

# Cheshire and Merseyside Governance Framework for Advanced Clinical Practice: Paediatrics and Neonates

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Available from: [www.improvingme.org.uk](http://www.improvingme.org.uk) and [www.kidshealthmatters.org.uk](http://www.kidshealthmatters.org.uk)

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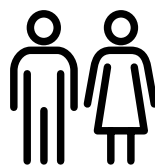
# Introduction

This document sets out the recommended framework for the development of **Advanced Clinical Practitioners (ACPs)** working with neonates, infants, children and young people within Cheshire and Merseyside and establishes clear guidance of how ACPs will operate. It is closely aligned and shares much with the overarching guidance document, *Multi-professional Framework for Advanced Clinical Practice in England*<sup>1</sup> as we have applied the national ACP concepts to our regional context and paediatric and neonatal focus.

As part of the Vanguard New Models of Care Programme, **Improving Me - Cheshire and Merseyside Women and Children's Service Partnership (CMWCSP)** has had a unique opportunity to redefine healthcare delivery in collaboration with children, young people, their families and carers. It is accepted that the current model of care needs to change and there is a need to engage, prevent ill health and promote wellness. Transformation of the workforce through development of new roles and new models of care is required. Multi-professional advanced clinical practitioner (ACP) roles are part of our new care model solution and are key to the future sustainable delivery of health care services. ACP roles enable experienced clinicians to practice to their full potential and optimise their contribution to meeting the health care needs of children, young people and their families and carers through different models of service delivery and multidisciplinary working.

Cheshire and Merseyside are at the forefront of developing the future paediatric workforce. Through the support of **Improving Me**, one of the Vanguard New Models of Care initiatives, we have delivered a Master's prepared, multi-professional paediatric and neonatal ACP workforce that will contribute significantly to the delivery and reconfiguration of children's health services across primary, secondary and tertiary care settings.

We have had a unique opportunity to redefine healthcare delivery in collaboration with children, young people and families. The current model of care needs to change and there is a need to engage, prevent ill health and promote wellness.



### There is a serious shortfall in the paediatric workforce across Cheshire and Merseyside and the wider North West that has resulted in substantial vacancies at consultant and trainee level.

Service reconfiguration is consistently cited as a solution to workforce pressures, however this strategy is predicated on the availability of several antecedents including an appropriately trained children and young people's (CYP) workforce.<sup>2</sup> The ability of the NHS to respond to its workforce challenges has also been affected by financial constraints, growing workforce capacity issues and changes to working patterns. In addition, there have been significant concerns about the quality, safety and delivery of care in some settings.<sup>3</sup> The Nuffield Trust, in their timely review the **Future of Child Health Services**,<sup>3</sup> highlighted the need to respond to the changing epidemiological landscape of the last 45 years of child health and illness; specifically, the decreasing mortality from acute infections and increasing numbers of childhood deaths related to chronic and long-term conditions. In addition, the report emphasized: (1) the disproportionate weighting of paediatric delivery towards acute care; (2) the reactive nature of child health services; as well as (3) the additional complexity generated from a medical workforce whose extensive training is predominantly grounded in acute hospital-based paediatrics.

Following on from the **NHS Five Year Forward View**<sup>4</sup> and the concept of population-based health, a focus over the next 10 years in the **NHS Long Term Plan**<sup>5</sup> is to develop fully integrated community-based health care systems. This will require health and social care organisations to work together in order to provide new models of care that deliver more services in the community with an increased emphasis on promoting healthy, active lifestyles and maintaining wellbeing. This means investing in children and families as a large part of this plan.

In response to our regional health care service landscape, the CMWCSP has included a focus on children's workforce development as a foundation for local organisations to develop and re-design solutions required to address improvements in access, delivery and quality of children's health care across Cheshire and Merseyside. We are committed to developing advanced clinical practitioner roles that meet the service needs of neonates, children, young people and their families and carers. ACPs are a recognised part of Nursing and AHP career progression and therefore, are important players in helping to address the health and well-being needs of our population.

**Service reconfiguration is consistently cited as a solution to workforce pressures, however this strategy is predicated on the availability of several antecedents - including an appropriately trained children and young people's (CYP) workforce.<sup>2</sup>**

Our **Cheshire and Merseyside Paediatric and Neonatal Governance Framework for Advanced Clinical Practice** has been developed in consultation with our medical, nursing and AHP colleagues from across the region as well as the professional leads, organisational managers, workforce teams, and clinical commissioning colleagues from the regional organisations that are part of the **Improving Me** partnership. In addition, principles outlined in the **Multi-Professional Framework for Advanced Clinical Practice in England**<sup>1</sup> have been extensively incorporated.



# Section 1: Definition and Capabilities for Advanced Clinical Practice

## 1.1 Definition



**'Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. 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 competencies.'**

**Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.'**

(Multi-Professional Framework for Advanced Clinical Practice in England,<sup>1</sup> p.8.)

**This definition requires ACP's to demonstrate autonomy, along with decision making skills in complex and uncertain situations (with varying levels of risk), whilst holding accountability for decisions made in their service-specific roles.**

## 1.2 Overview of capabilities and competencies for advanced clinical practice

Our Cheshire and Merseyside governance framework incorporates the national Health Education England (HEE) guidance for advanced clinical practice whilst allowing for local Cheshire and Merseyside implementation and application in individual organisations. The full HEE document, **Multi-Professional Framework for Advanced Clinical Practice in England**<sup>1</sup> and associated toolkit may be found on the Health Education England website: <https://hee.nhs.uk/our-work/developing-our-workforce/advanced-clinical-practice>

**Core capabilities** for paediatric and neonatal ACPs span four pillars of advanced practice that are standardised and discussed within our governance framework (see Section 1.3); they apply to all ACP roles, regardless of professional background or role setting. In addition, our governance framework requires that ACPs evidence **service-specific competencies, applicable to their specific area of advanced practice and ACP role, across the four pillars of advanced clinical practice:**



**Clinical practice**



**Leadership and management**



**Education**



**Research**

***NB: The service-specific competencies will vary depending on the background ACP profession, role, and population group or setting in which an ACP is practising. An exemplar of service-specific competencies for a Paediatric Ambulatory setting (e.g. Walk-in Centres, Paediatric Assessment Units and Out-of-Hours/ Urgent Care) can be found in Appendix 1***

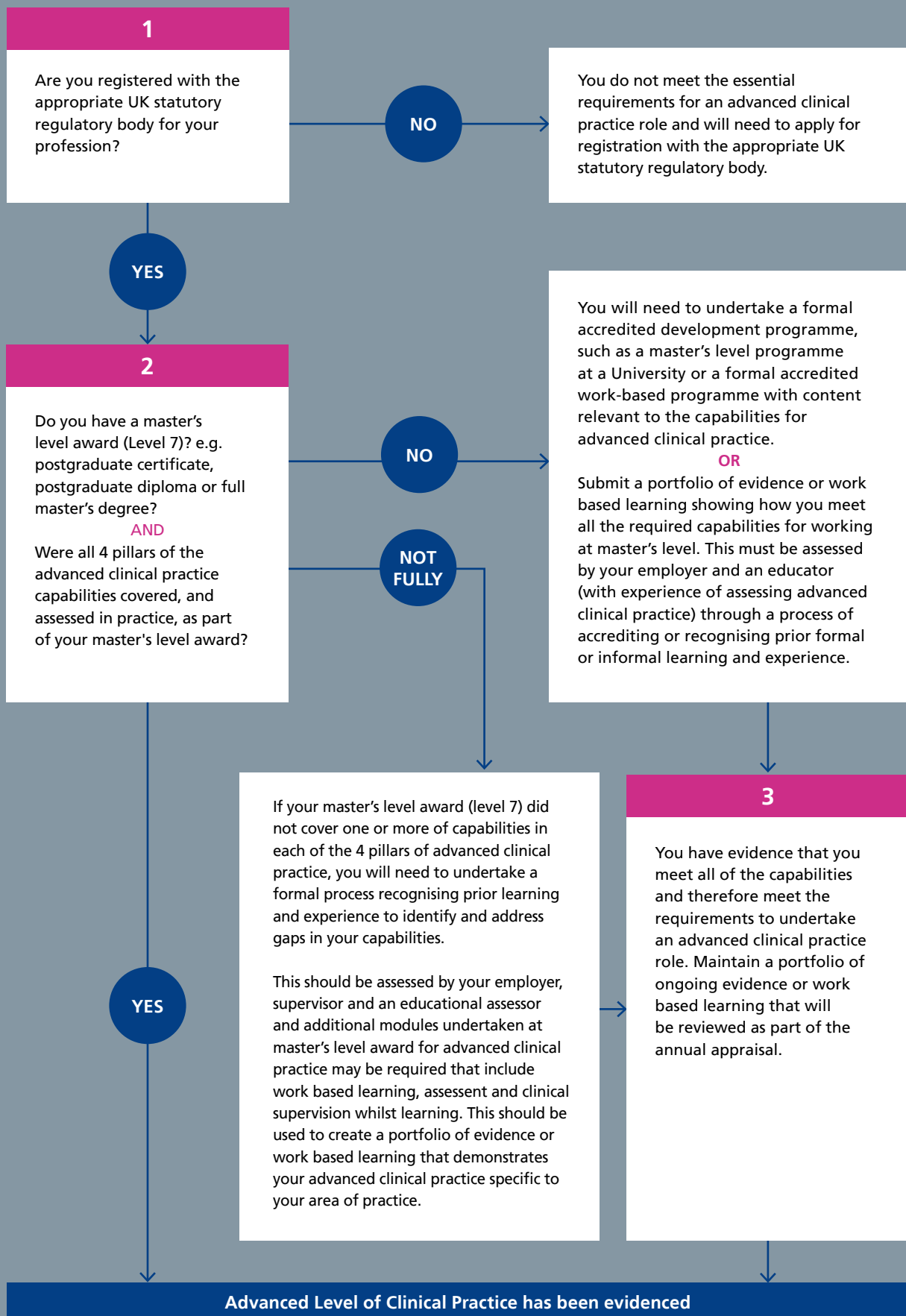
Our framework acknowledges that the developmental pathway towards delivering advanced clinical practice may be different for individual practitioners; ACPs will demonstrate their capabilities in different ways, depending upon the nature, scope and context of their practice, role and background profession. This framework also recognises there are many ways to gain and develop advanced practice capabilities.

**It is expected that clinicians working at an advanced level will have the ability to make sound judgements and use critical analysis at, or equivalent to, master's degree level (defined by QAA in the 2014 UK Quality Code for Higher Education.<sup>7</sup>**

Consensus with the Improving Me network endorsed the adoption of the HEE pathway to evidence the level of advanced clinical practice as depicted in the flow chart on the next page. **However, Cheshire and Merseyside commit to master's level preparation for all newly developed ACPs from 2016 onwards. Those with a title of ACP or those claiming equivalence with an ACP role prior to 2016, will be assessed across the 4 pillars of advanced practice via portfolio (see Section 2.4.)**



The following flow chart provides guidance on the possible ways of evidencing the capabilities within the four pillars of advanced clinical practice.



### 1.3 Paediatric and Neonatal Advanced Practice Capabilities

Listed below are the Cheshire and Merseyside capabilities, **to be applied to all paediatric and neonatal ACP practice**, irrespective of sector, specialty and/or background profession. They can be applied in either uni-professional or multi-professional models. **NB: there have been minor additions made to the original HEE capabilities to more accurately reflect the unique developmental components and family-centred focus that are fundamental to the advanced practice care of neonates, infants, children, young people and their families and carers.**



#### Pillar 1. Clinical Practice

##### ACPs will be able to:

1. Practise in compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions and omissions at this level of practice.
2. Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.
3. Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence, and openness to change.
4. Work in partnership with children, young people and their families and carers, using a range of assessment methods as appropriate while considering the developmental nature of care provision to infants, children, young people and their families and carers (e.g. developmentally appropriate history-taking; holistic assessment; identification of risk factors; mental health assessments; requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments).
5. Demonstrate effective and developmentally appropriate communication skills, when supporting children, young people and their families and carers in making decisions, planning care or seeking to make positive changes, using Health Education England's framework to promote person-centred approaches in health and care.<sup>8</sup>
6. Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated presentations and complex situations among infants, children and young people while synthesising developmentally appropriate information from multiple sources to make appropriate, evidence-based judgements and/ or diagnoses.
7. Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, lifestyle advice and care that are developmentally appropriate to the needs of infants, children, young people and their families and carers.
8. Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to ensure the safety of infants, children, young people and their families and carers.
9. Work collaboratively with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to manage risk and issues across organisations and settings while identifying and managing the special safeguarding needs and potential risks to health and well-being that are unique to infants, children and young people.
10. Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs, agencies and networks.
11. Evidence the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of the capabilities to these, in an approach that is appropriate to the individual ACP role, setting, scope and population receiving care. **See Appendix 1** for an exemplar of service-specific competencies (with assessment criteria for Gateway 1) for a Paediatric Ambulatory setting (e.g. Walk-in Centres, Paediatric Assessment Units and Out-of-Hours/Urgent Care)



#### Pillar 2. Leadership and Management

##### ACPs will be able to:

1. Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.
2. Role model the values of their organisation/ place of work, demonstrating a family-centred approach to service delivery and development for infants, children and young people.
3. Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).
4. Actively engage in peer review to inform own and other's practice, formulating and

implementing strategies to act on learning and make improvements.

5. Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.
6. Actively seek feedback and involvement from children, young people, families and carers, communities and colleagues in the co-production of service improvements.
7. Critically apply advanced clinical expertise in appropriate ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice in the care of infants, children and young people.
8. Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others
9. Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges).
10. Consider the unique developmental vulnerabilities of infants, children and young people and demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect their safety and well-being in addition to the safety and well-being of families and carers, communities and colleagues when necessary.
11. Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.



### Pillar 3. Education

#### ACPs will be able to:

1. Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.
2. Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.
3. Engage with, appraise and respond to the motivation, developmental stage and capacity of children, young people and their families and carers, working collaboratively to support health literacy and empower participation

in decisions about care in order to maximise health and well-being.

4. Advocate for and contribute to, a culture of organisational learning to inspire future and existing staff.
5. Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.
6. Identify further developmental needs for the individual and the wider team; and supporting them to address these.
7. Support the wider team to build capacity and capability through work-based and inter-professional learning, and the application of learning to practice.
8. Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others.



### Pillar 4. Research

#### ACPs will be able to:

1. Critically engage in research activity, adhering to good research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.
2. Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.
3. Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.
4. Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.
5. Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.
6. Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
7. Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).
8. Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers.



# Section 2: Planning, Implementation, Accountability and Assessment of Practice

## 2.1 Planning the workforce with multi-professional engagement

**'Ensuring the right people, with the right skills, are in the right place at the right time is a key priority... The governance of advanced clinical practice roles is vital to its success.'**

(Multi-Professional Framework for Advanced Clinical Practice in England,<sup>1</sup> p.11.)

The ACP role within a specialty will be determined by the service need as defined by the Clinical Directors and Speciality Business Managers with the involvement of the wider multi-professional clinical team. This assessment should determine if an ACP is the appropriate workforce solution for any given service development or innovation. It is imperative that the senior management team understand the level of accountability of those in this role and where it fits within their specific service(s) and the wider organisation.

An understanding of advanced clinical practice relative to the wider clinical team is also an important factor for successful implementation of the ACP role. Multi-professional engagement work is essential to build trust, understanding, supervision and support of the new roles. A clear vision for the ACP role within the team is key to success, as is the selection of the right person, who will model the role for future expansion. The first ACP and the team leaders will carry a significant level of responsibility for the way the role is accepted and established within the team and as such, establishing organisational support and governance structures is essential (see **Appendix 3** for job description exemplars for trainee and qualified ACP roles.)

A business case supporting this decision should be developed to ensure the stability of the post. To achieve these objectives there needs to be clarity and understanding as well as a proactive culture of working in partnership. If there are no existing ACPs within the speciality or service, external advice and support should be sought.

The development of ACP roles will enable career and succession planning opportunities; see **Appendix 2** for the **Cheshire and Merseyside ACP Career Development Pathway** from trainee to senior ACP. The Trust will recognise the responsibilities and capabilities of ACPs, and this will be reflected and supported at local and organisational level. Board level directors, clinical leads and service managers need to understand and recognise the value of ACPs and the unique contribution of their competence across the four pillars of advanced practice. This will be cited in the ACP governance arrangements, that will outline clear lines of professional and managerial accountability up to board level.

## 2.2 Key principles for the implementation of advanced clinical practice

To embed advanced clinical practice and ensure its sustainability the following should be considered:

- Practice governance and transparency for service user regarding the non-medical nature of the ACP role.
- Adherence to legal and regulatory frameworks.
- Support systems and infrastructure for delegated roles (e.g. requesting diagnostic tests, administering and prescribing medicines).
- Professional and managerial pathways of accountability.
- Continued assessment against, and progression through, the competencies identified within their individual job description.
- Regular constructive clinical supervision that enables reflective practice together with robust annual appraisal and review of portfolio of practice to support the retention of competencies and ongoing development across all four pillars of advanced practice.
- Recognition that investment in continuous learning and development across all four pillars of the ACP role requires organisational commitment to an 80%-20% split for clinical and non-clinical time (respectively).
- Creation of a trust-wide shared learning faculty supporting trainees and established ACPs.
- Formation of a corporate level mechanism for sign off assurance for ACPs.
- Development of ACP roles within a career framework thereby supporting recruitment, retention and succession planning.

## 2.3 Accountability

ACPs are encouraged to work to their full potential, optimising the benefits that can be gained from new models of care and advanced practice capabilities across all four pillars of practice. Individual and organisational governance needs to be robust and within legal, regulatory and professional frameworks, thereby reducing levels of risk which could be caused by lack of competence or where adequate safeguards are not in place.

Work by the Professional Standards Authority highlighted that activity undertaken by ACPs does not lay beyond the scope of existing regulation.<sup>9</sup> Practitioners working in advanced clinical practice roles must be aware of their own limitations and through this, recognise the parameters of their scope of practice.

They will always be accountable to their professional regulatory body, whatever the level or context of their advanced practice. Where no mandatory regulatory body exists, or if mandatory regulation is in process (as in the Medical Associate Practitioners) it will be expected that the practitioner will undertake voluntary registration. For example, statutory regulation of Physician Associates will be based upon the Physician Associate Managed Voluntary Register, held by the Faculty of Physician Associates at the Royal College of Physicians of London.

Individual trusts in Cheshire and Merseyside will carry responsibility and vicarious liability for ACPs and will be responsible for ensuring that all ACP roles, both those that are existing or those of the future, do not compromise patient safety, quality or effectiveness; with policies and processes modified to reflect this imperative. Without this, there is a risk of "unconscious incompetence", which may compromise safe family-centred care for infants, children and young people, as well as jeopardise the reputation of advanced clinical practice.

Strategies such as supervision, mentorship, good record-keeping, and ongoing self-assessment will be complemented by clear lines of professional responsibility and line management with regular independent clinical reviews through the appraisal processes.

Appraisal processes may use a variety of evidence and feedback; clinical audit data; outcomes and issues review; productivity measures; 360-degree feedback and service user feedback. These processes will need to be completed in collaboration with the line manager and an appropriately qualified clinical lead. Utilisation of the ACP portfolio, structured around the four pillars of advanced practice, can be used as the vehicle to not only maintenance of existing skills and competencies, but also provide a mechanism for the development of higher-level competencies across the four pillars as an ACP progresses through their career.

This multi-source evidenced approach will provide the most effective means of controlling risks to patient safety from an individual professional's practice.

Cheshire and Merseyside organisations will commit to ensure appropriate governance arrangements are in place so that those who support, and review practice are also developed, facilitated and supported to carry out this role.

## 2.4 Assessment of competence and capability

A key element of the preparation to practice as an ACP will be a formal assessment of an ACP's achievement of competencies that are specific to the context of their practice and/or service area.

For those in training posts, individuals will require the support of an identified educational supervisor in the workplace, for example a colleague working at consultant level, or another appropriately qualified senior medical practitioner or ACP. The supervisor will provide continuity of support and a holistic overview of the trainee ACP's development over time and across the four pillars of advanced practice.

Other staff may undertake supervision for shorter, focused periods of training. The supervisor and members of the wider education teams will need to be clear about the roles and responsibilities each has for day-to-day support in developing an individual trainee ACP, as well as being aware of their importance in nurturing and supporting the personal development of a trainee.

Assessment outside formal programmes of study will need to be valid and reliable and will include: work-based assessments; theoretical and/or practical tests of knowledge, skills and behaviours; and critical reflections on practice. This evidence needs to be compiled in the ACP's portfolio (which is structured around the four pillars of advanced clinical practice). Templates of work-based, clinical assessment documentation can be obtained by contacting Kids Health Matters CIC, [www.kidshealthmatters.org.uk](http://www.kidshealthmatters.org.uk). Available forms include: (1) direct observation of procedural skill (DOP); (2) mini-clinical evaluation exercise (Mini-CEX), (3) case-based discussion (CDB) and (4) communication observation tool (COT).

To ensure assessment in the workplace is valid and reliable:

- Assessors must be occupationally competent, recognised as such by employers and education providers, and be familiar with the chosen assessment tool.
- A range of assessors, trained in the relevant assessments, should be used, including educators with appropriate academic and clinical experience and competent health and care professionals at the required level.
- Cheshire and Merseyside organisations will invest in and support staff to undertake assessment(s) in practice.

ACPs will be required to maintain an up-to-date portfolio of evidence demonstrating their level of competence and continued professional development across the 4 pillars of advanced practice. The professional portfolio should be arranged around the four pillars of advanced practice and operationalised for the ACP's specific role and setting. The portfolio can be used to evidence competence (from trainee level onwards) in addition to structuring and articulating on-going development and/or professional aspirations. See **Appendix 2** for an exemplar of Paediatric Ambulatory Care competencies and the associated assessment criteria that could be used for ACP portfolio review to sign-off progression from trainee ACP to credentialed ACP.

**Assessment of core capabilities for trainees, emerging competence/supervised practice level, will be shared by HEI's and local assessors. Responsibility for sign off at competent and proficient/independent practice level (in a specific ACP role) will lie with local/organisational assessors in the clinical speciality. This will occur in an individually negotiated time frame of transition from supervised to independent practice. The evidence for this transition-level sign-off (Gateway 1) will then be presented for corporate ACP faculty review for organisational sign off (as would evidence for Gateway 2 sign-off if expert/consultant level practice was an organisational option).**

ACP access to supported peer review, in addition to a supportive learning environment and commitment to lifelong learning and career development, is essential and may happen within or across organisations. The use of action learning sets or learning groups is a mechanism that offers a broader level of support and further development of a regional network of peer support should be encouraged for Paediatric and Neonatal ACPs.

Professionals working at a level of advanced clinical practice have a responsibility for their on-going continuing professional development. Employers will need to ensure there are opportunities for continuing professional development to ensure patient safety (and the maintenance of capability), quality of care and the appropriate ongoing development.







# Conclusion

This framework defines and sets the governance standards for paediatric and neonatal advanced clinical practice across Cheshire and Merseyside.

It includes the core capabilities for paediatric and neonatal advanced clinical practice and outlines the requirements for ACP workforce planning, implementation and accountability in addition to setting the standards for assessment and on-going development of competence and capability across the ACP career development pathway.

Cheshire and Merseyside organisations will cascade and inform the workforce and general public of this development while individual Trusts will support those practising at ACP level, along with those aspiring to this role. This will encourage innovative ways of working in modern teams.

Advanced clinical practice has undergone tremendous development over the last few years and organisational governance structures and associated guidance have struggled to keep pace. While the new opportunities and care model innovations are creative solutions for a challenged NHS. This document should be reviewed annually so that changes to education, specialty-specific developments, new models of regulation and fast-paced service developments can be reflected in robust governance arrangements. Up-to-date governance means that children, young people, families, carers, ACPs (and the organisations that employ them) are all supported and protected; it's a win-win all around.

Table 1 on the following page captures the fundamental organisational readiness issues that should be addressed as an organisation moves from considering the development of an ACP role through role implementation and on-going support of their newly developed role.

Up-to-date governance means that children, young people, families, carers, ACPs (and the organisations that employ them) are all supported and protected; it's a win-win all around.



# Table 1: Wicked Issues

## Organisational Readiness and ACP Role Development, Implementation and On-going Support

### WICKED ISSUE: Organisational Readiness... (It's a biggie)

PRE-ROLE DEVELOPMENT, ENGAGEMENT AND PLANNING	ROLE IMPLEMENTATION	ON-GOING SUPPORT AND DEVELOPMENT
<ul style="list-style-type: none"> <li>• Do you really need an ACP (or is it something else that is needed?)</li> <li>• Have you considered impact on wider team with introduction of ACP role?</li> <li>• Are (threshold level) service-specific competencies identified across all 4 Pillars?</li> <li>• Is business case written with ACP JD and funding identified/ agreed? (training and post-training)</li> <li>• Professional and managerial pathways of accountability identified?</li> <li>• Practice governance and transparency for service users in place? (given non-medical nature of role)</li> <li>• Adherence to legal and regulatory frameworks of ACP's background profession?</li> <li>• Is the ACP Programme going to deliver the ACP education that is needed for the role/ service?</li> <li>• Clinical mentors and supervisors - on board and keen?</li> <li>• Are support systems and infrastructure for ACP role components in place? (requesting diagnostics, prescribing etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a governance framework or organisational sign-off of ACP role that includes an assessment strategy of ACPs from trainee through transition to competent/ proficient ACP (and beyond)?</li> <li>• Is there sign-off at corporate level for organisational assurance of ACP as competent? (given no statutory regulation of ACP role)</li> <li>• Is there a mechanism for continued assessment and development of <b>service-specific ACP competencies</b> (across all 4 pillars?)</li> <li>• Is there recognition that investment in the ACP role is continuous and occurs across all 4 Pillars? (i.e. commitment to 80%/ 20% clinical/ non-clinical time)</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a Trust-wide mechanism for shared learning to support ACPs from trainee level through to consultant level?</li> <li>• Is there an ACP career development pathway that supports recruitment, retention and succession planning?</li> <li>• Are there opportunities for ACP development <b>across all 4 Pillars</b> that is beyond initial transition from trainee to competent ACP (and perhaps extends to consultant level practice?)</li> <li>• Is there a mechanism for regular, constructive clinical supervision that enables reflective practice together with a robust process for annual appraisal and review of practice portfolio to support retention of competencies and on-going development across all 4 Pillars?</li> </ul>
<p>Barnes K and Williams K (2019) Kids' Health Matters CIC (unpublished)</p>		

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Alder Hey Children's Hospital NHS Foundation Trust



# Appendices

1. **EXEMPLAR: ACP Service-specific Competencies and Assessment Criteria (Paediatric Ambulatory Care)**
2. **Cheshire and Merseyside ACP Career Development Pathway**
3. **EXEMPLAR: Trainee and Credentialed Paediatric and Neonatal ACP Job Descriptions and Person Specifications**



# Appendix 1


## EXEMPLAR: Paediatric ACP Service-Specific Competency Assessment Tool for Gateway 1 (Paediatric Ambulatory Care)

The following assessment tool is intended as an exemplar of service-specific competencies across all 4 pillars of advanced clinical practice that would be expected of ACPs working in a paediatric ambulatory care service (e.g. primary care, urgent care, out-of-hours, walk-in centre). **They are intended to guide the local sign off assessor to evidence the ACP's ability to provide a threshold level of safe and competent care for infants and children presenting to an ambulatory care service.**

It is expected that each service, within the ACP's employing organisation, would develop their own service-specific assessment tool, populated with those competencies deemed integral for ACP practice within a particular service, with a particular group of infants, children or young people. However, it is also acknowledged that ACPs across an organisation may share some service-specific competencies across all 4 pillars (most likely pillars 2, 3, and 4)

It is also assumed that while the service specific competencies may be worked towards, during an ACP's training period, **they are intended to be used as the evidence for organisational sign-off (after a period of consolidation) at the conclusion of their training.** It is also likely that additional competencies will form part of a yearly PDR and/or profession-specific revalidation process as ACPs progress through their career and service demands change.

**NB: The term 'credentialed' ACP is used to describe an ACP that has successfully completed Gateway 1 and is deemed competent in their ACP practice (see Appendix 2)**

 <b>PILLAR 1: CLINICAL PRACTICE</b>								
<b>PRESENTATION 1: INCREASED WORK OF BREATHING</b>								
CONDITION		AGE	BODY SYSTEM	ACUITY/ COMPLEXITY	EVIDENCE PRESENTED	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT		
						MET	NOT MET	FEEDBACK/ COMMENTS
1.1	Bronchiolitis							
1.2	Viral-induced Wheeze (VIW)							
1.3	URTI							
1.4	Asthma							
1.5	LRTI							
1.6	CROUP							

**PRESENTATION 2: ABDOMINAL PAIN**

CONDITION	AGE	BODY SYSTEM	ACUITY/ COMPLEXITY	EVIDENCE PRESENTED	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT		
					MET	NOT MET	FEEDBACK/ COMMENTS
2.1 Diarrhoea and Vomiting							
2.2 Reflux/ CMPA							
2.3 Acute Abdomen							
2.4 UTI							
2.5 Constipation							

**PRESENTATION 3: FEVER AND / OR UNWELL**

CONDITION	AGE	BODY SYSTEM	ACUITY/ COMPLEXITY	EVIDENCE PRESENTED	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT		
					MET	NOT MET	FEEDBACK/ COMMENTS
3.1 Acute fever without source							
3.2 URTI							
3.3 Acute Otitis Media							
3.4 Sepsis							
3.5 Prolonged fever without source							
3.6 Henoch-Schonlein Purpura (HSP)							

PRESENTATION 4: REDUCED LEVEL OF CONSCIOUSNESS / INGESTION/ POISONING							
CONDITION	AGE	BODY SYSTEM	ACUITY/ COMPLEXITY	EVIDENCE PRESENTED	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT		
					MET	NOT MET	FEEDBACK/ COMMENTS
4.1 Ingestion							
4.2 Alcohol/ Drugs							
4.3 Seizure							
4.4 Head injury							
4.5 DKA							
PRESENTATION 5: PAIN							
CONDITION	AGE	BODY SYSTEM	ACUITY/ COMPLEXITY	EVIDENCE PRESENTED	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT		
					MET	NOT MET	FEEDBACK/ COMMENTS
5.1 Upper limb injury							
5.2 Lower limb injury							
5.3 Headache							
5.4 Dysmenorrhea							
PRESENTATION 6: OTHER							
CONDITION	AGE	BODY SYSTEM	ACUITY/ COMPLEXITY	EVIDENCE PRESENTED	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT		
					MET	NOT MET	FEEDBACK/ COMMENTS
6.1 Non-blanching Rash – NO FEVER							
6.2 Well Child							
6.3 Jaundiced Newborn							





## PILLAR 2: LEADERSHIP/ MANAGEMENT

CONTRIBUTION	EVIDENCE PRESENTED	EVIDENCE OF CONTRIBUTION TO A SERVICE-LED OR PRACTICE-RELATED IMPROVEMENT IN RESPONSE TO FEEDBACK, EVALUATION OR NEED		
		MET	NOT MET	FEEDBACK/ COMMENTS



## PILLAR 3: EDUCATION

CONTRIBUTION	EVIDENCE PRESENTED	EVIDENCE OF PERFORMANCE OF ADVANCED PRACTICE CAPABILITIES RELATED TO EDUCATION		
		MET	NOT MET	FEEDBACK/ COMMENTS



## PILLAR 4: RESEARCH

CONTRIBUTION	EVIDENCE PRESENTED	EVIDENCE OF PERFORMANCE OF ADVANCED PRACTICE CAPABILITIES RELATED TO RESEARCH (INCLUDING THE SUCCESSFUL COMPLETION OF A MASTER'S LEVEL AWARD OR EQUIVALENCY)		
		MET	NOT MET	FEEDBACK/ COMMENTS

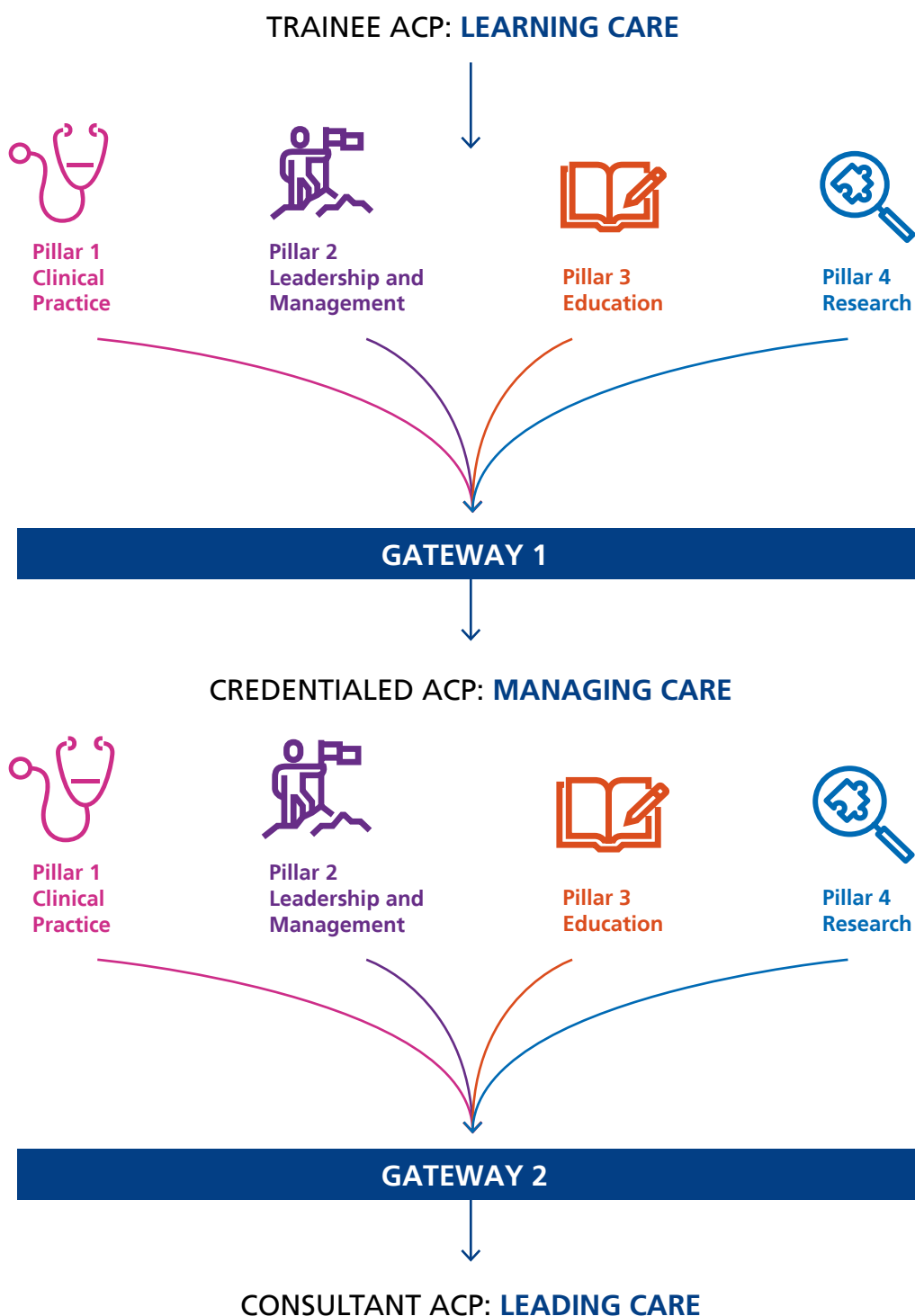
# Appendix 2

## Cheshire and Merseyside ACP Career Development Pathway

The following ACP Career Development Pathway is presented in overview as well as in dissection in order to identify essential features of organisational governance for ACP roles from trainee to consultant level practice.

The appendix concludes with guidance for potential components of the ACP Gateway Reviews. NB: the term credentialed is used to describe an ACP that has successfully passed through Gateway 1 (and any other requisite employer-related requirements)

### Overview of Process



# TRAINEE ACP: LEARNING CARE

## Novice to Emerging Competence ACP Practice



### Pillar 1 Clinical Practice

TIME FRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEARNING CARE (DEVELOPMENT)</b> Year 1 ACP Course	6	<ul style="list-style-type: none"> <li>• 'Heavy touch'</li> <li>• <b>ALL DECISIONS</b> verified by senior clinical decision maker</li> </ul>	<ul style="list-style-type: none"> <li>• <b>DEVELOPMENT</b> of advanced practice skills and clinical reasoning: assessment history-taking, physical examination, interpretation of diagnostics, management plan development, etc.</li> <li>• Development of Pillar 1 in ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of 100% of Pillar 1 capabilities at Grade 2 (<b>EMERGING COMPETENCE</b>)</li> <li>• Successful completion of Year 1 Clinical Modules</li> </ul>	<ul style="list-style-type: none"> <li>• Named ACP mentor</li> <li>• Named medical mentor</li> </ul>
<b>LEARNING CARE (EXPANSION)</b> Year 2 ACP Course	6	<ul style="list-style-type: none"> <li>• 'Medium to heavy touch'</li> <li>• <b>ALL DISCHARGE and DISPOSITION DECISIONS and COMPLEX MANAGEMENT</b> decisions verified by senior clinical decision maker</li> </ul>	<ul style="list-style-type: none"> <li>• <b>EXPANSION</b> of advanced practice skills</li> <li>• On-going development of Pillar 1 in ACP Portfolio</li> <li>• NB: Start development of Pillars 2, 3, 4</li> </ul>	<ul style="list-style-type: none"> <li>• Successful completion of ACP Programme</li> <li>• Identify and develop role and service-specific competencies</li> <li>• ACP portfolio that evidences <b>ADVANCED BEGINNER/ EMERGING COMPETANCE</b></li> </ul>	<ul style="list-style-type: none"> <li>• Named ACP mentor</li> <li>• Named medical mentor</li> <li>• Participation in departmental clinical teaching</li> </ul>
<b>LEARNING CARE (TRANSITION)</b> 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	7	<ul style="list-style-type: none"> <li>• 'Light touch'</li> <li>• Progression from ALL discharge decisions to <b>MOST/ SOME</b> decision(s) verified by senior clinical decision maker</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CONSOLIDATION</b> of advanced practice skills</li> <li>• A period of phased independence progressing from <b>SUPERVISED</b> advanced practice (<b>ADVANCED BEGINNER / EMERGING COMPETANCE</b>) to <b>AUTONOMOUS</b> advanced clinical practice (<b>COMPETENT/ PROFICIENT</b>) level of achievement</li> <li>• Focus on increasing autonomy in clinical decision-making with increasing complexity and acuity of patient presentations</li> <li>• NB: Refinement of Pillars 2,3,4</li> <li>• <b>Restrictions on 'fully independent' practice until progress through Gateway 1</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Must have successfully been awarded MSc and Non-medical prescribing qualifications</b></li> <li>• <b>End of MSc Review</b> of movement towards <b>COMPETENT and PROFICIENT</b> level of achievement of service-specific competencies</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Named ACP mentor</li> <li>• Clinical team (Consultant or nominated clinical lead)</li> <li>• Participation in departmental clinical teaching</li> <li>• Line Manager</li> </ul>

## TRAINEE ACP: LEARNING CARE

### Novice to Emerging Competence ACP Practice



#### Pillar 2 Leadership and Management

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEARNING</b> Year 1 ACP Course through 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	6	<b>Progression through:</b> <ul style="list-style-type: none"> <li>• 'Heavy touch'</li> <li>• 'Medium touch'</li> <li>• 'Light touch'</li> </ul>	<ul style="list-style-type: none"> <li>• Participating and engaging with leadership and management activities with more senior staff</li> <li>• Development of Pillar 2 in ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of 100% of Pillar 2 capabilities at Grade 2 (<b>EMERGING COMPETENCE</b>)</li> <li>• <b>End of-MSc Review of EMERGING COMPETENCE</b> evidenced in ACP portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Named ACP mentor</li> <li>• Team Leader</li> <li>• Line Manager</li> </ul>



#### Pillar 3 Education

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEARNING</b> 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	6	<b>Progression through:</b> <ul style="list-style-type: none"> <li>• 'Heavy touch'</li> <li>• 'Medium touch'</li> <li>• 'Light touch'</li> </ul>	<ul style="list-style-type: none"> <li>• Participating in and contributing to: the learning needs of self and others with more senior staff</li> <li>• Engaging in critical reflection of own development and learning needs</li> <li>• Development of Pillar 3 in ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of 100% of Pillar 3 capabilities at Grade 2 (<b>EMERGING COMPETENCE</b>)</li> <li>• End of MSc Review of <b>EMERGING COMPETENCE</b> evidenced in ACP portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Named ACP mentor</li> <li>• Team Leader</li> <li>• Line Manager</li> </ul>



#### Pillar 4 Research

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEARNING</b> 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	6	<b>Progression through:</b> <ul style="list-style-type: none"> <li>• 'Heavy touch'</li> <li>• 'Medium touch'</li> <li>• 'Light touch'</li> </ul>	<ul style="list-style-type: none"> <li>• Participating in and contributing to research and audit activities with more senior staff</li> <li>• Developing fluency with evidence-based practice and its application to the clinical setting</li> <li>• Development of Pillar 4 in ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of 100% of Pillar 4 capabilities at Grade 2 (<b>EMERGING COMPETENCE</b>)</li> <li>• Successful completion of MSc dissertation</li> </ul>	<ul style="list-style-type: none"> <li>• Named ACP mentor</li> <li>• Service Manager</li> <li>• Research supervisor</li> </ul>

# CREDENTIALLED ACP: **MANAGING CARE**

## Competent to Proficient ACP Practice



### Pillar 1 Clinical Practice

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>MANAGING CARE</b> From Gateway 1 onwards (~5-7years +)	8a	<ul style="list-style-type: none"> <li>• 'As required' discussions with senior clinician(s) regarding assessment and management decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Organisation confident with evidence of <b>COMPETENT/ PROFICIENT</b> level of ACP achievement</li> <li>• Focus on maintaining competence via CPD and PDR process</li> <li>• Opportunities for on-going professional development in role-specific clinical competencies</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• ACP group</li> <li>• Senior clinical team (Consultant or senior clinical lead)</li> <li>• Clinical supervision</li> </ul>



### Pillar 2 Leadership and Management

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>MANAGING</b> From Gateway 1 onwards (~5-7 years+)	8a	<ul style="list-style-type: none"> <li>• <b>Service Manager</b></li> <li>• <b>Clinical Lead</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying, collaborating and/ or organising service and practice-related initiatives in response to feedback, evaluation and need within service, department and/ organisation</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Management team (coaching and leadership development)</li> <li>• Service Manager</li> </ul>



### Pillar 3 Education

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>MANAGING</b> From Gateway 1 onwards (~5-7 years+)	8a	<ul style="list-style-type: none"> <li>• <b>Service Manager</b></li> <li>• <b>Clinical Lead</b></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying and addressing own learning needs through critical reflection</li> <li>• Facilitating learning for the wider team and others within the service or department based on identified need, feedback or evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Management team (coaching and leadership development)</li> <li>• Service Manager</li> </ul>



### Pillar 4 Research

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>MANAGING</b> From Gateway 1 onwards (~5-7 years+)	8a	<ul style="list-style-type: none"> <li>• <b>Service Manager</b></li> <li>• <b>Clinical Lead</b></li> </ul>	<ul style="list-style-type: none"> <li>• Engaging and directing service or departmental audit, research and quality improvement initiatives</li> <li>• Evaluating and applying evidence-based practice initiatives on a departmental level</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Service Manager</li> <li>• Research opportunities</li> </ul>

# CONSULTANT ACP: **LEADING CARE**

## Expert ACP Practice



### Pillar 1 Clinical Practice

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEADING CARE</b> From Gateway 2 onwards	8b+	<ul style="list-style-type: none"> <li>• <b>SIGNIFICANT clinical experience</b></li> <li>• 'As required' discussions with senior clinician(s) regarding assessment and management decisions</li> </ul>	<ul style="list-style-type: none"> <li>• <b>SIGNIFICANT clinical experience</b></li> <li>• Recognition by organisation of <b>significant contribution</b> to ACP practice at <b>EXPERT LEVEL</b></li> <li>• Contributes to organisational practice at a senior strategic level</li> <li>• Clinical practice extends across service, department, and wider organisation(s) locally, regional and nationally</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of on-going achievements and progress towards identified objectives</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Senior level clinical supervision</li> </ul>



### Pillar 2 Leadership and Management

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEADING</b> From Gateway 2 onwards	8b+	<ul style="list-style-type: none"> <li>• <b>Senior Management and Clinical Team</b></li> </ul>	<ul style="list-style-type: none"> <li>• Driving new practice and service redesign work in response to feedback, evaluation and need by working across boundaries professional and service boundaries locally, regionally and nationally.</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of on-going achievements and progress towards identified objectives</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• On-going Senior Management level coaching/ support</li> </ul>



### Pillar 3 Education

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEADING</b> From Gateway 2 onwards	8b+	<ul style="list-style-type: none"> <li>• <b>Senior Management and Clinical Team</b></li> </ul>	<ul style="list-style-type: none"> <li>• Driving a culture of life-long learning (for self and others) that inspire current and existing learners by crossing organisational boundaries locally, regionally and nationally</li> <li>• Driving educational opportunities across boundaries by active participation in the clinical and academic development of others</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of on-going achievements and progress towards identified objectives.</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• On-going Senior Management level coaching/ support</li> </ul>



### Pillar 4 Research

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
<b>LEADING</b> From Gateway 2 onwards	8b+	<ul style="list-style-type: none"> <li>• <b>Senior Management and Clinical Team</b></li> </ul>	<ul style="list-style-type: none"> <li>• Leading audit, research or quality improvement projects across service, departmental and organisational boundaries locally, regionally and nationally.</li> <li>• Facilitating collaborative links between clinical practice and research through pro-active engagement and networking with academic and research staff.</li> </ul>	<ul style="list-style-type: none"> <li>• PDR-led review of on-going achievements and progress towards identified objectives.</li> <li>• Evidenced through ACP Portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Senior clinical and academic staff</li> <li>• University-based ACP Programme staff</li> </ul>

# Cheshire and Merseyside ACP Career Development Pathway

Below is some additional guidance for organisations undertaking the Gateway Reviews.



## Local Organisation Gateway Reviews

GATEWAY 1			
WHO	OUTCOMES	WHAT	ASSESSORS
<ul style="list-style-type: none"> <li>Nominated Organisational ACP 'Review' Team</li> <li><b>NB: Gateway can be brought forward if managerial, professional and/or clinical leads agree</b></li> </ul>	<ul style="list-style-type: none"> <li>ACP evidences successful transition from <b>ADVANCED BEGINNER/ EMERGING COMPETANCE</b> to <b>COMPETENT/ PROFICIENT</b> level of achievement <b>across all 4 Pillars</b></li> <li>Organisation quality assures successful transition from <b>SUPERVISED</b> to <b>AUTONOMOUS</b> practice</li> <li>Formal 'sign-off' of Gateway 1 (dropping of Trainee title) with associated administration / management changes completed (including change to ACP 8a job description)</li> </ul>	<ul style="list-style-type: none"> <li>ACP portfolio submission and interview that evidences <b>COMPETENT - PROFICIENT</b> level of achievement <b>across all 4 Pillars</b></li> </ul>	<ul style="list-style-type: none"> <li>Named ACP mentor</li> <li>Consultant from clinical team or nominated clinical lead</li> <li>Line manager</li> </ul>

GATEWAY 2			
WHO	OUTCOMES	WHAT	ASSESSORS
<ul style="list-style-type: none"> <li>Nominated organisational ACP Review Team' <b>including Consultant/Clinical Lead and Senior Management</b></li> </ul>	<ul style="list-style-type: none"> <li>ACP evidences successful transition from <b>COMPETENT/ PROFICIENT</b> to <b>EXPERT</b> level of ACP achievement (ACP Consultant) <b>across all 4 Pillars</b></li> <li>Organisation quality assures <b>EXPERT LEVEL of achievement</b> (ACP Consultant)</li> <li>Formal 'sign-off' of Gateway 2 with associated administration/ management changes completed (including change to ACP Consultant job description)</li> </ul>	<ul style="list-style-type: none"> <li>ACP portfolio submission and interview that evidences <b>EXPERT</b> level of achievement <b>across all 4 pillars.</b></li> </ul>	<ul style="list-style-type: none"> <li>ACP group</li> <li>Senior clinical team Consultant or senior clinical lead</li> <li>Senior Management team</li> </ul>

# Appendix 3: Exemplars Credentialed and Trainee ACP Job Descriptions and Person Specification

## EXEMPLAR CREDENTIALLED Paediatric ACP Job Description

**Job Title:** Paediatric Advanced Clinical Practitioner (PACP)

**Job Title: Band:** 8a

**Hours:** 37.5

**Responsible to:**

**Accountable to:**

**Professional Body:**

### Organisational summary:

Statement of organisational readiness accepting responsibility for governance surrounding the role to protect the patient, clinician and the organisation.



Clinical Practice

### Summary

You will practise in compliance with the Code of Professional Conduct outlined by your professional body and always work within their scope of practice, being responsible and accountable for your decisions, actions and omissions at this level of practice.

Clinical duties will comprise of 80% your working time, with 20% non-clinical time for supporting professional activities to include continuing professional development (CPD) and evidence of work toward the ongoing development of the service utilising the other three pillars of advanced practise (i.e. leadership/management, research and education.)

You will be in a senior clinical leadership position and be expected to represent your speciality/ service area at this level and as well as functioning as a role model for advanced clinical practice.

You will be competent and proficient your area of clinical practice, independently managing clinical conditions, making autonomous decisions and seeking advice when appropriate.

You will demonstrate advanced communication skills, recognise the different roles and contributions of clinical staff, and be able to work collaboratively with the multidisciplinary care team. You will exhibit a strong patient and family focus in your practice; applying the principles of patient and family-centred care and shared decision making with children, young people and families.

You will evaluate your own practice; ensuring that you maintain clinical skills and competency in your area of practice and work to develop your role in line with the needs and objectives of the service.





## Leadership and Management

As a senior clinical figure in our organisation, you will be a role model for advanced clinical practice across all 4 pillars of practice; operationalising the values and vision of your organisation and working towards these as a fundamental component of your role.

You will develop strong working relationships with operational support staff and give clinical guidance to benefit patient care.

You will accept constructive challenges and look for opportunities to improve service at individual-patient, patient-cohort and organisational levels. You will also have a role in engaging beyond your organisation in clinical networks where these exist.

You will participate in service evaluation against quality or service specifications and/or national guidance and where appropriate, engage in peer review to inform and develop practice.

You will actively demonstrate an understanding of domains of Quality, and of Quality Improvement; work continuously to improve safety and quality of care in the organisation by recognised improvement methodologies and understand how this relates to national regulation.

You will engage in risk management, incident reporting, and incident investigation within your organisation and be able to share learning within and beyond your organisation through your professional networks.

The implementation of new practice, and of new models of care will also be part of your role, based on your clinical, organisational and strategic knowledge and exposure.



## Education

You will actively participate in an annual personal development review (PDR) covering all four pillars of practice to evidence continued competence and on-going development.

Through sharing your experience and expertise across the organisation you will make a wider contribution to general patient care, and you will support the organisation in building capacity and capability of its workforce through participating in teaching and learning activities and the development of teaching materials.

You will continue to develop and enhance clinical and non-clinical professional skills through self-directed, independent learning. Within your team, you will identify current and future learning needs for clinical colleagues and work to meet these.

Your excellent communications skills will enable you to educate and empower children and their families on how to manage their condition and enable them to make informed decisions about their care.



## Research

You will actively participate and engage in audit and research activities and use an expert level of knowledge to identify gaps in research and work towards filling them. You will use your internal and external professional networks to facilitate the development of this research and audit plan.

You will critically analyse relevant evidence relating to your service area and apply it to current care delivery; within your team you will develop evidence-based pathways pertinent to your area of clinical practice.

You will participate in the development and implementation of governance systems in your area to maintain the highest standards of patient safety and quality.

As a senior clinical figure in our organisation, you will disseminate best practice evidence throughout the organisation and wider regional and national networks.

**Person specification (PACP)**

ASSESSMENT CRITERIA	ESSENTIAL	DESIRABLE
 <p>CLINICAL</p>	<ul style="list-style-type: none"> <li>Broad and advanced knowledge of clinical pathophysiology</li> <li>Significant clinical experience in your chosen field</li> <li>Has a sound level of knowledge in relation to invasive and non-invasive diagnostic and therapeutic procedures</li> <li>Willingness to perform and or learn advanced clinical skills appropriate to area of practice</li> <li>Evidence of competence in role specific clinical skills</li> <li>PLS Qualification</li> </ul>	<ul style="list-style-type: none"> <li>APLS qualification</li> </ul>
 <p>LEADERSHIP AND MANAGEMENT</p>	<ul style="list-style-type: none"> <li>Evidence of leadership at local level</li> <li>Ability to manage a team of patients and prioritise workload</li> <li>Operational knowledge of adjacent services</li> <li>Team building skills and ability to manage emerging practitioners'</li> </ul>	<ul style="list-style-type: none"> <li>Experience within adjacent services</li> <li>Leadership qualification / course</li> </ul>
 <p>EDUCATION</p>	<ul style="list-style-type: none"> <li>Master's Level Award (level 7) - evidencing all 4 pillars of advanced practice capability and assessed in practice.</li> <li>V300 – Non-Medical Prescribing course</li> </ul>	<ul style="list-style-type: none"> <li>Mentor/teaching qualification</li> <li>Working towards Honorary Lecturer status with local HEI</li> <li>APLS Instructor</li> </ul>
 <p>RESEARCH</p>	<ul style="list-style-type: none"> <li>Clinical audit experience</li> <li>Research Skills</li> </ul>	<ul style="list-style-type: none"> <li>Previous publication(s)</li> </ul>
 <p>PERSONAL ATTRIBUTES</p>	<ul style="list-style-type: none"> <li>Highly motivated self-directed practitioner with excellent organisational skills</li> <li>Excellent communication skills verbally and written</li> <li>Well-developed facilitation and influencing skills, effective negotiation and conflict management skills</li> <li>Team player</li> <li>Flexible</li> </ul>	<ul style="list-style-type: none"> <li>Ability to lead a team to support effective safe clinical care</li> </ul>



## EXEMPLAR TRAINEE Paediatric ACP (tPACP) Job Description

### Job Title: Trainee Paediatric Advanced Clinical Practitioner (tPACP)

**Band:** 6-7

**Hours:** 37.5

**Responsible to:**

**Accountable to:**

**Professional Body:**

#### Organisational summary:

Statement of organisational readiness accepting responsibility for governance surrounding the role to protect the patient, clinician and the organisation.

#### Summary

In this training post you will be working towards becoming an independently practicing Advanced Paediatric Clinical Practitioner. During this period of development, you will be expected to consolidate the advanced practice skills gained during your academic training and focus on increasing the autonomy in clinical decision making in practice. Part of this will take the form of practice competencies specific to your area of practice, which will be developed locally to meet the needs of your service.

You will be aware of the increase in scope of your practice and the development of phased autonomy in your clinical decisions; and yet balance this against practising in compliance with the Code of Professional Conduct (outlined by your professional body.) You will always work within your scope of practice, being responsible and accountable for your decisions, actions and omissions at your level of practice. It is your responsibility to identify those tasks and decisions which are outside of your area of expertise and seek appropriate levels of support when carrying out these actions.

At this trainee level, you are restricted from making fully independent decisions.

This trainee post will have a variable term not exceeding 5 years from the commencement of academic training. It is expected that you will complete the required competencies within a 6 to 18-month period (post-MSc award), however, certain specialities may require additional time due to the complexity or breadth of clinical practice.

You will participate in regular and ongoing review and appraisal of your progress during this training period in preparation for your summative gateway evaluation.

You will prepare a portfolio of evidence throughout your training, with the aim of presenting this at a summative assessment gateway.

The summative gateway at the conclusion of the training period will typically consist of representatives from the medical team, your line manager, and an advanced practice representative, and will be the formal sign from the completion of your training post.



#### Clinical Practice

You will work to develop your level of competence and proficiency within your area of advanced clinical practice, receiving support in the management of clinical conditions, and developing autonomous decision-making.

You will develop advanced communication skills, recognise the different roles and contributions of clinical staff, and be able to work collaboratively with the multidisciplinary care team.

You will show a strong patient and family focus in your practice and apply principles of patient-centred care and shared decision making with children, young people and families.

You will evaluate your own practice, ensure that you maintain clinical skills and competency in your area of practice and work to develop your role in line with the needs and objectives of the service.

You will continue to have independent prescriptions countersigned until the conclusion of this training, **NB: Local organisations may vary if trainee PACP currently qualified and registered as an independent non-medical prescriber.**



### Leadership and Management

As a developing senior clinical figure in our organisation, you will be a role model, fully understanding the values and vision of your organisation and working towards these at all times.

You will develop strong working relationships with operational support staff and develop network to future benefit patient care.

You will demonstrate and accept constructive challenge and look for opportunities to improve service at individual patient, patient cohort and organisational levels.

You will develop an understanding of Quality, and of Quality Improvement domains and consider how to improve safety and quality of care in the organisation.

You will participate in risk management activities and incident reporting within your organisation and be able to share learning within your team.



### Education

You will actively participate in an annual Personal Development Review covering all four pillars of practice to evidence your developing competence and development.

You will participate in teaching and learning and share your experience and expertise across the organisation, thereby making a wider contribution to general patient care in your organisation.

You will develop and enhance clinical and non-clinical professional skills through self-directed, independent learning. You will work with your medical and non-medical colleagues to facilitate your training and work towards independent practice.

You will continue to develop your advanced communications skills to enable you to educate and empower children and their families on how to manage their condition and enable them to make informed decisions about their care.



### Research

You will participate and engage in audit and research within your clinical teams.

You will develop skills of critical analysis and apply these to current evidence and practice.

You will participate in the implementation of governance systems in your area to maintain the highest standards of patient safety and quality.

**Person specification Trainee Paediatric Advanced Clinical Practitioner (tPACP)**

ASSESSMENT CRITERIA	ESSENTIAL	DESIRABLE
 <p>CLINICAL</p>	<ul style="list-style-type: none"> <li>Significant experience in your chosen field</li> <li>Willingness to learn advanced clinical skills appropriate to area of practice</li> <li>Evidence of a clinical based career path</li> </ul>	<ul style="list-style-type: none"> <li>PLS/ APLS qualification</li> </ul>
 <p>LEADERSHIP AND MANAGEMENT</p>	<ul style="list-style-type: none"> <li>Evidence of leadership at local level</li> </ul>	<ul style="list-style-type: none"> <li>Experience within adjacent services</li> <li>Leadership qualification / course</li> </ul>
 <p>EDUCATION</p>	<ul style="list-style-type: none"> <li>Minimum 2.2 Honours Degree or evidence of potential to study at Master's Level</li> <li>Professional registration</li> </ul>	<ul style="list-style-type: none"> <li>Mentor/ teaching qualification</li> </ul>
 <p>RESEARCH</p>	<ul style="list-style-type: none"> <li>Clinical audit experience</li> </ul>	<ul style="list-style-type: none"> <li>Research Skills</li> <li>Previous publication(s)</li> </ul>
 <p>PERSONAL ATTRIBUTES</p>	<ul style="list-style-type: none"> <li>Evidence of good communication skills verbal and written</li> <li>Motivated self-directed practitioner</li> <li>Ability to work well in a team</li> <li>Signs of emerging clinical leadership qualities</li> <li>Flexible</li> </ul>	<ul style="list-style-type: none"> <li>Ability to lead a team to support effective safe clinical care</li> </ul>





## EXEMPLAR CREDENTIALLED Neonatal ACP (NACP) Job Description

**Job Title: Advanced Neonatal Clinical Practitioner (ANCP)**

**Band:** 8a

**Hours:** 37.5

**Responsible to:**

**Accountable to:**

**Professional Body:**



**Clinical Practice**

### **Organisational summary:**

Statement of organisational readiness accepting responsibility for governance surrounding the role to protect the patient, clinician and the organisation.

### **Summary**

You will practise in compliance with the Code of Professional Conduct outlined by your professional body and always work within their scope of practice, being responsible and accountable for your decisions, actions and omissions at this level of practice.

Clinical duties will comprise of 80% your working time, with 20% non-clinical time for supporting professional activities to include continuing professional development (CPD) and evidence of work toward the ongoing development of the service utilising the other three pillars of advanced practise (i.e. leadership/ management, research and education.)

You will be in a senior clinical leadership position and be expected to represent neonatal critical care at this level and as well as functioning as a role model for advanced clinical practice.

You will be competent and proficient your area of advanced clinical practice, independently managing clinical conditions, making autonomous decisions and seeking advice when appropriate.

You will demonstrate advanced communication skills, recognise the different roles and contributions of clinical staff, and be able to work collaboratively with the multidisciplinary care team.

You will exhibit a strong patient and family focus in your practice; applying the principles of patient and family-centred care and shared decision making with neonates, infants, families and carers.

You will evaluate your own practice; ensuring that you maintain clinical skills and competency in neonatal advanced practice and work to develop your role in line with the needs and objectives of the service.





## Leadership and Management

As a senior clinical figure in our organisation, you will be a role model for advanced clinical practice across all 4 pillars of practice; operationalising the values and vision of your organisation and working towards these as a fundamental component of your role.

You will develop strong working relationships with operational support staff and give clinical guidance to benefit patient care.

You will accept constructive challenges and look for opportunities to improve service at individual-patient, patient-cohort and organisational levels. You will also have a role in engaging beyond your organisation in clinical networks where these exist.

You will participate in service evaluation against quality or service specifications and/or national guidance and where appropriate, engage in peer review to inform and develop practice.

You will actively demonstrate an understanding of domains of Quality, and of Quality Improvement; work continuously to improve safety and quality of care in the organisation by recognised improvement methodologies and understand how this relates to national regulation.

You will engage in risk management, incident reporting, and incident investigation within your organisation and be able to share learning within and beyond your organisation through your professional networks.

The implementation of new practice, and of new models of care will also be part of your role, based on your clinical, organisational and strategic knowledge and exposure.



## Education

You will actively participate in an annual personal development review (PDR) covering all four pillars of practice to evidence continued competence and on-going development.

Through sharing your experience and expertise across the organisation you will make a wider contribution to general patient care, and you will support the organisation in building capacity and capability of its workforce through participating in teaching and learning activities and the development of teaching materials.

You will continue to develop and enhance clinical and non-clinical professional skills through self-directed, independent learning. Within your team, you will identify current and future learning needs for clinical colleagues and work to meet these.

Your excellent communications skills will enable you to educate and empower the families and carers on how to manage their neonates or infants condition and enable them to make informed decisions about their care.



## Research

You will actively participate and engage in audit and research activities and use an expert level of knowledge to identify gaps in research and work towards filling them. You will use your internal and external professional networks to facilitate the development of this research and audit plan.

You will critically analyse relevant evidence relating to your service area and apply it to current care delivery; within your team you will develop evidence-based pathways pertinent to your area of clinical practice.

You will participate in the development and implementation of governance systems in your area to maintain the highest standards of patient safety and quality.

As a senior clinical figure in our organisation, you will disseminate best practice evidence throughout the organisation and wider regional and national networks.

**Person Specification Neonatal Advanced Clinical Practitioner (NACP)**

ASSESSMENT CRITERIA	ESSENTIAL	DESIRABLE
 <p>CLINICAL</p>	<ul style="list-style-type: none"> <li>Broad and advanced knowledge of clinical pathophysiology</li> <li>Significant clinical experience in neonatal critical care</li> <li>Has a sound level of knowledge in relation to invasive and non-invasive diagnostic and therapeutic procedures</li> <li>Evidence of competence in foundation neonatal critical care-specific clinical skills</li> <li>Willingness to perform and/or learn additional advanced clinical skills appropriate to neonatal critical care</li> <li>NLS Qualification</li> </ul>	<ul style="list-style-type: none"> <li>Neonatal Transport experience</li> </ul>
 <p>LEADERSHIP AND MANAGEMENT</p>	<ul style="list-style-type: none"> <li>Evidence of leadership at local level</li> <li>Ability to manage a team of patients and prioritise workload</li> <li>Operational knowledge of adjacent services</li> <li>Team building skills and ability to manage emerging practitioners'</li> </ul>	<ul style="list-style-type: none"> <li>Experience within adjacent services</li> <li>Leadership qualification / course</li> </ul>
 <p>EDUCATION</p>	<ul style="list-style-type: none"> <li>Master's Level Award (level 7) - evidencing all 4 pillars of advanced practice capability and assessed in practice.</li> <li>V300 – Non-Medical Prescribing course</li> </ul>	<ul style="list-style-type: none"> <li>Mentor/teaching qualification</li> <li>Working towards Honorary Lecturer status with local HEI</li> <li>NLS Instructor</li> </ul>
 <p>RESEARCH</p>	<ul style="list-style-type: none"> <li>Clinical audit experience</li> <li>Research Skills</li> </ul>	<ul style="list-style-type: none"> <li>Previous publication(s)</li> </ul>
 <p>PERSONAL ATTRIBUTES</p>	<ul style="list-style-type: none"> <li>Highly motivated self-directed practitioner with excellent organisational skills</li> <li>Excellent communication skills verbally and written</li> <li>Well-developed facilitation and influencing skills, effective negotiation and conflict management skills</li> <li>Team player</li> <li>Flexible</li> </ul>	<ul style="list-style-type: none"> <li>Ability to lead a team to support effective safe clinical care</li> </ul>



## EXEMPLAR TRAINEE Neonatal ACP (tNACP) Job Description

### Job Title: Trainee Neonatal Advanced Clinical Practitioner (tNACP)

**Band:** 6-7

**Hours:** 37.5

**Responsible to:**

**Accountable to:**

**Professional Body:**

#### Organisational summary:

Statement of organisational readiness accepting responsibility for governance surrounding the role to protect the patient, clinician and the organisation.

#### Summary

In this training post you will be working towards becoming an independently practicing Advanced Neonatal Clinical Practitioner. During this period of development, you will be expected to consolidate the advanced practice skills gained during your academic training and focus on increasing the autonomy in clinical decision making in practice. Part of this will take the form of practice competencies specific to your area of practice, which will be developed locally to meet the needs of your service.

You will be aware of the increase in scope of your practice and the development of phased autonomy in your clinical decisions; and yet balance this against practising in compliance with the Code of Professional Conduct (outlined by your professional body.)

You will always work within your scope of practice, being responsible and accountable for your decisions, actions and omissions at your level of practice. It is your responsibility to identify those tasks and decisions which are outside of your area of expertise and seek appropriate levels of support when carrying out these actions.

At this trainee level, you are restricted from making fully independent decisions.

This trainee post will have a variable term not exceeding 5 years from the commencement of academic training. It is expected that you will complete the required competencies within a 6 to 18 month period (post-MSc award), however, certain specialities may require additional time due to the complexity or breadth of clinical practice.

You will participate in regular and ongoing review and appraisal of your progress during this training period in preparation for your summative gateway evaluation.

You will prepare a portfolio of evidence throughout your training, with the aim of presenting this at a summative assessment gateway.

The summative gateway at the conclusion of the training period will typically consist of representatives from the medical team, your line manager, and an advanced practice representative, and will be the formal sign off of the completion of your training post.



#### Clinical Practice

You will work to develop your level of competence and proficiency within advanced practice neonatal critical care, receiving support in the management of clinical conditions, and developing autonomous decision-making.

You will develop advanced communication skills, recognise the different roles and contributions of clinical staff, and be able to work collaboratively with the multidisciplinary care team.

You will develop a strong patient and family focus in your practice and apply principles of patient-centred care and shared decision making with neonates, infants, carers and their families.

You will evaluate your own practice, ensure that you maintain clinical skills and competency in your area of practice and work to develop your role in line with the needs and objectives of the service.

You will continue to have independent prescriptions countersigned until the conclusion of this training. NB: Local organisations may vary if trainee ANCP currently qualified and registered as an independent non-medical prescriber.



### Leadership and Management

As a developing senior clinical figure in our organisation, you will be a role model, fully understanding the values and vision of your organisation and working towards these at all times.

You will develop strong working relationships with operational support staff and develop network to future benefit patient care.

You will demonstrate and accept constructive challenge and looking for opportunities to improve service at individual patient, patient cohort and organisational levels.

You will develop an understanding of Quality and of Quality Improvement domains and consider how to improve safety and quality of care in the organisation.

You will participate in risk management activities and incident reporting within your organisation and be able to share learning within your team.



### Education

You will actively participate in an annual Personal Development Review covering all four pillars of practice to evidence your developing competence.

You will participate in teaching and learning and share your experience and expertise across the organisation, thereby making a wider contribution to general patient care in your organisation.

You will develop and enhance clinical and non-clinical professional skills through self-directed, independent learning. You will work with your medical and non-medical colleagues to facilitate your training and work towards independent practice.

You will continue to develop your advanced communications skills to enable you to educate and empower families and carers in the management of neonatal and infantile conditions and enable them to participate in, as well as make informed decisions, about their care.



### Research

You will participate and engage in audit and research within your clinical teams.

You will develop skills of critical analysis and apply these to current evidence and practice.

You will participate in the implementation of governance systems in your area to maintain the highest standards of patient safety and quality.

### Trainee Neonatal Advanced Clinical Practitioner (tNACP)

ASSESSMENT CRITERIA	ESSENTIAL	DESIRABLE
 <p>CLINICAL</p>	<ul style="list-style-type: none"> <li>Significant experience in your chosen field</li> <li>Willingness to learn advanced clinical skills appropriate to area of practice</li> <li>Evidence of a clinical based career path</li> </ul>	<ul style="list-style-type: none"> <li>NLS qualification</li> </ul>
 <p>LEADERSHIP AND MANAGEMENT</p>	<ul style="list-style-type: none"> <li>Evidence of leadership at local level</li> </ul>	<ul style="list-style-type: none"> <li>Experience within adjacent services</li> <li>Leadership qualification / course</li> </ul>
 <p>EDUCATION</p>	<ul style="list-style-type: none"> <li>Minimum 2.2 Honours Degree or evidence of potential to study at Master's Level</li> <li>Professional registration</li> </ul>	<ul style="list-style-type: none"> <li>Mentor/teaching qualification</li> </ul>
 <p>RESEARCH</p>	<ul style="list-style-type: none"> <li>Clinical audit experience</li> </ul>	<ul style="list-style-type: none"> <li>Research Skills</li> <li>Previous publication(s)</li> </ul>
 <p>PERSONAL ATTRIBUTES</p>	<ul style="list-style-type: none"> <li>Evidence of good communication skills verbal and written</li> <li>Motivated self-directed practitioner</li> <li>Ability to work well in a team</li> <li>Signs of emerging clinical leadership qualities</li> <li>Flexible</li> </ul>	<ul style="list-style-type: none"> <li>Ability to lead a team to support effective safe clinical care</li> </ul>





**Suggested Citation:**

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