**A picture containing person, indoor, wall, standing

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**Readiness for Advanced Practice 2022/23**

Providers

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**HEE South West Faculty of Advancing Practice**

# Is my Organisation ready to implement and support Advanced Practice?

* Advanced Practice (AP)

Many systems and employers have requested support with the development of advanced practice roles.

This **Readiness for AP Checklist** has been developed for employers to self-assess their readiness for advanced practice and to identify possible next steps.

# The Checklist

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 AP lead (or other senior education lead responsible for AP) at a provider level. ICSs can rate their extent of readiness using a (B)RAG rating:

|  |  |  |
| --- | --- | --- |
|  | **B**lack | No evidence this domain is embedded |
|  | **R**ed | Some evidence this domain is embedded in a few parts of the organisation |
|  | **A**mber | Evidence this domain is embedded in most parts of the organisation |
|  | **G**reen | Fully embedded in organisation |

An action plan with SMART objectives can be developed by the Provider in response to their self-assessed readiness.  This should be co-ordinated by the AP lead (or other senior education lead) in conjunction with colleagues and the executive sponsor.

The self-assessment is a tool available to help Providers establish their readiness across their organisation and will help to inform decisions about future funding across the system to support AP.

The information gathered will be collated in a way to help HEE identify areas in which we can better support both systems and employers across the South-West region to develop AP. Please also refer to the [HEE ACP Toolkit](https://www.e-lfh.org.uk/programmes/advanced-practice-toolkit/) when completing the checklist.

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

Should you need any support in completing this checklist or have any questions please email our Workforce Transformation Lead – Lou Buckle on [lou.buckle@hee.nhs.net](mailto:lou.buckle@hee.nhs.net)

­ **Advanced Practice Readiness Checklist**

|  |  |
| --- | --- |
| **Name of Provider:** | |
|  | |
| **Completed by:** | **Executive sponsor:** |
| Name & Job title:  Date: | Name & Job title:  Date: |

| **Readiness Factor** | **Example** | **(B)RAG rating** | **Explanation of Rating** |
| --- | --- | --- | --- |
| **Awareness and commitment** | | | |
| There is understanding, support and commitment for AP roles across the non-medical workforce (nursing, midwifery and AHPs, please see Appendix for full list) at executive and director level | Named executive sponsor, board member on AP forum |  |  |
| AP is understood at an operational level | Job descriptions current, job plans current, workforce plans |  |  |
| AP is understood at clinical level | Clinical leads engaged and involved in AP forum |  |  |
| AP is understood across a range of professions within the non-medical workforce (Nursing, midwifery and AHPs, please see Appendix for full list) | Clinical leads engaged and involved in AP forum |  |  |
| AP is led by an advanced practitioner | Clinical lead is an AP |  |  |
| Understand and agree to engage with tripartite selection process between employer, HEE and HEI | Person(s) nominated to represent organisation in selection process |  |  |
| **Strategic workforce case for advanced practice** | | | |
| Workforce Strategy includes description of role of AP across a range of professions in delivering long term plans | Workforce plans |  |  |
| There is named strategic leadership and operational leadership for AP | Named executive sponsor, named clinical AP lead |  |  |
| Strategic leadership and operational leadership for AP have links across a range of professions within the non-medical workforce | Named executive sponsor, named clinical AP lead |  |  |
| There is a business case to underpin the workforce planning for AP level roles to maximise their impact, including standardised titles and banding with a succession plan where appropriate | Business case, workforce scoping/planning document |  |  |
| Clearly identified budget for AP development | Finance budget/reports |  |  |
| There are discussions for AP rollout with our ICS and Local Workforce Action Board (LWAB) partners | Meeting agendas/minutes |  |  |
| **Operational need & best use of advanced practice roles** | | | |
| Need for AP roles actively considered and identified | Business case, workforce scoping/planning document |  |  |
| Specialty rotas are not filled or have high agency spend | Rota document, bank/agency spend |  |  |
| Areas (including cross-service working) identified where investment in AP roles can bring greatest benefit | Business case, workforce scoping/planning document |  |  |
| To ensure patient safety, there are clear governance and support arrangements for AP | Governance structures, reporting structures, trainee feedback |  |  |
| There are robust processes for recruitment and selection into AP level roles and for monitoring progress and certifying completion of training | Application forms, process map of selection process |  |  |
| There are robust processes for recruitment and selection that actively encourage progression into AP roles from a range of professions within the non-medical workforce | Application forms, process map of selection process, multi-professional recruitment panels |  |  |
| **Understanding current advanced practice workforce** | | | |
| Identified where advanced roles exist and mapped against the Framework to establish where development is needed for transition to AP roles | Workforce planning/scoping document |  |  |
| Trainee APs identified and pIans are in place to develop them | Workforce planning/scoping document |  |  |
| AP is understood across a range of professions at service/department level within the non-medical workforce (nursing, midwifery, AHP) | Workforce planning/scoping document |  |  |
| There is a plan for AP comms and engagement | Communication plan/engagement |  |  |
| AP forum planned or already in place and active | Forum agendas/minutes |  |  |
| **Enablers for Advanced Practice** | | | |
| Title of AP is defined and consistently used | Job descriptions current, job plans current, workforce plans |  |  |
| Generic AP job descriptions, including purpose and scope are developed and agreed by a multiprofessional panel. | Job descriptions current, job plans current |  |  |
| There are agreed career development pathways and opportunities where AP features for  for eligible non-medical personnel (see appendix), encompassing all four pillars of the Framework | Training pathway documents, curricula, competencies. Rotations/placement examples |  |  |
| There are agreed and funded education pathways to support AP development | Communications, meeting minutes with funding streams. |  |  |
| Commitment to provide protected study time (and study leave) for all trainee APs | Contracts of employment, job plans. |  |  |
| Planned and common approach to clinical supervision in place for AP roles (including trainees) | Job plans, clinical supervision timetables |  |  |
| We have appropriately banded, defined, substantive AP posts for trainees to move into on completion of their training | Future job descriptions and job plans. Rotations examples |  |  |
| Planned approach to supporting those seeking AP status via portfolio or credentialling | Individual learning plans, business cases |  |  |
| Each AP trainee has a named supervisor who is familiar with the requirements of AP | Workforce reviews, local AP supervisor database |  |  |
| Potential AP trainees meet the university entry requirements and are prepared for the demands of education and training for AP | AP recruitment and selection strategy |  |  |
| **Supervision** | | | |
| All AP supervisors have time specified in their job plans for supervision of AP (minimum 1 hour per week) | Job plans, clinical supervision timetables |  |  |
| There are processes to ensure that the HEE supervision fee is accessible at service level | Job plans, clinical supervision timetables |  |  |
| There is support, training and induction for staff who supervise clinicians in AP roles in training and beyond | Supervisor database, supervisor network events |  |  |
| **Peri and Post Implementation** | | | |
| There are mechanisms for evaluating the impact of AP roles | Service evaluation |  |  |
| Work place assessment of AP trainees is carried out by competent assessors who are familiar with the assessment tools | AP strategy, workforce reviews, supervisor database |  |  |
| There are links with speciality-specific AP networks eg: Royal College of Emergency Medicine, Faculty of Intensive Care Medicine | AP strategy, network events |  |  |
| Self-funding AP trainees (who may be outside the organisational AP strategy) are supported, where appropriate, to integrate their roles into service needs for maximum impact | Individual learning plans, business cases |  |  |

# Appendix 1

## Which Professions Can Apply for Advanced Practice Roles?

Advanced practice can be undertaken by regulated health professions. This list is not exhaustive and is likely to grow as Advanced Practice roles, frameworks and credentials progress.

These are the professional groups that are eligible for the 2022/22 Annual Demand Scoping Survey, which employers will submit to HEE Faculty of Advancing Practice:

* Arts therapists (Music/Drama/Art)
* Chiropodist/podiatrist
* Dietitian
* Midwives
* Nurses
* Occupational Therapists
* Operating Department Practitioners
* Orthoptists
* Paramedics
* Pharmacists
* Physiotherapists
* Prosthetists/orthotists
* Diagnostic Radiographer
* Therapeutic Radiographer
* Speech and Language Therapist