**Guidance and Training (Framework)**

**Guidance for Trainees and Supervisors:**

Becoming a trainee Advanced Practitioner can be challenging. Generally, it will involve a senior registered allied health professional leaving their comfort zone to learn and take on new knowledge, capabilities and skills. Undertaking a MSc and meeting the necessary profession specific capabilities will necessitate a lot of work from the trainee and support from peers and supervisors. Being a trainee in primary care can be isolating but should be exciting.

Please encourage your trainee Advanced Practitioner to utilise fellow trainees as support and they could attend drop-in practice sessions (offered by the University of Derby on clinical decisions module etc.). Peer support and review is also very helpful and there is the bi-monthly Primary Care Advancing Forum for peer and portfolio support mentioned above. For more information contact sharon.bown@healtheducationderbyshire.co.uk

If you are a training practice, please include your trainee in any tutorials/educational sessions on offer to trainees, medical and non-medical, within your practice. Utilise the skills in your team.

Each trainee advanced practitioner will need a Clinical Supervisor who will be a GP, or a senior Advanced Practitioner recognised by the Health Education England Centre for Advancing Practice (CfAP). Advanced Practitioners on the CfAP directory or GPs can complete the 2 days multiprofessional Roadmap supervision and verification training (details within the Roadmap) which will equip them with the necessary skills to supervise FCP and Advanced Level Practitioners with undertaking workplace-based assessments and supporting the trainee with their portfolio of evidence and the verification process for FCP roles. An optional top up session for existing GP Trainers re FCPAdvanced Practice pathway exists.

Advanced practice portfolios in Derbyshire are reviewed at least on an annual basis to provide feedback to the trainee regarding the level of evidence, and to identify highlights and working points.
Trainee practitioners that engage in this process and whose portfolios evidence that they have received appropriate supervision and undertaken workplace-based assessments (WPBA) can be awarded funds towards supervision depending on the funding available each year via the training hub. Please see further information on portfolios in the section below.

Please Click HERE to see the Roadmaps

**Setting up Surgeries:**

Trainees need to see appropriate patients with presenting problems that allow them to develop and practice their skills. Please be realistic with appointment times and clinics by allowing catch up slots for questions/second opinions to be asked. Most trainee advanced practitioners will require 15-20 minute appointments. Consider 20 minutes in the early stages – particularly when on the clinical decisions/advanced assessment type modules.

Some consideration should be given to the ‘types’ of problems that the trainee will see initially. This may vary depending on the background, experience and levels of competence/capability of the trainee. Many trainees start by seeing minor illness or first presentation of certain problems. Certain patients may be excluded from booking with trainees such as children, mental health patients, pregnant patients. Debrief initially may be best in line with foundation level doctors i.e. a debrief after each patient or a joint surgery until such time that the clinical supervisor is happy the trainee can be debriefed at the end of a surgery

Please ensure the trainee advanced practitioner knows who to access for support, advice, and a second opinion during surgery if needed. Referrals, investigations, and admissions should all be discussed in the early stages of training

Daily debrief sessions are a necessity not only to ensure patient safety, by checking patients have been dealt with appropriately, but also serve an important educational purpose. Feedback relating to patient presentations are much more likely to be remembered as it is pertinent to patient needs and
clinicians’ educational needs. Educational needs can be identified, included on the Personal Development Plan, and addressed, possibly by a tutorial, educational meeting etc.

**Requesting Tests/Investigations & Referrals:**

All referrals for tests/investigations and referrals to other agencies should be discussed with the debriefing clinician.

Results from tests may initially need to be reviewed by someone other than the trainee until such times they are competent/capable to review/action their own results for their patients.

Please remember the MSc in Advanced Practice is a three-year programme. The trainee will need to develop over the three years with clinical skills developing alongside academic knowledge. It is a progressive process.

**Workplace Supervision of Trainee Advanced Practitioners:**

Existing workplace supervision practices may not map neatly to the learning needs of developing multi-professional advanced clinical practitioners or trainees. A range of practical and comprehensive guidance for the workplace supervision of trainee ACPs can be found in [Health Education England - Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development](http://example.com) published in November 2020.

The publication sets out seven fundamental considerations which underpin supervision in advanced clinical practice: Practice Context, Competence and Capability, Multiple professional Registrations, Individual Learning Plan, Professional Development and Transition, Integrated Approach, Supervisor Development. This guidance is for all clinical settings. Primary Care guidance is contained within Roadmaps to Advanced Practice.
**Portfolios:**

All advanced practitioners need to maintain a portfolio of evidence to demonstrate their progress and evidence which capabilities they have met. This is alongside any requirement from their regulatory body.

Generally, it is advised that a portfolio should contain the following:

- PDP identifying SMART objectives
- Educational learning log.
- Record of modules/courses.
- Workplace based assessments
- Quality Improvement Projects/audit.
- Information relating to leadership activities.
- Information regarding educational activities.
- Any patient compliments or complaints.
- Patient satisfaction feedback
- Multi-source feedback from the clinical & non-clinical team.
- Significant Event Analysis

**Portfolio Requirements for Advancing Practice in Derbyshire:**

Allied Health Professionals (AHP’s) working towards Advanced Practice in Primary Care should evidence against their own profession specific Roadmap where available, see website for further details. Roadmaps contain information regarding minimum data sets within the stage one and two checklists.
Derbyshire has an agreed minimum data set for Advanced Clinical Practice (ACP) portfolios for those following the Derbyshire Framework or the [Primary Care Nurse Framework](#) (these numbers will be reviewed later in 2021 on review of the Derbyshire Core Competencies).

Requirements per annum:

- Clinical Examination Procedural Skills (CEPs) 6
- Case-Based Discussions (CBDs) 6
- Consultation Observation Tool (COTs) 6
- Case Study 2 (for Derbyshire Competencies)
- Reflective Learning Logs - minimum of 1 per month
- Multi-Source Feedback (MSF) - 1 full round
- Patients Satisfaction Questionnaire (PSQ) - 1 one full round

Evidence regarding research/quality improvement, educational and leadership capabilities should be included in each Academic year.

**Assessment:**

Trainee advanced practitioners should undergo regular assessment using COT and CBD much in the same way as foundation & registrar level medics do. Advice re numbers of WPBA are included within the Roadmap to advanced practice – these are minimums. The ACP Primary Care Nurse Framework has a portfolio section accessed via a link at the very back of the document.

COT can be achieved either by shadowing a surgery or by reviewing a videoed surgery (videoed with patient consent – the consent form should be scanned into the patient notes). A template consent...
CBD – ideally the trainee should provide their supervisor with 2-3 cases in brief for the supervisor to select which case they feel would be most beneficial to discuss. A selection of cases will be needed to evidence a variety of competencies. Clinical examination and procedural skills (CEPs) Any procedural skills carried out as part of the advanced role should be assessed. Obviously, these vary depending on the place of work.

Intimate examinations are not covered in detail by local Health Education Institutes, therefore, before any are carried out the trainee needs training. There should be an understanding of the anatomy and physiology, an understanding of when it is or is not appropriate to carry out the procedure, informed consent, the examination process including consideration of the patient always. One CEP is not enough to demonstrate competence, there should be a number of each.

For example, a vaginal examination CEP – a variety will be required to demonstrate a variety of capability – identifying the cervix, assessing for prolapse, use of speculum, bi-manual etc.

**Assessment:**


**Novice:**

- Beginner with no experience.

- Taught general rules to help perform tasks.
• Rules are: context-free, independent of specific cases, and applied universally.

• Rule-governed behaviour is limited and inflexible.

Advanced Beginner:

• Demonstrates acceptable performance.

• Has gained prior experience in actual situations to recognise recurring meaningful components.

• Principles, based on experiences, begin to be formulated to guide actions.

Competent (capable):

• Typically, a practitioner with 2-3 years’ experience on the job in the same area or in similar daytoday situations.

• More aware of long-term goals.

• Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization.

Proficient:

• Perceives and understands situations as whole parts.

• More holistic understanding improves decision-making.

• Learns from experiences what to expect in certain situations and how to modify plans.
Expert:

• No longer relies on principles, rules, or guidelines to connect situations and determine actions.
• Background of greater experience
• Has intuitive grasp of clinical situations.
• Performance is now fluid, flexible, and highly proficient.

**Advanced Practice:**

It is proposed that Benner’s 5 stages of performance can be used to describe your performance at this advanced level. For example, in Pillar 1, entitled ‘Management and Leadership’, the first criterion is described as:

‘Identifying need for change, leading innovation and managing change, including service development’.

In assessing your current level of performance against this particular criterion, consider whether you would assess yourself as functioning at the stage of:

• Novice
• Advanced Beginner
• Competent
• Proficient
• Expert
Benner’s (1984) Stages of Skill Acquisition are used to finely describe practice, in terms of advanced level. As such, the practitioner, new to working at this level of practice may be seen as an ‘advanced beginner’. Alternatively, the practitioner who has been working at this advanced level for some time will have moved from the ‘novice’ stage to another stage, for example, that of ‘proficient’. All practitioners may vary in differing aspects of their roles.

**Pay Structure/Salary:**

The following pay structure is the one followed at the acute trust in Derbyshire and is the one promoted and supported by the Derbyshire Advanced Clinical Practice Operational Group.

To qualify for a Band 8a the Advanced Practitioner must have been awarded the full MSc and evidenced that they meet the appropriate capability framework through a portfolio.

Agenda for Change (AfC) (2022-23)

[https://www.nhsemployers.org/articles/pay-scales-202223](https://www.nhsemployers.org/articles/pay-scales-202223)