Evaluation Report

Prepared for: York NHS Foundation Trust

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Executive summary

Introduction

York Hospitals NHS Trust (the Trust) has commissioned Acua Solutions Limited to carry out an evaluation of the Masters in Accredited Clinical Practitioners (ACP) programme accredited by the University of Hull. The evaluation will be conducted in three phases. This report captures the findings from the first phase of activity and discusses some of the emerging themes.

Methodology

At the start of the project a logic chain outlining the outcomes and impacts for the ACP Programme was developed and agreed, along with a framework of indicator measures.

This phase of the project used qualitative and quantitative research techniques, including: a desk based review of relevant documentation; depth interviews with learners and mentors; and, a learner and mentor online survey.

Headline findings

Below are the initial findings from this phase of the project:

- There are positive indications that the Programme is already having an impact and realising benefits
- There seems to be an opportunity for the Trust to establish a formal clinical progression route, integrating and positioning the relatively new ACP role as a senior clinical role within that progression route
- Trainee ACP's rotate in order to be competent in a number of areas; the adopted approach is not dissimilar to the one experienced by trainee and junior Doctors. This is an integral part of the Programme but has caused some discomfort and a general feeling of lower levels of confidence and capability as each individual adjusts to their new placement
- The point above may also contribute to the widespread distribution of individual scores in the learner online survey across almost all capability and confidence areas; this may also be due to the diverse backgrounds and experiences of the learners
- In contrast to all of the other capability areas explored in the learner online survey, the mean scores for each element of interpersonal skills were relatively high for both capability and confidence
- Both learners and mentors indicate that the network of Trainee ACPs is particularly strong and that this network of practitioners has benefitted them already; it is also likely to be sustained beyond the end of the Programme
- Mentors feel having other participants that are not from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme will benefit the Trainee ACPs in their role; this benefit is perceived as of lower value by the learners
- The prevailing culture and working practices at both a departmental and Trust/organisational level is generally felt to be supportive of the ACP role, although the mean scores would suggest there is still room for improvement
- The Trust recognises the need to provide training to mentors and this will be addressed in the very near future.

1. Introduction

1.1 Project overview

York Hospitals NHS Trust (hereafter referred to as 'the Trust') has commissioned Acua Solutions Limited to conduct an independent, longitudinal evaluation of the impact of the Masters in Accredited Clinical Practitioners programme accredited by the University of Hull. The evaluation project will determine the impact of the Masters programme at a number of levels – as follows:

- Practitioner level – the impact on learners' knowledge, skills, attitudes and beliefs, sense of worth, confidence and commitment
- Service level – the impact on service delivery (e.g. better quality, improved working practices) and patient care
- Organisational level – the return on expectations and investment realised (e.g. reduced attrition rates and career progression, improved employee performance, higher levels of innovation).

Throughout the evaluation particular consideration will be given to the impact of the learners studying as a cohort (e.g. the extent to which learners have benefited from peer support, the extent to which a peer group identity has been created).

The Masters Programme is being delivered over a two year period, with learners due to complete March 2015.

Given the longitudinal nature of the evaluation, a phased approach to the delivery of the evaluation will be adopted – see below.

- Phase 1 – Programme start, within six months of programme start and at the point at which learners move into their clinical roles, to establish baseline of attitudes, beliefs and confidence [Oct -13 to Dec-13]
- Phase 2 – Mid-programme review, six months after learners move into their respective clinical settings, to highlight emerging issues and challenges and early successes [May-14 to July-14]
- Phase 3 – End of programme review, as the learners complete their studies, to determine distance travelled particularly in respect to knowledge and skills, attitudes, beliefs and confidence [Mar-15 to Apr-15].

1.2 Evaluation methodology

Our adopted approach to evaluating the ACP programme is based on a 'theory of change' methodology. The outcomes based methodology involves clarifying the rationale behind the investment in the programme and specifying the anticipated causal sequence between the desired outcomes and longer-term impacts and the support and activities put in place through the programme to achieve them – a logic chain.

Appendix 1 outlines the logic chain of outcomes and impacts for the ACP programme and **Appendix 2** the framework of the indicator measures, aligned to the outcomes and impacts, and the different sources of evidence/data that will be collated. It is anticipated that the expected outcomes will be realised by, or shortly after, the completion of the ACP programme. By contrast the impacts describe the longer-term benefits which will be realised post-completion (six months or more) of the programme.

Each phase of the evaluation will involve evidence gathering and data collation, analysis of the evidence and reporting on the findings. Primary research will be gathered from key stakeholders (learners, clinical sponsors/mentors and the programme's steering group) using a range of tools.

During this phase of the project we conducted a primarily qualitative investigation. This was backed by an online survey as well as secondary desk based research of: Masters Programme information, role outline, Knowledge and Skills Framework (KSF) and NHS documents.

Primary research included:

- In-depth interviews with mentors (3 in total) and learners (6 in total)
- An online survey administered by email to mentors (2 out of a possible 3 responses received) and learners (6 out of 6 responses received)

Learner in-depth interviews
A set of questions was specifically designed to capture the information required by the evaluation framework (**Appendix 3**). The purpose of the initial telephone interviews was to establish:

- Learners' expectations of the programme
- Learners' motivation for taking part / completing the programme
- Learners' current skills, experience and capabilities related to the ACP role
- How knowledge sharing activity and organisational culture and working practices were impacting on the programme experience.

Mentor in-depth interviews
A set of questions was specifically designed to capture the information required by the evaluation framework (**Appendix 4**). The purpose of the initial mentor telephone interviews was to explore:

- Why learners had engaged with the Programme and the benefits their participation brings
- What mentors believed the learners could achieve as a result of the programme
- Where mentors believe the learners are at present in terms of capability in the ACP role.

Learner and mentor online survey
Quantitative and qualitative data was obtained via two online surveys, one for learners and one for mentors. The surveys aimed to explore the following areas:

- The level of capability of the trainees in relation to elements of the Advanced Clinical Practitioner (ACP) role
- The confidence level of trainees in relation to elements of the ACP role
- The working practices and culture in terms of the extent to which they are supportive of the ACP role.

All information collated is now password protected and held securely on Acua's internal database in compliance with the Data Protection Act by Acua Solutions Limited.

1.3 Phase 1 report

This report captures the findings from the first phase of evaluation activity. The remainder of the report is structured into three sections:

- To provide emerging themes from the different information/data sources
- To provide a summary and outline any areas for consideration.

2. Depth interviews emerging findings

The following sections assimilate the responses from the interviews and aims to draw out the key points.

The findings have been structured around four main areas: aspirations and ambitions; personal and professional development; knowledge sharing; and, trust and culture.

2.1 Aspirations and ambitions

This section aims to explore the background and experience of learners, their career aspirations and their expectations of the Programme.

Background and experience

Trainee ACPs (TACPs) appear to have a strong depth and breadth of experience and expertise from working in a variety of roles (senior nursing posts, coronary care, cardiology, critical care, urgent care, minor injuries, trauma care) as well as working in various locations across the UK). The TACPs are drawing on this experience and expertise in the trainee role.

When asked why learners chose the ACP route, many explained they were not keen to take on a management role which took them away from contact with patients. The ACP role enabled the learners to progress their career without losing patient contact time. For many, the Programme was the logical next step, particularly due to greater levels of ownership associated with the role, e.g. being able to assess and create a treatment plan.

> ***"I did not have the authority to do much more after initial assessment, with this Programme I'll have a greater remit and be less reliant on others to finish the job."***

TACPs want to make a greater difference to the patients they have contact with, as opposed to a management route where a larger number of patients are affected but there is less contact time.

This was validated by mentors reporting that the role has come about due to the difficulties in recruiting and retaining junior doctors. It is hoped that ACPs will be retained, will provide stability and will be used to cover important clinical duties going forward.

Given these findings, there would seem to be an opportunity for the Trust to establish a formal clinical progression route, integrating and positioning the relatively new ACP role as a senior clinical role within that progression route.

Mentors are clear on the importance of this shift towards the ACP role and its importance. They also recognise the importance of the ACP's experience and background in comparison to say a junior doctor. Mentors suggested that ACPs would be able to 'get to the root cause'; the awareness of, and experience that the TACPs have had, with patients will add great value.

Another example of this shift stated by learners is that in the past ACPS have been unable to prescribe to patients and have had others take on the assessment process for them. TACPs want to take ownership of the patient journey and improve this alongside ensuring continuity for the patient.

Expectations

When exploring expectations of the Programme, learners explained that they expect:

- To be able to apply underpinning knowledge from the Programme in their job role
- To be able to identify and support the learning needs of other members of staff
- To be able to spend time with subject matter experts in the Trust
- To identify their learning areas (e.g. anti-microbial stewardship, use of antibiotics) and to gain new knowledge and experiences on and off the job.

Career aspirations
Learners found it difficult to look to the future in their career right now as they were unsure which specialist area they would be placed in within the Trust. They were also unsure whether the Programme would meet the needs of their future ACP role and the standards expected. They were not clear on the extent to which the two were aligned. One learner questioned whether the Programme in its entirety would be fully recognised, particularly as the ACP role becomes more commonplace and nationalised standards become more evident. It should be noted that the Programme has been designed in such a way as to provide a breadth of experiences in different clinical settings, before the TACPs then specialise in one area, albeit an area that is broader in nature than the highly specialist area they were working in previously.

TACPS suggested that the Trust needed to disseminate more information about the ACP role, in order to raise awareness and improving understanding of how the role would work in practice. It was reported that staff do not always understand the ACP role concept and the training process involved – the learners are the first cohort to go through the Programme in this way and as such it all feels very new to staff at the Trust. This has, however, helped to bring the cohort of TACPs much closer together as a peer support network. It was therefore suggested that across the Trust, Departments needed to know the TACPs are coming, that they are informed about the role, that there is an awareness of the TACP's background and experience, as well as what is happening during the Programme.

In contrast to the learners' viewpoints, one mentor stated that the role itself had been well 'advertised' across the Trust.

In respect to developing a specialism, TACPs indicated that given the choice they would 'go down the route' that builds on their previous experience as this would add more benefit to the Trust. At this stage they are unclear about how and when the decision about their specialist area will be made. Further, learners are concerned about this because they need to inform the University in January 2014 what area they would like to specialise/practice in (e.g. acute medical admissions, elderly care, A&E and trauma, orthopaedic) as this will inform their academic pathway.

Learners have seen and/or heard about Advanced Nurse Practitioner courses elsewhere. From the start the TACPs believe that participants on these courses are informed where they will be placed. Some learners feel that this may have helped with this Programme, to ensure alignment between the needs of the Trust and the individual TACPs, and the off the job learning at the University.

The learners do recognise they are getting a broader perspective of the ACP areas, however:

> ***"It sometimes feels like we are wasting time not being in the speciality area right from the beginning. Both expectations from consultants and us would then be known."***

Learners tended not to be aware of, or clear about, the career choices taken by other ACPs in the past. TACPs reported that they felt the Programme would enable them to specialise in the future but were unsure about what routes were open to them.

> ***"I would like to be as high as I can clinically, and at the top of my game."***

2.2 Personal and professional development

This section aims to explore areas for development, how these were identified and captured, any application of the learning that has already taken place, and the benefits of the Programme.

Areas for development
Learners suggested that the exploration of their areas for development could potentially be hampered by them not knowing where they might be placed in the future. Learners felt that they need to gain a better grasp of what exactly is required from a competent ACP as this would help them to identify and articulate their development needs. It should be recognised that the approach to learning and development adopted

by the Programme is very different to that of nurse and other practitioner training in the NHS. The adopted approach is not dissimilar to the one experienced by trainee and junior Doctors, where they rotate in order to be competent in a number of areas.

The Trust has though decided to recruit and train the second cohort of TACPs in a slightly different way. The new TACPs will remain in their base area for two days a week whilst training. This will, it is believed, help the TACPs retain a sense of identity and high level of confidence in their practice.

Learner responses indicated that areas for development tended to be identified on the job and were related to on the job experiences as opposed to module topics that they were studying. Findings from the learner interviews seem to indicate that no diagnostic has been undertaken in respect to the learners' levels of competence in key ACP areas prior to the Programme starting. As part of their final placement, TACPs will in conjunction with their clinical supervisor and/or mentor identify their specific development needs in order for them to operate competently as an ACP in that particular specialist area. These specialist areas will, however, be quite broad in nature. For instance, acute medical assessment involves everything from renal to respiratory and beyond.

Nevertheless, non-medical prescribing and pharmacology were cited as specific areas for development. Learners recognised that the modules covering these areas would be beneficial. This was endorsed by mentors, who indicated that prescribing medicine will be one of the TACPs key areas of focus due to its complexity. Another area of development which was highlighted was clinical examinations – learners again recognised the need to better understand the concepts and principles, and then apply these in practice with doctors and patients. Mentors endorsed this and added other areas such as taking patient history, knowing who to ask if they don't have the knowledge, and using early management techniques. One mentor also stated that a key area for development for the TACPS related to recognising a sick person by having differing diagnosis, using early management interventions, and prescribing to support diagnosis.

Learners fed back that the University modules are seen as academic in content as opposed to covering clinical skills, so far that is. This supports the learners going out to explore concepts as opposed to helping them identify learning and development needs per se.

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> ***"The modules done so far have been very academic as opposed to applying clinical skills…it is the advanced clinical skills that are of interest."***

> ***"We are supposed to be acquiring advanced clinical practitioner skills but we have people from mental health, practice nurses, ENT nurses [on the Programme] no other ACPs. They have been trying to base this around our needs but it needs to be a little more bespoke."***

The quote above highlights an important factor which warrants further exploration. Whilst in many respects the Programme involves a closed cohort of learners from the Trust, when they attend lectures/seminars for the University delivered modules, learners from other organisations are studying alongside the ACP cohort. As such the perception is that the University delivered modules are not necessarily tailored to the needs of the TACPs.

The breadth in the approach is, however, critically important. ACPs need to be able to assess and diagnose a patient in a range of clinical settings; involving the TACPs stepping outside of their 'comfort zone' of their previously narrow by comparison area of practice/specialism. Advanced practice requires a breadth of knowledge to help refine the assessment and diagnostic process. Consequently, the TACPs will only be able to apply this knowledge when they 'touch' patients with particular conditions.

Identifying and capturing learning needs

> ***"Learning Needs are not captured at present. We are learning core skills. We are given the opportunity to decide which areas you want to focus on e.g. we can go off and focus on a particular area. It is more self-directed."***

As previously stated learners are not generally capturing their learning needs but are actively finding out about areas they know nothing about as the need arises (e.g. finding out about the stroke pathway). The approach they seem to have in place is 'self-directed learning' through academic study, work shadowing

and workplace practice. Mentors supported this point; they do not feel that they have a full grasp of the learners' needs and perhaps needed some steer on this from the Trust and/or the University. At present this is something the TACPs seem to drive themselves. Mentors felt this could be improved upon by providing them with a curriculum or syllabus for the Programme. Learners also focused on the need for greater (or clearer) Programme structure and better pre-Programme planning. Mentors are also aware that the learners were hoping for a far more prescriptive course.

> ***"This [Programme] is more like an apprenticeship with a significant amount of the learning being self-directed. However they haven't received a syllabus as yet that is as detailed and prescriptive as they were expecting and this is causing some consternation."***

Learning needs analysis does not seem to be taking place formally through the Programme; however, some learners are engaged in informal reflection on their own merit or as advised by their mentor, e.g. personal written reflective logs. This tends to have a positive impact for learners who feel they are progressing. However, with the lack of clarity in what the future role looks like, the need for clarity in ACP competencies, and the academic focus from the University, identifying learning and development needs can be a challenge and is felt to be an area for improvement. It is felt learning needs identification for the role has been made more difficult due to the Programme modules being highly theoretical rather than focused on clinical skills acquisition. An important point to note is that the Programme is work-based and experiential in nature – the focus very much being on clinical skills acquisition and application in a workplace setting, underpinned by theory gained through the academic elements of the Programme.

Furthermore, the learners feel somewhat concerned that there does not appear to be a 'paper trail' in place to highlight learning needs and what has been achieved (or 'signed off').

> ***"It feels like there is a lack of structure in the Programme, at times we a clutching at opportunities to gain a learning opportunity."***

> ***"Once we know what we need to achieve exactly – we can discuss this with our clinical supervisors. They [the supervisors] need to be more aware of what we are doing, e.g. keeping in touch, daily support, meeting and reviewing, discussing progress and problems, anything that can be adapted."***

Related to this mentors also mentioned that no training has really been given to them on the mentor role – it has been left to them to teach the TACPs what they think they need to know. For example, "…they follow me on the ward and sit in with me or I direct them to some reading." What the mentors can teach and what the TACPS can learn is therefore reliant on the cases that they have in the ward at any given time.

> ***"As far as I know they do not have a written down portfolio. No documentation of what learning is taking place. We are reliant on the cases that we have on the ward. Learning they have is dependent on the patients. There is no formal curriculm but I am sure this could be improved, e.g. a learning checklist could be put in place as with other programmes."***

The Trust recognises the need to provide training to mentors and this will be addressed in the very near future, now that the final placements for the TACPs have been determined and clinical mentors and supervisors allocated.

At present mentors believe the trainees are taking a 'knock on all the mentors doors' approach to learning rather than having an allocatted mentor – with mentors believing this might not be the best approach. It will make more sense when the ACPs have clinical supervisors as their mentors/supervisors will be in the area in which they are working in. Once this takes place the existing mentors would take a more coaching style appoach rather than pure mentoring. It was felt by one mentor that a 'formal' meeting with ACPs to discuss how things are going is both essential and should be compulsory in the near future.

Application of learning

Learners were not generally able to give a direct answer on what 'key skills' they had acquired to date. Some examples were given around TACPs providing development in the areas of 'personal and people development' and 'service improvements'. Discussions on key skills tended to turn towards competence /

competencies. One concern raised was around the need for 'sign off' on competence in particular areas related to the ACP role, as highlighted above.

> ***"My biggest fear is that in a year's time I could be stood in a court of law and I try to justify an action….but I would have no proof or outline of who taught me on this area… I have nothing formally signed off to say that I am competent… this makes us a little bit vulnerable… this scares me in terms of the legality and if the Trust would back us up as well as what specifically is in our remit."***

This raises a concern which was echoed in the mentor interviews. The mentors view was that the TACPs will need to declare themselves as capable or competent in a particular area at some point in the future. There will be generic skills which the learners already have, but going forward they need to be skilled and specialist in particular areas.

As the findings have shown, the learners do not feel at this stage that they are in a position and/or have the tools to do this in an informed way. Creating a baseline of expectations came through during the interviews as critical in terms of the learners needing to know what they have to achieve. Learners feel that this is not in place with the Programme and that mechanisms do not seem to be in place for the Trust to 'sign off' competency. TACPS are particularly looking forward to receiving information about what exactly they need to be competent in, in order to be effective in the role, which will have a significant bearing on their Programme journey.

For mentors it was generally too early to share what the TACPS were learning or applying in their trainee role; however, one mentor believed that they were becoming more confident over time with themselves and in talking with the patients. In terms of verifying learning and competence going forwards, mentors suggested the use of performance data and systems could be looked at as an option, e.g. monitoring volume, speed.

Some learners felt that a great deal of what is learnt on the placements should really be learnt at University. TACPs have been challenged by doctors on why certain tasks have not been covered at University yet, as highlighted by the quote below:

> ***"The University Programme is very theoretical, we are trying our best to adapt the modules to suit us, but all of the learning at University is really a side-line, the learning is coming from placements which is what I think the Trust intended but you have got to be taught at University first and consolidate it at work… we are not coming across as credible when you are telling the consultants that you are not able to do something and they ask 'Why weren't you taught that at University?'."***

Learners tended to relate learning application to on-the-job learning. Examples given of application of learning during placements are:

- Scrutinising health and safety
- Reviewing patient flow with subject matter experts
- Performing respiratory tasks
- Taking bloods
- Examining the abdomen
- Listening to the heart / ECGs
- Dealing with blood gases
- Interpreting X-rays
- Reviewing patients and consultation skills
- Undertaking non-medical prescribing.

From an academic perspective research skills gained from the Programme have also been cited by learners as useful to support decisions about care and treatment, as well as exploring changes in practice

at the Trust. The learning will only become tacit when the TACPs, operating in an advanced practice role, undertake assessments and diagnostics.

Support provided by clinical mentors has generally been positive. The general view is that mentor support is critical to the application of learning. Shadowing both mentors and doctors was also felt to be crucially important and supported the transfer of learning to the workplace.

It was fed back by learners that perceptions of others of the TACPs may be limiting the application of learning at work in some circumstances. Areas where the learners have previously been deemed to be competent may well be difficult to apply in their new context as a trainee ACP. For example, a consultant that has no experience of working with the TACP will not know his/her background and experience, and what is appropriate for the trainee ACP to actually do. This often means that the TACP is restricted in their impact and this has the potential to knock their confidence. One learner, outlined:

> ***"I feel like I have taken a step backwards. A great deal of the responsibility has gone. Which has knocked my confidence a little. I was so confident working in the post previously, a great deal of responsibility I did have, has gone."***

This point from learners also came out in the mentor interviews as difficulties were shared in terms of the different backgrounds and experiences of the TACPS and therefore what can be applied.

> ***"[They]…all come with their own experience and knowledge, this is a difficulty as some will be experts and some will not have any experience unlike medical students. This could become an issue."***

The mentors are therefore treating TACPS as they would medical students.

Learners have highlighted the benefit of having access to the BMJ (British Medical Journal) online modules, albeit for a restricted period of time, as these modules are generally only available to doctors. That said learners suggested that timely opportunities to apply the learning gained were not always available and the lack of such opportunities would limit the extent to which learning was reinforcement through practice. One learner suggested that would be "…better to look at theory and then go through a practice assessment."

> ***"There are no barriers in place at the moment – everyone I have contacted has been very amenable… the medical team, consultants, junior doctors and registrars"***

Mentors felt the level of supervision required as well as the TACPs' level of confidence and reticence in making mistakes are barriers to learning. This supports the earlier point with regards to competence and being liable. A significant area for improvement was around time requirements to conduct training with the TACPs. This is vital for them to improve but it tends to be on an ad-hoc basis as opposed to through a formalised plan. Mentors are aware that there is no funding stream to support this unlike medical students and this would be a question for senior management to decide upon when looking at the ACP role benefits.

In addition, a potential barrier to the learning that was identified related to the learners aspiring to become a specialist in a particular area, which didn't then align to the area in which they were placed. This was felt to be a real risk to the Programme and the level of learner engagement. It was suggested that there should be, wherever possible, alignment between the aspiration of the learner with regards to their area of specialism and the needs of the Trust, and that this could only happen through an open dialogue. It was reported that other ACP related programmes outline the posts available in advance of the programme commencing; reinforcing a point made earlier in this report.

Benefits to the Trust

There were very clear and positive responses here from both groups on the benefits to the Trust.

A number of benefits were known and described by learners, e.g. avoiding patient penalties, quicker service, improving the patient journey and flow, patients seen in a timely manner, more timey interventions

and continuity of care. Also described was a stronger offering to the junior doctors and the ability to learn from each other at the Trust (due to the TACPs experience and background).

One interviewee highlighted that they would be able to work more autonomously as a result of the programme without having to involve the doctor as much as they do currently. It was suggested that this will result in less time in treatment and referrals and would therefore be a more efficient way of dealing with patients. In addition to this sentiment, another learner believed that because of this patients would be less likely to deteriorate and both the experience and mortality rate would improve.

Benefits to the patients experience also included delaying infection and patient deterioration and the authority to challenge whether the patient is going down the right route.

> ***"Shorter length of stays, better service etc. If we can take on work activity that is going to the seniors [this will support the service] we can draw on our experience. There should be a knock on with throughput, standards, cost savings, etc."***

The learner's views of the benefits of the ACP role were shared by mentors, e.g. training ACPs to be specialists in particular areas which will be an advantage over junior doctors. From the interviews it was felt that a significant amount of time will be freed up for nurses and consultant mentors with the ACPs being introduced. There is hope that the ACPs can train others as they become more confident and competent.

> ***"The overall benefit to the Trust will be to provide man hours which are increasingly difficult to fill from junior doctors. ACP's are also much more likely to stick to process, protocols. They are better at doing the things that Junior Doctors don't deem important."***

Overall mentors believe the ACPs are benefiting from the Programme by getting lots of practice, with this 'apprenticeship' model there is lots of trial and error and learning on the job, including through accompanying the mentors on ward rounds to gain experience of any specialist area.

2.3 Knowledge sharing

This section aims to explore the benefits of the ACP network and of a 'closed' programme, use of technology and impact on multi-disciplinary teams.

ACP network

Learners from the Trust are spending time together and are finding the informal meetings hugely beneficial, e.g. one group member sharing their knowledge and expertise on minor illness and minor injuries. The group are also spending time together around key topics, e.g. clinical examination skills, either face-to-face or via Skype (or even as they travel to lectures in the car!). Some are using the online forums but find the group discussions much more beneficial.

Action learning sets and quality circles are taking place – the response to which has been mixed. Some feel that they are over-communicating; while others feel that they are beneficial, ensuring that they do not feel isolated. The informal nature of the group also means that a great deal of the discussion is no longer necessary when it comes to a formal meeting. Quality learning circles have been identified as valuable; they provide the opportunity for learners to relate underpinning knowledge to what they are doing in the TACP role.

> ***"We have as a group become quite strong. A good identity and ability in supporting each other. we will read each other's' drafts. We all have very different experiences and expertise, e.g. one learner is a chest expert and respiratory specialist."***

> ***"We have quality learning circles and action learning sets. Here we all meet – take a problem and discuss it. This is the formal side. On a personal note – we have gelled quite well and supported one another. We each have strengths from different areas which is useful."***

> ***"For me the informal side has been more helpful. I don't need to wait for a QC or ALS – I can go to my colleagues for it. Benefits tend to be around dealing with workplace problems and***

dealing with the assignment. Quality circle benefits or action learning set benefits? Initially yes because we had not gelled together at that time."

"The QCs have been good in terms of exploring a piece of literature. The ALSs are adding less value over time now – if we weren't so close it possibly would be appropriate."

The mentors have an awareness of how 'close knit' the learners are in this group but have not seen knowledge sharing taking place first hand. They are also aware of the benefits of this network in terms of the TACPs learning just as much from their peers, i.e. the fact that they have subject matter experts in the group is invaluable and will benefit them during the Programme as this expertise is shared and sought after. It was also felt that support was in place from the qualified ACPs operating as 'big brothers' to the trainees, helping and making phone calls on their behalf.

However, mentors were unable to cite specific examples of where methods, theory or best practice was being shared between the learners.

Technology
The take up of technology provided by the University has been limited (e.g. online forums) except for the online modules which learners have had to engage with.

Multi-disciplinary working
In terms of multi-disciplinary working, all learners felt it was too early for them whilst on placements to be initiating new ways of working across various functions and driving collaboration and change.

"This […multi-disciplinary working…] will come more towards the end […of the Programme…] as we will know what we are doing and as we gain experience and confidence in the role."

2.4 Trust and culture

This section aims to explore how well culture and working practices are supporting the role.

Positive placement experiences were shared during the learner interviews, e.g. consultants that have energy and enthusiasm make a significant difference to the Programme experience and learning process.

Mentors recognise that the Programme and ACP concept are in their infancy and that this presents particular challenges, as noted below:

"The ACP role is not that well known at present. Only a few specialisms have ACPs. Most departments will now know about them."

A great deal of support is being provided at the Trust, with learners describing the Trust as 'accepting and supporting' the ACP role. However:

"The only thing is the understanding of the role […at the Trust…] but this will come in time in terms of where we will fit in… this is because it is new and it will change over time"

Learners stated that culture and working practice can vary dependent on location and/or placement. Culture was described as warm and welcoming where people understand the role.

"Very positive experience so far; I have spoken with my mentor and everyone has been welcoming. I have had an information pack by which to do the role. My last placement was not as good. Consistency is an issue here. [In…] the last placement […] both parties (us and them) did not know what was needed to be achieved in each area. What the consultants and what the University thinks you should achieve are very different.''

Learners have also suggested that greater levels of communication around what is happening during the Programme would be beneficial, e.g. a single point of contact to deal with placements, competencies, identifying who the mentors are, and general queries.

Culturally one of the mentors cited potential ‘prejudice’ against the ACPs in terms of what they are capable of doing. There is also often confusion around who is a trained ACP and who is a trainee.

Mentors also raised some significant questions around working practices and whether the role would be fully accepted and whether the ACPs would be seen as an equivalent to junior doctors. The answer to this is still to be determined. Clarity is also required in terms of whether junior doctors or ACPs are more or less appropriate to treat a particular scenario based on their experience, specialist skill and expertise.

3. Online survey emerging findings

Detailed below are the initial findings from the online surveys. **Appendix 5** provides additional detail.

At this stage of the evaluation there is relatively little that can be drawn from the results of the learner and mentor surveys. The primary reason for conducting the surveys at this stage was to establish a baseline position; this will provide the means by which to monitor the distance travelled by the learners as the Programme progresses.

3.1 Learner survey results

Capability levels

In this section, we present learners' views on their current level of capability in relation to the Advanced Clinical Practitioner (ACP) role. Learners were asked to indicate on a scale of one to ten their current level of capability against a series of statements (where 1 = no capability and 10 = highly capable).

Table 1 – Current levels of learner capability in relation to service provision (where 1 = no capability and 10 = highly capable)

Service provision	Mean	Lowest response	Highest response	Total responses (n)
Engaging users of the service in order to improve service provision	4.66	3	7	6
New initiatives and strategies have been initiated and/or applied to improve service provision and patient/service use outcomes	4.33	3	6	6
Working with users and other stakeholders to evaluate the impact of the changes in service provision	3.66	1	6	6
Promoting, monitoring and maintaining best practice in health, safety and security	5.17	3	8	6
Managing others' performance in respect to legislation, policy and procedures on health, safety and risk management	4	1	7	6
Identifying ways to improve health & safety and security in own area	4.33	2	7	6
Promoting quality in all areas of work	6	3	8	6
Monitoring quality and addressing quality issues related to the service	4.17	2	7	6

Table 2 – Current levels of learner capability in relation to interpersonal communication (where 1 = no capability and 10 = highly capable)

Interpersonal communication	Mean	Lowest response	Highest response	Total responses (n)
Using different styles and methods of communication to maximise personal and professional impact	7.17	3	10	6
Anticipating barriers to communication in the service and taking action to improve communication	6.83	3	10	6
Using persuasion to support your own view and the view of the organisation	6.67	5	10	6
Adapting communication to suit challenging/demanding workplace challenges	7.17	5	10	6
Maintaining communication with peers/colleagues on complex matters, issues and ideas and/or in complex situations	7.17	3	10	6

Table 3 – Current levels of learner capability in relation to leadership (where 1 = no capability and 10 = highly capable)

Leadership capability	Mean	Lowest response	Highest response	Total responses (n)
Partnering with others to develop strategic plans and business objectives for the service	3.3	1	7	6
Leading on clinical standards setting within the Directorate	3.17	1	7	6
Taking action in order to 'streamline' the patient journey	4.83	2	8	6
Making clinical decisions in order to maintain safety	4.5	1	8	6
Supporting continuous improvement across the hospital / Trust / department	4.83	3	7	6
Carrying out reviews of existing management systems	3.33	1	7	6

Table 4 – Current levels of learner capability in relation to clinical capability (where 1 = no capability and 10 = highly capable)

Clinical capability area	Mean	Lowest response	Highest response	Total responses (n)
Working autonomously to assess patient needs	4.83	1	8	6
Managing own case load of patients	3.67	1	9	6
Exercising judgement in assessing wide ranging and highly complex patient problems	4.5	1	9	6
Utilising advanced clinical skills and knowledge to instigate changes to treatment regimes	3.67	1	8	6
Undertaking clinical assessment	4.67	1	8	6
Carrying out non-medical prescribing	2.17	1	6	6
Interpreting diagnostics	4.33	1	8	6
Providing advanced life support	5.83	1	10	6

Table 5 – Current levels of learner capability in relation to collaboration (where 1 = no capability and 10 = highly capable)

Collaboration	Mean	Lowest response	Highest response	Total responses (n)
Working closely with medical and nursing staff within the clinical directorate	7.17	5	10	6
Developing partnerships in the service and actively maintaining them	5.83	3	10	6
Developing inter-professional and collaborative working across the department	5.5	3	9	6
Initiating collaboration between members of multi-disciplinary teams	4.83	2	9	6
Instigating and maintaining cross-boundary and inter-agency working	3	1	7	6
Using specialist/technical skills to provide support and guidance to clinical staff (e.g. nurses and junior Doctors)	5.33	3	10	6

Table 6 – Current levels of learner capability in relation to knowledge sharing (where 1 = no capability and 10 = highly capable)

Knowledge sharing	Mean	Lowest response	Highest response	Total responses (n)
Creating opportunities to enable everyone to learn from each other and from external good practice	4.83	1	7	6
Leading knowledge sharing events that support the service	3	1	8	6
Providing expert advice in patient management	3.67	1	8	6
Teaching and mentoring others in the workplace	4.67	1	8	6

Knowledge sharing	Mean	Lowest response	Highest response	Total responses (n)
Acting as a resource for all members of the multi-disciplinary team	3.83	1	8	6
Using technology to support knowledge sharing and to tackle business-related issues	3.5	1	7	6

Confidence levels

In this section, we present learners' views on their current level of confidence in relation to the aspects of Advanced Clinical Practitioner (ACP) role. Learners were asked to indicate on a scale of one to ten their current level of confidence against a series of statements (where 1 = no confidence and 10 = highly confident).

Table 7 – Current levels of learner confidence in relation to service provision (where 1 = no confidence and 10 = highly confident)

Service provision	Mean	Lowest response	Highest response	Total responses (n)
Engaging users of the service in order to improve service provision	5.17	1	10	6
New initiatives and strategies have been initiated and/or applied to improve service provision and patient/service use outcomes	3.5	1	7	6
Working with users and other stakeholders to evaluate the impact of the changes in service provision	4.17	1	7	6
Promoting, monitoring and maintaining best practice in health, safety and security	5	2	8	6
Managing others' performance in respect to legislation, policy and procedures on health, safety and risk management	4.5	3	8	6
Identifying ways to improve health & safety and security in own area	4.33	1	8	6
Promoting quality in all areas of work	6.5	1	10	6
Monitoring quality and addressing quality issues related to the service	4.5	1	8	6

Table 8 – Current levels of learner confidence in relation to interpersonal communication (where 1 = no confidence and 10 = highly confident)

Interpersonal communication	Mean	Lowest response	Highest response	Total responses (n)
Using different styles and methods of communication to maximise personal and professional impact	7.5	5	10	6
Anticipating barriers to communication in the service and taking action to improve communication	7.33	5	10	6
Using persuasion to support your own view and the view of the organisation	5.5	4	8	6
Adapting communication to suit challenging/demanding workplace challenges	7.5	5	10	6
Maintaining communication with peers/colleagues on complex matters, issues and ideas and/or in complex situations	7.17	3	10	6

Table 9 – Current levels of learner confidence in relation to leadership (where 1 = no confidence and 10 = highly confident)

Leadership capability	Mean	Lowest response	Highest response	Total responses (n)
Partnering with others to develop strategic plans and business objectives for the service	2.83	1	6	6
Leading on clinical standards setting within the Directorate	2.83	1	7	6
Taking action in order to 'streamline' the patient journey	4.17	1	7	6
Making clinical decisions in order to maintain safety	4.83	1	8	6

Leadership capability	Mean	Lowest response	Highest response	Total responses (n)
Supporting continuous improvement across the hospital / Trust / department	4.17	1	7	6
Carrying out reviews of existing management systems	2.5	1	6	6

Table 10 – Current levels of learner confidence in relation to clinical capability (where 1 = no confidence and 10 = highly confident)

Clinical capability area	Mean	Lowest response	Highest response	Total responses (n)
Working autonomously to assess patient needs	4.67	1	9	6
Managing own case load of patients	3.67	1	8	6
Exercising judgement in assessing wide ranging and highly complex patient problems	4.17	1	8	6
Utilising advanced clinical skills and knowledge to instigate changes to treatment regimes	4	1	7	6
Undertaking clinical assessment	4.67	1	9	6
Carrying out non-medical prescribing	1.17	1	2	6
Interpreting diagnostics	3.83	1	7	6
Providing advanced life support	5.67	1	10	6

Table 11 – Current levels of learner confidence in relation to collaboration (where 1 = no confidence and 10 = highly confident)

Collaboration	Mean	Lowest response	Highest response	Total responses (n)
Working closely with medical and nursing staff within the clinical directorate	6.33	2	10	6
Developing partnerships in the service and actively maintaining them	5.17	1	7	6
Developing inter-professional and collaborative working across the department	5.33	3	7	6
Initiating collaboration between members of multi-disciplinary teams	4.83	3	7	6
Instigating and maintaining cross-boundary and inter-agency working	3.5	1	7	6
Using specialist/technical skills to provide support and guidance to clinical staff (e.g. nurses and junior Doctors)	5	3	9	6

Table 12 – Current levels of learner confidence in relation to knowledge sharing (where 1 = no confidence and 10 = highly confident)

Knowledge sharing	Mean	Lowest response	Highest response	Total responses (n)
Creating opportunities to enable everyone to learn from each other and from external good practice	4.5	2	6	6
Leading knowledge sharing events that support the service	4	2	6	6
Providing expert advice in patient management	3.67	1	7	6
Teaching and mentoring others in the workplace	4	1	7	6
Acting as a resource for all members of the multi-disciplinary team	4	1	8	6
Using technology to support knowledge sharing and to tackle business-related issues	3.17	1	6	6

Trust/organisational, departmental and practitioner level perspectives

In this section, we present learners' views on the extent to which working practices and culture are supportive of the ACP role.

Table 13 – Departmental level of support for the ACP role

Statement	Mean	Lowest response	Highest response	Total responses (n)
Extent to which the working practices in your Department are supportive of the ACP role (where 1 = not at all and 10 = highly supportive)	5.17	2	7	6
Extent to which the working practices in your Department have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly)	4.25	1	7	6
Extent to which the prevailing culture in your Department is supportive of the ACP role (where 1 = not at all and 10 = highly supportive)	6	2	8	6

Table 14 – Trust/organisational level of support for the ACP role

Statement	Mean	Lowest response	Highest response	Total responses (n)
Extent to which the working practices across the Trust are supportive of the ACP role (where 1 = not at all and 10 = highly supportive)	6.33	4	8	6
Extent to which the working practices across the Trust have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly)	5.67	2	8	6
Extent to which the prevailing culture across the Trust is supportive of the ACP role (where 1 = not at all and 10 = highly supportive)	6.8	5	8	6

Table 15 – Practitioner perspective on the trainee ACP network

Statement	Mean	Lowest response	Highest response	Total responses (n)
Current strength of the network of trainee Advanced Clinical Practitioners (where 1 = not strong and 10 = very strong)	9	7	10	6
Extent to which the network of practitioners, formed as a result of the Masters in Accredited Clinical Practitioner Programme, has benefitted the trainee ACPs in their role (where 1 = no benefit and 10 = benefitted significantly)	8.33	6	10	6
Likelihood that the network of practitioners will be sustained beyond the end of the Masters in Accredited Clinical Practitioner Programme (where 1 = not likely and 10 = very likely)	9.2	6	10	6
Extent to which having other employees from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme has benefitted the trainee ACPs in their role (where 1 = no benefit and 10 = benefitted significantly)	10	10	10	6
Extent to which having other participants that are not from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme has benefitted the trainee ACPs in their role (where 1 = no benefit and 10 = benefitted significantly)	3.4	1	10	6

The emerging findings from the learner survey include:

- There is a widespread distribution of individual scores across almost all capability and confidence areas; this is perhaps a reflection of the diverse backgrounds and experiences of the learners
- The only exception to the above relates to confidence levels in *carrying out non-medical prescribing* in the clinical capability area; all learners indicated that they have a very low level of confidence in respect to this area, perhaps as a result of their relatively low levels of capability in this area
- In contrast to all of the other capability areas, the mean scores for each element of interpersonal skills are relatively high (i.e. a mean score of six or more) for both capability and confidence; the only exception being the mean confidence score for *using persuasion to support your own view and the view of the organisation*
- Other areas where learners indicate that they have a reasonably high level of capability already (i.e. a mean score of more than six) are in:
    - Service provision (*promoting quality in all areas of work*)
    - Collaboration (*working closely with medical and nursing staff within the clinical directorate*)
- Confidence levels appear to be correspondingly high in the areas identified above
- Areas where learners indicate they are less capable (i.e. a mean score of less than four) are in:
    - Service provision (*working with users and other stakeholders to evaluate the impact of the changes in service provision*)
    - Leadership capability (*partnering with others to develop strategic plans and business objectives for the service, leading on clinical standards setting within the Directorate, carrying out reviews of existing management systems*)
    - Clinical capability (*managing own case load of patients, utilising advanced clinical skills and knowledge to instigate changes to treatment regimes*)
    - Collaboration (*instigating and maintaining cross-boundary and inter-agency working*)
    - Knowledge sharing (*leading knowledge sharing events that support the service, providing expert advice in patient management, acting as a resource for all members of the multi-disciplinary team, using technology to support knowledge sharing and to tackle business-related issues*)
- Confidence levels appear to be correspondingly low in the majority of the areas identified above
- All learners indicate that the network of Trainee ACPs is particularly strong and that this network of practitioners has benefitted them already, it is also likely to be sustained beyond the end of the Masters in Accredited Clinical Practitioner Programme
- The learners are also consistent in their perception on the extent to which having other employees from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme has benefitted them; five learners indicating that this has been a significant benefit
- By contrast, the majority of learners feel that having other participants that are not from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme has had a more limited benefit for them as Trainee ACPs at this stage
- The mean scores for the extent to which there is Trust/organisational and departmental level of support for the ACP role indicate that learners perceive that the working practices across the Trust are more supportive of the ACP role than those within the department they are based; the same is true of the extent to which working practices have changed to accommodate the ACP role
- In both cases the perception is that working practices across the Trust and in departments could be further improved in order to better accommodate the ACP role

- The prevailing culture at both a departmental and Trust/organisational level is generally felt to be supportive of the ACP role, although the mean scores would suggest there is still remove for improvement.

3.2 Mentor survey results

In this section, we present the mentors' views on the extent to which there is support for the ACP at a departmental and Trust/organisational level.

Table 16 – Departmental level of support for the ACP role

Statement	Mean	Lowest response	Highest response	Total responses (n)
Extent to which the working practices in the Departments where the ACPs are based are supportive of the role (where 1 = not at all and 10 = highly supportive)	8.5	7	10	2
Extent to which the working practices in your Department have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly)	1.5	1	2	2
Extent to which the prevailing culture in the Department where the ACPs are based is supportive of the role (where 1 = not at all and 10 = highly supportive)	7	7	7	2

Table 17 – Trust/organisational level of support for the ACP role

Statement	Mean	Lowest response	Highest response	Total responses (n)
Extent to which the working practices across the Trust are supportive of the ACP role (where 1 = not at all and 10 = highly supportive)	7	7	7	1
Extent to which the working practices across the Trust have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly)	2	2	2	2
Extent to which the prevailing culture across the Trust is supportive of the ACP role (where 1 = not at all and 10 = highly supportive)	7	7	7	2

Table 18 – Perspectives on the trainee ACP network

Statement	Mean	Lowest response	Highest response	Total responses (n)
Current strength of the network of trainee Advanced Clinical Practitioners (where 1 = not strong and 10 = very strong)	7	7	7	1
Extent to which the network of practitioners, formed as a result of the Masters in Accredited Clinical Practitioner Programme, has benefitted the trainee ACPs (where 1 = no benefit and 10 = benefitted significantly)	7	7	7	2
Likelihood that the network of practitioners will be sustained beyond the end of the Masters in Accredited Clinical Practitioner Programme (where 1 = not likely and 10 = very likely)	7	7	7	2
Extent to which having other employees from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme will benefit the trainee ACPs in their role (where 1 = no benefit and 10 = benefitted significantly)	7.5	7	8	2
Extent to which having other participants that are not from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme will benefit the trainee ACPs in their role (where 1 = no benefit and 10 = benefitted significantly)	7	7	7	1

The emerging findings from the mentor survey included:

- In contrast to the views of learners, mentors feel that the working practices in the Departments where the Trainee ACPs are based, as well as across the Trust, are generally more supportive of the ACP role
- Again in contrast to the views of learners, mentors feel that the working practices in the Departments where the Trainee ACPs are based, as well as across the Trust, have generally changed less to accommodate the ACP role
- Similarly, the means scores for the extent to which the prevailing culture in the Departments where the ACPs are based and across the Trust are supportive of the ACP role, are higher for mentors than learners; both indicating the culture is relatively supportive of the ACP role
- Mentors perceptions on the Trainee ACP network are similar to the learners' view, although the mean scores are lower in all cases; the only exception being that mentors feel having other participants that are not from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme will benefit the Trainee ACPs in their role.

4. Summary

In summary, whilst it is too early to evaluate the extent to which TACPs are progressing towards the intended outcomes of the Programme (see Appendix 1), there are positive indications that the Programme is already having an impact and realising benefits. The benefits include:

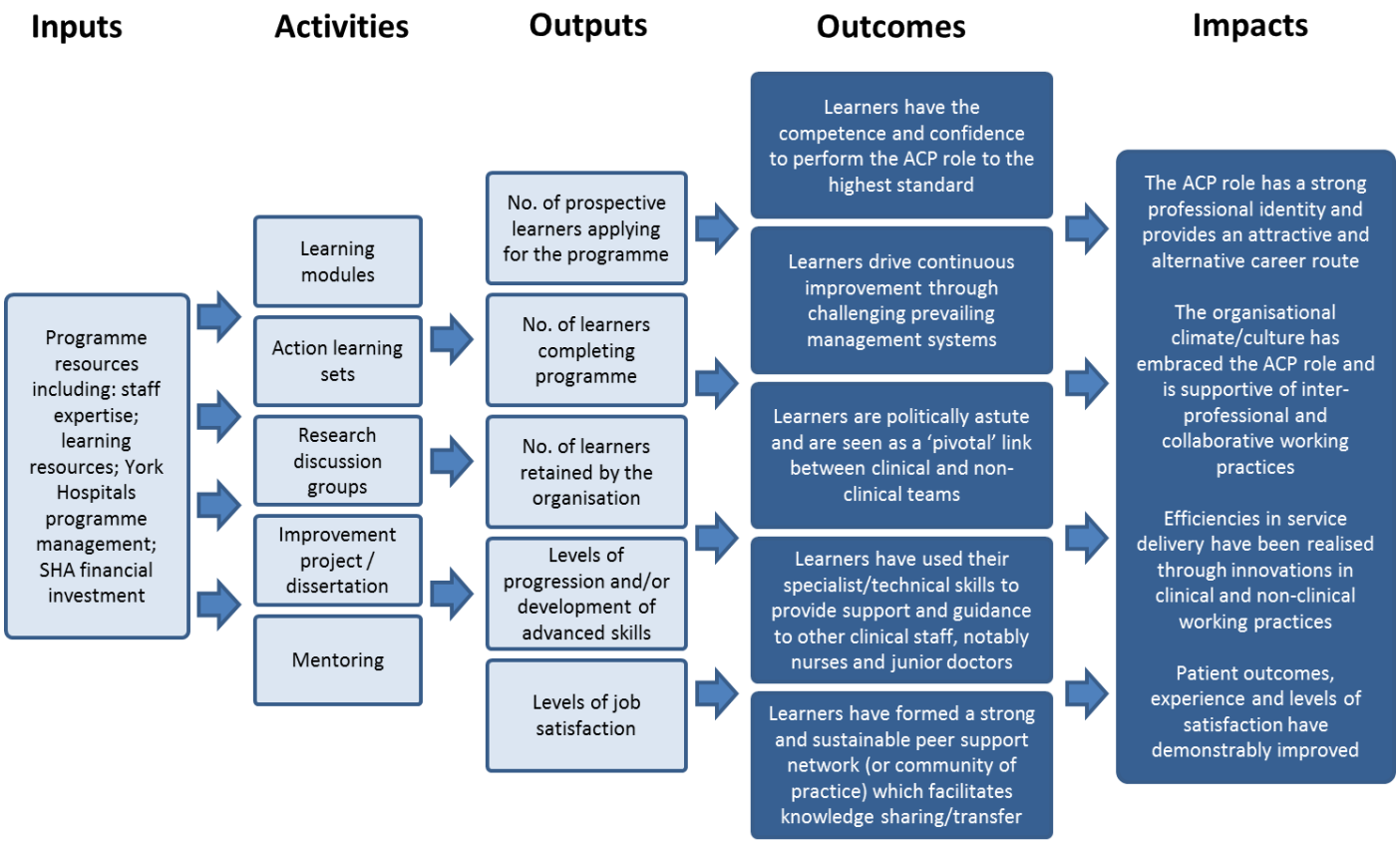
- TACPs drawing upon previous expertise and knowledge during the programme
- The Programme meeting learner's career aspirations
- Appetite raised for greater autonomy and authority
- TACPs engaged with the programme vision and overall trust benefits
- Programme is seen as having the potential to have a significant impact on the patient journey and success of the trust
- Self-directed learning is taking place and informal reflections logged
- Learning application is taking place in a variety of settings
- TACP decisions are being supported by improved research skills
- Positive feedback on provision of mentor support
- Knowledge sharing taking place through informal meetings
- Specialist expertise being utilised within the group
- Quality learning circles seen as beneficial
- Positive placement experience supported by Trust and departmental culture

The TACPs have identified clear areas of strength in relation to the ACP role. These include all elements of interpersonal skills and elements of service provision (promoting quality in all areas of work) and collaboration (working closely with medical and nursing staff within the clinical directorate). Areas for development, across the cohort of learners, have been identified in relation to: service provision; leadership capability; clinical capability; collaboration; and, knowledge sharing. As the Programme progresses it is anticipated that TACPs' capability in all of these areas will improve and confidence will grow as they have the opportunity to apply new knowledge and clinical skills in a workplace setting.

The work-based and experiential-led approach to learning adopted by the Programme is, however, fundamentally different to the approach to training that the nurses and other practitioners (e.g. physiotherapists) have experienced in the past. The approach has challenged their personal constructs and their sense of identity, and this will take time to rebuild as they become more capable and confident in an advanced practice role. The TACPs will require support from both clinical mentors and supervisors as they progress along this development journey.

Appendices

Appendix 1 – Logic chain



Appendix 2 – Evaluation framework

Outcomes	Indicators	Evidence/data sources	Timescale	Responsibility
Learners have the competence and confidence to perform the ACP role to the highest standard	Learners are able to relate programme concepts and theoretical perspectives to personal, professional and organisational practice	**Programme results** demonstrate learners have successfully completed the programme to Pass, Merit or Distinction standard	March 2015	University of Hull (UoH)
		Programme assignments provide specific examples of application of how learning has been applied in a professional/organisational setting	March 2014 March 2015	UoH
		Individual learner's **learning journal**, e-portfolio or equivalent	March 2015	UoH
		Depth interviews and focus groups conducted with learners and consultant mentors	March 2014 March 2015	ACUA Solutions
	Learners regularly demonstrate a high standard of performance	**Depth interviews and focus groups** with learners and stakeholders used to draw out evidence of performance improvements against KSF and role outline	March 2014 March 2015	ACUA
		Online survey results demonstrate performance improvements against KSF and role outline	March 2014 March 2015	ACUA
	Learners, demonstrate self direction and act autonomously in decision making and problem solving	**Online survey used** to benchmark, providing a means by which to assess distance travelled and improvements in competence and confidence (based on KSF and role outline)	March 2014 March 2015	ACUA
Learners drive continuous improvement through challenging prevailing management systems	The programme has resulted in the exploration of best practice methodology and theory which has resulted in reviews of existing management systems	**Online survey** to capture evidence of behavioural changes in the area of continous improvement linked to KSF Review – C4 Service Improvement	March 2014 March 2015	ACUA
		Depth interviews with stakeholders and **focus groups** with learners	March 2014 March 2015	ACUA
	Evidence of continuous improvement in a number of areas across the hospital through effective change management	**Dissertations/work-based projects** provide specific in-depth examples	March 2015	UoH
		Completion of **Driving Specialists Development**	March 2015	UoH

		Through Contract Learning module and extracts from assignments, if relevant		
		Depth interviews with stakeholders and **focus groups** with learners	March 2015	ACUA
	Learners have demonstrated continuous improvement in their own learning, identify and evaluate opportunities and challenges, and prepare for the future	Individual learner's **learning journal**, e-portfolio or equivalent	March 2014 March 2015	UoH
		Depth interviews with learners	March 2015	ACUA
Learners are politically astute and are seen as a 'pivotal' link between clinical and non-clinical teams	Learners act as a resource for multi-disciplinary teams providing expert advice in all aspects of patient management	**Depth interviews and focus groups** with learners and stakeholders provide evidence of performance improvements against KSF and role outline	March 2014 March 2015	ACUA
	Learners have driven collaboration activity between members of multi disciplinary teams which will involve cross- boundary and inter-agency working	**Depth interviews** consultant mentors and other stakeholders (e.g. Deputy Chief Nurse) **Online survey**, **focus group and interviews** with learners	March 2014 March 2015	ACUA
Learners have used their specialist/technical skills to provide support and guidance to other clinical staff, notably nurses and junior doctors	Examples of how learners have used their specialsit/ technical to support others in the organsiation, in particular nurses and junior Doctors	**Depth interviews and focus groups** with learners and stakeholders provide evidence of positive feedback from nurses / junior doctors on the quality of their support and guidance	March 2014 March 2015	ACUA
		Programme assignments	March 2014 March 2015	UoH
Learners have formed a strong and sustainable peer support network (or community of practice) which facilitates knowledge sharing/transfer	Knowledge sharing events have taken place and outputs have a positive impact at an individual, service and/or organisational level	**Evidence of frequency, levels of attendance and outputs** from knowledge sharing events (e.g. action learning sets)	March 2014 March 2015	Clinical Librarian / York Hospitals
		Depth interviews, focus group and online survey provide evidence of the benefits of peer networking and a 'closed' cohort	March 2014 March 2015	ACUA

	Active use of a central VLE as a means to share knowledge and in supporting peers to tackle business related issues	**Usuage data** provides evidence of active engagement with VLE	March 2014 March 2015	UoH

	Indicators	**Evidence/data sources**	**Timeframe**	**Responsibility**
The ACP role has a strong professional identity and provides an attractive and alternative career route	The benefits and impacts of the ACP role are showcased internally and externally through appropriate media	**Data** on number/type of events and publication (actual publications or a list provided)	March 2014 March 2015	York Hospitals
		Depth interviews and focus groups with learners and stakeholders capture examples of how the impact and benefits of the ACP role are being disseminated	March 2014 March 2015	ACUA
	There is increased interest in becoming an ACP across the organisation	**Data** on number of posts and applications for posts	March 2015	York Hospitals
The organisational climate/culture has embraced the ACP role and is supportive of inter-professional and collaborative working practices	Other parts of the organisation are planning to change or have changed the workforce structure to utilise the ACP role in service delivery	**Depth interviews** with stakeholders	March 2015	ACUA
	Inter-professional and collaborative working is accepted and adopted as an effective working practice across the organisation	**Online survey** supported by evidence from **depth interviews** with learners and stakeholders	March 2015	ACUA
	On completion of the course learners will in a substantive post as an ACP within the organisation	**Evidence** that learners have been confirmed in ACP post	March 2015	York Hospitals
Efficiencies in service delivery have been realised through innovations in clinical and non-clinical working practices	Benchmarks and measurements have been taken which indicate service delivery improvements at an organisational and departmental level	**Performance and workforce data** such as improved patient flows, patient waiting times, diagnotics	March 2015	York Hospitals
		Qualitative data obtained from patient/ service user **360 degree surveys** on the impact of improved clinical and non-clinical working practices	March 2015	Learners - York Hospitals
		Qualitative data obtained on patient/ service improvements as part of learner **forums** and **depth interviews**	March 2014 March 2015	ACUA

Patient outcomes, experience and levels of satisfaction have demonstrably improved	New initiatives and strategies have been initiated and / or applied at York Hospital during the programme that have or are likely to yield tangible improvements in patient/ service user outcomes	**Depth interviews and focus groups** with learners and stakeholders provide evidence of new initiatives, strategies and service improvements that have impacted directly on patients and service users	March 2014 March 2015	ACUA

Appendix 3 – Learner in-depth interview questions

York Hospital Learner Interviews

ACP Evaluation Project

Client:	York Hospital
Project:	Evaluation of the ACP Masters run by Hull University
Date	November 2013
Author:	Michael Costello

The content of this interview will remain confidential between Acua Solutions,

Name	
Role	
Department	
Contact details	
Date and Time	
Location	

Purpose and objectives of employer interviews
In addition to gaining the perspectives of sponsors on the programme we would like to discuss the following with the ACP learners:

- What is your motivation for taking part / completing the programme

- What you would like to achieve from the programme

- Learning/benefits gained to date

The interview today will last up to 45 minutes. If you do need to leave before this point, please raise this at any time. Any information used will be reported anonymously unless otherwise agreed.
Interviewer to ask permission to tape record to assist with analysis.
Do you have any questions before we begin?

Part 1: Aspirations / Ambitions /

1) Can you tell me a little about your career so far and what led you to your enrolment on to the programme?

2) Why did you decide to engage in the Accredited Clinical Practitioners Programme? What are you hoping to get out of the programme? Why are these benefits important to you?

3) What are your expectations for the programme in terms of the benefits you hope to gain?

4) What will this programme mean for your career?

Part 2: Personal / Professional Development

1) Reflecting on the ACP role, what do you believe are your most significant areas for development?

2) Reflecting on the ACP programme and the modules you will be completing, what do you believe are your most significant areas for development?

3) Have these areas for development been captured in some way e.g. a development / learning plan or continuing professional development plan (or equivalent)

4) What benefits do you believe you professional development will bring to the trust?

5) What key skills do you believe you have gained so far in terms of key skills? For example, on the key skills framework your job description / person specification focuses on communication, personal and people development, health/safety and security, service improvement, quality and equality and diversity.

Part 3: Learning and application in the workplace

1) What have you gained from being involved in the programme even at this early stage (e.g. learning, skills developed/enhanced, other benefits)?

2) To what extent is the programme already meeting your development needs (or the develoment needs identified)? Please provide evidence/examples to support

3) Where might you have started to apply any of your learning in the workplace so far? Are you able to describe theories / perspectives applied and how these relate to the organisations challenges?

4) What do you believe are some of the barriers to you transferring and/or applying their learning/development in the workplace? Please be specific in your examples.

5) What do you believe can support you in applying your programme learnings in the workplace? [Prompt only if necessary – e.g.. support provided by clinical mentors, clinical librarian and so on]

6) What are you doing at present to ensure you are able to apply the knowledge, skills and behaviours explored during the ACP programme?

Part 4: Knowledge Sharing

1) How is the programme currently supporting knowledge sharing across the trainee ACPs and beyond?

2) Are there any benefits to knowledge sharing across the trainee ACPs? What benefits have been gained through knowledge sharing so far on the programme (if any)?

3) Is technology being used to support knowledge sharing on the programme? How is technology is being used to support the process of knowledge sharing process, if it is at all?

4) How do you believe knowledge sharing could be improved on the programme?

5) What do you believe are the benefits of studying as a “Closed Programme” cohort over an open programme?

6) To what extent is the programme supporting you in working with other multi-disciplinary teams in the trust? How might it support you in working with other disciplines at the trust? Please provide examples.

Part 5: Trust / Departmental Culture

1) How would you describe the prevailing culture in your department?

2) How would you describe the working practices in your department?

3) In what ways does the culture and working practices in your Department support the ACP role working well/effectively in practice?

4) In what ways does the culture and working practices need to change in your Department in order to better support the ACP role?

5) How best could these changes be brought about?

Close and thanks.

Ask the respondent if they are OK for you to follow up by phone or e-mail if there is anything further you need. Ensure you share with the learner that we would like to keep in touch throughout the programme to monitor progression over time and that this would entail further interviews and the completion of online surveys over time.

Appendix 4 – Mentor in-depth interview questions

York Hospital Mentor Interviews

ACP Evaluation Project

Client:	York Hospital
Project:	Evaluation of the ACP Masters run by Hull University
Date	November 2013
Author:	Michael Costello

The content of this interview will remain confidential between Acua Solutions,

Name	
Role	
Department	
Contact details	
Date and Time	
Location	

Purpose and objectives of employer interviews
In addition to gaining the perspectives of the learners on the programme we would like to discuss the following with the ACP mentors:

- Why you believe learners engage with the programme and **the benefits** that their participation brings

- What you believe the learners can **achieve** as a result of the programme

- Where mentors believe the learner are at present in terms of **competence in the ACP role**

The interview today will last up to 45 minutes. If you do need to leave before this point, please raise this at any time. Any information used will be reported anonymously unless otherwise agreed.
Interviewer to ask permission to tape record to assist with analysis.
Do you have any questions before we begin?

Part 1: Aspirations / Ambitions / Benefits

1) Can you tell me a little about your career and how you became a mentor? Can you also tell me about the mentor role and what you understand by it? How do you see the role working in practice?

2) What do you believe the learners are you hoping to get out of the programme?

3) What do you believe will be the benefits to the departments they operate in?

4) What do you believe will be the overall benefit to the trust?

Part 2: Personal / Professional Development

1) What do you believe are the most significant areas for development for the learners on the programme in order to be competent in an ACP role?

2) Have areas for development for the learners been formally agreed between the programme tutors, clinical mentors and individual learners? Please can you expand on the process.

3) If areas for development have been agreed, how have they been captured?

Part 3: Learning and application in the workplace

1) To what extent do you believe the learners are benefitting from the programme e.g. knowledge, skills, attitudes and behaviours etc. [If appropriate explore
– what changes/ initiatives have the learners implemented to improve management systems and/or the service to patients resulting in improvements in service user/ patient outcomes
– what performance data and benchmarks might be used to measure the impact of the programme at organisational/ department level?

2) Do you feel you have a good grasp of the learners develoment needs at present? If yes - To what extent is the programme meeting the learner's development needs? Please provide evidence/examples to support

3) Where might the learners be starting to apply any of their learnings in the workplace so far?

4) What do you believe are some of the barriers to the learners transferring and/or applying their learning/development in the workplace? Please be specific in your examples.

5) What do you believe is particularly effective in supporting learners applying programme learnings in the workplace?

Part 4: Knowledge Sharing

1) Have you witness or been party to knowledge sharing across the trainee ACPs and beyond? What did this look like? How do you believe knowledge sharing is being facilitated/supported?

2) How do you believe technology is supporting the sharing of knowledge for trainees on the ACP programme?

3) What do you believe are the benefits to knowledge sharing across the trainee ACPs?

4) What benefits have you witnessed as a result of ACP trainees knowledge sharing so far on the programme (if any)?

5) To what extent do you feel the programme is supporting collaboration / cross-working amongst multi-disciplinary teams in the trust (if at all)? Please provide examples.

6) How well do you feel the ACP role and group is recognised across the Trust?

Part 5: Trust / Departmental Culture

1) How would you describe the working practices in your department?

2) In what ways does the culture and working practices in your department support the ACP role working well/effectively in practice?

3) In what ways could the culture and working practices change in your department in order to better support the ACP role?

4) How best could these changes be brought about?

Close and thanks.

Ask the respondent if they are OK for you to follow up by phone or e-mail if there is anything further you need. Ensure you share with the learner that we would like to keep in touch throughout the programme to monitor progression over time and that this would entail further interviews and the completion of online surveys over time.

Appendix 5 – Learner online survey results

Capability levels

2. Service provision

In this section, we are interested in capturing your views on your current level of capability in relation to the Advanced Clinical Practitioner (ACP) role. Below are a series of statements which relate to particular aspects of the ACP role. Please indicate on a scale of one to ten your current level of capability against each statement (where 1 = no capability and 10 = highly capable).

2.1. Engaging users of the service in order to improve service provision			Total Responses (n)
1	1 - no capability		0
2	2		0
3	3		1
4	4		2
5	5		2
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly capable		0
Average	**4.66667**		
Highest	**7**		**6**
Lowest	**3**		

2.2. New initiatives and strategies have been initiated and/or applied to improve service provision and patient/service use outcomes			Total Responses (n)
1	1 - no capability		0
2	2		0
3	3		2
4	4		1
5	5		2
6	6		1
7	7		0
8	8		0
9	9		0
10	10 - highly capable		0
Average	**4.33333**		
Highest	**6**		**6**
Lowest	**3**		

2.3. Working with users and other stakeholders to evaluate the impact of the changes in service provision			Total Responses (n)
1	1 - no capability		1
2	2		1
3	3		0
4	4		2
5	5		1
6	6		1
7	7		0
8	8		0
9	9		0
10	10 - highly capable		0
Average	**3.66667**		**6**
Highest	**6**		
Lowest	**1**		

2.4. Promoting, monitoring and maintaining best practice in health, safety and security			Total Responses (n)
1	1 - no capability		0
2	2		0
3	3		1
4	4		1
5	5		2
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - highly capable		0
Average	**5.16667**		**6**
Highest	**8**		
Lowest	**3**		

2.5. Managing others' performance in respect to legislation, policy and procedures on health, safety and risk management			Total Responses (n)
1	1 - no capability		1
2	2		0
3	3		1
4	4		2
5	5		1
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly capable		0
Average	**4**		**6**
Highest	**7**		
Lowest	**1**		

2.6. Identifying ways to improve health & safety and security in own area			Total Responses (n)
1	1 - no capability		0
2	2		1
3	3		0
4	4		3
5	5		1
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly capable		0
Average	**4.33333**		**6**
Highest	**7**		
Lowest	**2**		

2.7. Promoting quality in all areas of work			Total
1	1 - no capability		0
2	2		0
3	3		1
4	4		0
5	5		2
6	6		0
7	7		1
8	8		2
9	9		0
10	10 - highly capable		0
Average	**6**		**6**
Highest	**8**		
Lowest	**3**		

2.8. Monitoring quality and addressing quality issues related to the service			Total Responses (n)
1	1 - no capability		0
2	2		1
3	3		2
4	4		0
5	5		2
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly capable		0
Average	**4.16667**		**6**
Highest	**7**		
Lowest	**2**		

3. Interpersonal communication

Please indicate your current level of capability against each statement which relates to particular aspects of the ACP role (where 1 = no capability and 10 = highly capable).

3.1. Using different styles and methods of communication to maximise personal and professional impact			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		1
4	4		0
5	5		0
6	6		1
7	7		1
8	8		1
9	9		1
10	10 - Highly capable		1
Average	**7.16667**		**6**
Highest	**10**		
Lowest	**3**		

3.2. Anticipating barriers to communication in the service and taking action to improve communication			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		1
4	4		0
5	5		1
6	6		1
7	7		0
8	8		1
9	9		1
10	10 - Highly capable		1
Average	**6.83333**		**6**
Highest	**10**		
Lowest	**3**		

3.3. Using persuasion to support your own view and the view of the organisation			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		0
4	4		0
5	5		2
6	6		2
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		1
Average	**6.66667**		**6**
Highest	**10**		
Lowest	**5**		

3.4. Adapting communication to suit challenging/demanding workplace challenges			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		0
4	4		0
5	5		2
6	6		1
7	7		0
8	8		1
9	9		1
10	10 - Highly capable		1
Average	**7.16667**		**6**
Highest	**10**		
Lowest	**5**		

3.5. Maintaining communication with peers/colleagues on complex matters, issues and ideas and/or in complex situations			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		1
4	4		0
5	5		0
6	6		2
7	7		0
8	8		0
9	9		2
10	10 - Highly capable		1
Average	**7.16667**		
Highest	**10**		**6**
Lowest	**3**		

4. Leadership capability

Please indicate your current level of capability against each statement which relates to particular aspects of the ACP role (where 1 = no capability and 10 = highly capable).

4.1. Partnering with others to develop strategic plans and business objectives for the service			Total Responses (n)
1	1 - No capability		1
2	2		2
3	3		0
4	4		2
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**3.33333**		
Highest	**7**		**6**
Lowest	**1**		

4.2. Leading on clinical standards setting within the Directorate			Total Responses (n)
1	1 - No capability		1
2	2		2
3	3		1
4	4		1
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**3.16667**		**6**
Highest	**7**		
Lowest	**1**		

4.3. Taking action in order to 'streamline' the patient journey			Total Responses (n)
1	1 - No capability		0
2	2		1
3	3		0
4	4		2
5	5		1
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**4.83333**		**6**
Highest	**8**		
Lowest	**2**		

4.4. Making clinical decisions in order to maintain safety			Total Responses (n)
1	1 - No capability		1
2	2		0
3	3		1
4	4		1
5	5		1
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**4.5**		**6**
Highest	**8**		
Lowest	**1**		

4.5. Supporting continuous improvement across the hospital / Trust / department			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		1
4	4		2
5	5		1
6	6		1
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**4.83333**		**6**
Highest	**7**		
Lowest	**3**		

4.6. Carrying out reviews of existing management systems			Total Responses (n)
1	1 - No capability		1
2	2		2
3	3		1
4	4		0
5	5		1
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**3.33333**		
Highest	**7**		**6**
Lowest	**1**		

5. Clinical capability

Please indicate your current level of capability against each statement which relates to particular aspects of the ACP role (where 1 = no capability and 10 = highly capable).

5.1. Working autonomously to assess patient needs			Total Responses (n)
1	1 - No capability		1
2	2		0
3	3		1
4	4		0
5	5		1
6	6		2
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**4.83333**		
Highest	**8**		**6**
Lowest	**1**		

5.2. Managing own case load of patients			Total Responses (n)
1	1 - No capability		2
2	2		0
3	3		1
4	4		2
5	5		0
6	6		0
7	7		0
8	8		0
9	9		1
10	10 - Highly capable		0
Average	**3.66667**		**6**
Highest	**9**		
Lowest	**1**		

5.3. Exercising judgement in assessing wide ranging and highly complex patient problems			Total Responses (n)
1	1 - No capability		2
2	2		0
3	3		0
4	4		0
5	5		2
6	6		1
7	7		0
8	8		0
9	9		1
10	10 - Highly capable		0
Average	**4.5**		**6**
Highest	**9**		
Lowest	**1**		

5.4. Utilising advanced clinical skills and knowledge to instigate changes to treatment regimes			Total Responses (n)
1	1 - No capability		2
2	2		1
3	3		0
4	4		0
5	5		2
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**3.66667**		
Highest	**8**		**6**
Lowest	**1**		

5.5. Undertaking clinical assessment			Total Responses (n)
1	1 - No capability		1
2	2		0
3	3		1
4	4		0
5	5		2
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**4.66667**		
Highest	**8**		**6**
Lowest	**1**		

5.6. Carrying out non-medical prescribing			Total Responses (n)
1	1 - No capability		3
2	2		2
3	3		0
4	4		0
5	5		0
6	6		1
7	7		0
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**2.16667**		**6**
Highest	**6**		
Lowest	**1**		

5.7. Interpreting diagnostics			Total Responses (n)
1	1 - No capability		1
2	2		1
3	3		0
4	4		1
5	5		1
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**4.33333**		**6**
Highest	**8**		
Lowest	**1**		

5.8. Providing advanced life support			Total Responses (n)
1	1 - No capability		1
2	2		2
3	3		0
4	4		0
5	5		0
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - Highly capable		3
Average	**5.83333**		
Highest	**10**		**6**
Lowest	**1**		

6. Collaboration

Please indicate your current level of capability against each statement which relates to particular aspects of the ACP role (where 1 = no capability and 10 = highly capable).

6.1. Working closely with medical and nursing staff within the clinical directorate			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		0
4	4		0
5	5		1
6	6		1
7	7		2
8	8		1
9	9		0
10	10 - Highly capable		1
Average	**7.16667**		
Highest	**10**		**6**
Lowest	**5**		

6.2. Developing partnerships in the service and actively maintaining them			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		1
4	4		1
5	5		1
6	6		1
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		1
Average	**5.83333**		**6**
Highest	**10**		
Lowest	**3**		

6.3. Developing inter-professional and collaborative working across the department			Total Reponses (n)
1	1 - No capability		0
2	2		0
3	3		2
4	4		0
5	5		1
6	6		1
7	7		1
8	8		0
9	9		1
10	10 - Highly capable		0
Average	**5.5**		**6**
Highest	**9**		
Lowest	**3**		

6.4. Initiating collaboration between members of multi-disciplinary teams			Total Responses (n)
1	1 - No capability		0
2	2		1
3	3		1
4	4		0
5	5		3
6	6		0
7	7		0
8	8		0
9	9		1
10	10 - Highly capable		0
Average	**4.83333**		
Highest	**9**		**6**
Lowest	**2**		

6.5. Instigating and maintaining cross-boundary and inter-agency working			Total Responses (n)
1	1 - No capability		2
2	2		1
3	3		1
4	4		1
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**3**		
Highest	**7**		**6**
Lowest	**1**		

6.6. Using specialist/technical skills to provide support and guidance to clinical staff (e.g. nurses and junior Doctors)			Total Responses (n)
1	1 - No capability		0
2	2		0
3	3		1
4	4		1
5	5		3
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - Highly capable		1
Average	**5.33333**		
Highest	**10**		**6**
Lowest	**3**		

7. Knowledge sharing

Please indicate your current level of capability against each statement which relates to particular aspects of the ACP role (where 1 = no capability and 10 = highly capable).

7.1. Creating opportunities to enable everyone to learn from each other and from external good practice			Total Responses (n)
1	1 - No capability		1
2	2		0
3	3		1
4	4		0
5	5		0
6	6		3
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**4.83333**		
Highest	**7**		**6**
Lowest	**1**		

7.2. Leading knowledge sharing events that support the service			Total Responses (n)
1	1 - No capability		2
2	2		1
3	3		2
4	4		0
5	5		0
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**3**		**6**
Highest	**8**		
Lowest	**1**		

7.3. Providing expert advice in patient management			Total Responses (n)
1	1 - No capability		1
2	2		1
3	3		2
4	4		0
5	5		1
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**3.66667**		**6**
Highest	**8**		
Lowest	**1**		

7.4. Teaching and mentoring others in the workplace			Total Responses (n)
1	1 - No capability		1
2	2		0
3	3		0
4	4		1
5	5		3
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**4.66667**		**6**
Highest	**8**		
Lowest	**1**		

7.5. Acting as a resource for all members of the multi-disciplinary team			Total Responses (n)
1	1 - No capability		2
2	2		0
3	3		1
4	4		0
5	5		2
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - Highly capable		0
Average	**3.83333**		**6**
Highest	**8**		
Lowest	**1**		

7.6. Using technology to support knowledge sharing and to tackle business-related issues			Total Responses (n)
1	1 - No capability		2
2	2		1
3	3		0
4	4		1
5	5		0
6	6		1
7	7		1
8	8		0
9	9		0
10	10 - Highly capable		0
Average	**3.5**		
Highest	**7**		**6**
Lowest	**1**		

Confidence levels

8. Service provision

Below are a series of statements which relate to particular aspects of the ACP role. Please indicate on a scale of one to ten your current level of confidence against each statement (where 1 = no confidence and 10 = highly confident).

8.1. Engaging users of the service in order to improve service provision			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		0
4	4		2
5	5		1
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly confident		1
Average	**5.16667**		
Highest	**10**		**6**
Lowest	**1**		

8.2. New initiatives and strategies have been initiated and/or applied to improve service provision and patient/service user outcomes			Total Responses (n)
1	1 - no confidence		2
2	2		0
3	3		1
4	4		1
5	5		1
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**3.5**		**6**
Highest	**7**		
Lowest	**1**		

8.3. Working with users and other stakeholders to evaluate the impact of the changes in service provision			Total Responses (n)
1	1 - no confidence		2
2	2		0
3	3		1
4	4		0
5	5		0
6	6		1
7	7		2
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4.16667**		**6**
Highest	**7**		
Lowest	**1**		

8.4. Promoting, monitoring and maintaining best practice in health, safety and security			Total Responses (n)
1	1 - no confidence		0
2	2		1
3	3		0
4	4		1
5	5		2
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**5**		**6**
Highest	**8**		
Lowest	**2**		

8.5. Managing others' performance in respect to legislation, policy and procedures on health, safety and risk management			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		2
4	4		2
5	5		1
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**4.5**		**6**
Highest	**8**		
Lowest	**3**		

8.6. Identifying ways to improve health & safety and security in own area			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		1
4	4		1
5	5		2
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**4.33333**		
Highest	**8**		**6**
Lowest	**1**		

8.7. Promoting quality in all areas of work			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		0
4	4		0
5	5		0
6	6		2
7	7		1
8	8		0
9	9		1
10	10 - highly confident		1
Average	**6.5**		
Highest	**10**		**6**
Lowest	**1**		

8.8. Monitoring quality and addressing quality issues related to the service			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		1
4	4		1
5	5		1
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**4.5**		**6**
Highest	**8**		
Lowest	**1**		

9. Interpersonal communication

Below are a series of statements which relate to particular aspects of the ACP role. Please indicate on a scale of one to ten your current level of confidence against each statement (where 1 = no confidence and 10 = highly confident).

9.1. Using different styles and methods of communication to maximise personal and professional impact			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		0
4	4		0
5	5		1
6	6		1
7	7		1
8	8		1
9	9		1
10	10 - highly confident		1
Average	**7.5**		**6**
Highest	**10**		
Lowest	**5**		

9.2. Anticipating barriers to communication in the service and taking action to improve communication			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		0
4	4		0
5	5		2
6	6		0
7	7		1
8	8		1
9	9		1
10	10 - highly confident		1
Average	**7.33333**		
Highest	**10**		**6**
Lowest	**5**		

9.3. Using persuasion to support your own view and the view of the organisation			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		0
4	4		2
5	5		1
6	6		2
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**5.5**		
Highest	**8**		**6**
Lowest	**4**		

9.4. Adapting communication to suit challenging/demanding workplace challenges			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		0
4	4		0
5	5		2
6	6		0
7	7		1
8	8		1
9	9		0
10	10 - highly confident		2
Average	**7.5**		
Highest	**10**		**6**
Lowest	**5**		

9.5. Maintaining communication with peers/colleagues on complex matters, issues and ideas and/or in complex situations			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		1
4	4		0
5	5		0
6	6		1
7	7		1
8	8		1
9	9		1
10	10 - highly confident		1
Average	**7.16667**		
Highest	**10**		**6**
Lowest	**3**		

10. Leadership capability

Below are a series of statements which relate to particular aspects of the ACP role. Please indicate on a scale of one to ten your current level of confidence against each statement (where 1 = no confidence and 10 = highly confident).

10.1. Partnering with others to develop strategic plans and business objectives for the service			Total Responses (n)
1	1 - no confidence		2
2	2		1
3	3		1
4	4		1
5	5		0
6	6		1
7	7		0
8	8		0
9	9		0
10	10 - highly confident		0
Average	**2.83333**		
Highest	**6**		**6**
Lowest	**1**		

10.2. Leading on clinical standards setting within the Directorate			Total Responses (n)
1	1 - no confidence		2
2	2		1
3	3		2
4	4		0
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**2.83333**		
Highest	**7**		**6**
Lowest	**1**		

10.3. Taking action in order to 'streamline' the patient journey			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		1
4	4		1
5	5		2
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4.16667**		**6**
Highest	**7**		
Lowest	**1**		

10.4. Making clinical decisions in order to maintain safety			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		1
4	4		0
5	5		1
6	6		2
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**4.83333**		**6**
Highest	**8**		
Lowest	**1**		

10.5. Supporting continuous improvement across the hospital / Trust / department			Total Responses (n)
1	1 - no confidence		2
2	2		0
3	3		0
4	4		0
5	5		2
6	6		1
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4.16667**		**6**
Highest	**7**		
Lowest	**1**		

10.6. Carrying out reviews of existing management systems			Total Responses (n)
1	1 - no confidence		2
2	2		2
3	3		1
4	4		0
5	5		0
6	6		1
7	7		0
8	8		0
9	9		0
10	10 - highly confident		0
Average	**2.5**		**6**
Highest	**6**		
Lowest	**1**		

11. Clinical capability

Below are a series of statements which relate to particular aspects of the ACP role. Please indicate on a scale of one to ten your current level of confidence against each statement (where 1 = no confidence and 10 = highly confident).

11.1. Working autonomously to assess patient needs			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		1
4	4		1
5	5		1
6	6		1
7	7		0
8	8		0
9	9		1
10	10 - highly confident		0
Average	**4.66667**		**6**
Highest	**9**		
Lowest	**1**		

11.2. Managing own case load of patients			Total Responses (n)
1	1 - no confidence		2
2	2		0
3	3		0
4	4		3
5	5		0
6	6		0
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**3.66667**		**6**
Highest	**8**		
Lowest	**1**		

11.3. Exercising judgement in assessing wide ranging and highly complex patient problems			Total Responses (n)
1	1 - no confidence		1
2	2		1
3	3		1
4	4		0
5	5		1
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**4.16667**		**6**
Highest	**8**		
Lowest	**1**		

11.4. Utilising advanced clinical skills and knowledge to instigate changes to treatment regimes			Total Responses (n)
1	1 - no confidence		1
2	2		1
3	3		1
4	4		0
5	5		1
6	6		1
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4**		**6**
Highest	**7**		
Lowest	**1**		

11.5. Undertaking clinical assessment			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		1
4	4		1
5	5		1
6	6		1
7	7		0
8	8		0
9	9		1
10	10 - highly confident		0
Average	**4.66667**		**6**
Highest	**9**		
Lowest	**1**		

11.6. Carrying out non-medical prescribing			Total Responses (n)
1	1 - no confidence		5
2	2		1
3	3		0
4	4		0
5	5		0
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - highly confident		0
Average	**1.16667**		**6**
Highest	**2**		
Lowest	**1**		

11.7. Interpreting diagnostics			Total Responses (n)
1	1 - no confidence		1
2	2		1
3	3		0
4	4		2
5	5		1
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**3.83333**		
Highest	**7**		**6**
Lowest	**1**		

11.8. Providing advanced life support			Total Responses (n)
1	1 - no confidence		2
2	2		1
3	3		0
4	4		0
5	5		0
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - highly confident		3
Average	**5.66667**		
Highest	**10**		**6**
Lowest	**1**		

12. Collaboration

Below are a series of statements which relate to particular aspects of the ACP role. Please indicate on a scale of one to ten your current level of confidence against each statement (where 1 = no confidence and 10 = highly confident).

12.1. Working closely with medical and nursing staff within the clinical directorate			Total Responses (n)
1	1 - no confidence		0
2	2		1
3	3		0
4	4		0
5	5		1
6	6		0
7	7		3
8	8		0
9	9		0
10	10 - highly confident		1
Average	**6.33333**		
Highest	**10**		**6**
Lowest	**2**		

12.2. Developing partnerships in the service and actively maintaining them			Total Responses (n)
1	1 - no confidence		1
2	2		0
3	3		0
4	4		0
5	5		1
6	6		3
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**5.16667**		
Highest	**7**		**6**
Lowest	**1**		

12.3. Developing inter-professional and collaborative working across the department			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		1
4	4		1
5	5		0
6	6		3
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**5.33333**		
Highest	**7**		**6**
Lowest	**3**		

12.4. Initiating collaboration between members of multi-disciplinary teams			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		1
4	4		2
5	5		1
6	6		1
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4.83333**		
Highest	**7**		**6**
Lowest	**3**		

12.5. Instigating and maintaining cross-boundary and inter-agency working			Total Responses (n)
1	1 - no confidence		1
2	2		1
3	3		1
4	4		2
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**3.5**		
Highest	**7**		6
Lowest	**1**		

12.6. Using specialist/technical skills to provide support and guidance to clinical staff (e.g. nurses and junior Doctors)			Total Responses (n)
1	1 - no confidence		0
2	2		0
3	3		1
4	4		3
5	5		0
6	6		1
7	7		0
8	8		0
9	9		1
10	10 - highly confident		0
Average	**5**		
Highest	**9**		**6**
Lowest	**3**		

13. Knowledge sharing

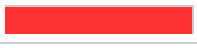
Below are a series of statements which relate to particular aspects of the ACP role. Please indicate on a scale of one to ten your current level of confidence against each statement (where 1 = no confidence and 10 = highly confident).

13.1. Creating opportunities to enable everyone to learn from each other and from external good practice			Total Responses (n)
1	1 - no confidence		0
2	2		1
3	3		1
4	4		0
5	5		2
6	6		2
7	7		0
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4.5**		
Highest	**6**		**6**
Lowest	**2**		

13.2. Leading knowledge sharing events that support the service			Total Responses (n)
1	1 - no confidence		0
2	2		1
3	3		2
4	4		0
5	5		2
6	6		1
7	7		0
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4**		
Highest	**6**		**6**
Lowest	**2**		

13.3. Providing expert advice in patient management			Total Responses (n)
1	1 - no confidence		1
2	2		1
3	3		1
4	4		1
5	5		1
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly confident		0
Average	**3.66667**		
Highest	**7**		**6**
Lowest	**1**		

13.4. Teaching and mentoring others in the workplace			Total Responses (n)
1	1 - no confidence		1
2	2		1
3	3		1
4	4		1
5	5		0
6	6		0
7	7		2
8	8		0
9	9		0
10	10 - highly confident		0
Average	**4**		
Highest	**7**		**6**
Lowest	**1**		

13.5. Acting as a resource for all members of the multi-disciplinary team			Total Responses (n)
1	1 - no confidence		2
2	2		0
3	3		0
4	4		2
5	5		0
6	6		1
7	7		0
8	8		1
9	9		0
10	10 - highly confident		0
Average	**4**		**6**
Highest	**8**		
Lowest	**1**		

13.6. Using technology to support knowledge sharing and to tackle business-related issues			Total Responses (n)
1	1 - no confidence		2
2	2		1
3	3		1
4	4		0
5	5		0
6	6		2
7	7		0
8	8		0
9	9		0
10	10 - highly confident		0
Average	**3.16667**		**6**
Highest	**6**		
Lowest	**1**		

14. Department level perspective

On a scale of one to ten, please indicate the extent to which the working practices in your Department are supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

14.1. Working practices			Total Responses (n)
1	1 - not at all		0
2	2		1
3	3		1
4	4		0
5	5		1
6	6		0
7	7		3
8	8		0
9	9		0
10	10 - highly supportive		0
11	Don't know		0
Average	**5.16667**		**6**
Highest	**7**		
Lowest	**2**		

15. On a scale of one to ten, please indicate the extent to which the working practices in your Department have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly).

15.1. Change to working practices			Total Responses (n)
1	1 - not at all		1
2	2		1
3	3		0
4	4		0
5	5		0
6	6		0
7	7		2
8	8		0
9	9		0
10	10 - changed significantly		0
11	Don't know		2
Average	**4.25**		**6**
Highest	**7**		
Lowest	**1**		

16. On a scale of one to ten, please indicate the extent to which the prevailing culture in your Department is supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

16.1. Prevailing culture			Total Responses (n)
1	1 - not at all		0
2	2		1
3	3		0
4	4		0
5	5		0
6	6		1
7	7		2
8	8		1
9	9		0
10	10 - highly supportive		0
11	Don't know		1
Average	**6**		
Highest	**8**		**6**
Lowest	**2**		

18. Trust/organisational level perspective

On a scale of one to ten, please indicate the extent to which the working practices across the Trust are supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

18.1. Working practices			Total Responses (n)
1	1 - not at all		0
2	2		0
3	3		0
4	4		1
5	5		0
6	6		0
7	7		1
8	8		1
9	9		0
10	10 - highly supportive		0
11	Don't know		3
Average	**6.33333**		
Highest	**8**		**6**
Lowest	**4**		

19. On a scale of one to ten, please indicate the extent to which the working practices across the Trust have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly).

19.1. Working practices			Total Responses (n)
1	1 - not at all		0
2	2		1
3	3		0
4	4		0
5	5		0
6	6		0
7	7		1
8	8		1
9	9		0
10	10 - changed significantly		0
11	Don't know		3
Average	**5.66667**		**6**
Highest	**8**		
Lowest	**2**		

20. On a scale of one to ten, please indicate the extent to which the prevailing culture across the Trust is supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

20.1. Prevailing culture			Total Responses (n)
1	1 - not at all		0
2	2		0
3	3		0
4	4		0
5	5		1
6	6		1
7	7		1
8	8		2
9	9		0
10	10 - highly supportive		0
11	Don't know		1
Average	**6.8**		**6**
Highest	**8**		
Lowest	**5**		

22. Practitioner level perspective

On a scale of one to ten, in your opinion, how strong do you think the network of trainee Advanced Clinical Practitioners is at present (where 1 = not strong and 10 = very strong).

22.1. ACP Trainee Network			Total Responses (n)
1	1 - not strong		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		1
8	8		1
9	9		0
10	10 - very strong		3
11	Don't know		1
Average	**9**		**6**
Highest	**10**		
Lowest	**7**		

23. On a scale of one to ten,(where 1 = no benefit and 10 = benefitted significantly), please indicate the extent to which this network of practitioners, formed as a result of the Masters in Accredited Clinical Practitioner Programme, has benefitted you in your role.

23.1. Benefit of the network			Total Responses (n)
1	1 - no benefit		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		1
7	7		0
8	8		1
9	9		1
10	10 - benefitted significantly		3
11	Don't know		0
Average	**8.83333**		**6**
Highest	**10**		
Lowest	**6**		

24. On a scale of one to ten,(where 1 = not likely and 10 = very likely), how likely is it, in your opinion, that this network of practitioners will be sustained beyond the end of the Masters in Accredited Clinical Practitioner Programme?

24.1. Sustainability of the network			Total Responses (n)
1	1 - not likely		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		1
7	7		0
8	8		0
9	9		0
10	10 - very likely		4
11	Don't know		1
Average	**9.2**		**6**
Highest	**10**		
Lowest	**6**		

25. On a scale of one to ten,(where 1 = no benefit and 10 = benefitted significantly), please indicate the extent to which you feel having other employees from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme has benefitted you in your role?

25.1. Other employees			Total Responses (n)
1	1 - no benefit		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - benefitted significantly		5
11	Don't know		1
Average	**10**		**6**
Highest	**10**		
Lowest	**10**		

26. On a scale of one to ten,(where 1 = no benefit and 10 = benefitted significantly), please indicate the extent to which you feel having other participants that are not from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme has benefitted you in your role?

26.1. Other participants not from York			Total Responses (n)
1	1 - no benefit		2
2	2		1
3	3		1
4	4		0
5	5		0
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - benefitted significantly		1
11	Don't know		1
Average	**3.4**		**6**
Highest	**10**		
Lowest	**1**		

Appendix 6 – Mentor online survey results

2. Departmental level perspective

On a scale of one to ten, please indicate the extent to which the working practices in the Departments, where the trainee ACPs are based, are supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

2.1. Working practices			Total Responses (n)
1	1 - not at all		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly supportive		1
11	Don't know		0
			2

3. On a scale of one to ten, please indicate the extent to which the working practices in your Department have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly).

3.1. Working practices			Total Responses (n)
1	1 - not at all		1
2	2		1
3	3		0
4	4		0
5	5		0
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - changed significantly		0
11	Don't know		0
			2

4. On a scale of one to ten, please indicate the extent to which the culture in the Departments, where the trainee ACPs are based, are supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

4.1. prevailing culture			Total Responses (n)
1	1 - not at all		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		2
8	8		0
9	9		0
10	10 - highly supportive		0
11	Don't know		0
			2

6. Trust/organisational level perspective

On a scale of one to ten, please indicate the extent to which the working practices across the Trust are supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

6.1. Working practices			Total Responses (n)
1	1 - not at all		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - highly supportive		0
11	Don't know		1
			2

7. On a scale of one to ten, please indicate the extent to which the working practices across the Trust have changed to accommodate the ACP role (where 1 = not at all and 10 = changed significantly).

7.1. Working practices			Total Responses (n)
1	1 - not at all		0
2	2		2
3	3		0
4	4		0
5	5		0
6	6		0
7	7		0
8	8		0
9	9		0
10	10 - changed significantly		0
11	Don't know		0
			2

8. On a scale of one to ten, please indicate the extent to which the prevailing culture across the Trust is supportive of the ACP role (where 1 = not at all and 10 = highly supportive).

8.1. Prevailing culture			Total Responses (n)
1	1 - not at all		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		2
8	8		0
9	9		0
10	10 - highly supportive		0
11	Don't know		0
			2

10. Practitioner level perspective

On a scale of one to ten, in your opinion, how strong do you think the network of trainee Advanced Clinical Practitioners is at present (where 1 = not strong and 10 = very strong).

10.1. ACP Trainee Network			Total Responses (n)
1	1 - not strong		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - very strong		0
11	Don't know		1
			2

11. On a scale of one to ten,(where 1 = not likely and 10 = very likely), how likely is it, in your opinion, that this network of practitioners, formed as a result of the Masters in Accredited Clinical Practitioner Programme, has to date benefitted the individual(s) you are currently mentoring?

11.1. benefit of the network			Total Responses (n)
1	1 - not likely		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		2
8	8		0
9	9		0
10	10 - very likely		0
11	Don't know		0
			2

12. On a scale of one to ten, (where 1 = not likely and 10 = very likely), how likely is it, in your opinion, that a network of practitioners, will be sustained beyond the end of the Masters in Accredited Clinical Practitioner Programme?

12.1. Sustainability of the network			Total Responses (n)
1	1 - not likely		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		2
8	8		0
9	9		0
10	10 - very likely		0
11	Don't know		0
			2

13. On a scale of one to ten,(where 1 = no benefit and 10 = benefitted significantly), please indicate the extent to which you feel participants will benefit in the ACP role from having other employees from York Hospitals NHS Trust on the Masters in Accredited Clinical Practitioner Programme?

13.1. Other employees			Total Responses (n)
1	1 - no benefit		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		1
8	8		1
9	9		0
10	10 - benefit significantly		0
11	Don't know		0
			2

14. On a scale of one to ten,(where 1 = no benefit and 10 = benefit significantly), please indicate the extent to which you feel participants will benefit from learning with other employees not attending York Hospitals NHS Trust but still on the same Masters in Accredited Clinical Practitioner Programme?

14.1. Non-Employees on same programme			Total Responses (n)
1	1 - no benefit		0
2	2		0
3	3		0
4	4		0
5	5		0
6	6		0
7	7		1
8	8		0
9	9		0
10	10 - benefit significantly		0
11	Don't know		1
			2