

# 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. This is underpinned by a Master's level 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 (AP) is used. HEE'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 practitioner
- Kitemark training courses for advanced level practice

HEE regional faculties have been set up to work with local systems (STPs/ICSs 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](#) provides general information about advanced practice for employers, educators and employees

The link to AP 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 such roles and this **AP 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](#) and should be carried out by the A(C)P lead (or other senior education lead responsible for AP) 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 AP 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 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 ACP Toolkit](#) when completing the checklist. This provides general information about advanced practice for employers, educators and employees.

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

Factors suggesting readiness for Advanced Practice	Examples of evidence in your organisation	Extent to which these are in place 1-4 *	Explain your decision
<b>Organisational/NHS Provider level</b>			
There is clear support and commitment for AP roles at executive and director level of the organisation	Named executive sponsor, director? – <i>Not sure who this is</i>		
The title of AP 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 AP	Governance systems, policies, strategies		
There is commitment to work strategically with HEE and HEIs to ensure robust and appropriate implementation of AP training	Regular strategic planning meetings with HEE/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 AP roles	Workforce reviews, local ACP database, ACP mapping tool		
AP is actively promoted across the organisation	Plan for AP communication and engagement in place, led by AP lead and includes support for AP 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 AP roles, including utilisation of the skills offered across the 4 pillars		
There is a commitment to (minimum annually) review regularly the readiness for advanced practice as an organisation	AP Readiness Checklist, supporting action plan		
There are mechanisms for evaluating the impact of AP roles	Service evaluation, patient evaluation,		
There is a budget identified for ongoing AP costs (inc. salary, supervision, training and development)	Budget/reports include ongoing AP costs		
We have discussed our plans for AP with our STP/ICS and Local Workforce Action <i>Board, People Board</i> (LWAB) partners	ACP strategy document		
We have opportunities for trainee APs 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 AP status via portfolio or credentialling	Individual learning plans, business cases		
It is clear how the £2,500 supervision fee will be used	Budget/reports include ongoing AP 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

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 AP roles in patient pathways are clearly articulated	Job descriptions, workforce plans		
We have in-house training pathways for AP, with speciality-specific curricula or core and specialist capabilities that encompass all four pillars of the Framework	Training pathway documents, curricula, competencies		
There is a commitment to provide protected study time/leave for all trainee APs	Contracts of employment, job plans		
Each AP trainee has a named supervisor who is familiar with the requirements of AP	Workforce reviews, local AP supervisor database		
We have mechanisms for evaluating the impact of AP roles	Service evaluations		
Workplace assessment of AP trainees is carried out by competent assessors who are familiar with the assessment tools	AP strategy, workforce reviews		
We have links with speciality-specific AP networks eg: Royal College of Emergency Medicine, Faculty of Intensive Care Medicine	AP strategy, network events		
There are processes to ensure that the HEE supervision fee is accessible at service level	Departmental budget line		
Workplace assessment of AP trainees is carried out by competent assessors who are familiar with the assessment tools	Trained assessors in place		
<b>AP Supervisor and supervisee level</b>			
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		
There is support, training and induction for staff who supervise clinicians in AP roles in training	Clinical supervision policy, local AP supervisor database, supervisor network events		
Robust processes are in place to monitor AP supervisee progress and sign off completion of training	Training progress records		
Each AP trainee has a named co-ordinating supervisor	Clinical supervision policy, local AP supervisor database		
All AP supervisors have allocated time for AP supervision (minimum 1 hour per week)	Job plans (where used), clinical supervision timetables		
<b>Action plan to address factors self-assessed at 1, 2 and 3:</b>	<b>SMART Objectives:</b>		
Completed by (signature): Name & Job title	Executive sponsor signature: Name & Job title		Date
Date			

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