

# Non-Medical Advancing Practice Framework for Enhanced, Advanced and Consultant Level Practice

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<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	Trust wide
<b>Target staff categories</b>	All Enhanced, Advanced and Consultant Level Clinical Practitioners

## Policy Overview:

This framework recognises that the workforce is changing, roles are evolving and thus can be utilised by all settings including, primary, secondary, and tertiary care. This framework is intended for use by all non-medical professions within Worcestershire Acute Hospital Trust working as Enhanced, Advanced or Consultant level practitioners.

It is important to recognise that this framework supports levels of practice and not specific roles, thus can be utilised across a broad range of professions and future changes in workforce.

This police outlines the Trust's definition, education requirements, governance and support at each level of practice.

## Key amendments to this document

Date	Amendment	Approved by:
26 <sup>th</sup> July 2024	New Document	NWAB

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## Summary of Policy

### Context

Worcestershire Acute NHS Hospital Trust, in line with national Workforce Strategies, will apply a consistent approach to the governance of non-medical enhanced (specialist), advanced and Consultant clinical roles within the trust. This will increase clinical safety and so will ensure that staff feel valued; improving recruitment and retention.

### Enhanced, Advanced and Consultant Practice

Enhanced Practitioners (EP) hold specialist roles with specific knowledge and skills. Their competencies and capabilities align with the Enhanced Clinical Practice Apprenticeship Standards (IfATE, 2022).

Advanced Practitioners (AP) require a higher degree of autonomy and complex decision making and use their Masters' degree qualification to hold roles that span the four pillars of advanced practice – clinical, leadership, education, and research. Their competencies and capabilities align with the 'multi-professional framework for advanced clinical practice in England' (HEE, 2017).

Consultant Practitioners is defined by integrated expertise in the four domains necessary for enabling quality care at all levels of the health and social-care system:

- Expert practice (the consultant's main health / social-care profession)
- Strategic and enabling leadership
- Learning, developing, and improving across the system
- Research and innovation as an embedded researcher

This embraces the key skillset for systems leadership and systems transformation aided by clinical credibility in the consultant's own professional practice and underpinned by consultancy approaches that sustain quality (HEE, 2020).

Enhanced, Advanced and Consultant Practitioners will work within their own competence and scope of practice, as outlined in their professional code of conduct and guidance in this document.

### Recruitment Process

All enhanced and advanced roles will be developed using the guidance in the document, and will include the production of the following:

- Robust job description and person specification
- Speciality specific competencies
- Business case including a Quality Impact Assessment
- Clear outcome for the roles
- Clear supervision processes

There is a specific recruitment process for Trainee AP and AP roles. Advanced Practice roles should have a job plan that details how the post is structured around the four pillars, allowing specific time

for the clinician to carry out teaching and research/audit/quality improvement projects. Job planning should also be used for all enhanced and consultant roles.

## Governance Processes

By implementing and embedding robust organisational governance arrangements for enhanced, advanced and consultant practice the Trust will have:

- There are clear roles and responsibilities detailed in this document for the trust, the leadership team members, Line Manager, clinical supervisors, and clinicians
- The trust adheres to legal and regulatory frameworks
- All EP, APs, Consultant Practitioners must be registered with their own professional body, and all NMPs must be on the Trust NMP register (held and maintained by the Trust NMP lead, NMP policy can be found on “The Source”) to independently prescribe and include evidence of their prescribing practice within their portfolio.
- All EP, AP and Consultant Practitioners who are appropriately trained to request Diagnostic Imaging must be on the Trust non-medical requesters register (held and maintained by the Diagnostic Imaging department) to be able to request imaging and include evidence of their competence within their portfolio.
- Competencies and capabilities must be evidenced via a maintained and current portfolio
- A robust training and supervision process must be in place, evidenced by an ePortfolio.
- There must be a career framework in place that supports recruitment and retention

## Clinical Supervision and Maintaining Competence

All EP, AP and Consultant Practitioners will have a named clinical supervisor, defined within the Job Description, and will have regular feedback regarding their knowledge, skills and behaviours. This is essential to ensure that practitioners are clinically competent, and that this is evidenced.

All clinicians will have a personal development plan to identify their professional development needs, and this will be maintained via 1:1s, supervision meetings, and the PDR process. Clinicians can access training opportunities in a variety of ways. Formal accredited training relevant to the role, within Higher Education Institutes can be accessed using funding, obtained via the trust CPD process and relevant funding routes.

Competencies will be assessed and audited at local level within Divisions, which the Divisional leadership team are accountable to ensure occurs and will ensure evidenced via the clinicians’ portfolio.

## Bank and Agency

There is a small number of practitioner roles are covered by Agency or Bank staff; the same governance and controls must be applied to these roles as this is a high-risk area for non-compliance within the Trust, being a transient workforce. This will be controlled within the recruitment process relative to the on boarding on those staff members

## Purpose

This framework recognises that the workforce is changing, roles are evolving and thus can be utilised by all settings including, primary, secondary, and tertiary care. This framework is intended for use by all non-medical professions within Worcestershire Acute Hospital Trust working as Enhanced, Advanced or Consultant level practitioners.

It is important to recognise that this framework supports levels of practice and not specific roles, thus can be utilised across a broad range of professions and future changes in workforce. While titled as 'clinical' practitioners, this term aims to include all and any involvement in patient.

Providing professionals with enhanced, advanced and consultant career pathways allows them to continue to develop and progress in their career. This is likely to keep them engaged and aid retention. It also allows the Trust to benefit from their expertise and knowledge and allows the practitioner to contribute to the Trust strategic goals. Ultimately these roles support the multi-professional team and help to provide safe, accessible and high-quality care for patients.

It is recognised that this framework will apply to some professions more than others, due to differences in education and academic level at point of registration. Some professions have existing frameworks and pathways for advanced and consultant practice, and this document does not replace them. Examples include clinical psychologists who register with level 8 education but not use the advanced title. Healthcare scientists have a clear consultant clinical scientist route and biomedical scientist advanced and consultant qualifications.

The benefits of integrating advanced and consultant clinical practitioners into services are now well established. This framework provides further role definition and clarity around governance, education, and support for practice. The term 'enhanced' is newly defined but will support the level of practice post registration, and the consolidation that comes before advanced practice. Implementation of this framework will enable practitioners to utilise their skills to their full potential, optimising their contribution to meeting the population's health needs, contributing to the support and leadership of the healthcare team, whilst offering strategic support to their employers.

## Defining Levels of Clinical Practice

The Skills for Health Career Pathway (2020) career framework was developed to meet the needs of registered clinical practitioners (Figure 1). This framework aligns the following levels to enhanced, advanced and consultant clinical practitioners. NB. These are levels of practice and do not necessarily equate to AfC pay bands.

- Level 6: Enhanced Clinical Practitioner
- Level 7: Advanced Clinical Practitioner
- Level 8: Consultant Clinical Practitioner

Figure 1. Career Framework Levels (Skills for Health 2020)



Working within the current and fast paced health arena, across an array of multi-disciplinary health care settings require healthcare practitioners who offer a range of skills to deliver treatment and care that is of high standard and quality. Practitioners, from a broad spectrum of professions will offer different levels of practice, based on different levels of education and experience. It is important to offer definitions of such levels of practice, and how these levels correspond with educational attainment and experience. This framework defines and supports the levels of enhanced, advanced and consultant clinical practice. Table 1 describes the components of these levels of practice.

Table 1 Career Framework Level descriptors for Enhanced, Advanced and Consultant levels of Practice

Enhanced Practitioner	Advanced Practitioner	Consultant Practitioner
Demonstrates an enhanced knowledge base, complex decision-making skills, clinical competence, and	Demonstrates an advanced knowledge base, highly complex decision-making skills, clinical competence,	Demonstrates an expert knowledge base, highly complex decision-making skills, clinical

judgement in their area of specialist practice	and judgement in their area of specialist practice	competence, and judgement in their area of specialist practice
Will exercise broad autonomy and judgement in their specialist area	Will exercise broad autonomy and judgement across a significant area of work	Will exercise broad autonomy and judgement and leadership as a leading practitioner or academic
Is able to use research and develop evidence to inform their practice	Can design and manage research to inform area of practice	Can initiate, design, and undertake research to extend the field of practice resulting in significant change
Is able to critically analyse, interpret and evaluate complex information	Can critically analyse, interpret and evaluate complex information	Can critically analyse, interpret, and evaluate complex information
Will initiate and lead tasks and processes, taking responsibility, where relevant, for the work and roles of others	Will initiate and provide leadership for complex tasks and processes within their own area of work and specialism	Will influence at a strategic level and is pivotal in the integration of clinical, education, and research findings in practice
Has a critical understanding of theoretical and practical knowledge	Can develop innovative practice and identify where service and quality improvements can be achieved	Is an expert in clinical practice, bringing innovation and influence on clinical leadership
Health Education England Level 6 & 7	Will integrate clinical, education, and research findings in practice	Has the ability to innovate, motivate and influence local and national agendas and has the expertise and responsibility for planning and delivery of services
Post reg/post grad qualification/CPD, occasionally Master level	Health Education England Level 6 & 7	Has a high level of political and emotional intelligence
	Masters Level qualification	Health Education England Level 8 & 9
		Masters/Doctoral qualification

## Workforce Planning for Enhanced, Advanced and Consultant Practitioners

Enhanced, advanced and consultant clinical practice roles will not function in isolation and the nature and number of such roles will be influenced by the availability of other support roles and senior/ junior professional roles. How and where enhanced, advanced and consultant clinical practice roles are developed will also depend on the pattern of staffing required and service need.

Effective workforce planning will help to identify the types of practice roles that need to be developed to create a sustainable workforce, prepare for future changes, identify and plan for any workforce gaps, whilst managing risk and exploring new innovative workforce opportunities including enhanced, advanced and consultant practice.

The approach to health workforce planning is based on the Skills for Health Six Steps Framework. The framework (skills for Health 2022) is based on the following which support effective workforce planning:

- Sustainable – plans should be realistic and affordable
- Encourages innovative thinking



A focus on what skills and competencies are needed rather than what we currently have

- Based on evidence and information
- Integrated planning across finance, service and workforce
- Iterative process
- Requires effective leadership
- Promotes collaboration and shared solutions



(For a clearer image please follow the Skills for Health Link: [Six-Steps-Graphic-Updated-Imagery.jpg \(8325x5001\)](https://www.skillsforhealth.org.uk/Six-Steps-Graphic-Updated-Imagery.jpg) ([skillsforhealth.org.uk](https://www.skillsforhealth.org.uk))

Active Workforce planning has many benefits which can include:

- Ensuring the supply of a workforce with the skills and competence to meet the health needs of the population.
- Developing enhanced working relations within the organisation and with other partners.
- Providing a focus for potential joint approaches to workforce including the development of cross professional and cross boundary working.
- Improving staff retention and recruitment.
- Making the best use out of existing staff skills and identifying future skill requirements
- Contributing to the delivery of effective and efficient services across pathways.

## Succession Planning

As part of effective workforce planning, there is a need to ensure that there is a pipeline of talent to replace and/ or build their supply of people with enhanced, advanced and consultant level skills and

knowledge, both to replace any practitioners who leave practice and to have a supply of talent where and when there is a need to introduce roles to address the needs of service users. This is referred to as succession planning and should be undertaken as part of an workforce planning activity when identifying future workforce needs and how to achieve these. Succession planning considerations are also important to enable services to identify postgraduate and doctoral education that they may wish to include with their training plans.

## Decision Making Process and Infrastructure

This framework sets out to support governance regarding the implementation and support of enhanced, advanced and consultant roles. The assigned leads for enhanced, advanced and consultant level practice will lead on development reviews, continued professional development and job planning for all existing and aspirant enhanced, advanced and consultant clinical practitioners. A group of multi-disciplinary professionals will be assembled to allow for representation; NMC, allied health professionals, pharmacists and healthcare scientists. It is vital that the leads are able to represent issues around enhanced, advanced and consultant practice for all staff groups and will have clear communication routes to executive level. It must be clear that enhanced, advanced and consultant levels of practice reflect a set of responsibilities, competencies and capabilities which act as an indicator of a particular stage on the career development, and that such practitioners are always accountable to their regulatory body whatever the level or context of practice.

## The Enhanced, Advanced and Consultant Clinical Practice Career Pathway

The Trusts Careers framework through the enhanced, advanced and consultant level of practice can be found on the Trust intranet site (The Source). Like all journeys there will be different paths to take, and different options to join and exit along the way. A career in healthcare is no exception, practitioners may spend different times in roles and at different levels of practice. There may be occasions when practitioners stop at any point and choose to remain at this level, or through circumstances need to pause. Progression in to new roles within the organisation will be dependent on these role being available at the time or role being developed for future workforce changes.

Some professions will enter at different points along the journey due to education levels at point of professional registration. It must be noted that, in addition to academic achievement, there will be processes by employers and/or regulatory bodies to ensure clinical competence at that level of practice.

## Educational Development of Enhanced, Advanced and Consultant Levels of Practice.

The development of enhanced, advanced and consultant clinical practitioner roles require significant educational support to enable provision of safe and high-quality care. Consistency is the key to confidence in the capability and competence of the resulting clinical practitioners. Enabling clinical practitioners to work collaboratively with their service leads, to identify individual educational needs and solutions to support their development.

Educational development of Enhanced, Advanced and Consultant levels of Practice. The development of enhanced, advanced and consultant clinical practitioner roles require significant educational support to enable provision of safe and high-quality care. Consistency is the key to confidence in the capability and competence of the resulting clinical practitioners. Enabling clinical practitioners to work collaboratively with their employers, to identify individual educational needs and solutions to support their development, is a crucial step.

The education developed must underpin and support the clinical nature of the roles developed through this framework. It is essential that education providers develop courses with learning outcomes that enable the practitioner to meet the population health needs within their service, progress in their career and build skills for ongoing improvement of the service through leadership, education and teaching, research, and strategic thinking. Local educational need will be identified and Trust education teams will work closely with HEIs to ensure local leads are met.

Without current regulation of roles and titles by Professional Statutory and Regulatory Bodies (PSRBs), other than for consultant clinical scientists on the Higher Specialist Scientist Register, role definition is key to preparing practitioners for their role, ensuring they are working at the intended level of practice and to safeguard service users. This will support organisations to consistently recruit to new posts/roles and undertake succession planning and allow clinical governance to be maintained. The definition of roles will support and provide clarity for employers, colleagues, and supports safeguarding service users, so that role titles are used appropriately and within the constraints of the role (HCPC 2021).

There are several frameworks that could be utilised in reference to enhanced, advanced and consultant practice, particularly in relation to professional development, roles and education (see Appendix 1,2&3). Many professions and Royal Colleges are developing their own competency frameworks e.g. The Royal College of Emergency Medicine (RCEM 2022) for Advanced Clinical Practitioners, Faculty of Intensive Care Medicine (FICM 2008) for Advanced Critical Care Practitioners (ACCPs), and Royal College of General Practitioners (RCGP 2015) for General Practice Advanced Nurse Practitioners, for example. These competencies and further guidance and support from organisations and Royal Colleges should be used alongside this framework, to support the education of practitioners and governance of roles (see Appendices 1,2&3).

## Establishing Academic Requirements and Level of Practice

To ensure that the levels at which the clinical practitioners function, and meet the academic level that is needed to be attributed to their expertise, the NHSE and CQFW frameworks are utilised within this framework.

- The NHSE and CQFW clearly defines the level at which learning is required.
- All academic expectation of learning is underpinned by the CQFW and NHSE enhanced, Advanced and Consultant level frameworks.
- Using the CQFW and NHSE's defined levels provides a robust underpinning framework to support learner development and enable the differentiation between the levels of academia and practice required at each stage of the practitioner's clinical career and academic achievement.

This framework establishes the principle that:

- Enhanced practice is supported by a minimum of level 6 education (recognising that many enhanced practitioners will have some level 7 education).
- Advanced practice is supported by level 7 education.
- Consultant practice is supported by level 7 education and extensive post graduate education. A level 8 qualification (PhD/Professional Doctorate) may support the role but is not a prerequisite for appointment.

## **Demonstrating Academic Achievement**

Achievement at the described education level may be demonstrated by academic award, credit, work-based learning or through mapping portfolio outcomes against the level. Agreement on this level must match any requirements of PSRBs, as regulatory requirements continue to develop.

The aim is to move towards the position where capability at enhanced, advanced and consultant clinical practice level can be demonstrated through a portfolio of learning and competence assessment. This portfolio of learning should evidence the key elements of the level of practice consistently, but also reflects the breadth of clinical and professional settings within which this can be demonstrated. This portfolio approach is in place through Academy of Healthcare Science for both advanced level practice (Scientist Training Programme Equivalence) and consultant practice (Higher Specialist Scientist Equivalence).

The Trust has developed an E-portfolio using NHS Scotland E-portfolio platform. This aims to support the practitioners to evidence their level of practice against a framework. More information about the Trusts E-Portfolios can be found by contacting the Trust Advancing Practice Lead.

## **Assessment in Practice**

A key element of the educational preparation of enhanced, advanced and consultant practitioners will be a formal assessment of achievement of the appropriate level skills, knowledge, competencies, and attributes of the different practitioners, both at a core level and specific to the context in which they practice.

Whilst there are formal assessments available for many healthcare scientists, for nursing, midwifery, Pharmacy and AHPs this process has, until recently, been taken forward at a local level within services; however, it is currently under review by the Nursing and Midwifery Council (NMC) in 2024 following the Health and Care Professionals Council (HCPC) Advanced Practice Final Independent Research Report in 2021

The mechanism by which service leads can be assured of the competence of all their enhanced, advanced and consultant level staff is crucial to enabling staff to work autonomously such staff to use their skills, knowledge, competencies, and attributes to maximum effect. It is also essential in supporting education commissioners and providers in planning, structuring, and delivering programmes.

Currently there are no clear universal standards for practice assessment across all professions, and some differences between PSRB guidance regarding assessors for specific qualifications (e.g. NMC and HCPC Independent prescribing). Employers and practitioners must ensure they are meeting the PSRB requirements for assessment and recording of qualifications.

Current practice assessment is undertaken via a variety of ways, with differing PSRBs issuing differing validity requirements. This may impact on standardisation of enhanced, advanced and consultant clinical practice assessment and the workload on assessors in practice, ultimately impacting service delivery.

A guiding principle is that the health professional assessing the practice components of the education must be sufficiently experienced in their roles. They must also be recognised as such by the organisation and the education provider. Enhanced, advanced, and consultant clinical practice

roles may cover a variety of activities previously undertaken by several different practitioners, this means there may need to have several occupationally experienced assessors.

A portfolio of evidence provides a structure for local governance processes for monitoring enhanced, advanced and consultant clinical practitioners, both in their initial education and in ongoing skills, knowledge, competences, and attributes, to ensure standardisation across employing organisations. This will include common portfolio templates on a digitalised platform, and standardisation of skills required for each level of practice, and how these skills will be maintained and assessed, and guidance for portfolio implementation and benchmarking, linked to PSRB requirements where relevant. This will increase the workload for educators and assessors in practice, which will need to be reflected in workforce plans and activity analysis.

The role of the experienced assessor will be crucial in supporting good governance confirming the skills, knowledge, competences, and attributes of the enhanced, advanced or consultant level clinical practitioner.

A workplace supervision framework developed by HEE : An integrated multi-professional approach for practitioner development (please see link below) could be used as guidance for workplace supervision:

[Workplace Supervision for Advanced Clinical Practice - Advanced Practice \(hee.nhs.uk\)](http://hee.nhs.uk)

## Competence Assessment

Traditionally education, assessment, and support of enhanced, advanced and consultant clinical practice has relied heavily on input from medicine. While this may still be appropriate in some instances, it is important to recognise the growth of skills and expertise among the advanced and consultant clinical practitioners and utilise them in teaching and assessing across all professions

As there however a limited number of assessors at advanced and consultant practice levels, therefore a system of peer review will be developed, particularly in relation to on-going assessment of competence, with clear mechanisms of governance. This, where appropriate, may be cross professions encouraging inter- professional learning and education.

## Enhanced Clinical Practice

### Defining Enhanced Practice

An enhanced level of clinical practice relates to a level of practice that is beyond initial professional registration with PSRB (where this is at a graduate level) and sits before advanced practice (Leary 2022). Following post registration consolidation, professionals will acquire competencies through education and/ or work-based learning and assessment at level 6 or 7 but do not meet a level of advanced practice across all four pillars of advanced practice (clinical, management and leadership, research and audit, and education) in the professional's role at this stage.

It is a level of practice that is recognised as being within the individuals' scope of practice at this post registration stage. This enhanced level of clinical practice complements the skills, knowledge, experience, and high standards of treatment and care delivered by professionals and practitioners within the multi-disciplinary teams, with service users and their families. Enhanced clinical practitioners will normally contribute to episodes of care within their individual sphere of (specialist) practice.

It is important to note that traditionally these roles may have been termed specialist or highly specialist; however, there is an acknowledgment that all professions and specialties have specialist knowledge and thus this term is not helpful in defining a level of practice.

### Recognising Enhanced Practitioners

Many practitioners will consolidate skills post registration and are likely to take on new clinical skills as well as becoming involved in workplace projects and volunteer for further courses and training. Through Performance Development Review (PDR) processes, practitioners can be guided and funded to undertake post registration qualifications. It is likely that in time these clinical practitioners will start to collect evidence aligned to the four pillars of advanced practice, but normally not at the same practice or educational level to be at an advanced practitioner level. Many will acquire the skills to be able to provide mentoring and supervision to new registrants, taking on new clinical skills and contributing to work-based projects. Through amended scopes of practice and/ or appointment to new posts they will work at an enhanced level.

Through developing enhanced level practice, service users will have access to skilled, knowledgeable practitioners to address health and social needs in a timely fashion, with these skills and knowledge being at a higher level than at the point of registration. It may also retain staff through engagement and progression

### Education

To demonstrate post registration education (BSc level or equivalent applicable to area of practice), this can be achieved through:

- Undertaking level 6 Education, Postgraduate diploma or level 7 (MSc) relevant to the area of clinical practice.
- Where mechanisms are in place and requirements of PSRBs allow, this may also be demonstrated through academic award, credit, work based learning or through mapping portfolio outcomes against the level"

For those wishing to work toward advanced practice, they may work towards either full MSc relevant to their area of practice. They will be expected to maintain a live portfolio of evidence aligned to the four pillars of practice to demonstrate level

HEE framework for enhanced level practice training and education can be access on this link:

[Enhanced practice | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/enhanced-practice)

## Supporting Enhanced Practice

A large component of enhanced practice will remain clinically focused. Opportunities to develop should be offered and supported according to service demands and through an appraisal process with time and money to support development within budgetary constraints.

Enhanced clinical practice level roles should be supported with scopes of practice and working patterns to allow for development and utilisation of skills. Appointment to posts with titles, roles and appropriate banding will allow the Trust to identify and celebrate this level of practice. For those in enhanced roles an annual PDR will be required to support development. Developing staff from being a new registrant through to enhanced clinical practice level should keep staff engaged and progression through a supportive structure may aid retention. Allowing staff opportunity and support in terms of time and funding should be encouraged, to allow for development and support of the Trust aims. Learning and development opportunities for role development can be found on the Trusts Carers framework page.

## Governance

To facilitate higher levels of working, enhanced clinical practitioners must be allowed to practice clinically and utilise skills. Divisional leads have identified clear lines of reporting and accountability. Divisional leads will ensure job descriptions and scopes of practice are well defined to allow this level of practice, thus protecting service users and the practitioners.

Enhanced clinical practitioners must develop and maintain a portfolio of evidence to demonstrate their achievements aligned it to the four pillars of practice. This evidence could be used when preparing to work at advanced level practice. Portfolio Guidance or support can be sourced from the Advancing Practice Lead, Learning and Development department and/or Divisional leads.

Enhanced Clinical Practice may lead to further development to advanced/consultant clinical practice level or may be the level of practice that individuals choose to practice at. The individuals who occupy enhanced clinical practice roles will typically have undertaken relevant post-registration education up to and including elements of level 7 study (but may not have completed a full level 7 MSc or equivalent for advanced practice and/or advanced level practice roles are not available).

## Demonstrating Competency

The primary method of assessment of competence at an enhanced level of practice will be through an annual professional development review. The practitioner will be encouraged to maintain a portfolio of evidence aligned to the four pillars of practice.

## Trust support for Enhanced Clinical Practitioners:

- Divisional Leads and Line managers identify practitioners with the potential to work at enhanced practice level.
- Divisional Leads and Line managers will support staff to develop their leadership skills, coaching opportunities, access to funding, and protected time to fulfil the requirements of the role. Please refer to the Trust careers opportunities page and learning and development pages.
- Funding opportunities to support development to level 7/ Masters level education
- Study time to attend relevant courses.
- CNO fellowship opportunities to consultant level practice through PHD opportunities.
- Continued Professional Development (CPD) to support the development of a live portfolio which will show case education and in on-going skills, knowledge, competencies, and attributes.



## Advanced Clinical Practice

### Defining Advanced Clinical Practice:

*“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 clinical competence.*

*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.”*

(Health Education England, 2017)

There is recognition that there are many practitioners who are advancing their practice but may not be working in a specifically clinical role (Advanced Clinical Practitioner). A core principle of this framework is recognising that advanced practice, whilst predominantly defined by a role, is also a term for a level of practice and individuals should be supported by relevant education and governance principles detailed in this framework when planning their development.

In these instances, roles may not exclusively be characterised by clinical practice, and there will be occasions where an individual may be working at an advanced level in other domains of practice, to which many of the principles in this framework will still apply. Importantly, all practitioners advancing in their roles should have developed their skills and theoretical knowledge to the same standards and should be empowered to make high-level decisions of similar complexity and responsibility.

All posts that are advancing their practice will contain some elements of practice, articulated as pillars of advanced practice, and in these instances the composition of individual roles will be determined locally through job planning.

### The 4 Pillars of Advanced Clinical Practice



Figures 3 and 4 indicate how time may be applied differently to the four pillars within individual roles, but reinforce that, for the advanced practice clinical roles relating to this framework, the clinical pillar

will always be the most prominent. It is also reminded that clinical practice here relates to all practice that contributes to patient pathways, including diagnostic testing.

Figure 3 shows an Advanced Practitioner with a standard job plan; advanced practitioners should have a minimum of 20% of their time dedicated to supporting education, leadership and research, the further 80% is clinical practice.

Figure 4 shows an Advanced Practitioner who is likely to be more experienced and has developed in the education, leadership and research pillars and thus spends less time in a clinical role.

Figure 3 Standard Advanced Practitioner

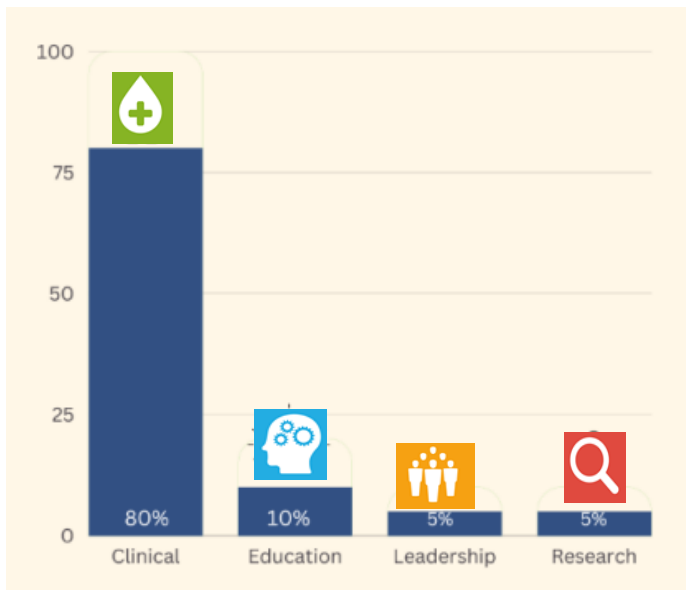
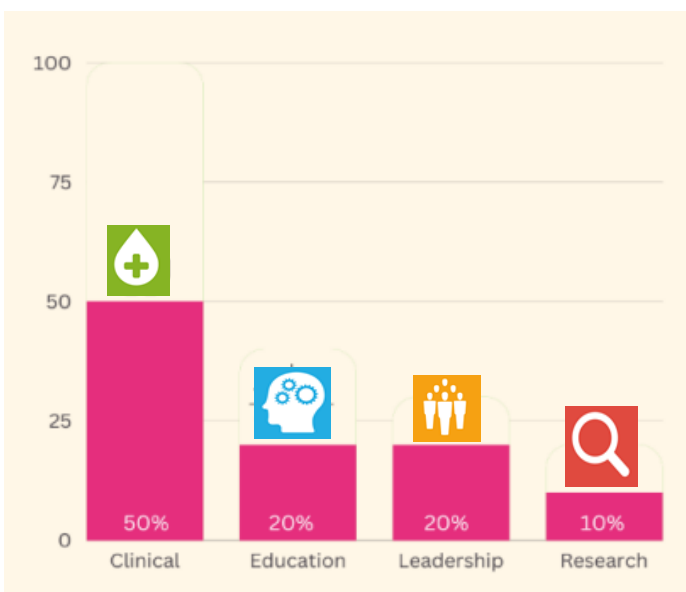


Figure 4 Developed Advanced Practitioner



It is important to recognise that practitioners will work across the four pillars but are likely to change focus and percentage time allocation to individual pillars over time. More experienced practitioners are likely to increase their time providing education to others or may have increasing roles in the leadership and management of others.

## Recognising Advanced Practice

Advanced clinical practitioners may develop from enhanced clinical practice roles. Ideally advanced practitioners will enter training roles for specific specialist advanced practitioner posts which may be supported by Royal Colleges, for example the Royal College of Emergency Medicine (RCEM) or Faculty of Intensive Care Medicine (FICM). Through level 7 education relevant in the clinical speciality and the development of portfolios to support the pillars of advanced practice, practitioners will develop towards an advanced level of practice.

The Trust will recognise all those employed at an advanced level of practice. This will be attained through ratification of Job descriptions, educational achievement and portfolio presentation to the Trust Advancing Practice Lead.

For enhanced practitioners wishing to consider an advanced practitioner role, please complete the readiness to become an advanced practitioner document and discuss with your line manager/Advancing practice lead.

Click on the link: [Readiness to become an advanced practitioner \(hee.nhs.uk\)](http://hee.nhs.uk)

## Education Requirements and How to become an Advanced Clinical Practitioner

Ideally practitioners will be recognised through a PDR process, workforce planning/succession planning and supported to enrol on an advanced clinical practice MSc programme. The practitioner will demonstrate Level 7 Education (MSc level or equivalent) and achievement through completion of an MSc in Advanced Clinical Practice in their area of practice and maintenance of a portfolio of evidence to support the four pillars of advanced practice.

The Trust recognises that practitioners' careers span decades and some may change their career journey many times during this time. It is therefore recognised that an equivalence route could apply to some practitioners.

HEE have launched digital badge programme as an equivalent route into Advanced Level Practice. Digital badges are designed to recognise the quality assurance of education, training, and experience a practitioner has who has not completed a MSc or has completed an MSc but this was before the multi-professional framework for advanced clinical practice 2017. In order to achieve a digital badge practitioners would have to successfully complete either a Centre for Advancing Practice [accredited programme](#) or the [ePortfolio \(supported\) Route](#) via HEE.

The Trust offers weekly in house education and research sessions, for further information please contact the Advancing Practice Lead

## Governance

To facilitate higher levels of working, advanced clinical practitioners must be allowed to practice clinically and utilise skills. The Trust, via the Divisional directors and working alongside the Advancing Practice Lead, have ensured clear lines of reporting and accountability. Job descriptions and scopes of practice must be defined to allow practice, and to protect service users and the practitioners.

Advanced clinical practitioners must maintain a portfolio of evidence to demonstrate their achievements. Portfolio Guidance can be sourced via the Advancing Practice Lead. The Divisional Leads alongside the Advancing Practice Lead will ensure that portfolios evidence the four pillars of practice through annual PDRs.

Advanced clinical practice may lead to further development to consultant level or may be the boundary/ threshold of the level of practice that individuals choose to practice at.

The primary method of assessment for Advanced Practice competence will be through maintenance of a portfolio to demonstrate activities in all four pillars of advanced practice. Logbooks or recording of cases and/or consultations could also be used to demonstrate activity and competence.

Overall Advanced Clinical Practice governance within the Trust is assessed using the Centre of Advanced Practice Governance Maturity Matrix:

[Governance Maturity Matrix - Governance of advanced practice - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/governance-maturity-matrix-governance-advanced-practice)

The annual copy of the Trust Maturity Matrix can be obtained via the Trust Lead for Advanced Practice.

## Trust Support for Advanced Clinical Practice

To facilitate higher levels of working, advanced clinical practitioners must be supported to practice at these levels.

- All Job Descriptions for advanced clinical practitioners should be standardised and signed off by the Advancing Practice Lead.
- A clear job plan should be developed and agreed between the practitioner and their Trust Line manager. The job plan should include time to facilitate work to support the 4 pillars of advanced practice to support the research, leadership and education requirements of the role (NHSE suggest an 80/20 split in time with 80% clinical and 20% non-clinical time.).
- Advanced clinical practitioners will work within a defined scope of practice that should grow through education and establishment of competence.
- Advanced clinical practitioners must develop and maintain a portfolio of evidence to demonstrate that they continue to maintain the pillars of practice at an advanced level.
- Processes of assessment of the advanced practice portfolio will be developed by the Advanced Practice Lead and Divisional Leads to ensure recognition and standardisation of those in advanced clinical practice roles.

- Forums to allow for sharing of expertise, networking, and to give a voice to advanced clinical practitioners are in place within the Trust, information about these can be sourced via the Advancing Practice Lead.
- Advanced practitioners are likely to seek new challenges. To reach this level of practice it is understood that a lot of time and money has been invested by practitioner and Trust. By continuing to support practitioner development and wellbeing, retention can be improved. To provide longevity to roles, career opportunities should be offered to develop specialist interests, for example, opportunities to deliver education within a Higher Education Institution setting.
- CNO fellowship opportunity to consultant level practice, for more information please discuss with the Advancing Practice Lead.

### **Approval Process for being an Advanced Practitioners**

This framework seeks not to limit the Divisions in the development of specific posts, but to provide a benchmark for this important level of practice. However, it is important to note that;

- All New Advanced Practitioner posts must be discussed with and proved by the Advancing Practice Lead.
- No posts below band 7 should be permitted to use 'Advanced Practice' in their title since the post would not meet the level of knowledge, training and experience to be able to undertake the role.
- There may be posts, in specific contexts, where the 'advanced practice' criteria apply but where particular additional responsibilities are also included in the job description and thus the role may be matched to a higher banding.
- Service needs analysis and the submission of a case for establishment of the new post.
- Ensuring early engagement with key stakeholders, including clinical teams at the inception of the role.
- Identification of the effective contribution of the role to ongoing service delivery/development and of robust evaluation of service impact to be delivered through the role

The Trust records all advanced and consultant titles on the ESR and the use of these titles are monitored by the Advancing Practice Lead. The Advancing Practice lead will ratify all clinical practitioners using the advanced title. This allows for data to be extracted to examine which professional and, geographical areas are developing and employing advanced and consultant practitioners. This also aids the Advancing Practice Lead in planning education, learning and development opportunities to support those advanced practitioners. Divisional leads must ensure clear lines of reporting and accountability and others in the team need to understand and support the role.

## Consultant Clinical Practice

### Defining Consultant Clinical Practice:

Consultant level Practice is underpinned by a comprehensive range of capabilities and integrated expertise across the four pillars of nursing: clinical practice, education, research and leadership. All four are underpinned by consultancy as the foundations of putting expertise in place across systems of health and social care to sustain quality.

All consultant level practitioners will demonstrate Level 8 doctoral level capabilities to act within highly abstract and complex contexts.

The concept of consultant level practitioners can be applied to the full range of registered healthcare professional careers and not particular roles or specific organisational contexts.

It is differentiated from other levels by:

- expertise, backed by the credibility gained through the consultant's own professional practice
- strategic and enabling leadership, embracing the key skillset for systems leadership and systems transformation
- experience of learning, developing and enhancing and improving processes and systems
- using and embedding research and innovation into the role

To support the Consultant Level of Practice HEE (2020) developed the Consultant-Level Practice Capability and impact framework:

[Consultant-level practice capability and impact framework - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/consultant-level-practice-capability-and-impact-framework-advanced-practice)

While the title has inevitable comparison with that of a medical consultant, it is important to recognise that consultant is a title used in many fields to represent a person who provides professional or expert advice in a particular field of science or business to either an organisation or individual. In this case, expert and professional opinion in an area of healthcare, from their unique experience, are usually formed over an extensive career.

The consultant practitioner is an expert in clinical practice, bringing innovation and influence to clinical leadership as well as strategic direction in a particular field for the benefit of service users. Consultant practitioners would not normally be undertaking day to day operational management of services. A consultant practitioner will exercise the highest degree of professional autonomy and decision making.

The consultant practitioner will play a pivotal role in the integration of research evidence into clinical practice. Exceptional skills and expert levels of clinical judgment, knowledge and experience will underpin their expertise and ability to promote delivery of the clinical governance agenda. They will do so by enhancing quality in all areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for service users and extending the parameters of their field of practice.

Consultant practitioners will work strategically across a range of models of service delivery and are expected to influence policy and decision making where the impact is on service user outcomes.

Whilst consultant practitioners are autonomous professionals, they must work within ethical, legal and professional frameworks and remain liable for their actions and omissions as registered practitioners. It is vital that the boundaries of responsibility, autonomy, authority and accountability of the post are clearly defined.

The expectation in advanced practice is that the practitioner is a fully realised expert in clinical practice, with potentially lower levels of expertise and practice in education, leadership, and research. Consultant roles, however, operate at high/expert levels across all these pillars and including the addition of strategy/strategic service development.

## Recognising Consultant Clinical Practitioners

Many consultant practitioners will come from advanced clinical practitioner roles, but not exclusively. Depending on the profession there may be different routes to consultant practice. An example of this may be seen in clinical psychologists who register with their professional statutory and regulatory bodies post level 8 doctorate degree, and throughout their studies will have taken a role in education, research and audit. With increased exposure to leadership and management, and with a contribution to the ICS and/ or national strategy, they will obtain a consultant post without ever using the advanced title, despite clearly working at this level of practice. Similarly, clinical scientists may enter the profession at an advanced practice level through the level 7 training programme and so may not use an advanced title as a title however clinical scientist is recognised to be at this level.

While the prime purpose of establishing a consultant clinical practitioner post is to improve healthcare outcomes, the posts will also provide career opportunities at a high level. This in turn will help retain experienced and expert practitioners in clinical practice, strengthen leadership within the professions, facilitate strong partnerships between education and service and encourage cross-boundary working.

Practitioners with potential to develop to consultant level should be identified, supported and developed. The Trust has recognised the need to develop consultant level practitioners and the Chief Nursing, Midwifery and AHP officer supports this by offering a fellowship into consultant level practice (more information can be sourced from the Advancing Practice Lead).

Consultant level practitioners may require mentoring from existing consultant practitioners (this could be within their speciality or profession but not necessarily) or senior members of the team such as executives or directors to build experience and knowledge in areas such as finance or planning to allow them to develop the strategy pillar.

## Education

Consultant clinical practice will be underpinned by level 7 education as per the requirements of advanced practice, as well as extensive post graduate education. A level 8 qualification may aid consultant practice where appropriate but is not a prerequisite for appointment, other than for first appointment of consultant clinical scientists

## Consultant Clinical Practitioner Job Plans

When planning roles, it must be considered that the primary function of expert advanced practice will be central to the role of the consultant practitioner and should involve an appropriate percentage of time focused on clinical care (including all direct practice relating to patient pathways). If the

consultant practitioner is to fulfil all of the other pillars, is unlikely that more than 50% of a job plan can be dedicated to the clinical pillar.

### **Principles for Establishing Consultant Practitioner Posts**

The prime purpose for establishing a consultant practitioner post should be to improve outcomes for service users and/or communities by enhancing services and quality of care. Posts may be established in any service or area of practice where it is clear that in doing so would contribute to the development of service/s in line with current health policies and strategies. All posts must have a requirement for professional registration e.g., NMC, HCPC, General optical Council (GOC), Academy for Health Care Science (AHCS).

### **Development of Posts**

It is for Divisional Leads with the guidance of the Advancing Practice Lead where these posts should be established. These posts need to be presented to the Chief Nursing, Midwifery and AHP officer for approval. Divisional Leads will develop detailed job descriptions and person specifications appropriate to the competencies required to fulfil the role and to meet service requirements. This means that, when reviewing or considering the development of consultant roles, Divisional Leads must consider:

- Service needs assessment, including local and national drivers.
- How anticipated impact can be articulated, including key deliverables and how they will be delivered.
- Evidence of support of key stakeholders.
- Sustainability.
- Robust governance and accountability arrangements.

### **Organisational Support for Consultant Practice**

In establishing a consultant practitioner post, account must be taken of the support infrastructure required. This will include funding and resources to ensure there is access to local, regional and national peer support networks and mentorship as well as continuing professional development (CPD). Consultants will need to be able to access professional advisory structures.

Divisional Leads will need to ensure that appropriate mentoring and supervisory structures are in place to support the levels of responsibility, autonomy and accountability appropriate to the grade of the post. Consideration should be given to strategic level coaching and networking for individuals.

Job plans must reflect the breadth of activity from the consultant post and these should be reviewed regularly in line with the Trusts organisation's policies. Job plans must include time for continued professional development (CPD) and supporting professional activities (SPA).

Consultant practitioners must have access to clinical supervision in order to develop. Supervisors should be agreed with the practitioner once appointed and a schedule of supervision agreed. The minimum frequency of supervision will be agreed but there must be a recognition that this is not prescriptive and either supervisor or supervisee can suggest an increase to this frequency when required.

Organisations should ensure opportunities at the strategic level, there may be a need for mentorship or use of cross professional working to develop practitioners in this area.



Opportunities to deliver tertiary education within a university setting should be offered and, where part of a joint appointment then signatures of support for the proposal/post from senior personnel within any collaborating organizations must be included.

## Governance

To facilitate higher levels of working, consultant practitioners must be allowed to practice clinically and utilise skills. Divisional Leads must ensure clear lines of reporting and accountability. Job descriptions and scopes of practice should be defined to allow practice, and to protect service users and the practitioners.

Consultant practitioners must maintain a portfolio of evidence to demonstrate their achievements. Portfolio guidance can be source from the Advancing Practice Lead. Annual PDRs by appropriate line manager will be required and formal review is recommended every three years.

## Demonstrating Competency

The primary method of assessment for Consultant Practice will be through a formal portfolio review process. The Trust has developed an E-Portfolio that ensures consultant practitioners can develop their portfolios across the four pillars of consultant practice. An annual review will highlight issues or ensure that the consultant practitioner is maintaining the four pillars of practice

## Planning for Evaluation

There is a wealth of information available on establishing advanced practice roles, and likely that information and advice can be shared from other areas of the United Kingdom, further help may be available from national forums, regulatory bodies and Royal College documents. The impact of such roles has also been previously evaluated, but we should still seek to evaluate these levels of practice. Establishing enhanced, advanced and consultant clinical practitioner roles is a major commitment for the Trust, both in terms of time and money. It is important therefore the Trust is clear about the purpose of these roles and careful planning should be undertaken to determine how the impact of the role will be measured.

- Failure to measure the impact of roles will result in the non-recognition of the benefits and improvements attributable to these Clinical Practitioner roles.
- Evaluation of roles should focus on outcomes related to safety, effectiveness, being service user centred, timely, efficiency, and being equitable.

Key questions to address are:

- What objective outcomes are expected from the enhanced, advanced and consultant clinical Practitioner roles?
- When will these outcomes be achieved?
- What are the enablers and barriers to enhanced, advanced and consultant clinical practitioner roles?
- What strategies are required to maximise role facilitators and minimise role barriers?
- What resources and support are required for role development?

## What to Measure

Once the need for the enhanced, advanced and consultant clinical practice roles has been established, clearly defined outcomes which reflect the Trust objectives need to be agreed by the practitioner and their Divisional lead. This should be undertaken in a collaborative, systematic way and utilise a robust evidence base for the specific role. The outcomes for individual roles will vary due to the specific contribution each practitioner makes.

## Arrangements for Data Collection

Information governance processes will need to be in place with data sharing arrangements. Practitioners and managers will need to agree which measures are to be used for evaluation of the role. Organisations need to understand what impact these posts are having and have a responsibility to facilitate monitoring and evaluation of service user care and service delivery.

## Referral Pathways – Non-medical Referrers

Enhanced, advanced and consultant clinical practitioners often practice in roles previously or still performed by doctors. Thus, it is essential for equity of service user care, that they have the same access to referral pathways or diagnostic testing as their medical colleagues.

There are very few legal restrictions on what activities registered clinical practitioners can undertake; where these do exist in highly regulated areas such as Radiology and Nuclear Medicine, practitioners are well aware of the requirements and work with regulatory bodies to comply appropriately in their advanced and consultant practice roles.

The Trust has policies and guidelines related to non-medical referrals via the

- Non-medical referrals – Imaging policy - (found via the Trust intranet page)
- Non-medical referrals – Pathology policy - (found via the Trust intranet page)
- Non-medical Authorisation of Blood components - (found via the Trust intranet page)

## Record Keeping

In accordance with the management of Agenda for Change (AfC) and as part of established processes, the following documents should be held by NHS organisations to provide an audit trail of local decision-making:

- Job description and rationale/business case for the post.
- Practitioner Job Plan
- Personal development plan/ values-based appraisals for the individual in the post.
- Scope of Practice for the post and/or individual.
- There will be a Trust record of those posts for which are using Enhanced, Advanced and Consultant Practitioner title.

## Key Recommendations

For Practitioners

- Maintain an up-to-date portfolio aligned to the pillars of practice.
- Engage with local and national forums.
- Ensure scopes of practice, job descriptions, and job plans are reviewed and up to date, to maximise your potential and support the organisation.

## Advancing Practice Lead:

- Ensure ESR data shows level of practice and professions as per latest guidance.
- Create forums for levels of practice within the organization.
- Ensure that systems within the organisation support enhanced, advanced and consultant roles.
- Support roles with infrastructure and utilise practitioners to support the Trust and ICS.

## Conclusion

Developing higher levels of practice is an enabler for meeting the population's healthcare needs and the development of the multiprofessional team, while improving recruitment, retention and workforce wellbeing through attractive rewarding career pathways. This framework reinforces previous documents from the four nations of the UK, Royal Colleges and Professional bodies and continues to provide clarity regarding the development, education, support, and governance of enhanced, advanced and consultant levels of practice. The implementation of recommendations will ensure a consistent approach is taken across Worcestershire Acute Hospitals NHS Trust, with appropriate education standards and governance are in place to support current and future developments of enhanced, advanced and consultant levels of practice.

APPENDIX 1. Many professional bodies offer credentialing or accreditation for registered professionals practicing at advanced and consultant level.

Body	Background	Hyperlink
Academy of Healthcare Science (AHCS)	Equivalence portfolio routes are available to advanced practice level clinical scientist registration with the HCPC, and for the consultant practice register (Higher Specialist Scientist Register) held by the Academy.	<a href="https://www.ahcs.ac.uk/equivalence/">https://www.ahcs.ac.uk/equivalence/</a>
Association of Clinical Scientists (ACS)	A Certificate of Attainment to enable advanced practice level clinical scientist registration is available via two routes, dependent upon the training completed. "Route 2" is the most commonly accessed, including a cross referenced portfolio of evidence, and (if approved) an interview.	<a href="https://assclinsci.org/applicants/my-route-to-registration/">https://assclinsci.org/applicants/my-route-to-registration/</a>
College of Paramedics (CoP)	To acknowledge paramedics who practice and work at consultancy level. Individuals can apply if they meet the specified entry criteria, which includes consultant level activity in all four pillars	<a href="https://collegeofparamedics.co.uk/COP/Professional_development/Consultant_Paramedic_Register/COP/ProfessionalID_development/Consultant_Paramedic_Register.aspx">https://collegeofparamedics.co.uk/COP/Professional_development/Consultant_Paramedic_Register/COP/ProfessionalID_development/Consultant_Paramedic_Register.aspx</a>
College of Radiographers (CoR)	Applicants must demonstrate that they practice in all four domains of higher-level practice at advanced practitioner level – 1. Expert clinical practice 2. Professional leadership and consultancy 3. Education, training and development 4. Practice and service development, research and evaluation	<a href="https://www.collegeofradiographers.ac.uk/education/accreditation/advanced-practitioner-accreditation">https://www.collegeofradiographers.ac.uk/education/accreditation/advanced-practitioner-accreditation</a>
The Royal College of Surgeons of Edinburgh. Faculty of Pre Hospital Care.	The Faculty of Pre Hospital Care offers appropriately experienced and qualified practitioners from paramedic, nursing and medical backgrounds to appear on the Faculty of Pre-Hospital Care Register of Consultant (Level 8) Practitioners in Pre-hospital Emergency Medicine (PHEM).	<a href="https://www.rcsed.ac.uk/Accreditation-Application-The-Faculty-of-Pre-Hospital-Care">Accreditation Application - The Faculty of Pre-Hospital Care (rcsed.ac.uk)</a>

Institute of Biomedical Scientists (IBMS)	Profession-specific qualifications are provided for Specialist Diplomas (enhanced level) and Higher, Expert and Advanced Qualifications (advanced level).	<a href="https://www.ibms.org/education/">https://www.ibms.org/education/</a>
Royal College of Nursing (RCN)	Assess the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence. To be eligible, nurses need to hold a relevant master's qualification, non-medical prescribing rights and an active NMC membership.	<a href="https://www.rcn.org/uk/development/development">Credentialing   Professional Development   Royal College of Nursing (rcn.org.uk)</a>
Royal College of Pathology (RCPath)	Biomedical scientists and clinical scientists in pathology disciplines may undertake the consultant level RCPath examinations. This is a requirement for those wishing to join the Higher Specialist Scientist Register in these disciplines	<a href="https://www.rcpath.org/trainees/examinations/examinations-by-specialty.html">https://www.rcpath.org/trainees/examinations/examinations-by-specialty.html</a>
Royal Pharmaceutical Society (RPS). While Pharmacy have opted out of this framework, this is included for information.	A Consultant Pharmacist credentialing process. Applicants must demonstrate consultant level practice in all five domains of the Consultant Pharmacist curriculum – <ol style="list-style-type: none"> <li>1. Person-centred care and collaboration</li> <li>2. Professional practice</li> <li>3. Leadership and management</li> <li>4. Education</li> <li>5. Research</li> </ol>	<a href="https://www.rpharms.com/consultant-pharmacist-credentialing">Consultant Pharmacist Credentialing   RPS (rpharms.com)</a>

## APPENDIX 2.

Professional bodies have developed profession-specific frameworks and guidelines related to enhanced, advanced and consultant level practice.

Body	Background	Hyperlink
Academy of Healthcare Science (AHCS)	Good Scientific Practice (GSP) sets out the professional standards on which safe and good working practice is founded for all those in the healthcare science workforce. The Higher Standards of Proficiency additionally provide a framework for the consultant level register for clinical scientists, held by the AHCS	<a href="https://www.ahcs.ac.uk/standards/">https://www.ahcs.ac.uk/standards/</a>
College of Paramedics	The Post Registration Paramedic Career Framework (4th ed.) outlines the career pathway for paramedics underpinned by the four pillars. They refer to three levels of practice - specialist, advanced and consultant.	<a href="https://collegeofparamedics.co.uk/COP/ProfessionalDevelopment/post_reg_career_framework.aspx">https://collegeofparamedics.co.uk/COP/ProfessionalDevelopment/post_reg_career_framework.aspx</a>
College of Radiographers (CoR)	The Education and Career Framework for the Radiography Workforce (2022) provides guidance for the education and career development of the radiography profession. They provide a definition of enhanced, advanced and consultant level roles.	<a href="https://www.sor.org/getmedia/b2f6bf07-668f-4155-950a-b9d96c48eae1/12604-CoR-ECF-Interactive-v9a">https://www.sor.org/getmedia/b2f6bf07-668f-4155-950a-b9d96c48eae1/12604-CoR-ECF-Interactive-v9a</a>
Health and Care Professions Council (HCPC)	The HCPC Advanced Practice Research Report (2021) highlighted the variation in the qualifications of HCPC registrants using the advanced practice title, with only 50% with a full master's degree or higher. Despite nearly 80% of registrants surveyed believing that advanced practitioners should be regulated, there is no conclusive evidence that regulation would improve patient safety.	<a href="https://www.hcpc-uk.org/globalassets/resources/policy/independent-research-report-advanced-practice-27th-january-2021.pdf?v=63748393714000000">https://www.hcpc-uk.org/globalassets/resources/policy/independent-research-report-advanced-practice-27th-january-2021.pdf?v=63748393714000000</a>
UK government (developed and	Modernising Scientific Careers (2010) describes a career	<a href="#">Modernising Scientific Careers: The UK Way</a>

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countersigned by the 4 nations)	framework for the healthcare science workforce.	<a href="https://www.gov.uk/government/publications/an-overview-of-modernising-scientific-careers">Forward — Publications (hee.nhs.uk)</a> and <a href="https://www.gov.uk/government/publications/an-overview-of-modernising-scientific-careers">https://www.gov.uk/government/publications/an-overview-of-modernising-scientific-careers</a>
Royal Pharmaceutical Society (RPS). (While Pharmacy have opted out of this framework, this is included for information).	The Advanced Pharmacy Framework (2013) provides guidance for pharmacists developing through different levels post qualification. Rather than enhanced, advanced and consultant level, the RPS use the terms advanced stage I, advanced stage II, and mastery	<a href="#">RPS Advanced Pharmacy Framework.pdf (rpharms.com)</a>

## APPENDIX 3

Some Royal Colleges and Faculties have developed their own competencies specific to their field.

Body	Background	Hyperlink
Faculty of Intensive Care Medicine (FICM)	FICM is the professional and statutory body for the specialty of intensive care medicine, and the professionals who work within the specialty. Currently, one HEI is accredited an Advanced Critical Care Practitioner programme in the UK	<a href="http://www.ficm.ac.uk">ACCP Training   The Faculty of Intensive Care Medicine (ficm.ac.uk)</a>
Royal College of Emergency Medicine (RCEM)	RCEM offer credentialing for Emergency Care Advanced Clinical Practitioners (EC-ACP) through assessment of a portfolio of evidence.	<a href="http://www.rcem.ac.uk">Emergency Medicine Advanced Clinical Practitioner   RCEM</a>



## Monitoring and compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
Levels of Practice	Ensure that staff at a level of practice (Enhanced, Advanced, Consultant) Have the correct skills and knowledge to be working at that level of practice.	Monitor attendance of training during PDRs Advancing Practice Lead to do spot checks Corporate Leads to monitor any skills incident trends via datix	4 times a year during NWAG and NMAB meetings	Trust Lead for Advancing Practice	Nursing, Midwifery, AHP and Pharmacy working group	Quarterly

**Supporting Document 1 – Equality Impact Assessment form**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

**Trust Policy**



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Daniel Hastie</b>
----------------------------------	----------------------

<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Daniel Hastie	Trust Lead for Advancing Practice	Danielhastie@nhs.net
<b>Date assessment completed</b>	19/08/2024		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Non-Medical Advancing Practice Framework for Enhanced, Advanced and Consultant Level Practice		
What is the aim, purpose and/or intended outcomes of this Activity?	Bring standardised approach to assessing non-medical advancing practice levels and the roles that fit within this.		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	x <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	x Review of an existing activity		

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	<input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	National Frameworks Workforce reviews Staff working groups – Advanced Practice oversight group
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Paper reviewed in Nursing, Midwifery and AHP working groups – NWAG, NMAB. Paper reviewed by senior leaders in TME
Summary of relevant findings	Multidisciplinary working groups have reviewed the document to ensure all equality concerns and impacts have been assessed.

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		√		
Disability		√		
Gender Reassignment		√		
Marriage & Civil Partnerships		√		
Pregnancy & Maternity		√		
Race including Traveling Communities		√		
Religion & Belief		√		
Sex		√		
Sexual Orientation		√		
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		√		
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		√		

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	When the document is reviewed.			

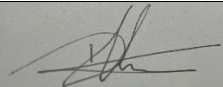
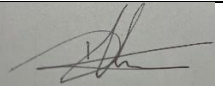
**Section 5 - Please read and agree to the following Equality Statement**

**1. Equality Statement**

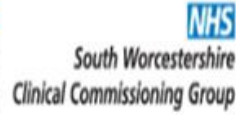
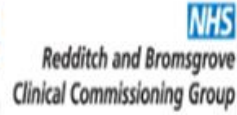
1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	19/08/2024
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	19/08/2024
<b>Comments:</b>	

# Trust Policy



**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval