have the ability to choose to refer patients for the most appropriate radiology investigations. Furthermore they have completed training with the Pathology Department which allows them to refer for appropriate haematology, biochemistry, immunology and microbiology tests.

They have also completed a diploma in injection therapy and are able to offer diagnostic and therapeutic, peripheral joint and soft tissue injections.

Although employed by community services, Extended Scope Physiotherapists in Northampton have a good working relationship with secondary care Consultants in both Rheumatology and Orthopaedic Departments.

This helps with further mentorship and good communication links.

They keep up to date with relevant and current research and advances in Musculoskeletal medicine by attending conferences, having peer discussions, reflective practice and are also members of clinical interest groups such as ACPOMIT (Association of Chartered Physiotherapist of Orthopaedic Medicine and Injection), BESS (British Elbow and Shoulder Society), AACP (Acupuncture



Association of Chartered Physiotherapists) and EUSSER (European Society of Shoulder and Elbow Rehab) and MACP (Manipulative Association of Chartered Physiotherapists).

**What difference did it make?**

The integrated pathway has the advantage of having an Extended Scope Podiatrist working alongside Extended Scope Physiotherapists and this allows for the appropriate and timely management of foot and ankle problems.

The advanced knowledge and skill of the ESP also allows for the management of patients who are unsuitable for secondary care intervention due to various medical problems. ESPs are able to assess and refer for appropriate primary care management with liaison with the GP for example, referring forward for surgical appliances, in the way of appropriate bracing or various aids which would help with management of a patient's chronic musculoskeletal problem.

An integrated model of care such as the one in Northamptonshire's Musculoskeletal Service provides a clear pathway for appropriate patient management. The patient is seen by the right clinician at the right time and the appropriate decisions are made in a timely manner.

## Case study: Advanced Clinical Practice Framework

### Advanced Practice in Emergency Care, Lincoln County Hospital

#### **The context**

The long term plan is to develop practitioners who can see, treat and discharge any patient, of any age, with any presenting complaint.

#### **The issue**

We currently have eight nurses working as advanced practitioners. All have previously completed modules in history taking, clinical examination and non-medical prescribing, but because of staffing issues in the Medical Emergency Assessment Unit and the Emergency Department (ED) were not getting many opportunities to regularly practice and develop their advanced skills.

#### **How did you address this?**

The opening of the Ambulatory Care Unit in November 2013 was an opportunity to utilise the skills of these individuals and further develop their practice. This is an ideal environment to gain experience with relatively well patients and with less time pressure than the ED. Nurse practitioners assess all patients and initiate their investigations prior to consultant review. All staff are working to a basic competency framework and being assessed and evaluated by the consultants.

#### **What difference is it making?**

As the ambulatory care service becomes established, the nurse practitioners are taking the opportunities to expand their scope of practice by working with an experienced clinician either on minors, or in a RAT (rapid assessment and triage) role with a consultant in majors. The RAT role is felt to be the next logical step to assist with assessment skills and initial investigations and treatment before a medic makes the diagnostic and on-going treatment decisions.

Natural curiosity will mean that the advanced practitioners will start to learn as they follow up the patients they initially assessed, without the pressure of having to make diagnostic decisions at this stage. Again the minor injuries and RAT competences will have a competency framework to work through.

While the nurse practitioners are developing, they will all be expected to attend the multi-professional in-house training programme which covers the College of Emergency Medicine curriculum. At some stage all practitioners will be expected to complete a MSc in advanced practice.



**Next steps**

The final stage of the process is to develop diagnostic reasoning skills and clinical decision making. This will be supported by clinical supervision, with the possibility of placement to specific clinical areas to gain exposure to more specialist skills such as paediatrics or care of the elderly.



## Case study: Advanced Clinical Practice Framework

### Advanced Practice Model – Podiatry: Northamptonshire Healthcare NHS Foundation Trust and Northampton General Hospital Trust Integrated Diabetic Foot Pathway

#### The context

Allied Health Professionals make up around 6% of the NHS workforce. Podiatrists have contact with over 10,000 people each week who have had an amputation of some part of a foot or limb. The aim of any diabetic foot service is to reduce the number of end stage foot complications which result in increased hospital admission and ultimately amputation.

#### How did you address this?

Within Northants there are 2 teams of podiatrists working in advanced practice in diabetic foot disease. They are part of a well-developed, integrated model of diabetic foot care. Their role focuses on high level skills and clinical decision making within the management of diabetic foot disease. Competence based podiatry roles are essential to patient safety within diabetic foot disease. The Northants teams are aligned with National Competence Frameworks (Triepod 2012 [www.diabetesonthenet.com](http://www.diabetesonthenet.com)). The podiatrists undergo Masters level training, such as non-medical prescribing and are working beyond the recognised scope of practice. Other examples include requesting clinical and radiological tests and interpreting the results of these investigations. Part of their skills lies in knowing when to involve the doctors and nurses that form part of their multi-disciplinary team for some of these complex patients with multiple co-morbidities. The team provides highly specialised direct interventional podiatry for the management of all aspects of diabetic foot disease. All interventions are described in NICE Guidance (CG 10) as essential components of care for patients with diabetic foot disease.

#### What difference is it making?

The service provides access within 24 working hours for those with limb threatening infection or ischaemia (hot-line for a 'Foot attack') to which primary and community care health care professionals may refer. The diabetes podiatrists assess and identify where admission can be avoided and management will be as effective and safe on an outpatient basis ensuring advanced practice contributes towards reducing acute admission, re-admission rates and A&E attendances. Referrals to the Intermediate Care Team for the provision of home intravenous administration of antibiotics forms part of admission avoidance or reduced length of stay.





Failure to provide access at the right time for patients with diabetic foot infections can lead to multi-organ failure and ultimately to death through sepsis. Sepsis kills approximately 37,000 people a year. The advanced practice of the podiatrists contributes towards detection of sepsis in the pre-hospital environment. Where appropriate, patients with metabolic instability are sent to A&E for further tests and signposted for Sepsis Screening to enable recognition and timely management of severe sepsis.

The Advance practice podiatrists deliver training, hands on and clinical supervision and mentoring for podiatrists and support staff. The service has a proven track record on outcomes reducing the number and severity of amputations, and change and innovation delivered by 'enabling clinicians' and an 'early adopter' culture.

## Case study: Advanced Clinical Practice Framework

### Advanced nurse practitioners for frail older people, Nottingham University Hospitals NHS Trust

#### The context

At Nottingham University Hospitals NHS Trust we are developing the role of advanced nurse practitioners (ANPs) for frail older people. These ANPs will eventually provide a service to frail older patients both within healthcare of the older person and across the hospital. This project is being funded by Nottingham Hospitals Charity for the first two years. Six experienced nurses are currently training as ANPs. We plan to recruit three more nurses every year until we have a team of twelve qualified advanced nurse practitioners. Training is through an MSc in Advanced Clinical Practice and experiential learning on Healthcare of the Older Person (HCOP) wards, under the clinical supervision of consultant geriatricians. This model allows clinical skills to be embedded in practice and for the trainees to learn specialty skills of geriatric medicine. Work placements are rotated regularly to support the trainees learning particularly in dementia and delirium, falls and orthogeriatrics. Additional placements are given in other areas such as the acute admissions unit and the community. The trainees have a weekly two hour bedside teaching session with a consultant geriatrician and attend further training courses organised by the hospital (such as advanced life support) and study sessions with the junior doctors. We are currently undertaking a Delphi exercise to gain national consensus on the competences required in addition to the core advanced clinical skills for these nurses to become advanced nurse practitioners for frail older people.



### **What difference will it make?**

When qualified the advanced nurse practitioners will, working in collaboration with the medical, nursing, allied health professionals and community teams, and with patients and their carers, lead the comprehensive geriatric assessment process for frail older patients. They will provide expert advice and care for frail older patients who have acute physical illness combined with multiple needs including co-morbidities, and needs relating to their mental health, functional abilities and rehabilitation, behavioural, and social and physical environment. A number of patients will be reaching the end of their natural life and there will be a palliative element to their care. Patients will often be cared for by family or other informal carers and communicating with carers and meeting their needs will be an important part of the role. The advanced nurse practitioner role will include activities traditionally undertaken by medical staff including physical examination, ordering and interpreting diagnostic tests, advanced health needs assessments, differential diagnosis, prescribing medication and discharging patients. They will have advanced communication skills, be able to communicate effectively and calmly in difficult situations and with sometimes distressed people and those with limited communication skills. As clinical leaders, they will role model best practice and individualised person centred care and will be a source of expert knowledge for individual staff and clinical teams, providing education and development opportunities both in practice and formal settings to ensure quality of care is maintained. They aim to continuously improve the way care is provided for older people with frailty by supporting clinical governance, research and innovation.



## Case study: Advanced Clinical Practice Framework

### Speech and Language Therapy Advanced Clinical Practitioners in the East Midlands, Nottingham University Hospitals NHS Trust

#### The context

Allied Health Professionals (AHPs) are increasingly taking on advanced clinical practitioner roles. In the East Midlands, Nottinghamshire Healthcare NHS Trust employs 2 Clinical Lead Ear, Nose and Throat (ENT) Speech and Language Therapists (SLTs) who have led on the development of extended roles across a breadth of SLT clinical practice. Based in the ENT department of Nottingham University Hospitals NHS Trust, the SLT ENT team have developed skills to provide weekly SLT-led laryngeal endoscopy clinics, using high levels of autonomous judgement and decision-making to assess and treat clients with a range of complex ENT disorders affecting voice, speech and swallow function. The Nottingham SLT Endoscopy training programme and competency framework which arose from this have been incorporated into national professional RCSLT guidelines.

#### How did you address this?

This extension to SLT clinical practice originated as part of the national 'Action on ENT' initiative within the NHS modernisation agenda. Objectives included streamlining SLT interventions, reducing patient waits for follow-up laryngeal examination with an ENT Consultant, and creating additional capacity within over-stretched Consultant clinics. SLT ENT lead clinicians developed and undertook competency-based training in performing and interpreting laryngeal examinations, systematically building skills with theoretical teaching, interpretation of laryngeal images, and practical nasendoscopy. Stages of training and safeguards put in place to ensure competence prior to full independent clinical practice included clinical observation and audited supervised practice by ENT consultant colleagues. Developed in the absence of any national SLT endoscopy competency guidelines at the time, the peer-reviewed Nottingham Competency Framework Document was subsequently incorporated into the RCSLT policy statement on SLT endoscopy for ENT disordered patients (October 2004).



Clinical Lead ENT Speech and Language Therapists, Katherine Behenna and Suzanne Slade.

**What difference did it make?**

Audited clinical benefits of these clinics in Nottingham have included improved diagnostic accuracy (25% changed diagnosis from initial ENT examination); reduced patient waiting times (12 weeks reduced to 2 weeks) and improved efficacy of therapy, reflecting reported benefits of national and international studies in the literature (Refs 1,2). After a period of further in-house and external training, weekly SLT led-endoscopy in Nottingham were extended to include diagnostic swallow examinations (FEES – fibre optic endoscopic evaluation of swallow) with out-patient swallow clinics now offered to ENT patients with swallowing disorders arising primarily from Head and Neck Cancer or its treatment. Local Clinical Lead ENT SLT clinicians have run in-house and national training courses to facilitate the formal training and development of FEES competencies and autonomous clinical practice for other SLTs, both those working with patients with neurological disorders locally, as well as other ENT SLTs nationally.

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## Appendix III

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## **Appendix IV**

Documents from the following local organisations, including protocols and competences, have informed the framework:

- Chesterfield Hospital NHS Foundation Trust
- Derby Hospitals NHS Foundation Trust
- Kettering General Hospital NHS Trust
- Northampton General Hospital NHS Trust
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospital foundation Trust and South Yorkshire
- United Lincolnshire Hospital NHS Trust
- University Hospitals of Leicester NHS Trust



## Appendix V

Individuals who have contributed to the development of this Framework:

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## About HEEM

Health Education East Midlands' goal is to develop a high quality, safe and sustainable workforce to meet the healthcare needs of the people of the East Midlands.

By working closely with stakeholders, we act as a regional 'convenor', bringing people together across NHS, social care and the third sector to deliver the best possible services and outcomes for patients.

HEEM covers the counties of Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Nottinghamshire.

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