East Kent Hospitals University NHS Foundation Trust

Expectations of the Advanced Clinical Practitioner (ACP)

Ollie Phipps & Ian Setchfield

(Adapted from University Hospitals of Derby & Burton NHS Foundation Trust)

Contents.

Introduction.

This document is aimed at ACP's in training, supervisors of ACP's and also those planning a service within East Kent Hospitals University Foundation Trust (EKHUFT) as a guide to the level of competence expected at each stage of the ACP training, from commencing in role through to developing into a qualified ACP.

It complements the supervisors guide providing additional depth to the expected level of practice, additional skills and also competencies required to move forward. ACP's are recruited from multi-professional backgrounds; this means that they all start with a slightly different skill set; as a result they will progress at different rates depending upon their previous skills and knowledge. This guide will aim to standardise the **minimum** requirements of the ACP and for ease it is divided into phase of training to allow confidence in the competence of the practitioner.

Whilst the academic pathway has a clear assessment structure, within the workplace the ACP is a developing workforce, meaning it is often difficult for those new to ACP supervision to ascertain the expected level of competence. This can lead to late identification of those struggling clinically. This guide will provide a standardised expected level of competence within EKHUFT, it is then anticipated that this will help to identify those in difficulty earlier as it sets out clear parameters that will need to be met before the ACP progresses to the next phase of training. It is the responsibility of the educational supervisor along with the line manager and the Corporate Lead for Advanced Practice to ensure that these are achieved. Dealing with those trainees in difficulty is discussed within the supervisors guide.

Phase One

This will roughly equate to the first 12-18 months of training and will be further divided below.

0-3 months

The ACP is new to advanced practice and a period of transition is often observed, which for some is more difficult than others. During this time regular meetings with the ACP leads are scheduled as drop in sessions for support through this as most of the support required is pastoral. Academic modules may commence within this period. This time is to gain insight into the new way of working observing senior clinicians in practice, with the opportunity to start to develop consultation (history taking) and clinical examination skills. You can expect this first eight weeks to be a shadow role.

3-12 months

Academic modules.

If studying at Canterbury Christ Church University the first 12-18 months is dependent upon academic calendars, they will complete in no particular order:

- ***Advanced Practice Skills & Clinical Reasoning 1 (APS1)***
- ***Pathophysiology, Diagnostics & Decision Making for Advanced Practice (PDD)***
- ***Advanced Practice Skills & Clinical Reasoning 2 (APS2)***

APS1 is the first clinical examination module and consists of a learning log demonstrating the ability to take a history and clinically examine. The assessment is a timed seen paper where candidates need to discuss a case supported by literature. This module requires supervision and supervisor sign off.

PDD focuses upon pathophysiology of disease, investigations, referrals, decision making and safety netting. The assessment process is an exam paper consisting of short answer and multiple choice questions. The student will also need to choose a subject, create a professional poster and present it to the examining team.

APS2 is the second clinical examination module and consists of a learning log demonstrating the ability to take a history and clinically examine. The final examination is multi-station OSCE focusing on history taking and clinical examination.

Clinical expectations.

Completion of the following competencies from EKHUFT's Advanced Clinical Practice: Core competency Framework.

GC1- History taking

GC2- Clinical examination **level 2 descriptor**

GC4- Time management and personal organisation

GC5- Decision making and clinical reasoning **level 1 descriptor**

GC6- The patient as a central focus of care

GC 8- Team working and patient safety **level 2 descriptor**

GC12- Relationships with patients and communication within a consultation

GC17- Legal framework for practice

GC 24- Personal behaviour

A minimum of 12 direct observation of procedure (DOPs), 8 mini-cex and 4 case based discussions (CBD) are expected annually within the clinical portfolio during training. Further guidance on assessments and those able to complete are available within appendix one. Please note that only the summative DOPs should be included within the portfolio and any formative DOPs will be discounted.

This alongside academic work and continuing professional development activities will form the basis of evidence within the clinical portfolio to demonstrate the above competencies. *It is imperative that there is evidence to support the application of knowledge being transferred into clinical practice within the portfolio*.

The ACP will be required to be an ILS provider (minimum). Ideally the ACP will be an ALS provider.

Successful ARCP outcome.

Phase 2.

12-24 months

This will roughly equate to months 12-24 of training depending upon speed of progression through phase 1. The ACP should be participating in service delivery, and be able to independently assess a patient and formulate a basic management plan – similar to that of a foundation year 1 doctor.

Academic modules.

- ***Non-Medical Prescribing & Pharmacology***
- ***Leadership***

Non –medical prescribing for those prescribing professions, this consists of a practice learning log requiring documented evidence of 90 hours of clinical practice, consultation and prescription writing OSCE, pharmacology exam and assignment covering prescribing practice and ethical issues. *For those not able to complete non-medical prescribing an additional 40 credits will be required to progress. Module selection will vary according to trainees needs and should be discussed with the ACP Team, Corporate Lead for Advanced Practice to ensure it meets training needs.*

Leadership: Advancing innovation, transforming healthcare module. This module is to enable students to understand the complexities of leadership processes within institutions that promote innovation and collaboration across complex organisations to transform Healthcare services and outcomes. The assessment process will involve a 1500 word business case and a 2500 word critical commentary of various theories of leadership, change, motivation etc.

Clinical expectations.

Completion of the following competencies from Derbyshire School of Advanced Clinical Practice: Core competency Framework.

GC2-Clinical examination level 4 descriptor

GC3- Therapeutics and safe prescribing (or use of patient group directions)

GC5- Decision making and clinical reasoning level 3 descriptor

GC 7- Prioritisation of patient safety in clinical practice

GC11- Managing long term conditions and promoting patient/ family self-care

GC 16- Health promotion and public health

GC18- Valid consent

GC 19- Principles of medical ethics and confidentiality

GC 22- Audit level 1 descriptor

GC 23- Teaching and training

CC1- Principles of Urgent Care

CC2- Managing life threatening and emergency situations

CC4- Common symptoms and complaints –a minimum of 10 conditions covered.

In addition to the above in order to progress the following will be required

- Advanced Life Support provider
- Minimum of 40 portfolio entries
- Evidence of direct participation in service improvement
- Minimum of 60 MSc credits

It is expected that in order to meet the competencies required to complete phase 2 of training all of the above criteria will be evidenced within the trainee ACP portfolio through WBPA, attendance at ALS, ongoing CPD and academic modules.

Phase 3.

This will roughly equate to months 24- 60 of training. During this period the trainee ACP will be consolidating and building on knowledge already obtained and should be participating in service delivery with **minimal supervision** required.

Academic modules.

- **Research Approaches and Methods module**
- **Quality/Service Improvement Project**

The aim of the Research Modules is to enable ACP's to develop sound knowledge and understanding of different research approaches and methods which will enable them to plan and undertake a substantive project in a topic relevant to their work.

At the end of these modules they will be able to produce clear aims and objectives for their study and be able to select and evaluate key research and other evidence.

Research Approaches and Methods module (RAM) develops knowledge and understanding of research methods, followed by a Project. The trainee ACP will experience a variety of learning and teaching methods including the use of online materials, taught sessions and individual and small group supervision. The assessment for these modules is the production of a research plan or proposal followed by a substantive project in which the proposed research is carried out.

Clinical expectations.

Completion of all outstanding Core competency Framework.

Working within the medical team, inclusion within the medical rota numbers will vary from area to area however the tACP should be able to work with only minimal supervision required by this stage of training.

To meet the requirements of a qualified ACP the practitioner must demonstrate all criteria for band 7 along with

- Minimum of 5 acute care assessment tool (ACAT) within the clinical portfolio.
- Additional WPBAs are included in portfolio to a minimum of 77 portfolio entries.
- Completion of MSc, or additional essential modules if recruited with MSc.
- Independent Prescriber where profession permits.
    - (For those not able to complete independent prescribing due to profession – they should demonstrate knowledge of therapeutics within the clinical portfolio).
- Portfolio evidence demonstrating evidence of teaching activity.

- Completion of RCEM Level One Ultrasound course or equivalent.

Once both academic and clinical competencies have been achieved the portfolio should be submitted for ARCP, if a successful outcome is achieved the trainee will progress onto a band 8a and become a qualified ACP. At this point contribution to medical rotas is expected, at a level agreed by the Care Group.

Completion of training/ Qualified ACP.

Qualified ACPs will need to continue to demonstrate competence and the portfolio should be reviewed annually at appraisal and ARCP. The level of educational supervision will be reduced, with an expectation that the ES and ACP will meet quarterly to discuss their ongoing development needs.

ARCP will formulate part of the ongoing assessment of competence for the trained ACP and should include the annual WPBA requirements as set out below

- DOPs of each clinical skill outside of those practiced within base profession.
- ACAT x 1
- CBD x 4
- Reflective pieces x 2

The portfolio should also demonstrate how the ACP is meeting all four pillars of advanced practice with evidence of full audit cycle/ research, leadership, educational activity and also clinical practice.

Qualified ACPs should be included within medical rotas at a level specified by the Care Group, it is anticipated that as they gain additional experience they will be functioning at SHO/ middle grade level. It is expected that they will work flexibly across the Care Group to ensure safe provision of patient care and equitable staffing of all areas.

Appendix One.

Guidance on completion of WPBA.

ACPs are expected to complete WPBA akin to medics. An expectation of at least 77 entries into the clinical portfolio is required to submit to ARCP for completion of training.

Assessors of ACATs MUST be by the following only: ST3 or above, teaching fellow, Consultant, Consultant Nurse or a qualified ACP.

Assessors of CBDs, mini - cex can be completed by medics of F2 level or above and qualified ACPs.

DOPs/ Clinical skills can be assessed by any person who has demonstrated competence in the skill which is being assessed and have been **practiced in the skill for over a year.** These are looked at during ARCP/ appraisal and any assessments not meeting these requirements will not be recognised.

Please note DOPs can be either summative or formative. The number required to achieve competence in a skill is generally set at five however this is dependent upon the individual and some skills may require more than five.

Appendix Two.

Mapping of ACP Competencies to the Foundation Year 1 Competencies.

Foundation Professional Capabilities	**Correlating FY1 FPC number**	**Correlating ACP competency**
Recognises, assesses and initiates management of the acutely ill patient	FPC 9	CC2
Recognises, assess and manages patients with long term conditions	FPC 10	GC11
Obtains history, performs clinical examination, formulates differential diagnosis and management	FPC 11	GC1 GC2 GC5 CC4
Requests relevant investigations and acts upon results	FPC 12	GC5
Prescribes safely	FPC 13	GC 3
Is trained and initiates management of cardiac and respiratory arrest	FPC 15	CC 2 ILS
Demonstrates understanding of the principles of health promotion and illness prevention	FPC 16	GC 16
Manages palliative and end of life care under supervision	FPC 17	
Manages effectively as a team member	FPC 7	GC 8 GC 24
Demonstrates leadership skills	FPC 8	GC 8 GC 24
Communicates clearly in a variety of settings	FPC 12	GC 15
Recognises and works within limits of personal competence	FPC 18	GC 7 GC 8
Keeps practice up to date through learning and teaching	FPC 4	GC 23
Demonstrates engagement in career planning	FPC 5	~~Appriasal~~Appraisal
Acts professionally	FPC 1	Background professional registration
Delivers patient centred care and maintains trust	FPC 2	GC 6
Behaves in accordance with ethical and legal requirements	FPC 3	GC 17 GC 19
Makes patient safety a priority in clinical practice	FPC19	GC 7 GC 24

Contributes to quality improvement	FPC 20	GC 9 GC 22
Performs procedures safely	FPC 14	Demonstrated through ANTT, DOPs of clinical skills.