

## Nottingham & Nottinghamshire ICS Advanced Practice Steering Group

### Recommended Criteria for Advanced Practice Appraisals

#### **Background**

Although appraisal documents from national bodies such as the Faculty of Intensive Care Medicine (FICM) and the Royal College of Emergency Medicine (RCEM) are available to advanced practitioners there is no nationally recognized generic advanced practice appraisal template. Working in collaboration with East Midlands Advanced Practice leads through Joined-Up Care Derbyshire (JUCD), the Career Development Workstream Group (see membership in Appendix 2) was tasked with exploring the development of a generic appraisal template. The Group recognized that each organization would have bespoke requirements for employees' appraisals and rather than a one-size-fits-all template recommended the creation of a list of criteria that should be included in all advanced practice appraisals.

The list in Appendix 1 is the result of this work and was approved at the April 2023 meeting of the Joined-Up Care Derbyshire Advanced Practice Group. It has since been updated and approved by the Nottingham & Nottinghamshire ICS Advanced Practice Steering Group (5<sup>th</sup> June 2023) as a document that providers can use with their advanced practice workforces.

#### **Purpose of this paper**

To outline and promote the recommended criteria to be included in advanced practice appraisals.

#### **Recommendations**

To secure Integrated Care Board (ICB) level approval to proceed with distribution and sharing of this document across Nottingham & Nottinghamshire healthcare providers.

#### **Risks**

If essential criteria for advanced practice appraisals are not standardised, there is a risk to the quality of practice and clinical care, resulting in harm, impaired outcomes and poor experience for staff and citizens. There is also a risk that focus will be lost on the non-clinical elements of advanced practice.

#### **Financial impact**

There is no direct financial impact.

#### **Equal Opportunities and Diversity**

Employers must ensure that there is no unfair discrimination in any appraisal processes on the grounds of race, religion, belief, gender, age, disability, sexual orientation, gender re-assignment, marriage/civil partnership or pregnancy/maternity.

<b>Appendix 1: Recommended criteria for advanced practice appraisals</b>		<input checked="" type="checkbox"/>
Personnel present should include line manager and educational or clinical supervisor		
Wellbeing check (to include any significant events that need to be discussed and considered) Discussion of work life balance		
Review of current job plan		
Review of the previous 12 months: What has/has not gone well? Review of supervisor meetings / progress checks.		
Review of previous year's objectives		
Review of previous 12 month's work across the non-clinical advanced practice pillars: Research & Innovation - QIP/Audit involvement Evidence of leadership growth and competence Education Activity – evidence of teaching with feedback. Evidence of engagement with prevention / health improvement agenda		
Review of local internal governance requirements (e.g. radiology, prescribing, FIT note agreements)		
Review of any complaints and/or compliments		
Review/discussion of absences from work		
Any current formal process? (capability/disciplinary)		
Professional body registration check – date of revalidation?		
Check awareness of organisational policies and procedures essential to their role?		
Evidence of meeting the organisation specific mandatory training and other requirements		
Discussion covering NHS & organisational values		
Evidence of an individual clinical portfolio demonstrating continued competence, inclusive of internal provider governance processes (e.g. skills log, reflective practice)		
Multi source feedback (to align with revalidation e.g. every 3 years for nurses, 2 years for AHPs)		
Patient feedback (ideally every 3 years with a must every 5 years)		
Discussion of development opportunities (appraiser can signpost)		
Objectives for the coming 12 months (to include personal objectives and Trust/NHS England related objectives split across all AP pillars e.g. QuIP, education, research, fellowship opportunities)		
Discussion on access to and/or need for clinical supervision		
Review of pay progression		
For Trainee APs - academic progress should be discussed		
If the employee is a clinical supervisor, management of this should be discussed		

## Appendix 2: Career Development Workstream Membership

James Pratt	Nottingham University Hospitals (NUH) NHS Trust Lead for Advanced Practice NUH ED ACP
Kate Knowles	Nottingham & Nottinghamshire ICS AP Lead NUH Medicine Division Lead ACP
Emily Parr	Trainee Advanced Clinical Practitioner, Royal Derby Hospital
Karen Swift	Supervision and Assessment Lead, Midlands region, HEE ACP Derbyshire
Jennifer Riley	University Hospitals of Derby and Burton NHS Foundation Trust Associate Director for Advanced Practice. ACP- Acute Medicine
Sally Davies	Advanced Practice Medical Lead & Respiratory & GM Consultant. Chesterfield Royal Hospital NHS Foundation Trust.
Helen Allen	ACP University Hospitals of Derby and Burton NHS Foundation Trust
Melanie Kendrew	Advanced Clinical Practitioner, United Lincoln Hospitals & Co-Lead for advanced practice in Lincolnshire
Geri Mortimore	ACP Lecturer Advanced Practice University of Derby

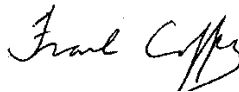
### Signings

This document has been reviewed and approved by:

#### ICS ACP Steering Group Chair

Name: Prof. Frank Coffey

Signature:



Date: 11<sup>th</sup> July 2023

#### Nottingham & Nottinghamshire Integrated Care Board:

Name: Dave Briggs  
ICB Medical Director

Signature:



Date: 23<sup>rd</sup> August 2023

Name: Rosa Waddingham  
ICB Chief Nurse

Signature:



Date: 23<sup>rd</sup> August 2023