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# An HEI guide to the enhanced clinical practitioner apprenticeship for AHPs



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# **Introduction and Context**

Enhanced practice makes a significant and essential contribution to patient care and clinical services. This guide aims to provide support to employers in understanding, implementing, and harnessing the enhanced clinical practitioner (ECP) apprenticeship within their organisations.

# What is enhanced practice?

The <u>Long Term Plan</u> (LTP) and the <u>AHP Strategy for England – AHPs Deliver</u> identified the need for improved career pathways for staff, with associated funding for education and training. Enhanced practice (EP) education is seen as a key part of this improved career pathway for allied health professionals (AHPs) and will realise the full potential of the skill mix found within the health and social care workforce.

There is acknowledgement that a large proportion of this multi-professional workforce provides complex care to patients and manages much of the day-to-day risk of services (AHP - Website Content - The Principles of Enhanced Level Practice.pdf - All Documents (sharepoint.com)). AHPs have a range of unique skills to meet the needs of complex populations and work autonomously within multi-professional teams; however, there is a lack of career structure between preceptorship and advanced practice roles. Providing meaningful career pathways and progressing the development of profession-specific skills is essential to retain valued staff.

"Enhanced Clinical Practice is a level of practice evident in the healthcare workforce. It is delivered by experienced, often registered professionals who practice with autonomy and independently. They do complex work and manage day to day risk, including risks on behalf of or with patients."

The Principles of Enhanced Level Practice, Health Education England, 2022

Figure 1: Definition of enhanced practice

Enhanced practice (EP) is a level of practice that already exists within the AHP workforce. It is delivered by established clinicians, who are autonomous professionals, making a significant impact on patient care and clinical services. Through use of profession-specific knowledge, skills, and behaviours, they make autonomous decisions within a defined area of practice, mitigating and managing risk to the patient, themselves, others, and the service.

There are no 'generic' enhanced practitioner roles; practitioners are post qualification/registration and have experience and a recognised body of profession-specific knowledge. Recognising and formalising enhanced-level practice will drive cultural change and provide a positive impact on services.

"Each profession develops approaches and expertise to meet the needs of patients and populations and to develop a body of knowledge that they hold and apply. Enhanced level practice is very much rooted in that development of knowledge and expertise. Therefore, different professional groups express what it looks like to work at this level of practice. This mean there is no generic 'enhanced clinical practitioner' role or training."

Beverley Harden, Deputy Chief AHP Officer (England) and Multi-Professional Lead for Advancing Practice, NHS England

Figure 2: Value of enhanced practice

Practitioners who work at an enhanced level do not have to include the term 'enhanced' in their job title. They work autonomously as part of a multidisciplinary team or independently and are proficient within their area of practice, being able to apply their skills, experience, and education to substantially contribute to episodes of care. This level of practice occupies the space after preceptorship and before advanced practitioner and may be a destination in itself, or a precursor to advanced practice. Enhanced-level practice contributes significantly to person-centred care, quality, safety, and efficiency within services.

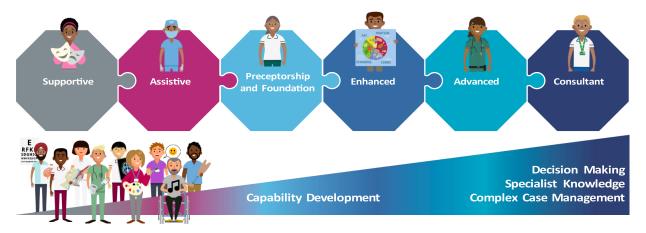


Figure 3: AHPs Capability Development

### The Enhanced Clinical Practitioner Apprenticeship (ECP)

The Enhanced Clinical Practitioner Apprenticeship (ECP) was approved for delivery in May 2021. The apprenticeship is focused on taking a structured approach to developing the registered health and care workforce to enhanced practice level in England. It enables employers to invest in developing their workforce to enhanced practice level to meet service delivery needs. In turn, it supports individual and collective professional development. The apprenticeship is one vehicle for developing enhanced-level practice capability and capacity. Provision can also be accessed on a 'fees-funded' basis and as part of individual practitioners' CPD.

In line with all apprenticeships in England, the ECP apprenticeship is defined by an apprenticeship standard. This articulates the knowledge, skills and behaviours (KSBs) and the broad occupational duties that are required of enhanced-level practice and roles at this level.

The apprenticeship standard can be accessed here: <u>Enhanced clinical practitioner / Institute</u> <u>for Apprenticeships and Technical Education</u>

### The structure of the ECP apprenticeship

The ECP apprenticeship standard offers flexibility in how it is delivered and taken up. Its approach is designed to optimise its relevance and value for workforce development to meet population health and patient care needs. This includes from the following perspectives:

- Across sectors and settings.
- Across registered health and care professions.
- Across specialties within clinical practice.
- Across models of service delivery.

Education provision to deliver the ECP apprenticeship must map to the knowledge, standards and behaviours (KSBs) and occupational duties defined in the apprenticeship standard. In doing this, delivery and take-up of the apprenticeship should address and meet profession-specific workforce development needs.

# **ECP** employer guidance

To support employers to successfully implement the ECP apprenticeship, NHS England (NHSE) have developed <u>The Enhanced Clinical Practitioner Apprenticeship Employer</u> Guide.

This guide aims to provide support to employers in understanding, implementing, and harnessing the enhanced clinical practitioner apprenticeship within their organisations; by providing employers and systems with the tools to consider their workforce requirements to ensure that through collaboration with Education Providers the ECP apprenticeship can meet their future workforce needs.

# Enhanced practice AHP profession-specific schemas

# The purpose of the profession specific schema

Delivery and take-up of the ECP apprenticeship must map to and develop the knowledge, skills and behaviours (KSBs) and the occupational duties set out in the apprenticeship standard. The KSBs and duties are deliberately generic.

Given the broad ways the KSBs and duties are couched, guidance has been produced on the ways in which the ECP apprenticeship can be used to develop specific workforce capabilities within a number of the AHPs. This guidance, commissioned by NHS England (formerly Health Education England), has been produced as profession-specific 'schemas' that include model curricula.

The profession-specific schemas are intended to show the apprenticeship's value for practitioners' development within each of profession, as well as for meeting workforce, service delivery and patient care needs. The schemas, and their model curricula, therefore, have different focuses, as relevant to each profession and their contribution. They each map to the KSBs and occupational duties set out in the ECP apprenticeship standard.

The priorities outlined in the schemas and model curricula are only suggestions. Individual professions, employers and education providers can work in partnership to identify and address other areas in which they see a value in developing enhanced-level practice capability and capacity to meet AHP workforce needs. It is also recognised that priority areas will change over time. This includes in the context of changing population health and patient care needs, changing models of care and service delivery, and wider developments in AHP pre- and post-registration education and workforce development and deployment.

# Why and how the ECP apprenticeship is relevant to the AHP workforce

The ECP apprenticeship enables employers and education providers to work together to address AHP workforce development needs at enhanced practice level. Employers of AHPs in all sectors and settings – in the public, private and third sectors – can use the apprenticeship. By engaging with it, individual employers can seek to ensure that education provision meets their workforce development needs, such that education provision (and the supply of the apprenticeship) meets demand. It should also ensure that the apprenticeship's delivery is sustained by demand.

The ECP apprenticeship should have particular relevance and value for NHS employers and providers of NHS-funded services seeking to develop their AHP workforce. However, it is by no means only relevant or open to NHS employers or providers of NHS-funded services. Across sectors and settings, it should help to optimise the professions' contribution to meeting population health, patient care and service delivery needs. It should also expand the career development opportunities open to individual allied health professionals, support their career development planning, and enhance recruitment and retention.

### How the apprenticeship adds value to the AHP workforce

The ECP apprenticeship provides practitioners with the opportunity to develop to enhanced practice level. Employers' use of the apprenticeship levy to develop their workforce in turn provides members of the allied health professions with funded, supported professional and career development opportunities.

The ways the apprenticeship should support AHP workforce development are outlined below.

- Enable employers to invest in the development of their AHP workforce.
- Enable practitioners to develop their professional capabilities at enhanced practice level across the four pillars of practice (clinical, leadership and management, education and research).
- Build on practitioners' clinical expertise in condition management to meet the needs of
  particular population and patient groups (e.g. children or older people), develop within
  particular roles and service delivery models (e.g. first-contact practitioners or
  occupational health services), within particular areas of care (e.g. pain management
  or rehabilitation), or to meet workforce needs within new models of care (e.g. that
  strengthen the integration of health and care services across patient pathways).

- Enable practitioners to develop across the 'non-clinical' pillars of practice in ways that directly enhance their clinical practice and delivery of patient care.
- Increase recognition, progression and career development opportunities for practitioners, including within multi-disciplinary teams, across sectors, and across different practice environments and work settings.

# **Frequently Asked Questions**

# Do the schemas support multi-professional learning and development?

Components of learning can be delivered on a multi-professional basis. This may be appropriate where members of more than one AHP (and potentially other professions) share the same learning needs, with the same area of focus. Key considerations are that the provision will support individual learners to achieve the knowledge, skills and behaviours and occupational duties defined by the apprenticeship standard in ways that fit with their profession-specific development needs and with their scope of practice, role and practice settings.

To meet the defined workforce and professional development requirements, it is expected that the focus of learning provision is delivered on a uni-professional basis. This is important to ensure the provision is responsive to practitioners' particular learning needs. Where multi-professional some components of learning are included, they must be responsive to and inclusive of learners from different professions and support their individual enhanced practice development.

## What level of learning is attached to the apprenticeship?

A specific qualification is not defined for the ECP apprenticeship's delivery, while learning can be developed and assessed at either academic level 6 or 7 (or a mix of the two).

For AHP workforce development, level 7 learning and assessment is most relevant for building on practitioners' existing professional knowledge, skills and experience. A logical qualification to attach to the apprenticeship is a postgraduate certificate. However, this is not a requirement. The 2021 <a href="QAA framework document">QAA framework document</a> sets out the credit requirements for different academic qualifications.

### What volume of learning is attached to the apprenticeship?

The minimum duration of any apprenticeship in England is 12 months. The typical duration envisaged for learners' completion of the ECP apprenticeship is 18 months. The length of time for completion of the apprenticeship will be longer for practitioners who work less than 30 hours per week in the role through which they undertake with the apprenticeship. It is also possible for learners to gain recognition for prior learning where this can be demonstrated to match the knowledge, skills, and behaviours, is current, and recognition fits within apprenticeship rules and education provider regulations.

All apprenticeships comprise a mix of learning within apprentices' job role and 'off-the-job' learning. The minimum amount of off-the-job learning is 20% of apprentices' working week. How off-the-job learning is delivered is flexible. For example, it could be one day a week, or on a more consolidated, 'block-release' basis. It is expected to be delivered through blended learning approaches that make strong use of online learning and learning support. This includes to increase the accessibility and reach of provision to learners and employers.

# How is the learning is structured and supported within the apprenticeship?

There is flexibility in how learning can be structured and supported within the ECP apprenticeship. The AHP-specific schemas and model curricula have been developed as part of an NHS England project to provide guidance on the apprenticeship's delivery. The material is purely indicative and is neither prescriptive nor restrictive about the approach that should be taken.

However, it is essential that delivery of the ECP apprenticeship meets the published apprenticeship requirements. These include that delivery does the following:

- Supports learners to achieve the knowledge, skills and behaviours and the
  occupational duties defined by the apprenticeship standard in ways that are relevant
  to their scope of practice, role, and service delivery contribution.
- Meets the minimum duration requirement for apprenticeships.
- Adheres to apprenticeship rules for how learning is supported, including through individual learners having a learning agreement and regular meetings with their employer and education provider to review their progress.
- Meets the minimum requirement for 20% off-the-job learning.

- Prepares learners to go through the endpoint assessment attached to the apprenticeship, including through keeping a learning portfolio for the duration of their 'on-programme' learning.
- Enables learners to go through the endpoint assessment gateway and to undertake the endpoint assessment (a professional discussion based on their portfolio and their production, presentation, and defence of a quality improvement proposal).

### Can the apprenticeship lead to advanced practice?

Enhanced practice can be a precursor or preparation for advanced practice, equally it can be a destination career where people want to stay.

Where level 7 content is delivered in the ECP apprenticeship there may also be the opportunity for accreditation of prior learning (APEL) into the ACP apprenticeship and reduce the content and duration. It would therefore be advisable for employers to work closely with their education providers regarding the content of the ECP where they envisage APEL to ACP may occur. This will also depend on specific HEI APEL/RPL requirements and ACP award specifics.

# How should education providers work with employers to determine eligibility for the apprenticeship?

Not all staff will be eligible to undertake the ECP apprenticeship (and nor would it be appropriate for all staff). The <u>apprenticeship funding rules</u> stipulate criteria by which an individual is eligible for apprenticeship funding. For example, staff who have significant prior learning that would reduce the duration of the apprenticeship to less than 12 months would not be eligible.

# Is there funding to cover the apprenticeship course costs?

Apprenticeship levy funding can be used to access education provision (up to £7k, inclusive of the endpoint assessment). However, employers need to cover the cost of employing learners as apprentices, supporting learners' workplace learning, and 'backfill' attached to releasing apprentices to undertake their 'off-the-job' learning.

# How can AHPs access the apprenticeship?

Individual practitioners need to be put forward by their employer to take up an apprenticeship in line with workforce development needs (however, see question 17). There is no age limit to who can be put forward to engage with an apprenticeship in England. Apprenticeships are

also open to individuals in part-time roles. Information on employment and funding rules are available via the following link: <u>Apprenticeship funding rules 2023 to 2024</u> (publishing.service.gov.uk)

# How can practitioners engage with enhanced-level practice education outside the apprenticeship?

Education provision primarily designed to deliver the ECP apprenticeship can also be made available on a 'fees-funded' basis. This might be to respond to the workforce development needs of organisations not engaged with apprenticeship arrangements and individual practitioners (whether employed or self-employed) wanting to engage with enhanced-level practice learning as part of their continuing professional development (CPD).

Education providers can seek to optimise the accessibility of their enhanced-level practice provision by making component parts (e.g. individual modules) available to learners on a standalone basis. Offering provision in different ways should increase demand, create viable learner cohort numbers, and enhance its sustainability.

#### **Further information**

- Enhanced level practice <u>Enhanced practice | Health Education England (hee.nhs.uk)</u>
- Enhanced clinical practitioner apprenticeship standard <u>Enhanced clinical practitioner / Institute for Apprenticeships and Technical Education</u>
- Enhanced clinical practitioner apprenticeship endpoint assessment plan <u>Enhanced clinical practitioner / Institute for Apprenticeships and Technical Education</u>
- Guide on the enhanced clinical practitioner apprenticeship resource pack
- Guidance for employers on the enhanced clinical practitioner apprenticeship <u>Report</u> template (skillsforhealth.org.uk)
- Higher and degree apprenticeships <u>Higher and degree apprenticeships GOV.UK</u> (www.gov.uk)
- Healthcare apprenticeships <u>Apprenticeships | Health Education England (hee.nhs.uk);</u>
   Home HASO (skillsforhealth.org.uk)
- Register of apprenticeship training providers <u>Register of Apprenticeship Training</u> Providers: how to apply - GOV.UK (www.gov.uk)
- Apprenticeship funding rules <u>Apprenticeship funding rules 2023 to 2024</u> (publishing.service.gov.uk)
- Academic levels of learning <u>The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies (qaa.ac.uk)</u>