

Advanced Clinical Practice Framework for the West Midlands



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Advanced Clinical Practice Framework for the West Midlands

Foreword

The NHS Five Year Forward View published in October 2014 sets out a positive vision for the future, based around new models of care. Health Education England (HEE) is working to support the development of the workforce that is required to deliver those new models of care. Health Education England working across the West Midlands (HEE WM) is focusing resources on supporting workforce development and transformation in order to ensure the local workforce has the right skills in the right numbers and at the right time to fulfil the future vision for service delivery.

It is widely recognised that Advanced Clinical Practitioners have an increasingly important role within the healthcare workforce, particularly considering national supply and skills shortages in the medical and non-medical workforce.

The Regional Advanced Practice Programme in the West Midlands was established to develop a competency framework and deployment model to ensure an Advanced Clinical Practitioner workforce with the skills, knowledge and confidence to deliver an appropriate level of service within existing and new models of care.

As HEE WM Local Director, I am delighted to support this programme. I would like to particularly thank Professor Mark Radford for his commitment as Executive Sponsor. The programme would not have made such significant progress without his time, enthusiasm and professional leadership. I would also like to thank the Core Programme Team, members of which have worked tirelessly to support Mark to meet tight milestones whilst ensuring continued engagement with clinicians, managers and educators across the region. I am committed to supporting Professor Mark Radford, with the Team, to lead communications with other local teams across HEE with the aim of achieving a consistent, collective national recognition of the role of Advanced Clinical Practitioner within the workforce and the education/training requirements for the role.

Finally, I must thank our many partners for the roles they have played so far in this truly collaborative journey. Without them all, we would not have been able to produce a framework supported by all of our universities and our healthcare employers. I look forward to this effective and ongoing engagement continuing.



A handwritten signature in dark ink, reading 'Mandy Shanahan'.

Mandy Shanahan
Chartered FCIPD
Local Director, Health Education England
working across the West Midlands

Preface

The future of the NHS requires significant changes to the operating model and importantly the roles of those that work within it. A key component of this new way of working will be the enhancement of a range of practical roles for nurses, midwives, allied health professionals, paramedics and pharmacists.

Realising the potential of the workforce will formulate a significant part of workforce innovation to drive new models of care. Essential to this will be the increase in Advanced Clinical Practice capabilities. A number of notable examples already exist within nursing, midwifery and allied health professionals which have made a significant contribution towards the success of the NHS. The future demands of modern healthcare will require a further expansion of this to ensure that the health expectations of the public are met.

The Advanced Clinical Practice Framework for the West Midlands represents a significant step forward in defining and developing Advanced Clinical Practice within the region. The framework and supporting documents set out a bold regional vision which will likely have a wider influence across the NHS and health economy. This work has been drafted and refined with significant engagement across all areas of clinical and educational practice including primary care, community care, acute, mental health and higher education. The framework sets out to aid clinicians, managers and educators on how these roles can be utilised and maximised to deliver outcomes for patients now and in the future.

In addition to defining Advanced Clinical Practice, this framework outlines a competency framework that has been developed with current Advanced Clinical Practitioners, employer representatives and universities across the region. This competency framework identifies a standardised core curriculum to ensure a consistent standard of both practice and education through Advanced Clinical Practice education and training programmes. To support practice in provider settings, a deployment tool is being developed to help organisations receive the most effective practice for patient benefit from these new roles.

Advanced Clinical Practice has the potential to deliver significant shifts in health outcomes, innovation, research and delivery within the NHS. This work sets out a clear road map within Health Education England working across the West Midlands to optimise roles in clinical practice.



Mark Radford

Professor Mark Radford
BSc (Hons), RGN, PgDip, MA, PhD, FHEA
Chief Nursing Officer
University Hospitals Coventry and Warwickshire
NHS Trust

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Section 1

Introduction and background

Introduction

The role of the Advanced Clinical Practitioner is not a new concept and for decades, employers have recruited people to these roles. However, there remains confusion around the definition of the term 'advanced practice' and therefore about what tasks an 'Advanced Clinical Practitioner' can undertake in different areas of practice and what skills and competencies are required for this role to be effective. There has been a lot of debate over the years about both the definition and the varied deployment of the roles, both from an academic and practice perspective. This document provides an agreed definition, a competency framework and deployment guidance for the West Midlands, all of which have been approved by local employers and universities as a shared understanding of the role, skills and competencies.

The Advanced Clinical Practice Framework for the West Midlands is a multi-disciplinary framework that applies to all non-medical healthcare professionals including nurses, midwives, pharmacists and allied health professionals. The definition for Advanced Clinical Practice has been agreed 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. Case studies are included to share best practice from a range of clinical areas that are at the leading edge of advanced practice in the region.

This document has been developed with engagement and contribution from staff working in difference settings across the region in primary care, community care, acute, mental health and higher education (see acknowledgements). The document describes the process undertaken to date to develop the framework and outcomes. It is acknowledged that this framework has been developed through work already undertaken in Wales, Scotland and the East Midlands.

The recruitment of Advanced Clinical Practitioners aligns to the Health Education England National VBR (Value Based Recruitment) Framework and follows the approach to attract employees on the basis that their individual values and behaviours support the values of the NHS Constitution. It is important to ensure the recruitment and development of the right workforce not only with the right skills and in the right numbers, but with the right values to support effective team working in delivering excellent patient care and experience.

A copy of this framework and supporting information is available on the Health Education England website for the West Midlands at the following link:

<https://www.hee.nhs.uk/hee-your-area/west-midlands>

Background

National workforce intelligence has highlighted a national supply and skills shortage in the medical and non-medical workforce. Employers are therefore cognisant of the increasing importance of maximising the deployment of roles such as Advanced Clinical Practitioner in order to ensure a quality service for patients.

In summary, national policy direction and key workforce factors that have influenced the development of the framework are as follows:

- supply shortages, particularly of middle-grade doctors
- transformation of community services
- preventing ill-health and premature deaths, providing better early diagnosis and treatment of conditions such as cancer, heart disease, stroke, respiratory illnesses and liver disease
- managing on-going physical and mental-health conditions such as dementia, diabetes and depression
- helping recovery from episodes of ill-health such as stroke or following injury, and supporting people with health conditions to remain in or find work
- delivery of a better experience of care, not just better treatment – especially for older people and at the end of people's lives
- providing safe care
- development of role models for education and training
- developing a culture of education for life – supporting and championing multi-professional continuing professional development
- support for a dementia-aware workforce
- supporting stakeholders experiencing workforce shortages in key areas such as emergency care and primary care
- rolling out best practice around values-based recruitment, training, appraisals and accountability
- education commissioning for the future workforce
- workforce shortages in doctors working in emergency medicine
- ensuring training is transferable and comparable across the healthcare economy
- development of seven-day services
- developing innovative ways to engage children and young people in service evaluation and research, to ensure care pathways are developed to support care delivery closer to home and in the acute hospital environment

National supply and skills shortages are reflected at a regional West Midlands level. Whilst creating the baseline for this regional work, Health Education England working across the West Midlands identified the demand from employers for the role, alongside the lack of consistency across the region when defining the role, the competencies and the education pathway. The need was confirmed for a Regional Advanced Practice Programme (RAPP) to take the work forward in a consistent manner and HEE WM agreed development funding for the programme. For programme governance purposes, Arden Herefordshire and Worcestershire LETC (AHW LETC) offered to take a lead on the programme on behalf of the HEE WM LETB.

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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. As already mentioned, Scotland and Wales each have a single framework for healthcare professionals undertaking Advanced Clinical Practice and other HEE teams in England are developing similar frameworks. Locally the Regional Advanced Practice Programme agreed to develop a framework for the West Midlands to provide the foundation on which all future Advanced Clinical Practice roles should be developed and existing roles reviewed and subsequently supported.

This Regional Advanced Practice Programme supports West Midlands' Five Year Skills and Development Strategy 2013-2018 and subsequent business plans. The framework will inform avenues to:

- develop the existing healthcare workforce
- develop the future healthcare workforce
- develop a skilled and compassionate healthcare workforce
- ensure adequate staffing levels to provide healthcare

This document is a live document and will be updated in line with UK guidance, standards and policy as and when appropriate. Last updated 21st December 2015.

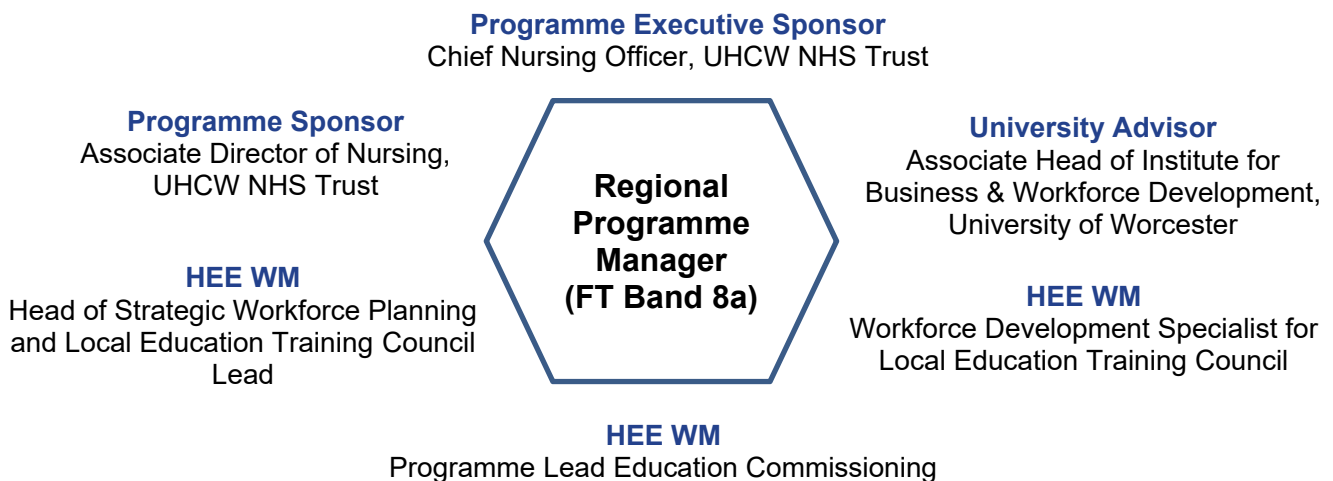
Section 2

Development of framework

Engagement of key stakeholders

Key to the development of the Advanced Clinical Framework for the West Midlands has been the engagement of a wide range of stakeholders. This engagement has been facilitated, and therefore an early recognition of the importance of appointing a Core Programme Team was a key milestone. The employment of a full-time Regional Programme Manager has proven essential in ensuring continued engagement between this Core Programme Team and wider stakeholders.

Diagram 1: Core Programme Team for Regional Advanced Practice Programme



In addition to establishing a Core Programme Team, the importance of developing an advisory body of employers, universities and Advanced Clinical Practitioners from across the region was also recognised. The Regional Advanced Practice Group was established as a task and finish group chaired by the Executive Sponsor and with representation from: each LETC (Arden Herefordshire and Worcestershire; Black Country; Birmingham and Solihull; Shropshire and Staffordshire; Mental Health Institute); Health Education England working across the West Midlands (workforce planning, workforce development and education commissioning); primary and community care; Emergency Medicine Task Force; Advanced Clinical Practitioners; and allied health professionals.

A subgroup of the Regional Advanced Practice Group was later established (HEIs Advanced Practice Group) for representatives from all nine higher education institutions/universities across the West Midlands to develop the core curriculum section of the framework, chaired by the University Advisor.

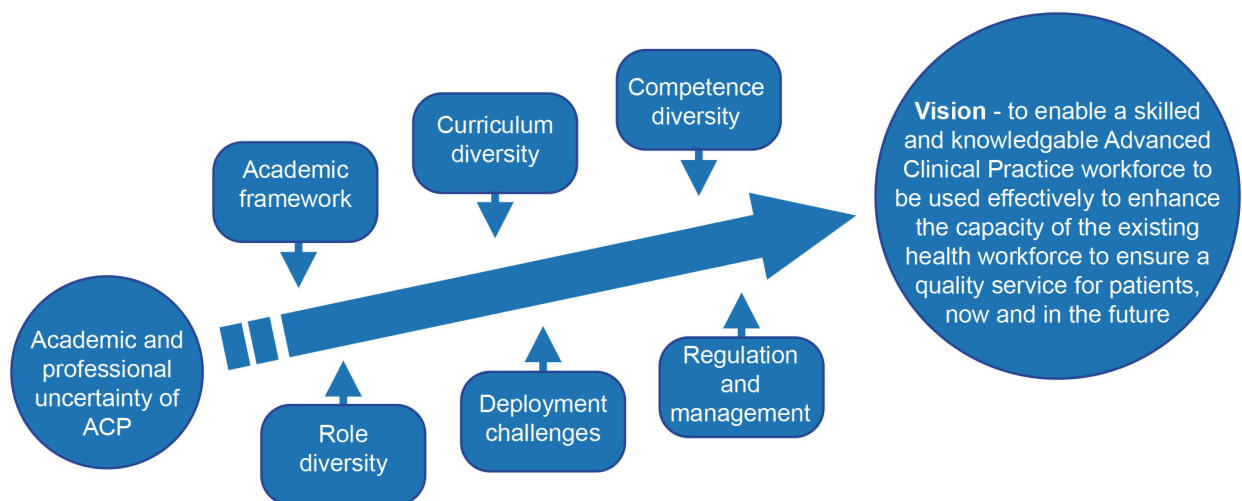
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In addition to the Regional Advanced Practice Group and the universities subgroup, a number of engagement workshops with Advanced Clinical Practitioners and senior leaders were arranged, and the final framework reflects the input from people who attended those workshops.

Establishing programme vision and planned outputs

The established vision for the programme is to enable a skilled and knowledgeable Advanced Clinical Practice workforce to be used effectively to enhance the capacity of the existing healthcare workforce to ensure a quality service for patients, now and in the future. Diagram 2 outlines the planned outputs required in order to realise the vision.

Diagram 2 – Regional advanced practice vision and planned outputs



Programme delivery

The programme outputs have been delivered through the five key work streams identified at the start of the programme to link the work. These are:

- 1 Creation of baseline
- 2 Curriculum – standardised modules for Advanced Clinical Practitioners
- 3 Competencies – core and specialist
- 4 Communication
- 5 Deployment

The timeline for delivery of the programme has been tight, with the programme ambition being to ensure: the creation of the baseline; the engagement of employers and universities to agree a definition; the development of a competency framework; and the launch of a standardised Advanced Clinical Practice education/training programme across the universities ready for central commissioning of places within 15 months.

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Table 1 shows the timeline of activity following the establishment of the Regional Advanced Practice Group, which met bi-monthly.

Table 1: Programme activity

	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	June 15	July 15
RAPG															
Competencies															
Curriculum															
Deployment															
Reports															
LETBs															
Finance															
Framework															

Progress against the five key work streams is as follows:

- 1 Creation of baseline** – Three key sources of data were used to create the regional baseline: Trust Workforce Plans 2014; a survey to universities about the current curriculum offered for training Advanced Clinical Practitioners; and a survey to healthcare organisations to identify understanding of and demand for the roles.

Headline findings from the data included: a varied understanding of Advanced Clinical Practice; roles not embedded within healthcare organisations' workforce plans; numerous job titles used – no standardisation across healthcare organisations or universities; no clear recognition of the role.

- 2 Curriculum** – Across the West Midlands there are nine universities. At the beginning of the Regional Advanced Practice Programme, all universities replied to the survey to ascertain the current curriculum provision for the education/training of Advanced Clinical Practitioners. The findings highlighted very little difference between the courses provided by individual universities, including title names, credits and learning outcomes.

The HEIs Advanced Practice Group enabled all universities to share detail around current provision, and work towards agreeing standardised core curriculum, credits and titles. As a result of this work, and in collaboration with the competency work undertaken with Advanced Clinical Practitioners (see point 3), the nine universities have agreed a standardised Masters-level curriculum. The generic list of core and specialist principles of competencies is included within this framework plus the

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outline of the standardised MSc Advanced Clinical Practice course. The content, delivery and assessments of the non-medical prescribing is validated by the NMC, GPhC and HCPC and already delivered as a standard part of the curriculum.

The standardised MSc Advanced Clinical Practice is now offered by all nine universities in the region: University of Staffordshire, Keele University, University of Wolverhampton, Birmingham City University, Warwick University, Coventry University, Aston University, University of Birmingham and University of Worcester. The programme is a generic, multi-disciplinary Advanced Clinical Practice course open to all healthcare practitioners (not just registered nurses). The full Masters programme is delivered on a part-time basis, over three years. Following the work of the curriculum work stream and the development of the accompanying framework, HEE WM negotiated a standard, fixed price for the MSc Advanced Clinical Practice (per credit and per full MSc) across all universities and is now centrally commissioning places based on employer demand. Applications from employers are accepted if individuals meet certain eligibility criteria and if HEE WM receives Director-level sign-off to ensure employer support throughout the programme, including the offer of a relevant job role once qualified. For at least the first two cohorts, HEE WM has committed to funding all three years for new starters on the MSc Advanced Clinical Practice.

- 3 Competencies** – Workshops were held with the aim of engaging current Advanced Clinical Practitioners from healthcare organisations across the region so that they could advise on skills and competencies currently required for roles across different settings and in different disciplines. Advanced Clinical Practitioners were also consulted on what skills and competencies they felt would be required in the future in order to support changes in service delivery and new modules of care.

Existing frameworks, professional body documents and job descriptions were shared at practitioner workshops. Discussion was held to identify core competencies (applicable to any Advanced Clinical Practice role) and specialist competencies (unique to a particular role). Core competencies were identified as including: clinical examination, history taking, diagnosis, education, leadership and research. This information has informed the framework and the university discussions around the content of the curriculum. Practitioners were also consulted on areas of best practice and potential models for a standardised approach to the deployment of Advanced Clinical Practitioners within healthcare organisations. This information has informed the deployment toolkit.

- 4 Communication** – A communication strategy has been developed to: define communication requirements for the Regional Advanced Practice Programme; ensure engagement with all key stakeholders in order to gather relevant information, distribute information and share learning. All information is available on the HEE WM website: <https://www.hee.nhs.uk/hee-your-area/west-midlands>.

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- 5 Deployment** – The deployment of the framework has involved engagement of senior leaders from healthcare organisations across the West Midlands in order to consider how Advanced Clinical Practitioner roles can be embedded within their organisations in line with the framework's expectations. Senior leaders, including Medical Directors and Directors of Nursing, agreed key barriers, themes and content for transferring the framework into a toolkit to help embed Advanced Clinical Practitioner roles within their organisations.

A deployment toolkit for the deployment of Advanced Clinical Practitioners across the West Midlands will be distributed to employers to assist with embedding the role within organisations. Discussions are taking place about how to work with key stakeholders to ensure the tracking of Advanced Clinical Practitioners through both an education/training programme and within the workplace.

Following all of the work outlined above, a final joint event was held for staff from universities, healthcare organisations and HEE WM in order to share the learning from all five work streams and formulate next steps for ensuring the Advanced Clinical Practice Framework for the West Midlands captured all of the input. A definition for the role of the Advanced Clinical Practitioner was agreed at the event, including the detail of the role's functions and competencies.

As an integral part of developing this framework, key stakeholders were consulted about key aspects of existing frameworks in Scotland and Wales and across other HEE teams in England. The Advanced Clinical Practice Framework for the West Midlands builds on the work of others and is detailed in the following section. It includes a clear regional definition of the role, functions, principles of competencies and the route to learning and training. A separate group of volunteers, as critical readers of the framework, provided comments and guidance to ensure the framework is fit for purpose for Advanced Clinical Practice in the West Midlands.

Developing a definition of the Advanced Clinical Practitioner role

The initial scoping exercise at the beginning of the Regional Advanced Practice Programme established a number of definitions used to explain Advanced Clinical Practice across West Midlands healthcare organisations, including primary and community care, as well as a varying understanding of local development and role functions.

The role of the Advanced Clinical Practitioner is not new and there have been a number of titles that have the words 'Advanced', 'Practitioner', 'Clinical' or 'Specialist' in the title. This has led to professionals expressing the need to clarify the definition of the role and the features which distinguish it from other healthcare roles, to ensure – when used – that the Advanced Clinical Practitioner is qualified at the appropriate level and the term is not used interchangeably.

Advanced Clinical Practice Framework for the West Midlands

Benefits of a single definition and standardised framework

To deliver benefits consistently across the West Midlands and to sustain the future of Advanced Clinical Practitioner roles, stakeholders (including HEE WM) have agreed to a single framework to support employers, service leads and senior clinicians to articulate the role, its function and the education requirements.

Stakeholders have identified the key requirements of the framework:

- to provide a clear definition for 'Advanced Clinical Practitioner role'
- to provide examples of core and specialist principles of competencies
- to provide transparency, standardisation and assurance for existing Advanced Clinical Practitioner roles
- to ensure recognition of Advanced Clinical Practice as a multi-disciplinary role within West Midlands healthcare organisations
- to provide a recommended structured training pathway to include teaching, protected learning time, supervision and mentoring
- to support workforce planning and the development of new roles
- to provide a mechanism for role transferability across the region
- to inform and shape education development, commissioning and investment
- to enable workforce transformation
- to provide a consistent approach across the West Midlands for the development and management of current and future Advanced Clinical Practitioner roles

Section 3

Advanced Clinical Practice Framework for the West Midlands

Advanced Clinical Practice roles can be identified for the delivery of healthcare services across all disciplines in the UK. This framework provides the foundation on which all future Advanced Clinical Practice roles within the West Midlands should be developed, and existing roles can be reviewed and subsequently supported.

The framework has been developed for healthcare professionals, workforce managers, employers, education providers, allied healthcare professionals, mental health professionals, and Senior or Advanced Clinical Practitioners. Both local organisations and national bodies state that there is a need for all healthcare professionals to advance their skills and knowledge to provide safe, effective and timely care for those accessing services.

A definition of Advanced Clinical Practice

Advanced Clinical Practice definition in the West Midlands

‘A registered practitioner with an expert knowledge base, complex decision-making skills and clinical competencies for expanded autonomous scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable at Masters level and meets the education, training and CPD requirements for Advanced Clinical Practice as identified within the framework.’

The definition includes the word ‘clinical’ due to the nature of the role, and an example of a generic Advanced Clinical Practitioner job description/person specification is shown in Appendix I.

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 a 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 are both ‘specialist’ and ‘generalist’ roles.

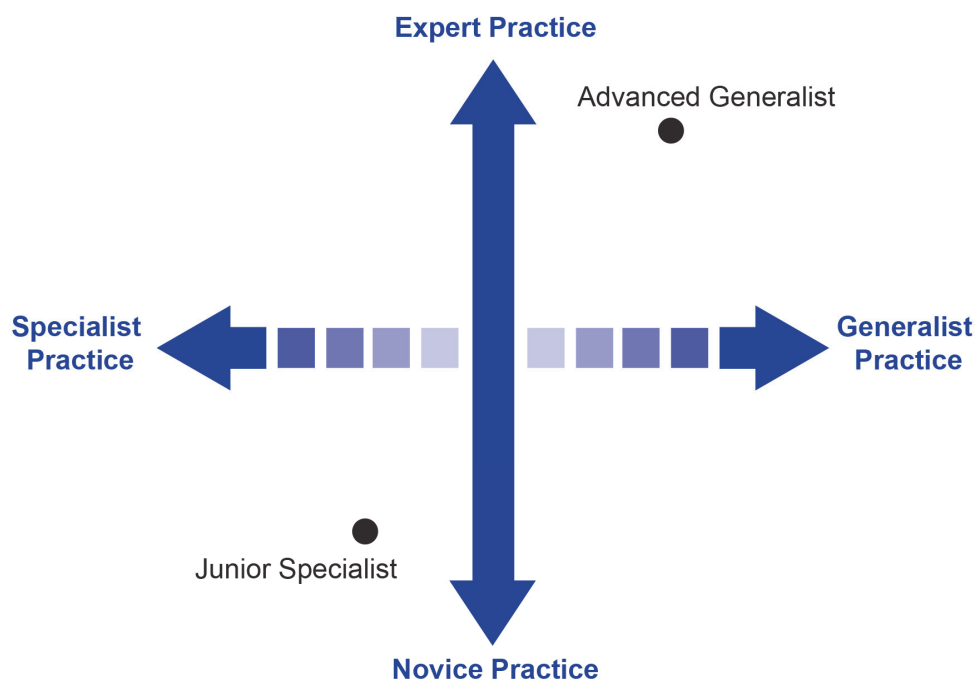
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Within healthcare there is not a shared understanding of the 'specialist' role amongst stakeholders, professionals and the public and this may reduce the impact and effectiveness of such roles.

Figure 1 (Wales, 2010) 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

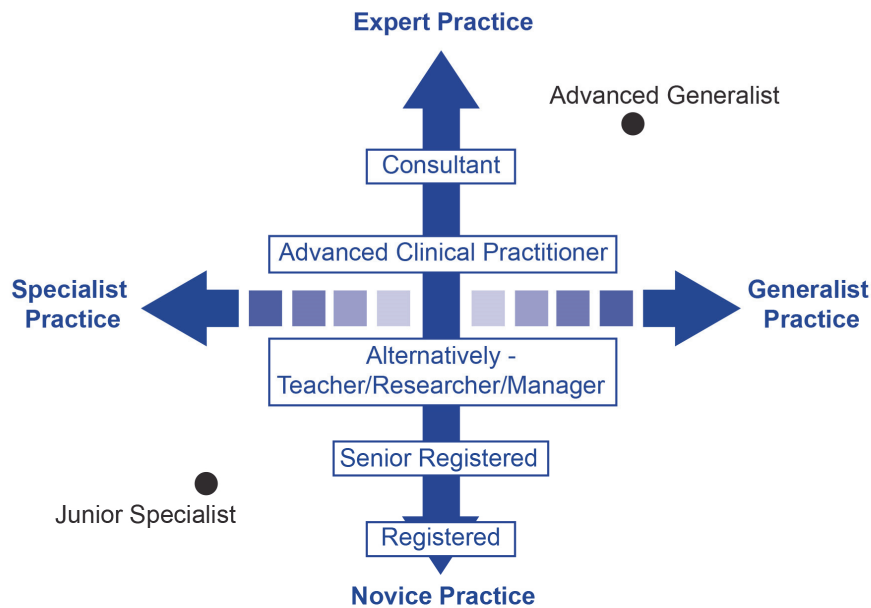


Progression from novice to expert

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 (<http://www.skillsforhealth.org.uk/career-framework/>). 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, Wales 2010).

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Figure 2 – Development pathway for career progression



Importantly, this model also recognises the developmental pathway towards advanced-level practice. It accepts 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. Others will develop a role that reflects a greater breadth of practice. A newly qualified 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.

Domains of Advanced Clinical Practice roles

HEE WM, along with similar regional organisations across the United Kingdom, recognises that there are many practitioners who function at an 'advanced' level but may not always be working within a specific clinical role or at a comparable standard or expectation. Locally, clinicians identified that all Advanced Clinical Practitioners should be expected to work, practice and function at the same level and will be supported and empowered by their organisations.

Within this framework, a core principle is for advanced practice to be defined as a level of practice rather than a specific role (Department of Health, 2010, Advanced Level Nursing). The required level of practice is characterised by functions set out within the clinical, research, education and managerial/leadership domains. These domains can be articulated as pillars of Advanced Clinical Practice, as shown in figures 3 and 4.

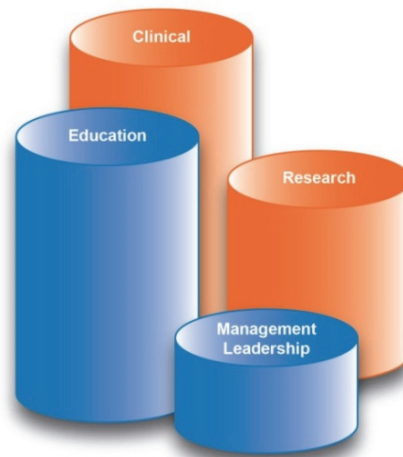
Whilst the specific composition of individual roles will be determined locally, every Advanced Clinical Practice post will contain all aspects of each domain (see figures 3 and 4) and, although individual roles may potentially reflect different mixes, for the Advanced Clinical Practice roles within the West Midlands the clinical domain will always be the most prominent.

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Figure 3 – Advanced Clinical Practice role with a strong management/leadership element



Figure 4 – Advanced Clinical Practice role with strong education/research element



(Figures 3 and 4 adapted from NHS Wales (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales)

Core principles of an Advanced Clinical Practitioner (ACP)

The following principles were identified from the functions of the Advanced Clinical Practitioner:

Autonomous practice: The role requires an advanced 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 expanded 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 enables Advanced Clinical Practitioners to reflectively and rationally explore and analyse evidence, cases and situations in clinical practice, enabling an advanced level of judgement and decision-making.

Advanced 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 an advanced 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' (NES, 2007d).

Innovating practice: ACPs will deliver advanced clinical practice, which is informed by the evidence base, acting as a positive role model that enables innovation regardless of their 'job title', which impacts positively in practice.

Management/leadership: ACPs lead practice through vision and innovation to impact on practice. ACPs demonstrate resilience, impacting organisational culture and working across organisations.

Entry into Advanced Clinical Practice education/training

New entrants to Advanced Clinical Practice: To become an Advanced Clinical Practitioner, the following points should normally be met and the applicant must be in a role that has employer support for clinical placement and time to attend the course with supervisor/mentor within practice:

- Entry requirement normally includes first degree and minimum of three years' relevant experience in clinical practice
- Recognised post within a healthcare organisation and the post listed within workforce plan and business need
- Confirmed defined/protected Advanced Clinical Practice role for the trainee to be moved into on successful completion of the programme
- Appropriately qualified/experienced mentor to support the trainee during their training
- Commitment to providing protected learning time for the trainee Advanced Clinical Practitioner during the MSc and this is equivalent to:
 - one day a week in university (or equivalent)
 - one day a week (or equivalent) protected time for mentor-supported practice, reading, writing and other academic activities

Applicants without a first degree: Universities have a separate policy for applicants who do not hold a first degree but have substantial and relevant clinical or prior study experience. In such circumstances, at the discretion of the course director, applicants may be offered a place to study a single module of the programme as a postgraduate award (PGA) and, if successful, upgrade their university registration to a Postgraduate Certificate, Diploma or MSc and use their PGA towards the course.

Existing practitioners: Existing practitioners who are currently working in an Advanced Clinical Practice role and do not have an MSc level of education have options to either complete the Masters or continue in the role and update in line with their continuous professional development (CPD) requirements.

There are 'top-up' arrangements for existing practitioners who do not have a full Masters degree. They have the option to complete the degree, and to do this they would need to be in a relevant Advanced Clinical Practice post and supported by their organisation.

Employers: All organisations supporting staff to undertake an Advanced Clinical Practice course will need to ensure, as part of their workforce plans, that the role of Advanced Clinical Practitioner is embedded within their organisation structures. Once the trainee is a qualified Advanced Clinical Practitioner, there will be ongoing support from the employer.

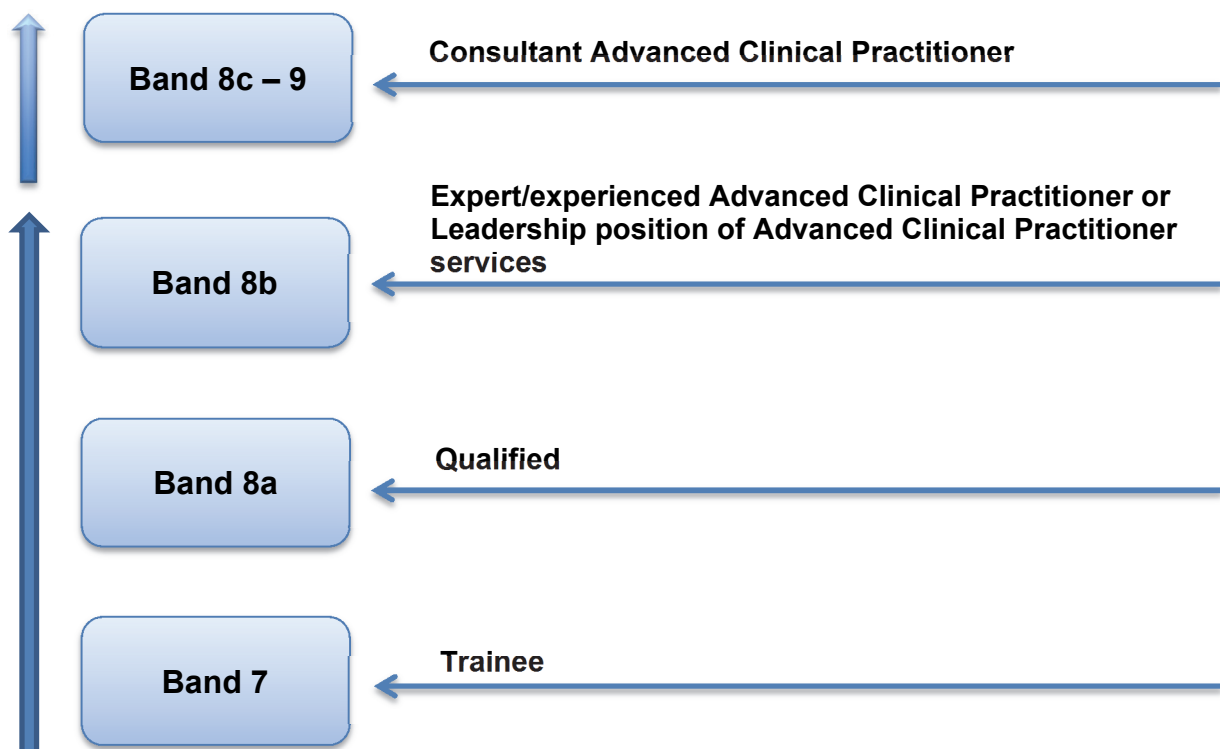
Agenda for Change pay bands

The engagement events undertaken as part of the Regional Advanced Practice Programme highlighted a great deal of inconsistency in the grading and titles of Advanced Clinical Practitioners. Following extensive discussions with stakeholders, it is recognised that a clear framework underpinned by the principles within Agenda for Change is important to reflect the requirements for development of these posts. For healthcare organisations that do not currently employ staff according to Agenda for Change (for example, primary care) the following is recommended as guidance to ensure consistency across the system.

The clear view emerging from discussions highlights:

- Advanced Clinical Practitioners undertaking trainee positions should be commencing on Band 7
- After achieving all of the output requirements, both in terms of educational attainment and clinical practice, individuals should be categorised as 'qualified status' on the Advanced Clinical Practice Framework and banded at level 8a
- It is important to reflect on onward continued professional development and practice, and qualified Advanced Clinical Practitioners should enhance their work and experience further to develop and support pathways of care
- Following further experience and expert practice, or after taking on leadership positions of Advanced Clinical Practice, it is recommended band 8b is in line with Agenda for Change
- To enable onward career progression in relation to Advanced Clinical Practice, the development of Band 8c – Band 9 consultant-level Advanced Clinical Practitioners can be considered

Figure 5 – Suggested banding levels



Values Based Recruitment

HEE National VBR framework (Values Based Recruitment): <http://hee.nhs.uk/work-programmes/values-based-recruitment/national-vbr-framework/>.

VBR is an approach which attracts and recruits students, trainees and employees on the basis that their individual values and behaviours align with the values of the NHS Constitution. This should take place as part of existing recruitment processes which assess aptitude and skills.

HEE's VBR programme is made up of the following three concepts:

- Recruiting for values into HEIs
- Recruiting for values into the NHS (in partnership with NHS Employers)
- The evidence base for Values Based Recruitment

The purpose of HEE's VBR programme is to ensure that we recruit the right workforce not only with the right skills and in the right numbers, but with the right values to support effective team working in delivering excellent patient care and experience.

NHS Constitution

The NHS Constitution has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that's free and for everyone.

The NHS Constitution will also make sure that no government can change the way the NHS works without getting the approval of staff, patients and the public. The Constitution is a promise that the NHS will always be there for you.

For the first time in the history of the NHS, the constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

'You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences' (NHS Constitution, 2015)

NHS Constitution:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf.

Education, training and development for Advanced Clinical Practitioners

The West Midlands' approach to education and development for Advanced Clinical Practice

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 to be implemented. The standardised framework describing the collective expectations for the role is articulated within the framework domains, characteristics and competencies.

A generic list of core competencies and information about specialist competencies is included within this framework and a standardised education programme agreed by West Midlands Higher Education Institutes (HEIs). The content, delivery and assessment of non-medical prescribing is validated by the NMC, GPhC and HCPC and is already standardised to the curriculum.

All Advanced Clinical Practitioners need to undertake and have embedded in their future development:

- increased knowledge and clinical skill development to meet a defined competence level across all four domains
- a robust process of assessment of both theoretical and practical skills and knowledge
- academic, clinical and professional support to consolidate, apply and assimilate newly gained knowledge and skills

Course details

Masters course name is '**MSc Advanced Clinical Practice**' and is a programme of 180 credits delivered by universities in the West Midlands to multi-professional groups.

Year 1 – 60 Credits. Must include Clinical Health Assessment & Clinical Decision Making



Exit point: Post Graduate Certificate in Advanced Health Assessment & Clinical Decision-Making

Year 2 – 60 Credits. Must include Non-Medical Prescribing (as appropriate), Research Methods & Leadership



Exit point: Post Graduate Diploma in Advancing Clinical Practice

Year 3 – 60 Credits. Dissertation



Exit point: MSc Advanced Clinical Practice

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The first 60 credits of the programme to include clinical health assessment and clinical decision-making, and if used as an exit point would be:

Post Graduate Certificate in Advanced Health Assessment and Clinical Decision Making (to include advanced health assessment and clinical decision-making).

Learning required:

- Minimum study required is 600 hours for a 60-credit module
- Taught days range from 10 to 17 for a 40-credit module and approximately 20 days for the full Pg.Cert
- Clinical component for advanced health assessment should be a minimum of 78 hours

The indicative content for the Pg.Cert is:

- applied anatomy and physiology of various body systems
- process of investigation and interpretation of diagnostics (rationale)
- history taking, consultation and assessment skills and tools
- formulating differential diagnoses and appropriate treatment plans
- contextualising clinical judgement, incorporating evidence-based practice across the life span
- professional, legal and ethical issues, including consent
- produce high-quality clinical records reflecting critical thinking and decision-making
- critical thinking and reflective practice
- clinical leadership skills
- public health, epidemiology, health promotion and health policy
- collaboration and partnership with users, carers and other agencies (client centred)
- respect for individuals
- quality for service improvement
- clinical governance
- ability to demonstrate advanced communication skills

Post Graduate Diploma in Advancing Clinical Practice will normally include:

- prescribing (as appropriate)
- leadership skills
- evidence-based practice/research and NHS service/quality improvement
- optional specialist modules

MSc in Advanced Clinical Practice includes:

- Dissertation in a health improvement project

Table 2 details all the universities in the West Midlands, all of whom have agreed to deliver the MSc Advanced Clinical Practice course.

Advanced Clinical Practice Framework for the West Midlands

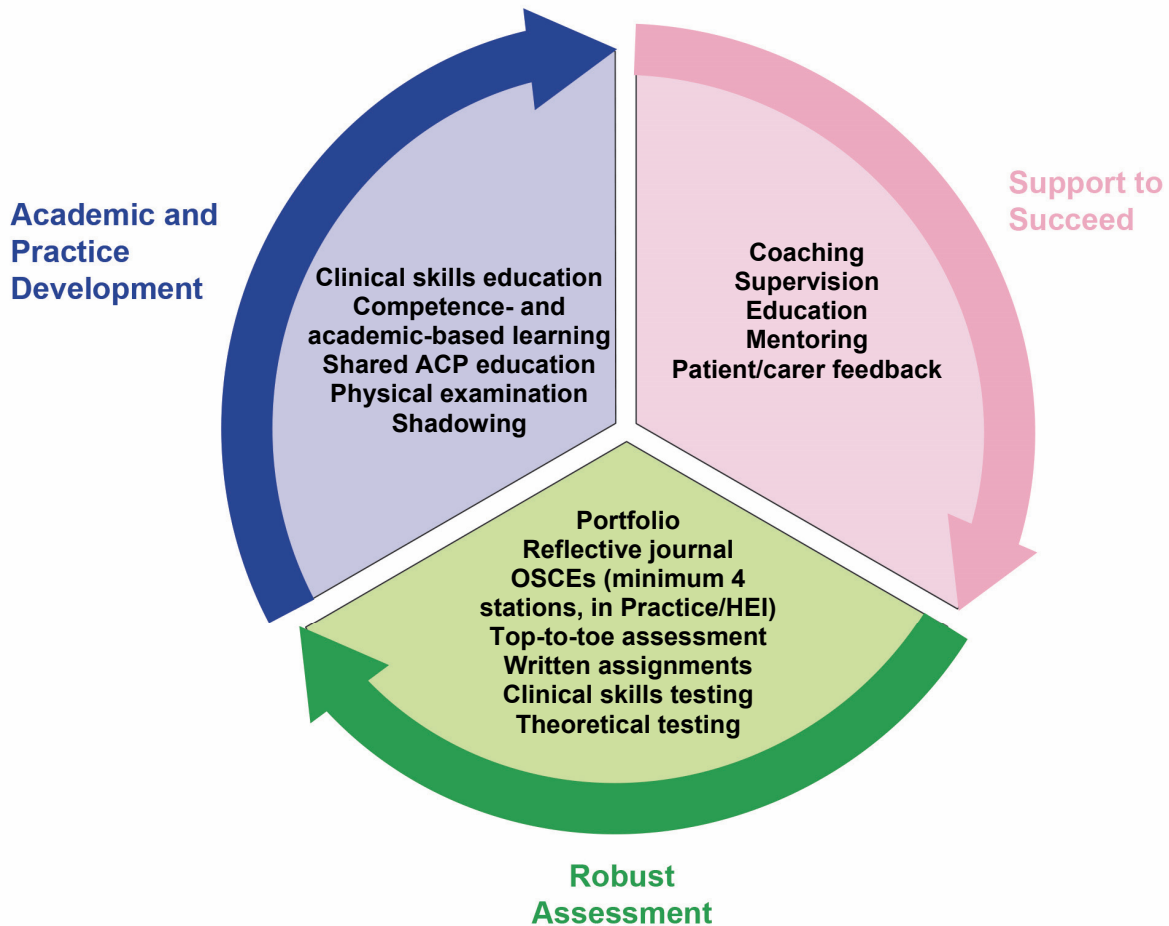
Table 2: HEIs' contact details for MSc in Advanced Clinical Practice course

University	Course levels	Link	Contact details
Aston University	Pg. Diploma Masters (RPL Pg.Cert from HEE(WM) standardised HEIs programme)	http://www.aston.ac.uk/study/postgraduate/taught-programmes/school/life-health-sciences/msc-advanced-clinical-practice/	Life and Health Sciences Admissions Team Tel: 0121 204 3000 Email: lhspgt@aston.ac.uk
Birmingham City University	Pg. Certificate Pg. Diploma Masters	http://www.bcu.ac.uk/courses/advanced-practice--advanced-health-care	Sue Shortland Sue.Shortland@bcu.ac.uk Chris Inman Chris.Inman@bcu.ac.uk Tel: 0121 331 6015
Coventry University	Pg. Certificate Pg. Diploma Masters	http://www.coventry.ac.uk/course-structure/2014/faculty-of-health-and-life-sciences/postgraduate/advanced-clinical-practice-msc/#ctl00_ctl00_MainContent_MainContent_overview	Alastair Gray A.Gray@coventry.ac.uk Tel: 02477 65 5902 Mobile: 07961 964433 skype: alastair.graycov
Keele University	Pg. Certificate Pg. Diploma Masters	http://www.keele.ac.uk/pgtcourses/mscadvancedclinicalpractice/	Academic: Jane Jervis (j.e.jervis@keele.ac.uk) Tel: 01782679705 Administrative: nursing.cpd@keele.ac.uk
Staffordshire University	Pg. Cert Pg. Diploma Masters	http://www.staffs.ac.uk/course/05B75100.jsp	Barry Wardle b.s.wardle@staffs.ac.uk
University of Birmingham	Pg. Certificate Pg. Diploma Masters	http://www.birmingham.ac.uk/postgraduate/courses/taught/med/advanced-clinical-practice.aspx	Maria Clark M.T.Clark@bham.ac.uk Cara Bailey C.Bailey.2@bham.ac.uk
University of Warwick	Pg. Certificate Pg. Diploma Masters (RPL non-medical prescribing)	http://www2.warwick.ac.uk/fac/med/study/cpd/advcrit/b92z/	Garry Swann Garry.swann@warwick.ac.uk
University of Wolverhampton	Pg. Certificate Pg. Diploma Masters	http://www.wlv.ac.uk/search/?collection=meta&form=wolves-websearch&query=advanced+clinical+practice	Ann Saxon Ann.Saxon@wlv.ac.uk Tel: 01902 322933
University of Worcester	Pg. Cert Pg. Diploma Masters	http://www.worcester.ac.uk/courses/advancing-practice-msc.html	Tracy Lapworth t.lapworth@worc.ac.uk Tel: 01905 855431

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Integrated learning and training: Assessments are carried out through a number of routes and the diagram below demonstrates the integrated avenues required.

Figure 6 – Theory, practice and support



(Figure 6 adapted from Health Education England working for the East Midlands (2014) East Midlands Clinical Practice Framework)

Academic and practice 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 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 eLearning 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. Theoretical knowledge and clinical skills will be developed, ensuring the patient is at the centre of care. It is expected that the developmental

Advanced Clinical Practice Framework for the West Midlands

programme will enable successful learners to graduate to work towards a level equivalent to 'middle-grade' medical staff as part of the non-medical workforce solution.

Robust 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 advanced clinical knowledge and skills, it is appropriate that assessment strategies are utilised to ensure that 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, assessing theoretical clinical knowledge
- objective structured clinical examinations (OSCEs)
- case-based presentation
- direct observation of clinical skills
- development of clinical competence portfolio

Assessment will be undertaken by a range of assessors. These will include HEI colleagues with appropriate academic and clinical experience; and 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 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.

The outcome for Advanced Clinical Practitioners is the 'completion of a full award', which includes:

- advanced physical health assessment
- prescribing (where legally allowed)
- leadership skills
- evidence-based practice/research and NHS quality improvement
- critical reflection

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 (e.g. staff at consultant level or a 'senior qualified practitioner') who will act as a critical friend, teacher, coach, mentor, assessor and supporter throughout the formal ACP programme.

The clinical supervisor is not the sole support for the ACP during this period. However, the supervisor provides 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, focused periods. These may include staff at consultant level, medical staff, senior practitioners and educators.

Advanced Clinical Practice Framework for the West Midlands

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 have in supporting the development of individual ACPs, as well as being aware of their importance 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 and also to ensure patient safety and promote ongoing professional development.

Advanced Clinical Practice characteristics

This table outlines a range of Advanced Clinical Practice characteristics.

Table 3 – Advanced Clinical Practice competencies

Advanced Clinical Practice	Education
<ul style="list-style-type: none">• Complex decision-making/clinical judgement and problem solving• Critical thinking and analytical skills applied reflexively• Evidence of critical reflection and learning• Appropriate outcome when managing complexity• Acts within clinical governance standards• Upholds equality, diversity and decision-making• Robust assessment and diagnosis/problem identified, making appropriate referrals and/or discharge• Autonomy when assessing and managing risk• Competent and safe to prescribe (where appropriate) and/or advise therapeutic interventions to improve service-user outcomes, including use of assisted technology• Advanced communication skills• Ensures service-user focus through service-user, patient and public involvement	<ul style="list-style-type: none">• Evidences the principles of teaching and learning• Competent to teach theoretical knowledge and clinical skills• Supports others to develop knowledge, skills and competencies• Acts as a coach and mentor to the inter-professional team• Creates an effective learning environment• Acts on, provides and advises on service-user/carers teaching documents and information-giving• Health promotion and patient-focused education• Identify patient/carers goals and work with them to achieve these

Advanced Clinical Practice Framework for the West Midlands

Clinical leadership and management

- Ability to lead innovation and lead implementation of a service development/redesign
- Ability to negotiate and influence case for change to ensure evidence-based practice
- Evidence of promoting and influencing others to deliver value-based care
- Confidence to lead networks/groups and initiate team development
- Demonstrate resilience and ability to influence organisational culture
- Leading multi-disciplinary/agency teams
- Ability to project manage and business plan

Research

- Leads on relevant projects
- Ability to access research/use information systems
- Critical appraisal/evaluation skills
- Active involvement in research, audit and service evaluation
- Ability to implement research findings into practice – including use of and development of policies/protocols and guidelines
- Ability to disseminate research findings

Advanced Clinical Practice competencies

The West Midlands competencies for Advanced Clinical Practitioners (adapted from Department of Health 2010), identified within Appendix II of this framework, articulate how ACPs can be expected to develop as they gain experience and confidence within their role.

Each of the four domains: clinical skills; education; research; and leadership and management, 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).



Progression

The competent practitioner

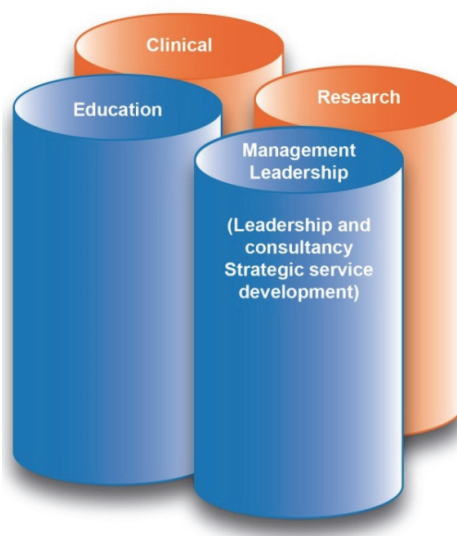
Whilst individual organisations may currently choose slightly different routes to develop their ACPs, all the delivered programmes, development requirements and infrastructure need to ensure that the outcome is the same. Individuals deemed competent ACPs need to be able to determine that they can demonstrate 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 relatively, 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

Career progression

ACPs may develop themselves or their post to consultant level, subject to business and service need. These additions to the domains build on an individual's skills and knowledge at a strategic level, working to influence, input to and interpret national, regional and local strategy.

Figure 7 – The levels of a healthcare professional consultant



(Figure 7 adapted from NHS Wales (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales)

Advanced Clinical Practice Framework for the West Midlands

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 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.



Workforce planning to support the Advanced Clinical Practice role

This framework has been developed to help embed Advanced Clinical Practitioner roles into workforce planning and organisation structures for current and future commissioning.

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 as addressing current workforce challenges. Through collaborative implementation of this framework, West 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 issues 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

Advanced Clinical Practice Framework for the West Midlands

Workforce planning to ensure a future supply

This framework aims to provide a sustainable and transferable workforce, of a consistent standard, for the West Midlands. We are 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. The West Midlands organisations are now identifying their ACP requirements both in terms of capacity and capability within their annual workforce plans.

Section 4

Appendices and references

Appendix I: Example of job description and person specification

Job description for Advanced Clinical Practitioner

Post: Advanced Clinical Practitioner
Pay banding: Band 8a
Hours of duty: 37.5
Contract type: Permanent
Accountable to: (title)

Job summary

As part of a multi-professional team, led by (post name), the post holder will practice autonomously, whilst being accountable and self-directed in line with the relevant code of professional conduct.

The post holder will have advanced communication skills in presenting with differential and un-differential diagnosis, decision-making and problem-solving skills for patients, and work to improve outcomes.

They will join a multi-professional team, working collaboratively in the (department name), to provide initial assessment and ongoing care for new and returning patients. This will include the responsibility for the daily management of a caseload of patients, in collaboration with the consultant nurse and/or physician.

The post holder will:

- work towards health promotion and prevention and comprehensively assess patients for risk factors and early signs of illness
- draw on a diverse range of knowledge in their decision-making to determine evidence-based therapeutic interventions, which will include prescribing medication where legally allowed and actively monitoring the effectiveness of therapeutic interventions
- plan and manage complete episodes of care, working in partnership with others, delegating and referring as appropriate to optimise health outcomes and resource use, and provide direct support to patients and clients
- work in partnership with patients and support them to manage and live their lives

Advanced Clinical Practice Framework for the West Midlands

In addition they will help to develop a programme of practice development for staff in (area name) who will also be caring for these patients. His or her practice should be developed to an advanced level whereby the Advanced Clinical Practitioner can directly or indirectly influence all aspects of care and management of patients within their speciality, and across a population.

Principal responsibilities

Clinical

- Assess and prioritise patients undergoing treatment
- Undertake advanced practitioner-level holistic assessment, planning, implementation and evaluation of patients' care needs
- Undertake advanced clinical practitioner-level physical assessment examination of patients requiring complex medical disease-management and resolution or containment of disease complications
- Undertake initial assessment to determine differential diagnoses, utilising advanced critical-thinking and decision-making skills, deciding when necessary to refer to senior medical colleagues
- On a daily basis, act autonomously to provide expert clinical/technical care, which contributes to the diagnosis, specialist care and treatment plans for these highly complex patients
- In the absence of medical staff and within predetermined parameters, using advanced clinical-reasoning skills the post holder will initiate treatment plans and support to ensure the ongoing safety of the patient
- Demonstrate continual evaluation of practice within the defined specialist area and take responsibility for making agreed changes where appropriate
- Request and arrange necessary investigations including X-rays, ultrasound scans, VQ scans, endoscopy, spirometry, echocardiography, and exercise tolerance tests, interpreting and reporting findings to appropriate clinicians
- Discuss and agree assessment outcomes with patients, carers and other healthcare professionals, to enable them to make informed decisions regarding treatment
- Authorise the decision to admit patients and/or proactively initiate discharge
- Ensure that accurate, essential and appropriate written and verbal information is relayed to staff, ensuring adequate facilities are in place to maintain safety in the environment, ensuring effective management of this group of patients
- Ensure that patients are referred to appropriate practitioner when needs and risks are not within own scope of practice
- Ensure dignity, privacy, and cultural and religious beliefs are respected at all times

Professional

- Act as a role model by demonstrating high standards of holistic care
- Ensure that documentation is of a very high standard reflective of Advanced Clinical Practice, adhering to local and national guidelines
- Take on a pivotal role in the development and promotion of a care philosophy, ensuring clinical practice is reflective of this ideology
- Take key responsibility for supporting medical colleagues, nursing colleagues and the matron for services

Advanced Clinical Practice Framework for the West Midlands

- Maintain a current and up-to-date personal professional profile in accordance with guidelines
- Maintain competency
- Ensure that all aspects of clinical practice are research and evidence based

Managerial/leadership

- Assess and monitor risk in own and others' practice, acting on results, thereby ensuring safe delivery of care
- Monitor and develop quality initiatives in line with local and national requirements and guidelines; take a lead role in the facilitation of such initiatives
- Identify the skills set and terms of reference required of the Advanced Clinical Practitioner role, ensuring they reflect the individual, holistic needs of patients undergoing care
- Work pro-actively in managing change in own speciality, to improve practice and health outcomes
- Attend relevant meetings regularly to influence and make decisions regarding service delivery provision and further development of the service
- Manage own diary and workload
- Act in such a way as to be a credible, effective leader, demonstrating effective clinical leadership on a daily basis

Educational

- Support the development of protocols for the management of patients
- Contribute to and participate in the Organisation Education Strategy
- Promote the service offered through formal and informal presentations within and outside the organisation through study days, conferences and written papers
- Carry out a training needs analysis, using the results to design, develop and deliver a teaching programme promoting practice development for those staff caring for patients in the speciality. This will include the development of links with other organisations and innovative approaches to staff development
- Deliver formal and informal teaching initiatives as part of the above programme
- Receive clinical supervision in order to clinically improve knowledge and the quality of care to patients
- Contribute to the training of medical colleagues and other non-medical professionals in areas suitable to the service
- Contribute to the training of colleagues and peers in aspects of service delivery provision and to support the service
- Identify own personal developmental and educational needs to work at an advanced level and beyond. Ensure appropriate action is taken to maintain and further develop such skills
- Attend mandatory lectures and training as required by the organisation

Multi-disciplinary liaison

- Establish and maintain excellent communication with individuals and groups exploring complex issues relating to care options and decisions
- In all aspects of work, challenge and demonstrate an ability to work autonomously across organisational and professional boundaries

Advanced Clinical Practice Framework for the West Midlands

- Promote collaborative working relationships and effective communication between all members of the team
- Co-ordinate closely with managers the timely movement of patients to ensure appropriate use of resources within the provision
- Work with other areas, specialities and services to adjust boundaries across the specialist area
- Develop formal and informal links outside the organisation, sharing good practice innovative ideas, and promote staff and service development
- Establish and maintain a regional and national network of contacts relevant to the service

Research and audit

- Identify the educational needs of the specialist group of patients and their carers, and ensure that these are met through the service provided
- Identify areas of practice that may expand or be enhanced, to ensure the best clinical outcome for patients
- In collaboration with other senior staff, at all times ensure clinical practice is patient centred and research based, in accordance with professional practice, guidelines, and national and local benchmarks
- Encourage and assist other staff within the field to enable and empower them to carry out relevant research
- Promote and disseminate research and audit findings relevant to the service
- Carry out audit and evaluation in order to monitor the effectiveness of current therapeutic regimes and to improve health outcomes

Service development

- In all aspects of work, challenge and demonstrate an ability to work across all organisational boundaries
- Identify areas of practice which may expand, to ensure the best clinical outcomes for patients
- Develop policies and clinical guidelines necessary to support the development of the specialist service
- Continue with personal education and development, to identify improvements within the service framework
- Influence decisions regarding service delivery through participation in meetings
- Continue to develop and promote the Advanced Clinical Practitioner role through professional publications and conference papers

Budget

- Influence decisions regarding the allocation of financial resources through consultation, service redesign, participation in meetings and audit

Human resources

- Report sickness and return to work promptly in accordance with organisational policy

Advanced Clinical Practice Framework for the West Midlands

Person specification

Advanced Clinical Practitioner

Specification	Essential	Desirable	Application form (A) or interview (I)
Professional			
First level registration	Y		A
Relevant Masters-level qualification or working towards Masters Advanced Clinical Practice course	Y		A
Registered non-medical prescriber (where appropriate)	Y		A
Evidence of multi-professional working	Y		A & I
Demonstrate the ability to utilise current research findings in practice	Y		A & I
Clear and demonstrable evidence of advanced, autonomous practice in the management of patients	Y		A & I
Leadership			
Demonstrate competence at a senior clinical level	Y		A & I
Evidence of developing policies and practice in response to need	Y		I
Evidence of strong teamwork to deliver positive change and service outcomes	Y		I
Evidence of successful change management	Y		I
Personal			
Ability to influence at all levels within the organisation	Y		I
Excellent interpersonal skills	Y		I
Drive, energy and the ability to work with 'ambiguity' whilst new services are being established	Y		I

Appendix II: Competencies for Advanced Clinical Practitioner

The West Midlands competencies for Advanced Clinical Practitioners (adapted from Department of Health, 2010)

1 Advanced Clinical Practice

Healthcare professionals working at an advanced level will:

- 1.1 practice autonomously, whilst being accountable and self-directed, in line with the relevant code of professional conduct
- 1.2 assess individuals, families and populations holistically and in partnership with the patient or carer. They may use a range of different assessment methods, some of which may not usually be exercised by healthcare professionals, such as physical examination, ordering and interpreting diagnostic tests, or advanced health needs assessment
- 1.3 have advanced communication skills in presenting with differential and undifferentiated diagnosis, decision-making and problem-solving skills for patients
- 1.4 actively work towards health promotion/prevention, and comprehensively assess patients for risk factors and early signs of illness
- 1.5 draw on a diverse range of knowledge in their decision-making to determine evidence-based therapeutic interventions, which will include prescribing medication where legally allowed and actively monitoring the effectiveness of therapeutic interventions
- 1.6 plan and manage complete episodes of care; work in partnership with others; delegate and refer as appropriate to optimise health outcomes and resource use; and provide direct support to patients and clients
- 1.7 will work in partnership to identify and safeguard against abuse and support people to manage and live their lives
- 1.8 use their professional judgement in managing complex and unpredictable care events, and capture the learning from these experiences to improve patient care and service delivery
- 1.9 work collaboratively and draw upon an appropriate range of multi-agency and inter-professional resources in their practice
- 1.10 define appropriately the boundaries of their practice.

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2 Education

Healthcare professionals working at an advanced level will:

- 2.1 generate and apply new knowledge to their own and others' practice in structured ways
- 2.2 enable patients/carers to learn by designing and co-ordinating the implementation of plans appropriate to their preferred approach to learning, motivations and developmental stage
- 2.3 work collaboratively to identify and meet the learning and development needs of others, as appropriate
- 2.4 advocate and contribute to the development of an organisational culture that supports continuous learning and development, evidence-based practice and succession planning

3 Clinical leadership and management

Healthcare professionals working at an advanced level will:

- 3.1 identify and implement systems to promote their contribution and demonstrate the impact of Advanced Clinical Practice to the healthcare team and the wider health and social care sector
- 3.2 provide consultancy services to their own and other professions on therapeutic interventions, practice and service development
- 3.3 instil confidence in colleagues by being resilient and determined, and by demonstrating personal leadership in situations that are unfamiliar, complex and unpredictable
- 3.4 engage stakeholders, using effective negotiating and influencing skills to develop and improve practices
- 3.5 work across professional and organisational boundaries to develop partnerships and networks to promote value-based care to improve health and achieve outcomes
- 3.6 actively seek and participate in peer review of their own practice
- 3.7 develop practices and roles appropriate to patient and service need, through understanding the implications and applications of epidemiological, demographic, social, political and professional trends and developments appropriate to the locality

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- 3.8 be receptive to challenge and prepared to challenge others, escalating when necessary concerns that affect patient safety and best practice
- 3.9 identify the need for change, proactively generate practice innovations, lead new practice and service, and redesign solutions to respond to the service and patient needs
- 3.10 critically apply legal, ethical, professional and organisational policies, procedures and codes of conduct
- 3.11 assess and monitor risk in their own and others' practice and challenge others about wider risk factors

4 Research

Healthcare professionals working at an advanced level will:

- 4.1 develop strategies and undertake activities that monitor and improve the quality of healthcare and the effectiveness of their own and others' practice
- 4.2 seek to improve practice and health outcomes through initiating, facilitating and leading change at individual, team, organisational and system levels
- 4.3 evaluate and audit the practice of self and others at individual and system levels, selecting and applying valid and reliable approaches and methods which are appropriate to needs and context, and acting on the findings
- 4.4 critically appraise and synthesise the outcomes of relevant research, evaluations and audits and apply the information to underpin their practice
- 4.5 alert appropriate individuals and organisations to gaps in evidence and/or practice knowledge and, as either a principal investigator or in collaboration with others, support and conduct research that is likely to enhance practice
- 4.6 practice cost-effective medicine at a patient/carer, team, organisational and system decision-making level and demonstrate appropriate strategies to enhance quality, productivity and value for money
- 4.7 develop robust governance systems by contributing to the development and implementation of evidence-based protocols, documentation processes, standards, policies and clinical guidelines, through interpreting and synthesising information from a variety of sources and promoting their use in practice
- 4.8 contribute to the wider development of those working in their area of practice by publicising and disseminating their work through presentations at conferences and articles in the professional press

Specialist competencies

The specialist competencies are those that are only needed when practicing in a specific area/specialism that requires them to adhere to them in line with their registration (known as 'professional competencies').

Specialist domains whereby these can be adopted include the following areas:

- paramedics
- paediatrics
- neurology
- general practice
- mental health
- learning disability

The above is not a definitive list and there will be other disciplines/areas that require adherence to professional competencies.

Appendix III: Case studies

Case study 1

Name:	Philip Goode, Advanced Practitioner
Title:	Advanced Clinical Practitioner – Nurse (led transthoracic bubble echocardiogram)
Trust:	Worcestershire Acute Hospitals NHS Trust

The context

Patent foramen ovale (PFO) has been identified as a potential cause of stroke in the under-55s. Diagnosis is via trans-thoracic echocardiogram whilst patient receives injection of agitated solution mixed with small volume of air as evidenced in literature and defined in local Trust policy. Significant PFOs are referred on to cardiothoracic for closure.

The issue

- Tests were being carried out on an ad-hoc basis by cardiology registrars when they were able to incorporate into their workload and this resulted in inconsistent service to patients
- Long waiting list developed, with 70 patients being longest on the list and waiting over a year; this created a delay in diagnosis and treatment
- Further delays caused to patients in waiting to receive results and report

How did you address this?

The guidelines have been written by Advanced Nurse Practitioner (ANP) and Senior Cardiopulmonary Technician. The procedure is now carried out in department by an Advanced Nurse Practitioner and Cardiopulmonary Technician. The setting up of initial weekly clinics has resulted in the reduction of backlog.

What difference is it making?

- No patient now waits over 4 weeks for test, and majority are done within 2 weeks of referral
- Patients informed of outcome of scan and potential plan at time of test
- Patient anxiety is reduced
- There is a consistent approach followed by all
- There is an improvement in inter-departmental working
- The cardiology medical workload has reduced
- Screening of tests has become more effective due to collaborative working and this helps reduce departmental workload

The advanced knowledge of care and skill of the ACP allows management of care to be streamlined. Patients are informed at the time of the investigation whether the result is positive and advised on future steps and timeframe. Should the examination demonstrate a significant PFO the practitioner will contact the relevant consultant and ensure immediate referral.

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Summary

The introduction of an Advanced Practitioner-led test has meant patient now has fast referral to test time, an outcome at point of test with information as required at the same moment in time, and expedited onwards referral where required.

Case study 2

Name:	Steph Whitehouse, Assistant Area Manager Black Country North Specialist Paramedic Emergency Practitioner
Title:	Specialist Paramedics (Emergency and Urgent Care) Advanced Clinical Practitioner – Paramedic
Trust:	West Midlands Ambulance Service NHS Foundation Trust

The context:

The workload of paramedics is predominantly emergency and urgent undifferentiated healthcare requests, ranging from life-threatening to a high proportion of non-life-threatening conditions. Clinical challenges to paramedics are that they have to deal with problems across such a diverse range of conditions and now see an increase in the incidence of acute and chronic illnesses, dementia, mental-health issues and end of life care (EoLC) in the patients they attend.

West Midlands Ambulance Service NHS Foundation Trust (WMAS) have recognised that the demands being placed on ambulance services have changed – from a traditional view that all 999 calls represented hyper-acute emergencies to one where many less serious ‘undifferentiated’ primary care-type cases dominate the case mix.

How did you address this?

New roles have been developed within the paramedic career pathway to upskill the paramedic workforce and support modernisation efforts. The College of Paramedics 2015, indicates the progressive career directions for paramedics and this includes advancing practice as a whole. Moving towards an ambulance service that could evolve into a ‘mobile healthcare service’, leads to the introduction of the Specialist Paramedic.

Driven by Keogh, Urgent and Emergency Care review ‘The Specialist Paramedic’ bring the emergency department skills and experience to the road side and to the patient’s home. This consequently introduces patient-centred care, with the provision to avoid the emergency department and directly treat, or refer patients to the speciality concerned.

West Midlands Ambulance Service Foundation Trust introduced a Community Paramedic program, which was new to the Ambulance Trust. It is expected to provide local knowledge and additional skills to assess patients and manage patients with minor conditions, or refer to the Specialist Paramedic team. The Specialist Paramedic team drives clinical leadership and effective on-scene decision-making capability, alongside the clinical enhanced skills and knowledge that has been embedded from their experience in rotational shifts within the emergency departments. WMAS has supported staff employed by the Trust in engaging with a university course which will give them extra skills, and exposure to more urgent care cases. WMAS have incorporated this training of Specialist Paramedic emergency practitioners; in addition to this WMAS has been given extra funding from the Clinical Commissioning Group (CCG) to exhibit a Specialist Paramedic program within the Black Country area. It was agreed that this would be trialled in the Black Country North locality covering Walsall and Wolverhampton setting out as a trial/winter-pressure project.

Advanced Clinical Practice Framework for the West Midlands

The Specialist Paramedics (ACPs), who are trained in emergency practice, with a Bachelor of Science degree and have experience within the emergency department or urgent-care setting, see patients independently and upon average leave 86% of patients at home with medication for their illness or injury, treatment and/or a safety-net pathway. They attend call-outs to both minor and serious healthcare problems that do not need patient coming into the hospital but require urgent treatment which they were unable to obtain from their GP at that point in time. In addition, the Specialist Paramedics provide a telephone consultation service as senior advisory support to ambulance staff, district nurses and other agencies.

This role includes the paramedic having the knowledge and skills for patient assessment, history taking and clinical decision-making along with some advanced pharmacology. This requires them to have the appropriate underpinning knowledge, competencies and clinical-practice emergency department experience to provide appropriate assessments and treatment, and to implement appropriate referral, management or discharge plans for their patients.

What difference is it making?

The Specialist Paramedics (ACPs) have provided the means to treat patients in the community efficiently by taking healthcare to the patient. There is considerable difference to patient care, and conveyance to hospital has reduced. The Specialist Paramedics (Emergency and Urgent Care) are the first point of contact for patient care, with the ability to order diagnostic tests, confirm differential diagnosis, prescribe medicines, discharge patients, make referrals to other appropriate care pathways, teach others and engage in health promotion for our client base.

This role has helped to reduce the number of patients who would be taken into hospital, and works autonomously to treat and utilise alternative care pathways.

WMAS have identified how advancing practice can make a significant impact upon patients' care and the NHS as a whole. The Specialist Paramedics are the first step towards our advancing practice in the paramedic profession. Our next steps have seen funding being made available to put our staff upon Masters of Science in Advanced Practice courses, leading to Advanced Paramedic care in line with the College of Paramedics, to provide specialist support, clinical leadership and clinical excellence to our patients. This exciting new project will take pre-hospital care to new levels.

What did you learn that could be useful to others?

The Specialist Paramedics (Advanced Clinical Practitioner) work collaboratively with other healthcare professionals and therefore provide multi-disciplinary care to the patient. The multi-disciplinary approach and upwards chain in innovation has been the biggest success so far.

For the role to be successful, all involved must understand the aims and objectives, and how the paramedic works and treats the patients. This has resulted in a shift of culture within the healthcare community as well as among paramedics, thus resulting in improved patient safety and care, increased patient satisfaction, and a leap forward in the paramedic profession.

Case study 3

Name:	Philip Goode, Advanced Practitioner
Title:	Advanced Clinical Practitioner – Nurse (led sub-acute ward)
Trust:	Worcestershire Acute Hospitals NHS Trust

The context

The 17-bedded rehabilitation ward is a sub-acute unit in Kidderminster, part of the Worcestershire Acute Hospital NHS Trust. The only other on-site medical cover is a locum doctor who provides cover to an elective surgical ward.

The issue

Long-serving, staff-grade doctor retiring with no replacement available.

How did you address this?

A ward-based nurse practitioner service was introduced covering 9 to 5, Monday to Friday. This provides a daily ward-round from the ward-based practitioner which is then supplemented by twice-weekly visits from an Advanced Practitioner and a consultant ward-round weekly where possible. When the consultant is unavailable, the Advanced Practitioner is able to increase cover.

What difference is it making?

By having one nurse practitioner based on the ward we have ensured a consistent approach. Length of stay in the previous model was 44 days. This has reduced to 28 days, despite a change in patient mix, meaning the ward is receiving patients earlier in their journey.

The regular presence of a nurse practitioner on the ward has meant a senior, clinically skilled nurse is available at point of referral, thereby reducing inappropriate transfers. This sometimes is as simple as signposting referrers in order to improve the patient journey.

Whilst the nurse practitioner is separate to the ward nursing establishment, the introduction of this model means there is always a senior nurse presence 9 to 5, Monday to Friday on the ward to advise junior staff as and when required. As part of annual appraisal, patient feedback on the service is asked for and has been demonstrated consistently high when rating the practitioner service in this model.

What did you learn that could be useful to others?

In this model it is essential that support is available for the practitioner, as high-level decisions are often required.

Organisationally, policy often reflects the traditional medical model and does not support new ways of working, so strong and clear organisational leadership is necessary.

Small service means limited cover in case of sickness. Succession planning in advanced practice roles, especially at single-person sites, requires careful planning.

Case study 4

Name:	Tony Chopra
Title:	Advanced Clinical Practitioner (Trainee) – Pharmacist
Trust:	Walsall Healthcare NHS Trust

The context

As a trainee Advanced Clinical Practitioner – Pharmacist, I commenced a unique pilot study in which people were recruited from a multi-disciplinary intake to complete a Postgraduate Certificate in Advanced Clinical Practice, an opportunity offered to me through Health Education West Midlands and Warwick Medical School.

Training as an Advanced Clinical Practitioner

The course was designed to develop senior non-medical clinicians to undertake autonomous practice from a number of specialist areas and disciplines. The structure of the course enabled non-medical clinicians to undertake a full clinical systems examination (child and adult) and to develop the knowledge and skills to clinically and critically interpret results of tests and investigations. After successfully completing the first of two modules, I am currently completing the second module which complements the clinical examination module and is designed to provide the theory underpinning for the acquisition of a range of skills and knowledge to support safe, autonomous practice when requesting and interpreting clinical investigations for a wide clinical spectrum of conditions.

During the training period I have been working alongside primarily A&E clinicians and have also spent time in primary care with a GP in practice; with nursing staff within my own hospital as well as with a range of other AHPs, including an optometrist, phlebotomist and Advanced Nurse Practitioners. As a pharmacist having already completed my prescribing qualification prior to starting this course, it has allowed me to be far more confident in my prescribing practice as well as feeling more confident in managing minor ailments and minor injuries. As a trainee I am seeing patients and undertaking a full top-to-toe assessment, and then making a plan for the appropriate management based on my list of differential diagnoses. The patient is then reviewed by my senior or supervisor at the time. I have found this method of training has helped me to really push myself in becoming an independent practitioner. It has also helped me to integrate my role as a pharmacist into the medical teams within A&E, where I am able to offer my advice as a clinical pharmacist to the team.

An area of clinical practice as an ACP Pharmacist that has been particularly helpful is the management of frail and elderly patients, as they often present with a multitude of co-morbidities for which they are often on a range of medications, hence polypharmacy. By using the well-documented STOPP (Screening Tool of Older People's potentially inappropriate Prescriptions) and START (Screening Tool to Alert doctors to Right Treatments) criteria, I am able to help make recommendations to prevent future hospital admissions by advising on medications that could have either caused, or could cause in the future, a medication-related hospital admission. I am very excited about the possibilities that may open up for me following qualification and convinced that as these roles become more well established it will provide a number of opportunities for Clinical Pharmacists.

Case study 5

Name:	Julie Quick
Title:	Advanced Clinical Practitioner – The Surgical Care Practitioner
Trust:	Walsall Healthcare NHS Trust

The context

Health policy, changes to surgical training and the introduction of the European Working Time Directive have continued to shape the extended role and responsibilities of perioperative practitioners in order to maintain surgical services.

Planned changes to medical training and the introduction of the European Working Time Directive in the 1990s predicted a shortfall of surgical assistants within the surgical team.

A Surgical Care Practitioner (SCP) is a nurse or allied health professional who is educated to postgraduate level and has completed a nationally recognised surgical care practitioner programme. An SCP works in practice as a member of the extended surgical team and undertakes additional perioperative skills that include assisting during surgery and undertaking pre-defined operative procedures under the supervision of a consultant surgeon.

The issues

An increasingly demanding NHS and an evolving health policy saw registered nurses and allied health professionals expand their perioperative role to step into the gaps caused by the depletion of the surgical workforce. In collaboration with senior surgeons and educators, the Surgical Care Practitioner (SCP) role was developed nationally to provide skilled assistance to the surgical team and maintain surgical services.

How did you address this?

In 2005 the national SCP pilot scheme commenced in England and Wales. Taking part in this pilot, and under the direction of a consultant surgeon, the Trust appointed one full-time nurse to train as an SCP in colorectal surgery. A year later, another trainee SCP was employed in vascular surgery. Both nurses successfully completed the national SCP training programme¹.

What are your daily responsibilities?

Daily responsibilities of an SCP are consultant-dependent but include pre-operative patient assessment, including clinical history taking and ordering of investigations. I participate in the consent process and perform pre-operative marking, liaising with theatres, the ward and other departments to facilitate patient care and participate in the Five Steps to Safer Surgery. I provide skilled assistance to the surgical team during operations and perform specified operations such as inguinal hernia repair; review patients on the ward; and formulate plans, including discharge and follow-up care. A large part of my role includes the training and supervision of junior doctors and surgical trainees, and teaching junior theatre staff.

What did you learn that could be useful to others?

Make sure that your job description mirrors the role you undertake. SCPs are working at an advanced level and the job description and NHS banding/pay scale should reflect this.

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

The SCP role is utilised to enhance patient care by reinforcing patient understanding and compliance. Continuity of care for the patient is achieved since the SCP has become a permanent member of the surgical team. List utilisation has improved as the SCP can start the list when the surgeon is busy on the ward, or provide assistance to surgical trainees. This prevents patient cancellations and delays in the list.

References

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Case study 6

Name:	Margaret Bannerman
Title:	Advanced Clinical Practice - Advanced Forensic Practice
Organisation:	Staffordshire University

The context

The first qualification for nurses working in forensic practice, within temporary detention and sexual assault settings, was developed utilising a user-informed curriculum design model, in consultation with the users: employers, employees and service users. The professional organisation, the United Kingdom Association of Forensic Nurses (UKAFN), in consultation with the users, developed national standards: UKAFN ASET Certificate (Advanced Standards in Forensic Practice), based on the core elements of the Postgraduate Certificate Stage of the Award. This is a cross-faculty collaborative award with the law school and science school to develop and deliver the first qualification of its kind in the UK.

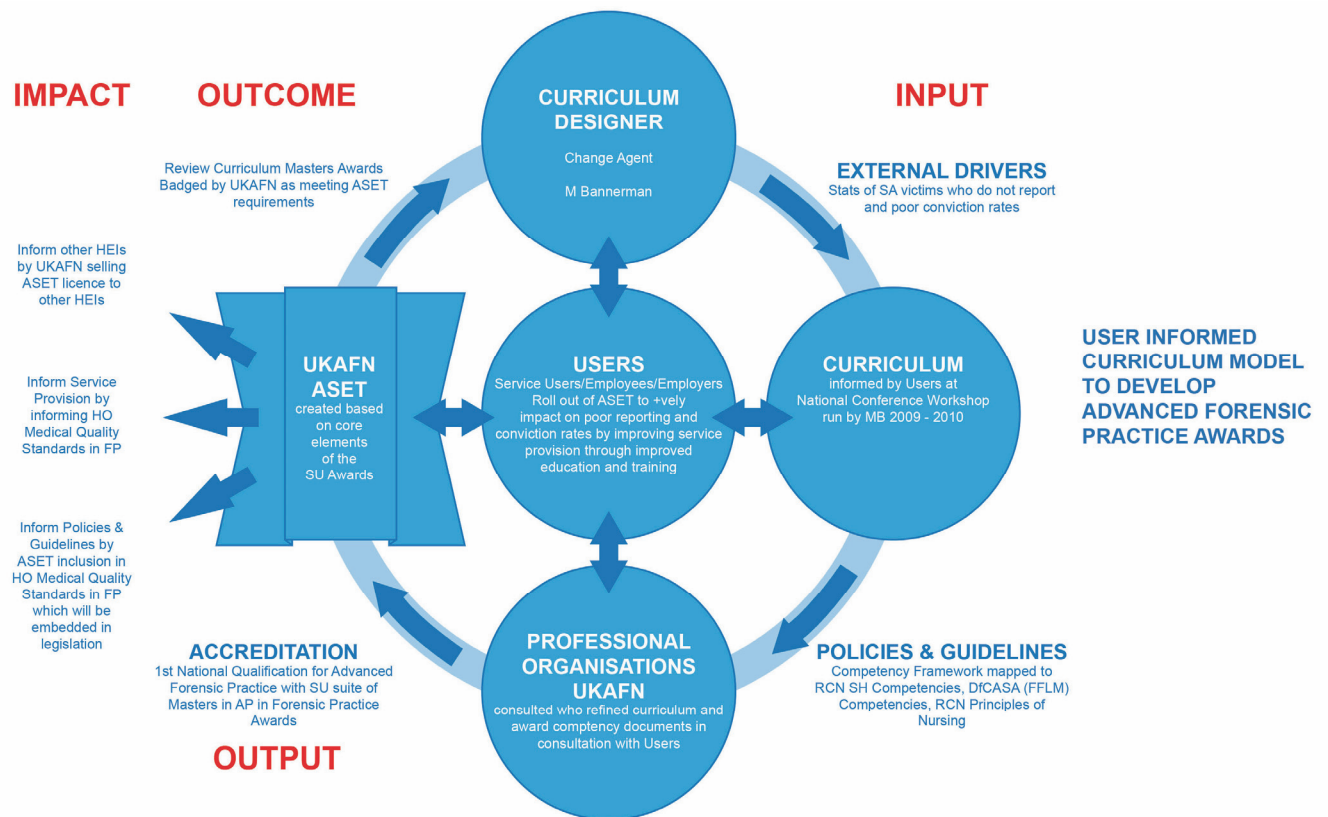
What has this involved?

As Education Officer for UKAFN I have licensed [UKAFNs ASET](#) in order to facilitate other universities to deliver the qualification – in the UK, and particularly in Europe and Australasia, where no such qualifications exist. I currently sit on the [Home Office Medical Quality Standards Committee](#) which is tasked with developing National Standards in Forensic Practice within Sexual Assault. These standards will be embedded within legislation and will become a 'must do', thereby informing service provision. Taking the lead and developing the Advanced Forensic suite of Awards, and as Module Lead of the Advanced Forensic Clinical Practice Module, I led and co-authored the [competency documents](#) and teach on the module.

As there was no national benchmark to develop a national qualification to support those working within this relatively new speciality within nursing, the framework for the curriculum was developed from qualitative data I obtained from workshops at the first National United Kingdom Association of Forensic Nurses conference, where service commissioners and service providers were consulted on the core elements of the award. The curriculum was further developed and refined by consultation at the second national conference, which included service users. References to current national policies and guidelines were also included, along with consulting with organisations such as the Nursing and Midwifery Council (NMC) to ensure the award met the NMC (2005) Guidelines for Advanced Practice. This consultation was vital to ensure the award met the needs of health professionals working in both sexual assault and temporary detention settings. As such, a suite of awards was developed: MSc in Advanced Forensic Practice (Custody Health Professionals); MSc in Advanced Forensic Practice (Sexual Assault Professionals); and an MSc in Advanced Forensic Practice (Sexual Assault and Custody Health Professionals) for those who are working for service providers who are tasked with delivering services in both settings.

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Diagram - User-informed curriculum design model to develop Advanced Forensic Practice awards



M Bannerman, February 2014

ACP involvement of stakeholders

The award curriculum is intended to support the expansion of clinical practice roles for non-medical healthcare staff, which is now an integral part of NHS policy through the government's modernisation agenda. Organisational perspectives on new and different ways of working have created the need for healthcare staff with an advanced level of knowledge, skills and competence to achieve effective performance in the provision of high-quality care. This award has been planned in recognition of the need to respond to the rapidly changing climate in healthcare, taking into account the imperatives laid down in government and professional body documents.

To this end, the award has been designed and kept relevant to stakeholders through a process of close co-operation and discussion with local and national organisations. The Advanced Clinical Practice course has evolved over time to ensure its currency and thus the employability of students undertaking it. This evolution has to some extent been driven by national drivers, but more importantly by a close and productive relationship between the university and these stakeholders.

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For example, local Trusts have been closely involved with the design and content of modules within the course structure. New modules have been added to ensure that students meet the expectations of employers and also gain a range of skills and experience that are commensurate with NHS Trust and Department of Health expectations, both in primary and secondary care. The physical assessment modules' content has been designed to be flexible through the use of on-line multimedia teaching materials to allow students flexibility in approach, so that students can, if on a taught module, continue to keep up with the module content when clinical pressures mean that they are unable to attend some sessions. This has also allowed the development of a distance-learning version, which has been accessed by students undertaking the custody and sexual assault advanced practice courses.

Other modules, such as Clinical diagnostics, have also been flexible in the way in which the course content is flexible enough to allow students study materials relevant to their clinical practice whilst providing an acceptable broad range of learning and skills, to equip them in the broader workplace opportunities that Advanced Clinical Practice provides. Similarly, the Clinical practice role expansion module allows local and speciality competency documents to be used to support student learning and achievement.

Case study 7

Name:	Natalie Ruscoe
Title:	Advanced Clinical Practitioner Nurse – Emergency Care Centre
Trust:	University Hospital of North Midlands NHS Trust

The context

The Emergency Care Centre at the Royal Stoke University Hospital (RSUH) is a large teaching hospital and trauma centre with approximately 120,000 attendances a year.

The issues

Patients attending our emergency departments have the right to receive good-quality care and treatment in a timely manner. This care and treatment is measured through a variety of targets and quality indicators. In recent years, increased emergency department attendances and demand for unscheduled care have led to unprecedented pressures. These increased attendances, coupled with a national shortage of middle-grade doctors, have led to the need to review the emergency-care workforce and to adapt, finding new ways of working.

Addressing the issues

In helping to meet the challenges associated with emergency care, the RSUH has recruited Advanced Nurse Practitioners (ANPs). ANPs have been a part of the Emergency Care Centre's team since 2004, there initially being just two of them and increasing to four in 2010. However, more recently, in response to the issues above, the team has expanded to ten ANPs. The team comprises of:

- 8 x Band 8a ANPs and 1 x Band 7 Trainee ANP (adult care)
- 1 x Band 8a ANP (children's care)

The team covers 7 days a week between the hours of 0800-0000, providing clinical care to our patients.

What sort of thing do you do on a daily basis/what are your daily responsibilities?

Patients present with a wide range of pathologies, from minor injury and illness through to life-threatening and life-limiting conditions, so our practitioners need to develop a wide range of knowledge and skills.

ANPs will assess, diagnose and treat patients presenting to the emergency department, prescribing when indicated and referring for specialist opinions if necessary. Senior clinicians are used to support decisions and for escalation purposes. Examples of patient conditions treated by ANPs include breathlessness, chest pain, stroke, falls/injuries, abdominal pain and infections.

In addition to the clinical work undertaken, which forms the largest proportion of the role, non-clinical work is also completed in the form of teaching, audit and departmental projects (such as domestic violence, elderly care, sepsis and patient experience groups). This non-clinical work lends itself to people's skills and strengths as well as their areas of interest.

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An in-house competency document is used to meet training needs, focusing initially on core skills and presentations, progressing to more advanced skills and presentations as the practitioner progresses. Practitioners in a trainee post are supported to achieve their core skills and presentations within a 12- to 18-month period.

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

This role is making an important contribution. Advanced Practitioners are frontline clinical staff who are experienced and are permanent members of the workforce. A key advantage of this role is consistency. By knowing how the systems and processes work, the role can improve the patient's journey through the department and this contributes towards waiting times and patient experience. The expansion of the team proves our effectiveness and our ability to do what is needed. However, the ANP role is not just about taking on additional skills and procedures; it is also about clinical leadership, promoting professional standards and quality care for our patients.

What did you learn that could be useful to others?

There needs to be support within the clinical environment and time for the ANP to develop. ANP training is largely completed whilst in clinical practice, with support and supervision until competent. Without the support, it may be difficult for ANPs to develop into their full potential. ANPs need to be trained and mentored by both the team and the consultants/senior doctors.

While the ANP role may have blurred the traditional boundaries, the role can provide support to both the medical and nursing teams, and this team-working is to the benefit of our patients.

Case study 8

Name:	Natalie Ruscoe
Title:	Advanced Clinical Practitioner – Nurse (Lead) – Emergency Care Centre
Trust:	University Hospital of North Midlands NHS Trust

What attracted you to become an Advanced Clinical Practitioner?

Having qualified as a nurse in 2000, I originally thought that my path would be a more traditional one of Staff Nurse to Senior Staff Nurse to Sister, but after a few years I knew that I wanted something different to that. While I wanted career progression, I also wanted to remain clinical. With the introduction of advanced nursing posts within the Trust, I was fortunate enough to be successful in applying for a nurse practitioner post on the Hospital at Night team in 2004, before joining the Emergency Care Centre as an ANP in 2010.

Being an Advanced Practitioner, I enjoy directly caring for patients. I enjoy the patient interaction, the ability to help and support patients, and the ability the role gives me to provide a complete episode of care – from initial presentation, through to investigations and diagnosis, to discharge home or admission.

What sort of thing do you do on a daily basis/what are your daily responsibilities?

As an Advanced Nurse Practitioner, I can assess, diagnose and treat patients presenting to the emergency department, prescribing when indicated and referring for specialist opinions if necessary. Patients present with a wide range of conditions, from minor injury and illness through to life-threatening and life-limiting conditions, which provides variety and there is always a lot to learn. As my experience and skills have developed, I am now able to assess and treat more complex cases, and also provide support/advice and supervision to junior medical colleagues and nurses.

As clinical lead, my other responsibilities include the day-to-day duties of team leader as well as the development and support of fellow colleagues and teaching within the department, both nursing and medical teams.

What difference has becoming an Advanced Clinical Practitioner changed how you practice?

One of the biggest changes to note after becoming an ANP is the level of decision-making and autonomy that the role requires. This role allows you to provide a complete package of care to the patient – whilst this is the aspect that I enjoy the most and this itself leads to a steep learning curve. The role has led to an increase in my knowledge and skills but also has led to a better understanding of, and working relationship with, other healthcare professions.

What does the Advanced Clinical Practitioner route offer that other routes do not?

The ACP route offers a more clinical pathway when compared to the traditional routes in relation to progression, and its creation has provided further choice to both nurses and AHPs wanting to progress and develop. It keeps senior and experienced practitioners within clinical roles.

What has been the biggest challenge in having Advanced Clinical Practitioners and the role?

I feel the role itself has been embraced by the Trust and the emergency department, and locally we understand our role and our contribution to patients and service. However, nationally there can be inconsistencies in relation to the ACP role (definition, job role, responsibilities and qualifications) and this can lead to confusion. Also, the number of ACP posts has increased significantly in recent years and consideration needs to be given to training and time for development if this role is to be successful.

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

ANPs are able to provide a complete episode of care for patients presenting to the emergency department, involving other team members as required. As experienced members of the team, I genuinely believe that people in this role have contributed positively to patient care and experience. The role has expanded the medical care available to patients, which influences the waiting times and overall experience for the patient.

Case study 9

Name:	Matthew Green (Consultant)
Title:	Advanced Clinical Practitioner – Complex Mental Health needs in Prisons
Trust:	Birmingham and Solihull Mental Health Foundation Trust

The context

More than 70% of prisoners have two or more mental-health disorders, with male prisoners 14 times more likely to have two or more disorders than men in general, and female prisoners 35 times more likely than women in general.¹

Offenders with personality disorders represent the most serious and challenging cases of mental illnesses within the Prison Service. In an attempt to address the needs of female prisoners with disorders (PD), the National Offender Management Service and the Department of Health developed the Offender PD Strategy for Women as an innovative, 'whole-system' treatment pathway to meet the complex needs of these offenders.²

Addressing the issues

The CAMEO* service, opened in April 2014 at Foston Hall Prison in Derbyshire, is one of four PD treatment services nationally, commissioned under the Offender PD Strategy for Women. Advanced Clinical Practitioners are key to the design, delivery and formative development of the CAMEO service.

Delivered by Birmingham and Solihull Mental Health Foundation Trust and Birmingham-based voluntary sector partner Anawim, CAMEO is a day-treatment service offering women a two-year individualised psychological treatment plan developed on the basis of lengthy screening and assessment with a programme of therapeutic interventions. Interventions include a range of 1:1 and group sessions which increase in intensity as the woman become more psychologically resilient and moves through her treatment pathway.

Role of Advanced Clinical Practitioner

Advanced Clinical Practitioners were planned into the design of the CAMEO service and play a vital tripartite role, which includes:

- an **operational** role, guiding the development of the service through leading reviews and through regular dialogue with the service commissioner, Prison Service staff and delivery partners, and through providing professional support for clinical colleagues
- a **therapeutic** role, delivering therapies including Life Minus Violence Therapy, Dialectical Behaviour Therapy and Mentalisation-based treatment to offenders
- a **clinical** lead role, taking part in assessments and screening

Impact of service

Whilst the CAMEO service is relatively new, regular internal reviews of the service suggest that it is working well for service users. The 2015 report of HM Inspector of Prisons, based on an unannounced visit, noted 'early indications showed that the unit was starting to make a difference'.³

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* CAMEO:

Coping with complex needs

Aiming for a better understanding of self through

Motivation to change

Engaging with others and

Optimism for the future

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Case study 10

Name:	Greg Markham
Title:	Advanced Clinical Practitioner – Accident and Emergency
Trust:	Heart of England Foundation NHS Trust

The context

Emergency medicine has been suffering from chronic understaffing for many years. The almost constant rotation of junior doctors means that the emergency system is in a constant state of flux. With increasing demands to reduce expenditure on locum medical staff, it is now widely acknowledged that solutions to solve performance-compliance and patient-safety issues cannot be addressed by silo working, or by changing systems and processes in isolation: the critical issue of having a clinician workforce that is fit for purpose must be addressed.

The Centre for Workforce Intelligence predicts that it will be at least 2020 before there are sufficient numbers of medically trained consultants. However, this projection is based on maintaining the current number of training posts, and assumes a 100% uptake from core training and the avoidance of high levels of attrition. Given current and historical trends, we know this will probably not occur and it is likely to be several decades before this is achieved, if ever. In simple terms, we are unlikely at any point in the future to have sufficient numbers of medical clinicians. We therefore need to look more broadly and develop our own clinician workforce from a number of disciplines. Time is of the essence because other services and hospitals are actively recruiting trainee Advanced Clinical Practitioners and qualified Advanced Clinical Practitioners, and therefore this alternative pool is already beginning to contract. There is no ideal single solution to the reorganisation of a modern healthcare workforce, but an approach that maximises the significant potential and contribution of other health professionals allied to medicine is one that should be supported.

It has also been shown that increased use of non-permanent medical personnel results in lower decision-making thresholds and more patients being admitted unnecessarily to hospital. According to the Keogh Review (2013)¹, there were 5.2 million patients admitted acutely to hospital nationally in 2012, and it is estimated that 1.2 million of these could have been prevented if alternative workforce models were in place. This further exacerbates the problem, resulting in: poor system resilience; poor flow; overcrowding within the Emergency Directorate and assessment adjacencies; exit blocks; poor-quality care; repeated bed moves; extended lengths of stay; as well as poorer patient and staff experiences. We now need to fundamentally challenge traditional thinking around workforce and maximise the combined potential of professionals allied to medicine. We need to *stop* talking about doctors and *start* talking about clinicians.

How was this addressed?

The Advanced Clinical Practitioner role has been in existence since 2006 and we were the first hospital nationally to introduce the role at scale. Heart of England Foundation NHS Trust (HEFT) is considered by many to have the most advanced programme for developing ACPs in the country at present, and 81 hospitals nationally have now visited the emergency department (ED) to discuss the role and potentially

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introduce similar initiatives within their own organisations. Advanced Clinical Practitioners now make a significant contribution to the ED clinician workforce, with just over half of the attending patients (53%) being seen and treated by non-medically trained staff.

What difference is it making?

The success of the ED model (in an area where the majority of patients attend with undiagnosed and undifferentiated problems across the age and acuity spectrum) will provide reassurance that this approach can be safely replicated in other clinical areas and within specialty teams across HEFT. A recent large-scale research study, comparing permanent ED ACPs and ED medical MGs, showed that the ED ACPs see approximately one thousand more patients per annum than the average medical ED MG counterpart. Other small-scale audits that have compared ED medical MGs with ACPs have shown that ACPs are:

- safer, with evidence in prescribing, but also as senior decision-makers
- interdisciplinary role models and with significant leadership potential
- more likely to have an understanding of, and adhere to, local policy and procedures and therefore less likely to make mistakes
- less likely to admit patients unnecessarily
- more likely to see and treat patients across the age and acuity spectrum, following the best pathway for the patient whether that be referral and admission, or referral to another agency, or discharge home
- more likely to stay at HEFT than their transient medical MG equivalents

What did you learn that could be useful to others?

Developing ACPs is more than a process of just teaching more 'medicine' to allied health professionals. For an ACP to grow and become effective requires them to be coached into decision-making processes; they need networks, supervision and support from fellow ACPs that have completed the process. Organisations that try to develop ACPs often fail, as there is a misunderstanding of issues between the mentee and the senior clinical mentor. Developing a happy and effective Advanced Clinical Practitioner workforce depends mostly on creating an organisational culture that supports it.

Case study 11

Name:	Nathan Humphries
Title:	Advanced Clinical Practitioner – Chartered Physiotherapist
Trust:	Heart of England Foundation NHS Trust

The context

I qualified as a Chartered Physiotherapist in 1999, specialising in musculoskeletal outpatients from 2003. In 2006 I commenced a split role, 50% in physiotherapy musculoskeletal outpatients and 50% in the emergency department, initially exclusively seeing musculoskeletal presentations with the Emergency Nurse Practitioner team, qualifying in the management of minor injuries in 2007. In 2011, I qualified in the management of minor illness, which eventually led to my joining the Advanced Clinical Practice team in 2013, when I commenced the Postgraduate Certificate in Advanced Clinical Practice for Health Care Professionals at Warwick University, the first part of my Masters.

What attracted you to become an ACP?

Once I started treating minor illnesses in the busy emergency department it became a regular occurrence to assess clinical presentations that were more complex, and I had to hand them over to other clinicians. I felt that I wanted to develop the skills to autonomously manage the full patient pathway through the ED, both for my own job satisfaction and to provide a more efficient and prompt treatment for the patients.

What sort of things does an ACP do on a daily basis/what are the daily responsibilities?

As I continue to have a split role in physiotherapy and the ED I do not have a full ACP role working in majors and resuscitation. I spend the majority of my time in minors and paediatrics, where I will autonomously manage patients presenting with anything from minor to life-threatening major conditions through to admission/discharge.

How has your practice changed?

My practice has significantly changed from that of a traditional physiotherapist due to the demands of managing ED patients autonomously. Other than my MSc I have become competent in medicine management, venepuncture and cannulation. I have qualified as a non-medical prescriber, ALS and APLS.

What does the ACP route offer that other routes do not?

The opportunity for Advanced Clinical Practice in the ED allows true, independent, autonomous patient management, without having the need to defer to medical colleagues for interventions that ACP's are now able to competently manage.

What has been the biggest challenge in your role?

As a physiotherapist I had clinical training in respiratory, neurology and musculoskeletal assessment. However, assessment and management of cardiac and gastrointestinal presentations and understanding of diagnostic investigations were initially a big challenge. I am, however, fortunate to work in an environment which is supportive of developing skills.

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

I believe the patients I see receive competent medical assessment and management. The benefit of having a physiotherapy background, besides providing musculoskeletal expertise, is the knowledge of rehabilitation and being able to provide a different insight to care from medical and nursing colleagues, which enhances the team as a whole.

Glossary

AP	Advanced Practice
ACP	Advanced Clinical Practice/Practitioner
AHP	Allied Health Professional
AHW LETC	Arden, Herefordshire & Worcestershire LETC
ANP	Advanced Nurse Practitioner
CCG	Clinical Commissioning Group
CPD	Continuing Professional Development
ED	Emergency Department
EoLC	End of Life Care
HEE	Health Education England
HEI	Health Education Institute
HEE WM	Health Education England working across the West Midlands
HEFT	Heart of England Foundation NHS Trust
LETB	Local Education Training Board
LETC	Local Education Training Council
MHI	Mental Health Institute
MSc	Master of Science
NMC	Nursing and Midwifery Council
OSCEs	Objective Structured Clinical Examinations
PD	Personality Disorder
PFO	Patent Foramen Ovale
PGA	Post Graduate Award
RAPG	Regional Advanced Practice Group
RAPP	Regional Advanced Practice Programme
RSUH	Royal Stoke University Hospital
SCP	Surgical Care Practitioner
START	Screening Tool to Alert doctors to Right Treatments
STOPP	Screening Tool of Older People's potentially inappropriate Prescriptions
UHCW	University Hospitals Coventry and Warwickshire NHS Trust
UKAFN	United Kingdom Association of Forensic Nurses
VBR	Values Based Recruitment
WMAS	West Midlands Ambulance Service NHS Foundation Trust

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Acknowledgements

We would particularly like to thank the contributors to the following frameworks, the content of which is built upon within this document.

- NHS Wales (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales
- NHS Education Scotland (NES) the Scottish Government (2008) Supporting the development of Advanced Nursing Practice: A toolkit approach
- Health Education England for the East Midlands (2014) East Midlands Clinical Practice Framework

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

- Barking, Havering and Redbridge University Hospitals NHS Trust
- Department of Health
- Employment Research Ltd
- Heart of England NHS Foundation Trust
- Kettering General Hospital NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Nursing Medical Council
- Royal College of Nursing
- Royal College of Surgeons
- Royal Pharmaceutical Society
- Skills for Health
- Society of Radiographers
- South Warwickshire NHS Foundation Trust
- The Royal Wolverhampton Hospital NHS Trust
- University Hospital Coventry and Warwickshire NHS Trust
- University Hospitals of North Midlands NHS Trust
- Worcestershire Acute Hospitals NHS Trust

We would also like to acknowledge the invaluable contribution of all of the following staff:

Advanced Clinical Practice Framework for the West Midlands

Core Programme Team

Professor Mark Radford

Chief Nursing Officer
University Hospitals Coventry and Warwickshire NHS Trust

Sukvinder Kaur

Programme Manager for Regional Advanced Practice Programme
University Hospitals Coventry and Warwickshire NHS Trust
on behalf of Health Education England for the West Midlands

Gillian Arblaster

Associate Director of Nursing, Education and Research
University Hospitals Coventry and Warwickshire NHS Trust

Jane Perry

Associate Head of Institute for Business and Workforce Development
University of Worcester

Jane Emson

Head of Strategic Workforce Planning and
Senior Lead for Arden Herefordshire and Worcestershire Local Education Training Council
Health Education England for the West Midlands

Catherine Sills

Workforce Development Specialist for Arden Herefordshire and Worcestershire
Health Education England for the West Midlands

Chris Wood

Programme Lead Education Commissioning
Health Education England for the West Midlands

Advanced Clinical Practice Framework for the West Midlands

Regional Advanced Practice Group (Task and Finish Advisory Group)

Chair and Programme Executive Sponsor

Mark Radford, Chief Nursing Officer, University Hospitals Coventry and Warwickshire NHS Trust

Programme Sponsor

Gillian Arblaster, Associate Director of Nursing, Education and Research, University Hospitals Coventry and Warwickshire NHS Trust

Regional Programme Manager

Sukvinder Kaur, University Hospitals Coventry and Warwickshire NHS Trust on behalf of HEE(WM)

Arden Herefordshire and Worcestershire LETC (AHW LETC)

Patricia Cerrone, Head of Corporate Nursing and Education, Worcestershire Health and Care NHS Trust

Jane Perry, Associate Head of Institute for Business and Workforce Development, University of Worcester

Jane Emson, Head of Strategic Workforce Planning and Senior Lead for AHW LETC, HEE WM

Catherine Sills, Workforce Development Specialist AHW LETC, HEE WM

Birmingham and Solihull LETC (BSO LETC)

Claire Whittle, Faculty Manager at Heart of England NHS Foundation Trust

Liz Woodus, Lead Advanced Nurse Practitioner, Royal Orthopaedic NHS Trust

Chris Inman, Senior Lecturer/Programme Director MSc Advanced Practice, Birmingham City University

Louise Stewart, Workforce Development Specialist BSo LETC, HEE WM

Julian Mellor, Workforce Development Specialist BSo LETC, HEE WM

Black Country LETC (BC LETC)

Mark Dawes, Lead Advanced Clinical Practitioner in Emergency Medicine, New Cross Hospital

Martin Townsend, Group Head of Nursing/Medicine/Emergency Care, Sandwell and West Birmingham NHS Trust

Julian Rhodes, Head of Education and Training, West Midlands Ambulance Service

David Richards, Consultant Sonographer, The Royal Wolverhampton Hospitals NHS Trust

Della Burgess, Workforce Development Specialist BC LETC, HEE WM

Shropshire & Staffordshire LETC (SaS LETC)

Paula Dabbs, Head of Organisational Development, Shrewsbury and Telford NHS Trust

Roy Thompson, Head of School Nursing and Midwifery, Staffordshire University

Sarah Woolley/Valerie Nixon, Academic Group Leaders, Staffordshire University

Mel Humphreys, Director of Postgraduate Studies, Keele University

Heather Pitchford, Workforce Development Specialist SaS LETC, HEE WM

Advanced Clinical Practice Framework for the West Midlands

Mental Health Institute LETC

Stuart Baird, Senior Workforce Planning Lead, Birmingham and Solihull Mental Health NHS Trust

Matthew Green, Programme Lead for Advanced Practice MHI LETC, Policy Works Associates

Chris Malvern, Workforce Development Specialist MHI LETC, HEE WM

Allied Health Professionals

Jo Fillingham, Professional Advisor Allied Health Professions (AHPs), Health Education Midlands & East

Primary and Community Care

Karen Storey, Primary Care Nurse Lead, HEE WM

Steve McDonnell, Advanced Nurse Practitioner, Badger Medical Primary Care Services

Fozia Ikram-Bashir, Primary Care Project Manager, HEE WM

Advanced Clinical Practitioners (in addition to representatives above)

Philip Goode, Specialist Nurse Practitioner, Worcestershire Acute Hospitals NHS Trust

Helen Pickard, Advanced Nurse Practitioner, University Hospitals Coventry and Warwickshire NHS Trust

West Midlands Emergency Medicine Task Force

Matthew Aiello, Emergency Medicine Programme Manager, HEE WM

Nisha Selopal, Emergency Medicine Project Manager, HEE WM

Garry Swann, Course Director Warwick Medical School and Clinical Director for Advanced Practice at Heart of England Foundation NHS Trust

Janet Cooper, Deputy Director of Masters Programme at Warwick Medical School

Education Commissioning

Chris Wood, Programme Lead Education Commissioning, HEE WM

Advanced Clinical Practice Framework for the West Midlands

Higher Education Institutions (HEIs) Advanced Practice Group

Chair and Programme University Advisor

Jane Perry, Associate Head of Institute for Business and Workforce Development, University of Worcester

Regional Programme Manager

Sukvinder Kaur, Advanced Practice Programme Manager, University Hospitals Coventry and Warwickshire NHS Trust on behalf of HEE WM

Aston University

Liz Moores, Associate Dean Taught Programmes: Development and Recruitment

Julia Brown, Head of External Relations, School of Life & Health Sciences

David Terry, Director – Pharmacy Academic Practice Unit

Birmingham City University

Chris Inman, Senior Lecturer/Programme Director MSc Advanced Practice, Birmingham City University

Sue Shortland, Senior Lecturer/Advanced Nurse Practitioner, MSc Advanced Practice/Non-Medical Prescribing

Coventry University

Alastair Gray, Course Director/Admission Tutor MSc Advanced Clinical Practice

Keele University

Jane Jervis, Lecturer in Nursing, Acute Care Pathway Lead, School of Nursing and Midwifery

Mel Humphreys, Director of Postgraduate Studies, School of Nursing and Midwifery

University of Birmingham

Cara Bailey, Senior Lecturer, Lead for Postgraduate Studies and CPD, Fitness to Practise Investigating Officer, Nursing

Maria Clark, Lecturer in Nursing, Programme Lead: MSc Advanced Clinical Practice

University of Staffordshire

Sarah Woolley, Academic Group Lead, Adult Nursing, Faculty of Health Sciences

Val Nixon, Academic Group Lead, Adult Nursing, Faculty of Health Sciences

University of Wolverhampton

Ann Saxon, Head of Academic Business and Workforce Development, Faculty of Education, Health and Wellbeing

University of Worcester

Ruth Pearce, Lead for Continuing Professional Development, Institute of Health & Society

Warwick University

Janet Cooper, Deputy Director of Masters Programmes and CPD

Neil Stockton, Director, Masters and CPD, Warwick Medical School

Kirsti Soanes, Lecturer and Lead ACP Consultant

Garry Swann, Course Director and Clinical Director for Advanced Practice

Contributors

Alastair Gray	Alexandra Anderson	Alex Sweeney
Alison Jarvie	Andrew Whallett	Anne Sims
Bill Allen	Cara Watson	Carol Love-Mecrow
Caroline Samouelle	Carolyn Pitt	Celia Lewis
Cath Greenway	Catherine Sills	Chantal Edwards
Charles Ashton	Charlotte Cox	Cheryl Walne
Chris Inman	Chris Malvern	Claire Tubbritt
Claire Whittle	Colin Rusike	David Terry
Dawn Wardell	Dawn Southey	Eileen Plenderleith
Fozia Ikram-Bashir	Gary Evans	Garry Swann
Gillian Arblaster	Heather Pitchford	Heather Randle
Heather Steele	Heather Tysall	Helen Pickard
Helen Spooner	Hilary Bradbury	Hilary Kemp
Ian Purcell	Jane Terry	Jane Emson
Jane Perry	Janet Cooper	Janet King
Janet Lea	Jill Ramsden	Judith Donlon
Julian Mellor	Julia Rhodes	Julian Rhodes
Judith Tudor	Julie Quick	Julie Sellars
Julie Spenser	Julie Thompson	Karen Storey
Kate Hackett	Kim Brett	Lindsay Smith
Lisa Levy	Liz Faulkner	Liz Woodus
Louise O'Sullivan	Louise Stewart	Lynne Bowers
Mahadeva Ganesh	Margaret Bannerman	Mark Dawes
Mark Radford	Matthew Aiello	Matthew Green
Matthew Parsons	Mel Humphreys	Michelle Field
Michelle Greening	Michelle Horn	Natalie Ruscoe
Nisha Selopal	Paula Dabbs	Patricia Cerrone
Peter Purewal	Philip Goode	Rachael Skinner
Rebecca Goldfinch	Robert Bryan	Roger Callender
Roy Thompson	Ruth Pearce	Sarah Cox
Sarah Woolley	Sean Hare	Sharon Mayglothling
Sonia Godfrey	Sonya Murray	Steph Whitehouse
Stuart Baird	Sue McCutcheon	Sue Shortland
Sue Moody	Sue Tura	Sukvinder Kaur
Suresh Periyasamy	Tara Bartley	Terry Bates
Tony Chopra	Tracy Lapworth	Valerie Nixon
Vicky Williams	Victoria Dixon	Wendy Preston