

Employer Readiness for Advanced Practice

Introduction

What is advanced practice?

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

Currently, there are jobs given the 'Advanced Practitioner' title, but without consistency on the job requirements. Therefore HEE's National Centre for Advancing Practice is looking to:

- set agreed national training standards across England for advanced level practice
- standardise and regulate the definition of an advanced practitioner
- kitemark training courses for advanced level practice

Regional centres have been set up to work with local systems (STPs/ICSs) to identify demand, commission high quality education and training and support the supervisory needs of learners.

Advanced Practice Readiness Checklist

Is my organisation ready to implement and support Advanced Practice?

Many employers have expressed a wish for support to develop such roles and this **Readiness for AP Checklist** has been developed for employers to self-assess their readiness for advanced clinical practice and identify possible next steps. The checklist is based on the key principles of the [Multi-professional framework for Advanced Clinical Practice](#) in England and should be carried out by the AP lead (or other senior education lead responsible for AP) at an organisational, departmental/practice level and individual trainee and supervisor level. Organisations should rate their extent of readiness, where black signifies there is no evidence and green signifies that the factor is fully embedded within the organisation (B)RAG.

	No evidence this factor is embedded
	Some evidence this factor is embedded in few parts of the organisation
	Evidence this factor is embedded in most parts of the organisation
	Fully embedded in organisation

An action plan with SMART objectives should then be developed by the organisation, co-ordinated by the AP lead (or other senior education lead) in conjunction with colleagues and the executive sponsor.

The self-assessment is a tool available to help organisations establish their organisational readiness and will not have an impact on any future funding an organisation will receive to support advanced clinical practice. The results however will be collated in a way that HEE can identify areas in which it can better support employers in regard to advanced clinical practice.

Please also refer to the [HEE AP Toolkit](#) when completing the checklist.

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

Readiness Factor	Example	(B)RAG rating	Explanation of Rating
Awareness and commitment			
There is understanding, support and commitment for AP roles at executive and director level	Named executive sponsor, board member on AP forum		
AP is understood at an operational level	Job descriptions current, job plans current, workforce plans		
AP is understood at clinical level	Clinical leads engaged and involved in AP forum		
AP is led by an advanced practitioner	Clinical lead is an AP		
Understand and agree to engage with tripartite selection process between employer, HEE and HEI	Person(s) nominated to represent organisation in selection process		
Strategic workforce case for advanced practice			
Workforce Strategy includes description of role of AP in delivering long term plans	Workforce plans		
There is named strategic leadership and operational leadership for AP	Named executive sponsor, named clinical AP lead		
There is a business case to underpin the workforce planning for AP level roles to maximise their impact, including standardised titles and banding with a succession plan where appropriate	Business case, workforce scoping/planning document		
Clearly identified budget for AP development	Finance budget/reports		
There are discussions for AP rollout with our STP and Local Workforce Action Board (LWAB) partners	Meeting agendas/minutes		
Operational need & best use of advanced practice roles			
Need for AP roles actively considered and identified	Business case, workforce scoping/planning document		
Workforce need for AP to deliver care	Rota document, bank/agency spend		
Areas (including cross-service working) identified where investment in AP roles can bring greatest benefit	Business case, workforce scoping/planning document		
To ensure patient safety, there are clear governance and support arrangements for AP	Governance structures, reporting structures, trainee feedback		

There are robust processes for recruitment and selection into AP level roles and for monitoring progress and certifying completion of training	Application forms, process map of selection process		
Understanding current advanced practice workforce			
Identified where advanced roles exist and mapped against the Framework to establish where development is needed for transition to AP roles	Workforce planning/scoping document		
Trainee APs identified and plans in place to develop them	Workforce planning/scoping document		
There is for a plan for AP comms and engagement	Communication plan/engagement		
AP forum planned or already in place and active	Forum agendas/minutes		
Enablers for Advanced Practice			
Title of AP is defined and consistently used	Job descriptions current, job plans current, workforce plans		
Generic AP job descriptions, including purpose and scope are developed and agreed	Job descriptions current, job plans current		
There are agreed career development pathways and opportunities where AP features for nurses and AHPs encompassing all four pillars of the Framework	Training pathway documents, curricula, competencies. Rotations/placement examples		
There are agreed and funded education pathways to support AP development. Suggested study budget to mirror JCFs (£750).	Communications, meeting minutes with funding streams.		
Commitment to provide protected study time (and study leave) for all trainee APs	Contracts of employment, job plans.		
Planned and common approach to clinical supervision in place for AP roles (incl. trainees)	Job plans, clinical supervision timetables		
Appropriately banded, defined and agreed substantive AP posts for trainees to move into on completion of their training	Future job descriptions and job plans. Rotations examples		
Planned approach to supporting those seeking AP status via portfolio or credentialling	Individual learning plans, business cases		
Each AP trainee has a named supervisor who is familiar with the requirements of AP	Workforce reviews, local AP supervisor database		

Potential AP trainees meet the university entry requirements and are prepared for the demands of education and training for AP	AP recruitment and selection strategy		
Supervision			
All AP supervisors have time specified in their job plans for supervision of AP (minimum 1 hour per week)	Job plans, clinical supervision timetables		
There are processes to ensure that the HEE supervision fee is accessible at service level	Job plans, clinical supervision timetables		
There is support, training and induction for staff who supervise clinicians in AP roles in training and beyond	Supervisor database, supervisor network events		
Peri and Post Implementation			
Governance structures are inclusive of AP and are not used to restrict learning, i.e., the scope of practice is driven by the specialty curriculum and not restricted to organisation need and availability.	Training portfolios met, non-local training needs identified and mitigations put in place.		
There are mechanisms for evaluating the impact of AP roles	Service evaluation		
Work place assessment of AP trainees is carried out by competent assessors who are familiar with the assessment tools	AP strategy, workforce reviews, supervisor database		
There are links with speciality-specific AP networks eg: Royal College of Emergency Medicine, Faculty of Intensive Care Medicine	AP strategy, network events		
Practitioner need to practice is within the scope of practice? Or specialty?			
Self-funding AP trainees (who may be outside the organisational AP strategy) are supported, where appropriate, to integrate their roles into service needs for maximum impact	Individual learning plans, business cases		

For the implementation of advanced practice to be successful there must be no black ratings and less than 5 red ratings (with mitigation plans). Please send completed forms to advancingpractice.sw@hee.nhs.uk.