

## The Centre for Advancing Practice

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### Advancing practice: Signpost for Continuing Professional Development



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# 1. Introduction

In recent years the introduction of the advanced practitioner across the health care economy has provided an opportunity to develop the multi-professional workforce to meet the future healthcare needs of the population. The release of the NHS Long Term Plan<sup>1</sup> has highlighted the importance for clearly articulating how targeted CPD for example can deliver an advanced practitioner multi-professional workforce that meets the mantra 'right person, right place, right time'.

It is recognised that much has already been published on Continuing Professional Development (CPD) by professional<sup>2</sup> and regulatory bodies<sup>3,4</sup>. The overall aim of CPD is to provide employees and employers with the ability to deliver high quality safe and effective person-centred patient care. It is also recognised that there are strong links between high quality CPD and improved patient safety<sup>5</sup>. However, the translation of these CPD requirements by individual stakeholders such as advanced practitioners and employers are complex, with many recommendations being so 'high level' they are open to individual interpretation as to the means of delivering and participating in quality CPD activities.



## 2. Aim

The overarching aim of this document is to enable discussion with advanced practitioners, professional and regulatory bodies with which to develop a clear signposting roadmap for CPD. For the purpose of the strategy the term advanced practitioner will denote both qualified and trainee advanced practitioners. This strategy has been written for use in England but should be transferable to the other devolved administrations.



### 3. Purpose

The purpose of this document is twofold, firstly to ensure alignment with current national standards, professional regulation requirements and academic best practice<sup>6</sup>. Secondly to signpost practitioners, Regional Faculty leads and employers to new and existing resources with which to undertake CPD and provide practitioners with an e-portfolio with which to record individual CPD activity once signed up to the [Centre for Advancing Practice Portal](#).

It is not enough that advanced practitioners participate in CPD and revalidate in accordance with their professional bodies but that CPD is viewed as a platform to enable advanced practitioners to demonstrate the impact and value of their roles. This impact and value can be facilitated by developing an effective workplace culture and recognising the importance of the workplace as a place of learning<sup>7</sup>.

The NHS Long Term Plan outlines how healthcare delivery needs to change in order to provide high quality, person-focused care. The Plan also recognises that multi-disciplinary workforce models that include advanced practice are essential if this aspiration is to be recognised. The NHS Long Term Plan builds on the recommendations of the [Next Steps on the NHS Five-Year Forward View](#)<sup>8</sup> and the [Interim People Plan](#)<sup>9</sup> reinforcing the need for staff to have rewarding careers, have the right skills, experience and leadership to deliver safe and effective care.

Although there is a commitment to increase investment in CPD over the next five years<sup>9</sup> how this is delivered against a background of current national recruitment and retention challenges is of utmost importance. Traditional methods of delivering CPD need to be augmented by incorporating advances in technology<sup>10,11</sup> which has been reinforced during the COVID 19 Pandemic. There are several Regional advanced practitioners' networks within England which will need continuing support from Health Education England (HEE) Regional Faculties, employers and the consolidation of strong links with Higher Education institute (HEI). This is important as it will allow communities of practice to develop, creating opportunities for shared learning, research and supervision.



## 4. HEE Advanced Clinical Practice Framework

There is a need to reshape the workforce to meet the future health needs of our population<sup>12</sup>. Whilst this not only provides opportunities for development of the multi-professional workforce it also raises the need for clearly defined levels of practice and education that meets the individual needs of this diverse workforce. In 2017 [HEE launched the Multi-professional framework for advanced clinical practice](#)<sup>13</sup> defining advanced level practice as: skills, experience and leadership to deliver safe and effective care.

The framework describes capabilities which are mapped against level 7 (Master's level) taxonomy and are built upon the four pillars of advanced practice<sup>14</sup>:

- Clinical Practice
- Leadership and Management
- Education
- Research

HEE Advance Practice also contains valuable resources on advance practice such as toolkits, programme accreditation and publications.

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

*Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes”.*



## 5. Continuing Professional Development

There are several definitions of CPD, that demonstrate the complexity of delivering effective CPD<sup>15</sup>.

*“systematic maintenance, improvement and continuous acquisition and/or reinforcement of the life-long knowledge, skills and competencies of health professionals. It is pivotal to meeting patient, health service delivery and individual professional learning needs. The term acknowledges not only the wide-ranging competences needed to practice high quality care delivery but also the multi-disciplinary context of patient care”<sup>16</sup>*

In order to support workforces to continually develop and so provide high quality, safe and effective patient care, which also improves retention of experienced staff, CPD is crucial. The onus for maintaining CPD relies with the individual in order to maintain professional registration, however employers also have a responsibility to support individuals to maintain CPD<sup>2,3</sup>. For the majority of advanced practitioners this may be evidenced within personal portfolio which may or not be linked to an e-Portfolio i.e. The Royal College of Emergency Medicine advanced clinical practitioners curriculum. However, there has been limited access to an e-portfolio with significant costs, so the majority of advanced practitioners have a traditional paper one.

There are a variety of recognised CPD activities such as:

- Attendance at organised learning events
- E-learning
- Evidence of audit/research/publications
- Simulation based education
- Reading and reflection on articles published in peer-reviewed biomedical journals
- Peer review activities
- Professional supervision
- Practice based small group learning
- Mandatory training
- HEI accredited modules
- Work based assessments such as case-based discussions
- Reflection
- Structured learning such as Intermediate Life Support, Advanced Life Support



## 6. Signpost for CPD

The overarching aim of this document is to provide advanced practitioners with the means with which to undertake person-centred CPD, which recognises the unique diversity of skills and expertise of the multi-professional workforce. It is also important that practitioners do not deconstruct the four pillars of advanced level practice but see them as an interlinked 'map' which allows them to work at an advanced level of practice.

In order to ensure that the needs of the multi-professional advanced practitioner workforce are reflected in this signposting framework it has been co-produced, by developing a community of practice and through stakeholder engagements events. Thematic analysis of stakeholder feedback provided the following enablers and challenges for effective advanced practitioner CPD:

### Enablers

- Dedicated and protected time in 'job plans'
- Access to appropriate educational and clinical supervisors
- CPD development across all four pillars
- Signposting to relevant resources
- CPD hours and an electronic CPD 'diary'
- Teleconferencing to allow attendance across the country
- E-portfolio that would link to accredited advanced clinical practitioner courses
- Adequate funding
- Technology
- Inhibitors
- Clinical pressure and management priorities
- Lack of funding and release from work to attend CPD activities
- Silo working with no national e-portfolio to upload evidence
- Language surrounding CPD activities (participatory/non-participatory)
- Ineffective job planning

It is also important that the signposting recommendations are aligned with national quality standards and current research into CPD and person-centred care and reflects the HEE Quality Framework 2019-2020 17 which is based on six domains (Fig.1.), with quality standards underpinning each domain.

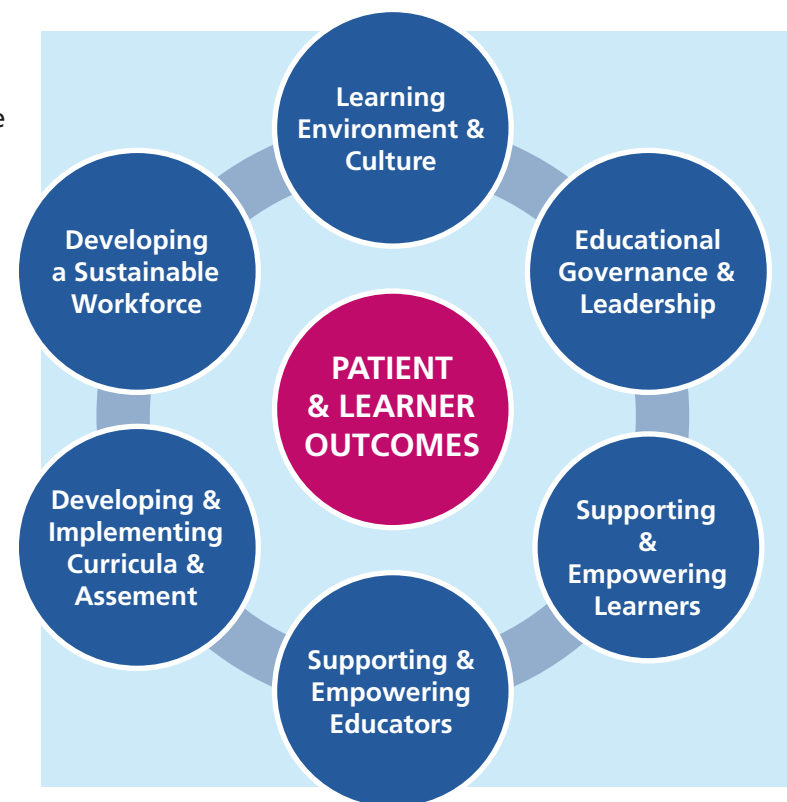


Fig.1. HEE quality domains



There is a vast number of publications on CPD. However, a recent realist synthesis of effective CPD<sup>15</sup> developed a theoretical framework for CPD built upon four theories:

1. Transformation of Individual's Professional Practice
2. Transformation of Skills to Meet Society's Changing Healthcare Needs
3. Transformation of Knowledge to Enable Knowledge Translation
4. Transformation of Workplace Culture to Implement Workplace and Organisational Values and Purpose

The four theories which contain context, mechanism and outcome (CMO) relationship, fit within the context of healthcare delivery with the arrows denoting the relationships which enable effective CPD<sup>15</sup> (Fig.2.).



Fig.2. Conceptual framework showing drivers and relationships<sup>15</sup>

Whilst it is recognised that this is a conceptual framework the identified theories and CMOs can be applied to the role of the advanced practitioner such that CPD is seen as a crucial enabler with which to demonstrate value and impact of the role whilst adding to the wider evidence base of the advanced practitioner as part of the workforce. In summary:

- The workplace is recognised as a valuable place of learning
- Appraisals and workforce analysis should be used to identify learner's development needs in order to plan and deliver a programme of development to meet the needs of future careers. One way in which this can be embedded within an organisational context is by dedicated advanced practitioner educator roles, who understand the role of the advanced practitioner and are able to act as a conduit between the workplace and organisation priorities. They are also able to act as a coordinator for educational supervisors for developing/trainee advanced practitioners
- By developing an understanding of change management and service improvement methodology, advanced practitioners are able to act as facilitators and change agents so providing an improvement focused positive work-based culture<sup>18</sup>
- Through effective self-development, clinical and compassionate leadership can not only promote organisational values but a positive patient experience by delivering patient-centred care that is both safe and effective
- Advanced practitioners are able to bring tacit knowledge and experience to deliver multi-professional team learning so helping professionals identify with the multi-professional team
- Advanced practitioners should also use their CPD to develop their leadership skills to enable them to influence local and national strategic priorities



The Skills for Health Person-Centred Approaches<sup>19</sup> is a framework which demonstrates how knowledge and activities overlap to influence a person-centred approach which put patients at the centre of health care delivery. The framework encompasses the values from the NHS Constitution<sup>20</sup> and uses three steps to highlight inter-relationships between organisation and systems by using core values, relationship and communication skills<sup>19</sup>(Fig.3.).

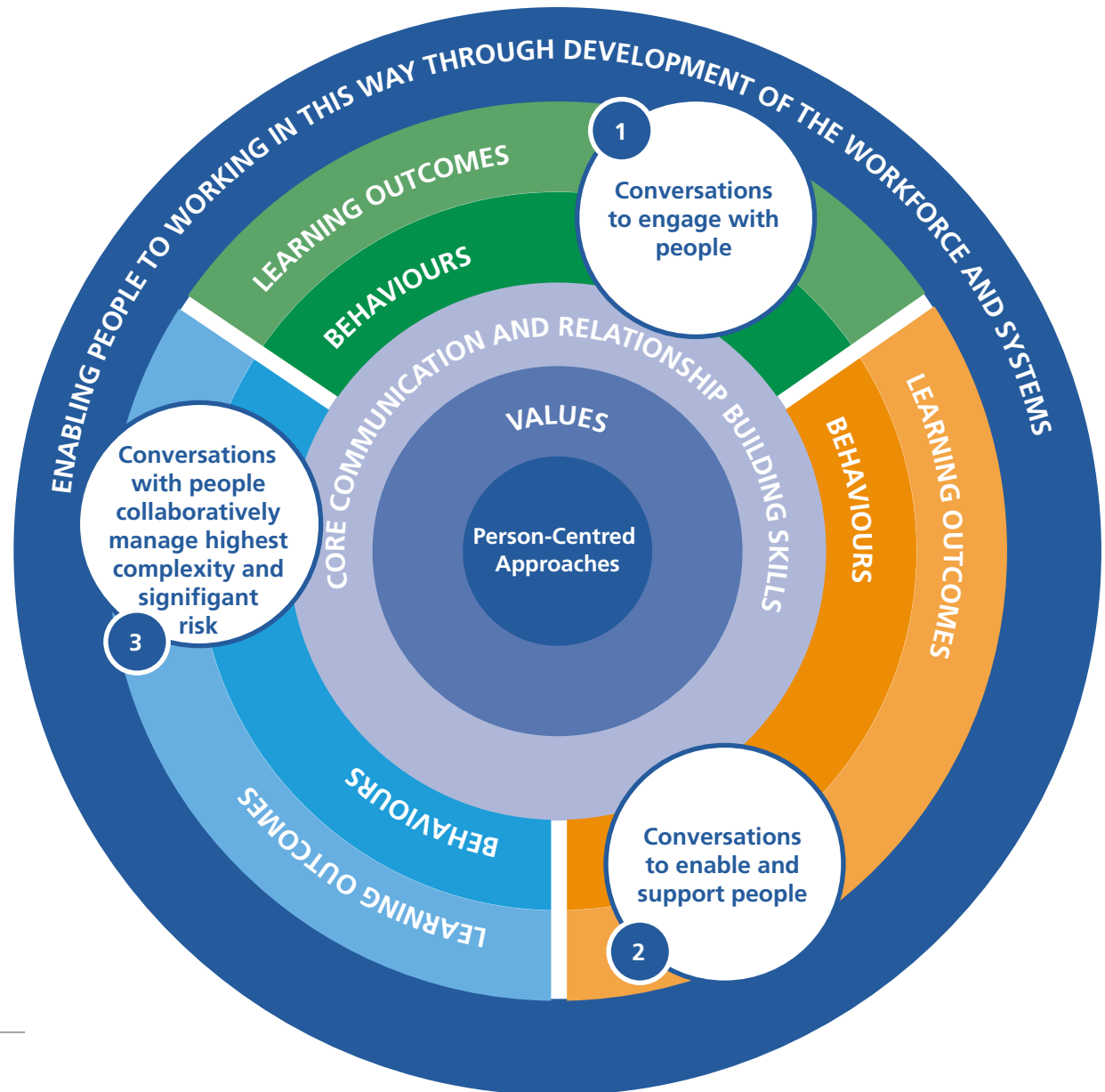


Fig.3

Much of the content resonates with the potential of the multi-professional advanced practitioners' workforce to enable the aspirations of the NHS Long Term Plan and 5-year Forward View to meet the future needs of patients and their families. The framework also suggests tools with which to deliver workforce development and training (Appendix 1). advanced practitioners can ensure service delivery is person-centred as summarised below:

- Act as 'whole system' change agents as they are in the ideal position to use qualifying base profession, advanced practitioners' skills/ knowledge, tacit organisational knowledge and established networks to influence the system
- Advanced practitioners in primary care, frailty, First Contact Practitioners, respiratory, speech and language, pharmacy to name but a few have the opportunity to have conversations to enable and support people and manage complexity
- Reflection is an important aspect of developing personal CPD which allows for individuals to undertake transformative learning, problem solving, resilience and challenge behaviours<sup>21</sup>
- Advanced practitioners can deliver training and education to all members of the clinical workforce, for example utilising technology such as high-fidelity simulation to provide education and the ability for reflection, behaviour analysis, communication, decision making all of which are key aspects of a person-centred approach to service delivery
- Where their role requires it, advanced practitioners should utilise health coaching and motivational interviewing skills to enable patients to self-manage



Both the theoretical framework for CPD<sup>15</sup> and the Skills for Health Person-Centred approaches<sup>19</sup> framework are intertwined with the four pillars of advanced practice (Fig.4.). This is an important point to consider in developing advanced practitioner CPD as it could be argued that traditionally CPD was seen as a means of obtaining a specialist skill or means of updating one’s knowledge without necessarily identifying how this allowed for value and impact to be demonstrated.

In order to signpost CPD for advanced practitioners that incorporates the benefits of the aforementioned frameworks it is crucial that firstly advanced clinical practitioners see CPD as not something to be undertaken in isolation but something that is integral to everyday practice. Secondly that CPD has to be incorporated into a well-balanced job plan which allows the individual to meet all four pillars of advanced practice. This can be conceptualised in the following four themes:

1. Recording and evidencing CPD
2. Accessing relevant training and development opportunities
3. Accessing mentoring and supervision
4. Leadership and educational development

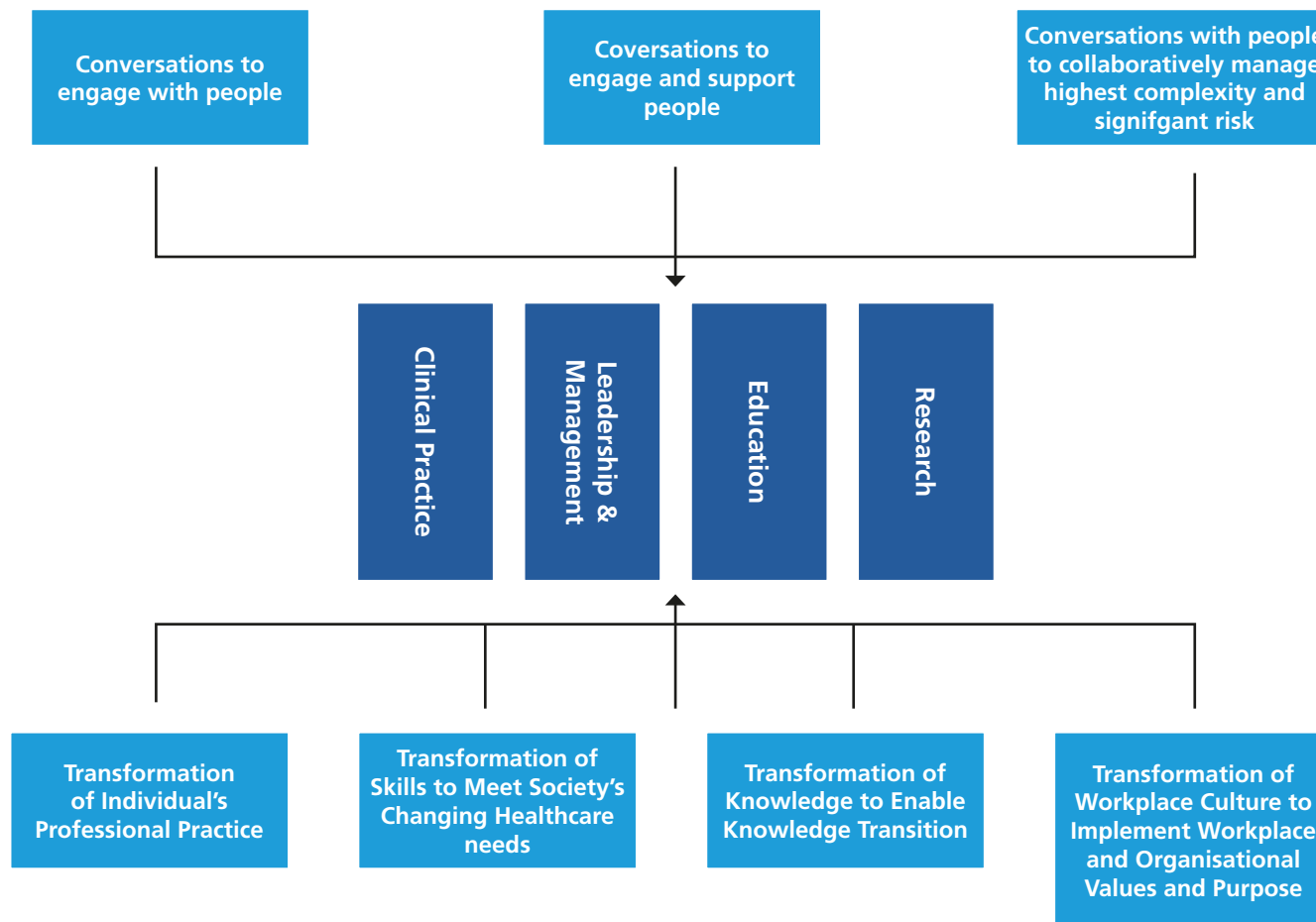


Fig.4

## 6.1 Recording and evidencing CPD

### 6.1.1 Centre for Advancing Practice

The purpose of the HEE Centre for Advancing Practice is to do the following:

- Enhance patient care and service delivery through strengthened transparency, governance and accountability arrangements for advanced clinical and consultant level practice
- Strengthen support for workforce development, mobility and progression that is responsive to changing population, patient, service delivery and workforce needs
- Achieve greater consistency in the education and professional development that supports advanced and Consultant-level practice
- Recognise advanced and consultant-level capabilities within the registered health and care professions, so that these can more strongly be drawn upon in models of care, service delivery and skill mix across multi-disciplinary teams

The Centre for Advancing Practice will contain an e-portfolio functionality which members will also be able to use to record their CPD activity as required by the professional regulatory bodies.

The CPD section of the e-portfolio has been specifically designed to make it intuitive and easy to upload CPD activity. The design principles are:

- To continue to use the four pillars of advanced level practice as the framework against which all evidence is cross referenced
- Wherever possible adopt the same approach to CPD recording, that is being used by an applicant for the 'Centre' using the portfolio route and by those on a university course who are using the e-portfolio to gather evidence of their practice as an advanced clinical practitioner
- The e-portfolio will be built mobile first (designing a desktop site starting with a mobile version), which means that a CPD application will be available to allow members to quickly gather evidence of their CPD using mobiles/ tablets

It is envisaged that by making it intuitive to capture and upload CPD activity, it will encourage the advanced practitioner to utilise the e-portfolio as part of everyday practice rather than viewing it as a repository to be used when an individual is required to maintain professional membership. Whilst it is recognised undertaking CPD is the individual's responsibility in order to meet the needs of their regulatory bodies, it is recommended that an adequate level of CPD to reflect their role as an advanced practitioner is undertaken.

In providing an e-portfolio it is envisaged that this will encourage members of the Centre for Advancing Practice to collect a suite of CPD activities which can then be used to inform appraisals, career development and revalidation requirements.

## 6.2 Accessing relevant training and development opportunities

### 6.2.1 e-learning for Healthcare

[e-Learning for Healthcare](#) (e-LfH) is a HEE programme which was formed in 2007 and provides over 210 'blended learning' e-learning programmes available to both the medical and multi-professional workforce.

With such a comprehensive suite of programmes, finding a selection that would suit the diverse needs of the multi-professional advanced practitioner workforce can be challenging. Therefore, as part of this strategy a collaborative piece of work was undertaken with e-LfH which enabled the programmes to be searched using the four pillars of advanced practice as keywords.

The programmes can be accessed by <https://portal.e-lfh.org.uk> and found using the search tool by typing the following acronyms in:

- ACPCP - Clinical
- ACPLM - Leadership and Management
- ACPE - Education
- ACPR – Research

### 6.2.2 Scholarships/fellowship opportunities

One way in which advanced practitioners can develop professionally and experience different ways of delivering advanced practice is by applying for fellowships or scholarships. [The Florence Nightingale Foundation](#) awards scholarship annually for nurses and midwives. The scholarships allow individuals to not only develop their careers but to also network, impact on policy/practice, personal development through adding to the existing evidence base.

[The Health Foundation](#) provide fellowships which directly relate to the four pillars of advanced practice. Fellowships include:

- Quality Improvement
- Leadership
- Improvement science

[The National Institute for Health Research](#) also have fellowships to develop research knowledge and careers such as Clinical academics. Fellowships and studentships are also available from the [Medical Research Council](#) and include:

- Doctoral training partnership
- Clinical Research Training Fellowship (CRTF)
- Senior Clinical Fellowship (SCF)

Another opportunity to undertake a fellowship is with the Winston Churchill Memorial Trust. The Churchill Fellowship started in 1965 and is comprised of eight themes, one of which is 'Health and Wellbeing'. The fellowship allows UK citizens to travel around the world to seek new experiences and solve problems.

Below are two exemplars from advanced practitioners who have recently undertaken Churchill Fellowships:

*In January 2019 I was offered a Churchill Fellowship to conduct an international project on Advanced Practice in Physiotherapy. The Fellowship appealed to me because it combined three things which I really value: learning from others, expanding my understanding of an area I am deeply passionate about and there was the added sense of adventure!*

*The Churchill Fellowship is unique to other Fellowships we might be more familiar with in healthcare. It is not a time-limited, academic research grant. It is a lifelong Fellowship which values exploration and learning by encouraging practical inquiry into real-world issues.*

*The Winston Churchill Memorial Trust (WCMT) offer 150 Fellowship grants per year and one of their universal themes is Health and Wellbeing with several categories relevant to healthcare professionals. In January 2020 I travelled to Australia and New Zealand to meet with clinicians and leaders who were involved in the development, implementation and progression of advanced practice in physiotherapy. I observed some fantastic innovative practices and have been able to share these with my colleagues locally and at national events since my return.*

**Hannah Morley – Advanced Physiotherapist Practitioner, FCP,  
Winston Churchill Fellow  
Gloucestershire Health and Care NHS Foundation Trust**

It is evident that scholarships and fellowships afford advanced practitioners' unique opportunities for professional CPD across the four pillars of advanced practice and as importantly to develop skills to demonstrate the impact and value advanced practitioners can bring to patient care and service delivery.

*The opportunity arose as Advanced Clinical Practitioners (ACP) at Nottingham University Hospitals (NUH) struggled to show the financial impact of their work within secondary care. Nursing Leadership within NUH suggested that an ACP apply for a Fellowship/Scholarship to seek funding to explore how to best evidence the financial impact of ACPs abroad. My successful application provided the following opportunities:*

- *To explore the role of ACPs in prestigious hospitals in the USA focusing on;*
- *What they do well that could be adopted in our organisation?*
- *What do they not do well that exemplifies how NUH already works better and need to continue?*
- *To establish organisational and personal links with professionals internationally*
- *Personal opportunities to stretch myself personally (solo travelling, speaking publicly, etc. have given me more confidence) & professionally (more challenges & opportunities have come my way since).*
- *Time out to reflect on my work and on myself (in addition to the principles and processes of work as a whole it was also valuable time to consider "I am in the right job, in the right place, in the right organisation?")*
- *Time and opportunity to share best practice whilst on the Fellowship and in the years afterwards.*

*In addition to the learning gained, building international links and friendships, work from this Fellowship has enabled others across NUH and across the country to see that such opportunities are available to take. By supporting my Fellowship, it was demonstrated how our organisation values the role ACPs and their willingness to invest in supporting the development of the ACP role.*

*If you have a good question that requires travelling abroad to find the answer and a commitment to sharing your findings on returning to the UK, I would thoroughly recommend a WCMT Fellowship.*

**Kate Knowles - Operational Lead ACP for Medicine, Nottingham University Hospitals NHS Trust. Churchill Fellow 2017**



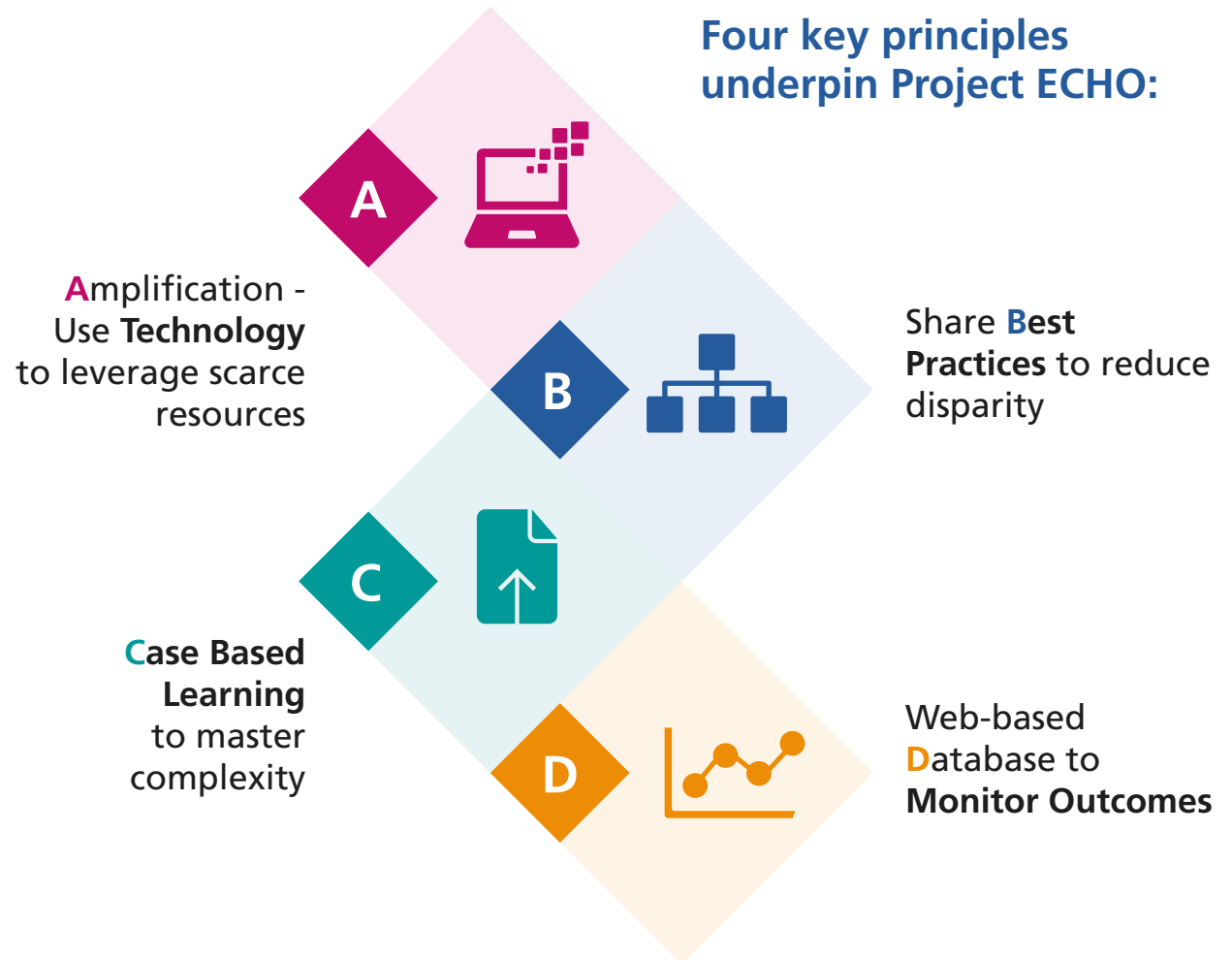
## 6.3 Accessing mentoring and supervision

An exemplar of how technology can be used to aid peer supervision for example in advance practice is Community Healthcare Outcomes Project (ECHO™).

### 6.3.1 Extension of Community Healthcare Outcomes Project (ECHO™)

[Project ECHO](#) was launched in 2003, following a healthcare initiative by a liver disease specialist who developed a free educational model which allowed him to expand the delivery of Hepatitis C care by mentoring community providers in New Mexico<sup>23</sup>.

Project ECHO is not “telemedicine” but rather “telementoring” where participants maintain responsibility for the care of patients but are able to receive specialist education and development regarding aspects of care. In the United Kingdom there are several sites using Project ECHO, one of these sites is St. Luke’s Hospice in Sheffield which is a ‘superhub’. They have facilitated for example communities of practice in dementia care, care homes and support for family carers.



Across England there are already well-established networks of advanced practice, which if grown into Communities of Practice would provide a unique opportunity for advanced practitioners CPD. St. Luke's Hospice in conjunction with South Yorkshire and Bassetlaw Faculty for Regional Advanced Clinical Practice undertook two pilots involving Project ECHO. The pilot's involved First Contact Physiotherapist's (FCP) and Primary and Community Care advanced practitioners regarding mental health, supervision and specialist education on subjects identified in knowledge events. Another benefit of using Project ECHO is that the pilots have enabled advanced practitioners from the across England to participate, so enabling targeted CPD and the sharing of different experiences. The pilots have been completed and the evaluation can be seen below:

*The FCPIAP MH ECHO pilot was undertaken between April and September 2020 with a group of 11 FCP's and 32 AP MH.*

*The ECHO session was evaluated as:*

- *ECHO sessions were easily accessible, non-judgemental interactive and well organised*
- *They recognised that as FCPs they had the potential to become isolated and enjoyed the peer-peer supervision element.*
- *They enjoyed that they were able to access the sessions without having to travel and acknowledged that this meant they have been able to access the training even during lockdown/social distancing*
- *Participants really appreciated the resources sent out after the session including case study feedback*
- *Participants felt that the facilitation of the sessions encouraged engagement in the learning and the conversational element around a topic led to learning from peers that might not happen with an in-service training presentation*
- *Participants agreed or strongly agreed that the cases provided learning that they can use in their practice*
- *80% agreed or strongly agreed that they would change their practice due to something that they had learnt in the sessions*
- *Participants agreed or strongly agreed that they will change their practice due to something that they learnt during the ECHO session*
- *94% of participants agreed or strongly agreed that the subjects of the presentations were relevant to their role*
- *78% of participants felt that they learnt something new from attending the ECHO sessions*

**Evaluation data provided by Jane Manson, Leadership Fellow for Project ECHO, St. Luke's Hospice, Sheffield**

### 6.3.2 Supervision

Where advanced practitioner roles are well established, many are familiar with using work-based assessments (WBAs), such as case-based discussions and reflection, which have been used by health care professionals for many years as a means of demonstrating capability<sup>24</sup>. All of the WBA's require clinical supervision of the advanced practitioner and whilst it is acknowledged that supervision is well established within modern healthcare<sup>25,26,27</sup> it is usually profession focused and may require some adaptation for a multi-professional advanced clinical practitioner workforce. With appropriate training, advanced practitioners are in a strong position to be able to offer multi-professional supervision<sup>28</sup>.

The supervision requirements for the advanced practitioner are covered in detail in HEE [Workplace Supervision for Advance Clinical Practice: An Integrated multi-professional approach to practitioner development](#).

Another potential role of the Centre for Advancing Practice could be providing advanced practitioners with a directory of clinical supervisors with whom to contact for targeted clinical supervision. This can also be used by regional HEE and advanced clinical practitioner networks and Integrated Care Systems to reinforce clinical supervisor networks.



## 6.4 Leadership and educational development

### 6.4.1 Leadership

No one pillar of advanced practice has greater importance than the other. Whilst it may appear that there is a greater emphasis on advanced practitioners developing their clinical pillar, development of leadership skills is an integral part of the advanced level practice, whether it is providing clinical leadership within the workplace or influencing strategic priorities across the healthcare system<sup>29</sup>. There is limited research surrounding leadership and advanced practice. However, a recent study themed leadership into either 'patient-focused' or 'organisation and system-focused' leadership<sup>30</sup> both of which correlate with the aforementioned person-centred approach and the realist synthesis which underpin this signposting framework.

There are a variety of funded programmes to enable advanced practitioners to develop their leadership skills. The Leadership and Lifelong Learning ([NHS Leadership Academy](#)) has a range of tools, resources, programmes and case studies with which to promote effective leadership with the NHS. A recent review of how the NHS Leadership Academy can support advanced practice identified the following key aspects which can further developed:

- [Rosalind Franklin Programme](#) meets the requirement for the HEE (2017) multi-professional framework advanced practice leadership and management pillars. There is also a potential for the Centre for Advancing Practice to 'credential' the programme
- The Leadership and Lifelong Learning team works with the Centre for Advancing Practice to jointly develop a national approach to the accreditation of leadership programmes, modules and continuing professional development activities
- Regional teams to work with colleagues who are leading CPD for advanced practitioners to provide focussed practitioner support. This could be through a community of practice, access to career coaches, interactive webinars, leadership-focused masterclasses, mentoring and action learning set facilitation

Regionally there are local academies such as the [KSS Leadership Academy](#) which offer a variety of resources ranging from system leadership to coaching. Another valuable resource that allows for individual leadership development is the [Healthcare Leadership Model](#). The NHS Leadership Academy is also developing the [NHS Leadership Model App](#) which is currently in beta testing and can be used via a desktop or mobile device. It is designed to capture, personal reflection on your leadership style and set goals and comment on leadership behaviours.

## 6.4.2 Innovative advanced clinical practitioner roles and targeted CPD

As advanced level practice develops there is a need to ensure that the diverse nature of the multi-professional workforce CPD requirements are met will require collaboration between educators and employers<sup>31</sup> if the potential that advanced practitioners bring to healthcare delivery is to be realised.

One such way is by developing academic roles for advanced practitioners. One way in which this could be achieved is by the development of joint appointments of advanced practitioners between NHS organisations and Higher Education Institute (HEI) following the Follett principles. Appointments such as this would not only provide a novel career pathway for advanced practitioners but could also support the development of a clinical academic pathway as research is seen as a critical component of future of person-centred healthcare provision<sup>32,33</sup>. Further information on clinical academic careers can be found at the [Association of UK University Hospitals \(AUKUH\)](#).

Another innovative approach to providing advanced practitioner CPD is the role of the advanced practitioner educator who ensure CPD is delivered within the workplace, incorporating adult learning principles, active learning, complex communication and decision making so creating effective learning experiences<sup>34</sup>. Examples of the benefits of these roles are:

*Direct supervision of practice on MAU or in the trainee's base ward. The ACP educator will find a patient for the trainee to assess, and depending on their level, work through the case together, or take a backseat and observe how they go about the process, interjecting as necessary. The ACP'S sit together and work through their findings and ask questions based on what they have done, identifying learning points along the way to developing the differential diagnosis and a management plan. At the end we complete a CBD form, with some targeted goals.*

*Case-based discussion clinics combined with group mentor sessions. Generally, three short cases are presented to the group. Key learning points are then identified from the case, facilitated jointly with a consultant.*

*Clinical Supervision - for junior ACPs*

*Simulation Programme. Utilising the sim suites at Derby and Burton, with scenarios modified from existing F1 simulations, with ACPs working in pairs to work through a scenario, whilst the remainder of the group observe and provide feedback. We focus on clinical management, communication and human factors. For ACP's who are not confident in simulation we also offer bespoke, low-fidelity sessions which are more of a 'walk-through' the scenario, without anyone observing.*

*Other ideas in development include a 'problem-based learning' event (as used by the graduate entry medical school) and developing an online learning resource for people to collect and pool learning resources.*

*Since the ACP educator has been in role there has been a massive increase in the amount and standard of teaching that our ACPs are able to access. He also works with the medical students on MAU and this interface between medical education and the development of ACP education has had positive impact for both groups as our ACPs now support sessions within medical education for the students and many are volunteer patients during exam time. This has also had a positive impact on the morale of our trainee ACPs as it lessens the imposter syndrome when they see that their knowledge is in the main better than the medical students.*

**Jennifer Riley - Interim Corporate Lead for Advanced Practice. Trust Lead Non- Medical Prescribing. ACP- Acute Medicine.  
University Hospitals of Derby and Burton NHS Foundation Trust**

*All ACPs across Nottingham University Hospitals (NUH) are expected to undertake educational activity as part of their job plan. In addition, there are a number of ACP inter-professional educator posts across the organisation. These roles were driven from a need to support the development of ACPs who wished to gain further educational expertise and bring consistency within the education teams. The roles are all part time and all ACPs remain clinical for a minimum of 50% of their working week. The roles are supported by funding to undertake the medical education MSc, a local education portfolio and a local education program. The educators undertake various activities including the following:*

- *Supporting undergraduate programs including medical, AHP and nursing*
- *Trainee ACP/UECPIENP supervision and assessment*
- *The design, development, co-ordination and delivery of programmes of advanced clinical education, including sessions sub-contracted to the trust e.g. advanced practice, advanced physiotherapy and NMP*
- *Delivery and design of specialist modules accredited with local HEIs*
- *Involved in designing and developing curriculum education alongside ICS partners*
- *Supporting the development and delivery of a programme to enhance the educational expertise of educators within the trust and the wider healthcare community*
- *Work in partnership with the management team and senior medical and nursing teams, driving departmental development and change in the area in which they work*

*The roles have helped us to build consistency within the educational teams and bring a new level of expertise. The ACP educators have helped bridge the gap between medical, nursing and AHP education which has supported programs to be inter-professional. ACP educators have worked with local HEIs and partners to deliver and develop programs of education that meet the needs of employers and the demographic which NUH serves.*

**James Pratt - Trust Lead Advanced Clinical Practitioner, Nursing and Midwifery institute. Nottingham University Hospitalst**

An example of a job description can be found in Appendix 2 with further details of how Nottingham University Hospitals have ensured CPD is intertwined within all aspects of day-to-day practice (Appendix 3).



## 7. The future of CPD delivery

COVID-19 has impacted on traditional approaches to and delivery of CPD, such as conference attendance, and face-to-face delivery of HEI modules. Therefore, it is reasonable to anticipate that there will be a shift to the greater use of technology to facilitate synchronous and asynchronous learning.

- Synchronous learning refers to a learning event in which learners are engaged at the same time. The benefits are immediate feedback and interaction. However, it is dependent on a fixed schedule, with some learners feeling they do not receive individual attention and is dependent on the skills of the instructor<sup>33</sup>
- Asynchronous learning is a more learner-centred approach which although lacking real time interaction, offers a flexible, cost effective means of accessing learning. A potential limitation that learners can feel isolated, and they need to be self-disciplined<sup>33</sup>

Technology, provides a huge opportunity for the advanced clinical practitioner workforce to not only participate in synchronous/asynchronous CPD that may not have been accessible or practical such as attendance at international conferences but also to utilise new educational resources for advanced practitioners to provide CPD. An example is the production of Podcasts such as [The Resus Room](#) or [ED Educate](#).

There is a plethora of learning resources, which are outside the scope of this document to individually list. Examples of these resources:

- [e-LfH](#)
- [NHS Library Services](#)
- [BMJ Best Practice](#)
- [Public Health England](#)
- [The Technology Enhanced Learning \(TEL\) Programme](#) provides a framework for Simulation based education and has recently launched the Learning Hub (<https://learninghub.nhs.uk>) which not only provides access to e-LfH modules but also allows organisations to share resources. Again, this provides ACP's with the opportunities to share learning and participate in CPD
- [MindED](#) is a free educational resource on mental health for children and Young people
- [Centre for Pharmacy Postgraduate Education](#) offer free learning for pharmacists and independent non-medical prescribers
- [Script](#) offers e-learning resources for prescribers
- [Future Learn](#) offers a variety of e-learning which can be accessed for free or with an annual subscription
- [Oxford Medical Education](#) (OME) provides free medical education resources

- [CORE](#) open access research papers
- [RCNI Learning](#) offers RCN members access to educational material

With COVID 19 the use of technology has evolved and has enabled students to access clinical placements and provides a platform with which to provide clinical supervision.

Another key enabler is the development of communities of practice within advanced practice. Communities of practice enable collective learning and support by groups of individuals with a shared expertise or interest. By embracing technology such as Project ECHO to deliver digital CPD and leadership it will allow existing advance practice networks to come together. This will enable the new regional advance practice faculty leads and the Centre for Advancing Practice to work collegiately to share best practice and develop a network of shared learning and supervision. The benefits of this would be to provide a consistent platform with which to develop advance practice but also by engaging advance practitioners to create regional faculties of learning so ensuring that the needs of all of the advance practice multi-professional workforce are met.

One thing is certain and that is the delivery of CPD is ever evolving which will require a 'CPD imagination' which is a new way of thinking of practising CPD differently to ensure effective healthcare delivery<sup>35</sup>.

## 8. Summary

This is one of several papers that will see the 'Centre for Advancing Practice' become the platform that will enable advanced practitioners to share best practice, education, research and begin the process of providing standardisation of advanced level practice within England.

It is recognised that this document cannot provide an in-depth evidence-based review of CPD but by acknowledging the evidence base has aimed to act as a 'signpost' with which to raise awareness, thus empowering individuals to develop focussed, relevant and collaborative approaches to CPD. The aspiration being that education moves away from traditional thinking of CPD attainment and place CPD in the centre of everyday practice by embracing technology, opportunities, resources and new initiatives.





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## 10. Appendix 1 Person-Centred Approaches – workforce development & training tools

Tool	Description	Step 1	Step 2	Step 3
E-platforms	Using web-based or electronic tools to deliver training, such as e-learning models, remote coaching and accessing information resources.	•		
Videos of communication skills	To clearly demonstrate what good communication does and doesn't look like. The video format also makes it replicable and scalable teaching tool.	•		
Problem-based learning	Learning about a topic from solving a problem as described in the prompt.		•	•
Reflective group work	Feeding back in groups to enable individuals to hear and learn from others perspectives and experiences, supported by trained facilitator to manage dynamics and interactions.		•	•
Action learning sets	Exploration in small groups, reflecting on challenges, exploring and problem solving new ways of doing things, and testing them in practice in a planned way.		•	•
Role play	Using a relevant scenario in a safe learning environment to test skills and approaches, receive feedback from other learners or facilitators. This should include opportunities for re-rehearsal. Role play can be highly stressful for some learners. It requires skilled facilitation and is more appropriate as a means of 'trying-out' than as a means for testing learners.		•	•
Mentoring	Formal or informal support from someone with more experience or knowledge of a topic.		•	•
Self-assessment	Objective way to identify gaps for further learning and development.		•	•
Goal setting-team and individual	Collaborative setting goals that are <ul style="list-style-type: none"> <li>• meaningful and important to the individual</li> <li>• use a robust process to support individuals to translate intention into action</li> <li>• broken down into achievable chunks</li> <li>• followed up, to enable constructive debrief so the individual can move forwards.</li> </ul>		•	•

Tool	Description	Step 1	Step 2	Step 3
Follow-up	Follow up in needed to extend learning opportunities and support development of habitual behaviours This can be achieve through workforce development, continuous improvement programmes and reflective practice as well as the tools listed in this table.		•	•
Modelling coaching approaches	Facilitation of groups and training sessions should model the coaching and asset-based approaches, using the value and tools described in this document.		•	•
Team and pathway-based training	Evidence shows that greatest impact is achieved when teams/pathways are trained together, with shared understanding, purpose and goals. This can be within or across organisations.		•	•
Co-delivery and co-facilitation	Delivering training in equal partnership with people and their carers who have experience of using services, to model the principles of person-centred approaches.		•	•
Shadowing and watching others	Using pre-existing services to shadow and see person-centred care in practice, such as recovery education colleges and coaching services.			•
Train the trainer	Enabling individuals to cascade the learning further through teams and pathways. This will include subject specific knowledge and facilitation skills.			•
Experiential learning	Learning through reflection having used or tried a skill.	•	•	•
Work based learning	Training people in more than one-off sessions, so there is opportunity to put skills into practice, enabling ongoing development through a programme.	•	•	•

## 11. Appendix 2 Band 8a ACP Interprofessional

### Job Description

**JOB TITLE:**

**Advanced Practitioner Interprofessional Educator**

**DIRECTORATE:**

**Medicine**

**GRADE:**

**8a**

**HOURS:**

**18.75 hours per week**

**REPORTS TO:**

**Interprofessional Education Lead and Director of DREEAM**

**ACCOUNTABLE TO:**

**Director of DREEAM**

### Job Summary

This is an exciting opportunity for an Advanced Clinical Practitioner to become a senior educator in the Department of Research and Education for Emergency medicine, Acute medicine and Major Trauma (DREEAM). The principle role of the post holder will be to develop, co-ordinate, oversee and deliver advanced clinical education to a wide range of different healthcare professionals both within acute care and community settings. They will also be responsible for working alongside other senior members of the team to develop the educational expertise of the team within DREEAM, by means of mentoring and teaching, and supporting a programme of development. Every educational opportunity will be explored to accommodate an interprofessional approach to learning.

The post holder will be a registered nurse and hold an MSc in Advanced Clinical Practice or equivalent at MSc level. They will be an independent non-medical prescriber registered with the NMC. They will practise at an advanced level demonstrating in depth knowledge and competence in all aspects of emergency care, encompassing enhanced assessment, critical thinking and clinical management skills that are evidence based and deliver high quality patient centred care. They will be expected to continue clinical practice outside of their role in DREEAM to maintain credibility and expertise within their educator role.

## Values and Behaviours

NUH has a set of values and behaviours to improve the experience for our patients and our staff (We are here for you). This means that in undertaking this role the post holder is expected at all times to behave in a way that demonstrates commitment to the delivery of thoughtful patient care and continuous improvement as detailed in the table below.

THOUGHTFUL PATIENT CARE	CONTINUOUS IMPROVEMENT
<p><b>Caring and helpful</b></p> <ul style="list-style-type: none"> <li>• <b>Polite</b>, respect individuals, thoughtful, welcoming</li> <li>• <b>Helpful</b>, kind, supportive, don't wait to be asked</li> <li>• <b>Listening</b>, informing, communicating</li> </ul>	<p><b>Accountable and reliable</b></p> <ul style="list-style-type: none"> <li>• Reliable and happy to be <b>measured</b></li> <li>• <b>Appreciative</b> of the contribution of others</li> <li>• Effective and supportive <b>team-working</b></li> </ul>
<p><b>Safe and vigilant</b></p> <ul style="list-style-type: none"> <li>• <b>Clean</b> hands and hospital so patients are safe</li> <li>• <b>Professional</b>, ensure patients feel safe</li> <li>• <b>Honest</b>, will speak up if needed to stay safe</li> </ul>	<p>Best use of time &amp; resources</p> <ul style="list-style-type: none"> <li>• <b>Simplify processes</b>, to find more time to care</li> <li>• Eliminate <b>waste</b>, investing for patients</li> <li>• Making <b>best use of every pound we spend</b></li> </ul>
<p><b>Clinically excellent</b></p> <ul style="list-style-type: none"> <li>• Best outcomes through <b>evidence-led clinical care</b></li> <li>• <b>Compassionate, gentle</b>, see whole person</li> <li>• <b>Value patients' time</b> to minimise waiting</li> </ul>	<p><b>Innovation for patients</b></p> <ul style="list-style-type: none"> <li>• Empowerment to act on <b>patient feedback</b></li> <li>• Improvement led by <b>research and evidence</b></li> <li>• <b>Teaching</b> the next generation</li> </ul>

## Key job responsibilities

### Clinical practice

1. To practice in accordance with the job description for an Advanced Practitioner in the Emergency Department at Nottingham Universities NHS Trust.
2. To ensure clinical competence is maintained to be a credible and effective interprofessional educator.

### Education and research

3. Develop and lead education in collaboration with the multidisciplinary team ensuring that all patient care is based on current research and best practice.
4. To design, develop, co-ordinate and deliver programmes of advanced clinical education.
5. To effectively evaluate and seek to improve educational delivery
6. To deliver education using a variety of different teaching methods, including: lecture, discussion groups, skills teaching and simulation.
7. To recognise the importance of advancing technology in education and actively incorporate the appropriate use of technology in the design and delivery of courses.

8. To provide small group teaching, including the use of Simulated Patients (SPs) in the DREEAM Clinical Skills Area, the Trent Simulation Centre and the University of Nottingham clinical skills area as is appropriate.
9. To contribute to the strategic development of education in DREEAM, ED, the wider Trust and the healthcare community.
10. To be involved in designing and developing curriculums of education
11. To ensure education delivered aligns with current curriculums of education
12. To support with the development and delivery of a programme to enhance the educational expertise of educators within DREEAM, the Trust and the wider healthcare community.
13. To mentor other educators to develop their teaching and educational skills and actively participate in peer review.
14. To ensure all education aligns with other activities within DREEAM to promote efficient ways of working and an interprofessional approach to education
15. To act as a constant source of clinical and theoretical knowledge for all grades and disciplines of staff as well as patients and their significant others, providing support and clinical advice.
16. To possess proficient typing, IT and computer skills. To use audio/visual equipment to record and impart information and research.
17. To ensure the education delivery requirements of DREEAM are met, both internal and external to the Trust.
18. To ensure that education by DREEAM is delivered to the highest standard and quality.
19. Prepare and deliver presentations, participating in workshops on a local, regional and national level, to ensure the communication of good practice.
20. Work with the multidisciplinary team to further develop appropriate clinical pathways and care approaches, disseminating knowledge and good practice to other team members.
21. Participate in the development and delivery of programmes of education and training for nursing, medical and other disciplines and continue to be involved in their ongoing support and training as required including individuals and groups.
22. Design, coordinate, and undertake collaborative audit, research and development into emergency care and related practices.
23. To actively support and promote research and development plans within DREEAM and the wider Trust
24. Take responsibility for own learning and performance including participation in clinical supervision and maintaining awareness of relevant research evidence.

## Management

25. Work in partnership with the DREEM Management Team and senior ED medical and nursing teams, driving departmental development and change.
26. Manage conflicting views and liaise between groups where there may be conflict.
27. Support staff development in order to maximise potential, encouraging everyone to learn from each other and from external good practice.
28. Possess effective time management and personal organisation skills.
29. To be an available knowledge resource in how to initiate and manage the impact of change.
30. Perform personal development reviews as required and in liaison with the nursing/medical management team.
31. Develop and contribute to local guidelines, interpreting and adapting national protocols and standards to enhance patient care and safety.
32. Be aware of budgetary constraints within the department and manage resources appropriately and encourage others to do likewise.
33. Ensure appropriate representation and participation in departmental meetings as appropriate for role.

## Professional responsibility

34. Recognise and work within own competence and professional code of conduct as regulated by the NMC
35. Take every opportunity to expand one's practice in line with the principles contained within the Nursing and Midwifery Council's (NMC) Code of Conduct (2015). Identify personal career development pathway as part of formal appraisal system.
36. Ensure that all elements contained within the NMC Code of Conduct (2015) are adhered to, in particular, those relating to professional accountability.
37. Through supervision and mentorship identify personal learning needs, participating in personal continuing education and other activities to promote one's own personal growth.
38. Develop and further clinical knowledge and professional skills through relevant training and study.
39. Adhere to occupational health guidelines at all times.
40. Able to work on own initiative, independently and as a team. Read and interpret policy documentation; sometimes of a clinical nature requiring periods of intense concentration.

## Communication

41. Communicate with enthusiasm and conviction; motivate, inspire and encourage.
42. Utilise and demonstrate sensitive communication styles with members of the public and staff.
43. Demonstrates effective communication during complex education delivery.
44. Ability to represent and deliver complex presentations on behalf of DREEM at local and national meetings and conferences
45. Communicate effectively with staff and the public, recognising the need for alternative methods of communication to overcome different levels of understanding, cultural background and preferred ways of communicating.
46. Anticipate barriers to communication.
47. Have the ability to chair meetings and contribute in a meaning and appropriate manner.
48. Maintains confidentiality as required by professional, local and national policy but acknowledges situations where there can be a breach of confidentiality.
49. Able to recognise and defuse potentially aggressive and violent individuals/situations in line with local policy and legal frameworks.



## General duties

In addition to the key job responsibilities detailed in this job description all employees at Nottingham University Hospitals NHS Trust are expected to comply with the general duties detailed below:

### Infection Control

To maintain a clean, safe environment, ensuring adherence to the Trust's standards of cleanliness, hygiene and infection control.

The post holder is accountable for minimising the risks of infections and for the implementation of the Code of Practice for the Prevention and Control of Healthcare Associated Infections as outlined in the Health Act 2006. This includes receiving assurance of risk and embedding evidence based practice into daily routines of all staff.

Safeguarding children, young people and vulnerable adults

Nottingham University Hospitals is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. All staff and volunteers are therefore expected to behave in such a way that supports this commitment.

### Information Governance

All staff have an individual responsibility for creating accurate records of their work and for making entries into and managing all NHS records effectively in line with the Health Record Keeping Policy and other Health Records and Corporate Records Management policies and procedures in order to meet the Trust's legal, regulatory and accountability requirements.

### Health and Safety

To take reasonable care to prevent injury to themselves or others who may be affected by their acts or omissions.

To co-operate fully in discharging the Trust policies and procedures with regard to health and safety matters.

To immediately report to their manager any shortcomings in health and safety procedures and practice.

To report any accidents or dangerous incidents to their immediate manager and safety representative as early as possible and submit a completed accident/incident form.

To use protective clothing and equipment where provided.

Whilst the aim of the Trust is to promote a co-operative and constructive view of health and safety concerns in the organisation, all staff must be aware that a wilful or irresponsible disregard for safety matters may give rise to disciplinary proceedings.

### Governance

To participate actively in governance activities to ensure that the highest standards of care and business conduct are achieved.

### General Policies Procedures and Practices

To comply with all Trust policies, procedures and practices and to be responsible for keeping up to date with any changes to these.

## Working conditions

The post holder must be able to:

- work within unpleasant clinical working conditions (for example exposure to body fluids)
- concentrate in an intense and sometimes noisy environment for prolonged periods with potential interruptions
- cope with potentially violent and threatening situations
- cope with frequent exposure to distressing and emotional circumstances
- fulfil Trust health and safety policies and procedures when performing risk associated procedures including dealing with hazardous substances

## Job revision

This job description should be regarded as a guide to the duties required and is not definitive or restrictive in any way. The duties of the post may be varied from time to time in response to changing circumstances. This job description does not form part of the contract of employment.

## Service Review

A strategic review of all Trust services is taking place, as a result of which some services, or parts of some services, may transfer from one campus to the other. This will be decided in accordance with the most appropriate way to provide the best healthcare for patients in the future and all staff will be fully consulted on about the impact of any such decisions.

## The Nottingham NHS Treatment Centre

The new Nottingham NHS Treatment Centre opened on the QMC campus in late July 2008. The Nottingham NHS Treatment Centre is run and managed by Nations Healthcare - an Independent Sector Provider. A range of outpatient, day case and diagnostic services are transferring into the Treatment Centre from Nottingham University Hospitals NHS Trust in a phased way over a period of several months. As a result of this, the work that you do may be affected in one of several ways:

1. Your work may not be affected at all.
2. You may be required to undertake work on behalf of the Treatment Centre.
3. You may be required to undertake some of your existing work in the Treatment Centre.
4. You may be seconded to work in the Treatment Centre.

Staff seconded to do all or some of their work in the Treatment Centre will remain the employees of Nottingham University Hospitals Trust and throughout the period of their secondment.

## Job description reviewed

## 12. Appendix 3

At Nottingham University Hospitals (NUH) we ensure that all Advanced Clinical Practitioners (ACP) across all specialties receive weekly continued professional development (CPD). All ACPs receive 6 hours of CPD per week, 4 hours for their own clinical development and maintenance of clinical capability and 2 hours to contribute to service improvement. At NUH we see CPD as fundamental in developing our ACPs to progress as professionals and to realise the full potential of the role outside of the clinical pillar. We ensure that CPD is built into our ACP business cases and recognised on rotas.

Examples of CPD activity undertaken under the clinical pillar include hosting and organising regional and local specialty ACP education, mapped to available curriculums e.g. critical care, acute medicine, emergency medicine and paediatrics. ACPs also attend and deliver inter-professional teaching sessions across the organisation. They also use this time to support their own self-directed learning across the pillars of ACP.

ACPs across the organisation are expected to contribute and lead on audit cycles and research projects dependant on their experience and their interest in research. ACPs across the trust have driven policy and guideline change based upon audit. Many ACPs are GCP trained and are recruiting to research projects across the organisation with a number of ACPs exploring clinical academic careers.

ACPs across NUH contribute to the education of trainee ACPs through shop floor supervision, mentorship and supporting the clinical skills teaching and assessments within the University. A number of ACPs are assistant professors with the University of Nottingham and support programs across the University and also help to develop educational resources e.g., ACP E-portfolio. Across NUH there are ACPs working in part time inter-professional education posts as well as ACPs who are supporting the development of modules for Nottingham Trent University.

All ACPs are encouraged to undertake leadership programs and develop themselves as managers and leaders. ACPs undertake a number of leadership responsibilities dependant on experience and interest these include appraisals, governance work, root cause analysis's, incident reviews, networking, ICS work, group representation, change projects, rota writing and work force planning

In the 13 specialties where ACPs work with have nominated leads for ACP who led their ACP teams operationally and feed into the trust ACP forum. A number of ACPs have taken leadership roles across the organisation including head of service, divisional ACP lead roles, trust ACP lead roles, project leads and major incident planning lead.

Trainee ACPs across NUH are given an e-portfolio during their training which includes the HEE ACP capabilities, the NUH ACP generic clinical competencies and the trainees ACPs specialty competencies. The e-portfolio remains with the ACP once qualified and allows the ACP to add and amend competencies as required throughout their career.

CPD is a major factor in retaining and developing ACPs, at NUH we realise that investing in the ACP role through CPD allows ACPs to not only maintain and develop their clinical capability but allows them to reach their full potential across the remaining three pillars.

**James Pratt - - Trust Lead Advanced Clinical Practitioner, Nursing and Midwifery institute**

**Nottingham University Hospitals**

## 13. Acknowledgements

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