Employer Readiness for Advanced Practice

# Introduction

**What is Advanced Practice?**

Advanced practice is delivered by experienced, registered health and care practitioners, characterised by a high degree of autonomy and complex decision making within their area of practice. Advanced practice is underpinned by a Master’s level/academic level 7 award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific competence. Professionals working at the level of advanced practice will exercise autonomy and decision making in a context of complexity, uncertainty, and varying levels of risk, holding accountability for decisions made.

Currently, there is a lack of consistency in how the title ‘Advanced Practitioner’ is used. In this document the term Advanced Practitioner/ Practice is used when relating to individual practitioners. NHSE’s National Centre for Advancing Practice is therefore looking to:

* Set agreed national training standards across England for advanced level practice.
* Standardise and regulate the definition of an Advanced Practice.
* “Kitemark” training courses for advanced level practice

**NHSE** regional faculties have been set up to work with local systems (ICSs, Hospital Trusts, and NHS providers) to identify demand, commission high quality education and training and support the supervisory needs of learners.

# Useful links

The [HEE AP Toolkit](https://cs1.e-learningforhealthcare.org.uk/public/ACP/ACP_01_001/index.html%23/) provides general information about advanced practice for employers, educators, and employees

The link to Advanced Practice frameworks can be found here: <https://www.hee.nhs.uk/our-work/advanced-practice/credentials>

**Is my organisation ready to implement and support Advanced Practice?**

Many employers have expressed a wish for support to develop Advanced Practice roles and this **Advanced Practice Readiness Checklist** has been developed to enable employers to self-assess their readiness for advanced practice and identify possible next steps. The checklist is based on the key principles of

the [Multi-professional framework for Advanced Clinical Practice in England](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf) and should be carried out by the Advanced Practice lead (or other senior education lead responsible for Advanced Practice at an organisational, departmental/practice level and individual supervisee and supervisor level.

Organisations should rate their extent of readiness on a scale of 1 to 4, where 1 signifies there is no evidence and 4 signifies that the factor is fully embedded within the organisation.

An action plan with SMART objectives should then be developed by the organisation, co-ordinated by the Advanced Practice lead (or other senior education lead) in conjunction with colleagues and the executive sponsor. The London regional faculty would welcome the opportunity to discuss the readiness checklist to both understand advanced practice within systems and organisations and to offer support and advice.

The self-assessment is a tool available to help organisations to establish their organisational readiness and will not have an impact on any future funding an organisation will receive to support advanced practice. Please also refer to the [HEE AP Toolkit](https://cs1.e-learningforhealthcare.org.uk/public/ACP/ACP_01_001/index.html%23/) when completing the checklist. This provides general information regarding advanced practice for employers, educators, and employees.

The link to Advanced Practice frameworks can be found here: <https://www.hee.nhs.uk/our-work/advanced-practice/credentials>

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| **Factors suggesting readiness for Advanced Practice** | **Examples of evidence in your organisation** | **Extent to which these are in place 1-****4 \*** | **Explain your decision** |
| **Organisational/NHS Provider level** |
| There is clear support and commitment for Advanced Practice roles at executive and director level of the organisation | Named executive sponsor, director? |  |  |
| The title of Advanced Practice is defined and used consistently | Mapping exercise, current job descriptions and/or job plans |  |  |
| To ensure patient safety, we have clear governance and support arrangements for Advanced Practice | Governance systems, policies, strategies |  |  |
| There is commitment to work strategically with NHSE and HEIs to ensure robust and appropriate implementation of Advanced Practice training | Regular strategic planning meetings with NHSE/HEIs |  |  |
| We have surveyed our staff to establish where enhanced and advanced roles already exist and have mapped existing roles against the Framework to establish where development is needed for transition to Advanced Practice roles | Workforce reviews, local Advanced Practice database, Advanced Practice mapping tool |  |  |
| Advanced Practice is actively promoted across the organisation | Plan for Advanced Practice communication and engagement in place, led by Advanced Practice lead and includes support for Advanced Practice forum |  |  |
| There is understanding of advanced practice (across the 4 pillars) and the value these roles bring at ICS, PCN, Trust and service manager level.There is understanding of advanced practice across medical and non-medical professionals involved with the process | Stakeholders engaged in the planning, development, and support of Advanced Practice roles, including utilisation of theskills offered across the 4 pillars |  |  |
| There is a commitment to (minimum annually) review regularly the readiness for advanced practice as an organisation. | Advanced Practice Readiness Checklist, supporting action plan |  |  |
| There are mechanisms for evaluating the impact of Advanced Practice roles | Service evaluation, patientevaluation, |  |  |

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| There is a budget identified for ongoing Advanced Practitioner costs (inc. salary, supervision, training, and development) | Budget/reports include ongoing Advanced Practitioner costs |  |  |
| We have discussed our plans for Advanced Practitioner with our ICS and Local Workforce Action *Board, People Board* (LWAB) partners | ACP strategy document |  |  |
| We have opportunities for trainee Advanced Practitioner to develop capability across the four pillars via placements or rotations in other areas, supported by skills-specific supervision | Communications, minutes of meetings |  |  |
| There is a planned approach to supporting those seeking Advanced Practice status via portfolio or credentialling | Individual learning plans, business cases |  |  |
| It is clear how the supervision fee will be used | Budget/reports include ongoingAdvanced Practitioner costs |  |  |

**\*Key:**

1. No evidence of this | 2. Limited evidence in place | 3. Evidence is in place but not embedded across the whole organisation | 4. Fully embedded within the organisation

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| **Departmental or General Practice level** | **Examples of evidence in your organisation** | **Extent to which these are in place 1-****4 \*** | **Explain your decision** |
| The purpose and scope of Advanced Practice roles in patient pathways are clearly articulated | Job descriptions, workforce plans |  |  |
| We have in-house training pathways for Advanced Practitioners, with speciality- specific curricula or core and specialist capabilities that encompass all four pillars ofthe Framework | Training pathway documents, curricula, competencies |  |  |
| There is a commitment to provide protected study time/leave for all traineeAdvanced Practitioners | Contracts of employment, jobplans |  |  |
| Each Advanced Practice trainee has a named Co-ordinating educational supervisor and an associate workplace supervisor who is familiar with the requirements of Advanced Practitioner trainees | Workforce reviews, local Advanced Practice supervisor database |  |  |

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| We have mechanisms for evaluating the impact of Advanced Practice roles | Service evaluations |  |  |
| Workplace assessment of Advanced Practitioner trainees is carried out by competent assessors who are familiar with the assessment tools | Advanced Practice strategy, workforce reviews |  |  |
| We have links with speciality-specific Advanced Practitioner networks e.g.: Royal College of Emergency Medicine, Faculty of Intensive Care Medicine | Advanced Practice strategy, network events |  |  |
| There are processes to ensure that the NHSE supervision fee is accessible at service level | Departmental budget line |  |  |
| Workplace assessment of Advanced Practitioner trainees is carried out by competent assessors who are familiar with the assessment tools | Trained assessors in place |  |  |
| **Advanced Practice Supervisor and supervisee level** |
| Potential Advanced Practitioner trainees meet the university entry requirements and are prepared for the demands of education and training for Advanced Practitioner | Advanced Practice recruitment and selection strategy |  |  |
| There is support, training and induction for staff who supervise clinicians in Advanced Practice roles in training | Clinical supervision policy, local Advanced Practice supervisor database, supervisor networkevents |  |  |
| Robust processes are in place to monitor Advanced Practice supervisee progress and sign off completion of training | Training progress records |  |  |
| Each Advanced Practitioner trainee has a named co-ordinating educational supervisor | Clinical supervision policy, local Advanced Practice supervisordatabase |  |  |
| All Advanced Practice supervisors have allocated time for Advanced Practice supervision (minimum 1 hour per week) | Job plans (where used), clinical supervision timetables |  |  |
| **Action plan to address factors self-assessed at 1, 2 and 3:** | **SMART Objectives:** |
| Completed by (signature):Name & Job title: Date: | Executive sponsor signature:Name & Job title: Date: |

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