**Developing Advanced Practice**

**Background**

The multi-professional framework defines advanced practice as below:

“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 competence.

Advance 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 peoples experience and improve outcomes”

At ELHT we employ advanced practitioners and Physician Associates in many areas, providing highly skilled decision making and care to patients. The education directorate wishes to support these groups as they develop their practice by providing a framework that will satisfy governance requirements.

**Process**

Once a learning need is identified (a skill or procedure) a form is submitted to the advanced practice faculty setting out who is to be taught and how. This will include detail of how both the theory (including consent, indications, contraindications and complications) and how the practice will be taught and assessed. If the same skill is being taught elsewhere in the trust we can share some of the previous lessons learnt from the process. If local or national guidance already exists, this can be used. It may be that on review local guidance may need to be updated. If no guidance is available a training package should be outlined.

A log book will be provided for the practitioner to record all training. This can be uploaded to the trust portfolio or an external portfolio, if used, along with a reflection.

Sign off will be by the supervisor and the practitioner themselves stating that they are competent to perform the procedure independently and that they have a good understanding both theory and practice. The numbers of observed procedures will vary from individual to individual.

It is the responsibility of the practitioner to maintain their competence.

**Advanced Practice Development Proposal**

|  |  |
| --- | --- |
| Name of proposer |  |
| Job title |  |
| Email |  |
| Contact number/ extension |  |
| Division |  |
| Directorate |  |

**Details of proposal**

|  |  |
| --- | --- |
| What procedure/ skill is being taught? |  |
| Which staff group(s) will be taught |  |
| What is the need? |  |
| How often is it envisaged that the skill will be used? |  |
| Are there any local or national guidelines? (please provide copy or link). If not, please provide the standards that are being taught/ teaching package |  |
| How will the theory (consent, indications, contraindications, complications etc.) be taught? |  |
| Who will be doing the teaching? |  |

**Assessment**

|  |  |
| --- | --- |
| How will the practical skill be assessed? |  |
| What is the minimum number of successful observed procedures required? The actual number may vary depending on the needs of the individual |  |
| How will the understanding of the theory be assessed? |  |

Please send a copy of this form to Dr Chris Clark, Head of Advanced Practice Development [Christine.clark3@elht.nhs.uk](mailto:Christine.clark3@elht.nhs.uk)

**Advanced Practice Training Log- front sheet**

|  |  |
| --- | --- |
| Name of practitioner |  |
| Job title |  |
| Supervisor |  |
| Procedure/ skill |  |
| How have you acquired the necessary knowledge of the theory required to perform this procedure/ skill safely? |  |
| What is the *minimum* number of observed practices required? The actual number may vary depending on the individual |  |

**Log**

Please use a separate assessment form for each supervised practice

**Sign off**

I confirm that I am satisfied that the practitioner named has acquired both the practical skills and the theoretical knowledge to perform this skill independently:

|  |  |
| --- | --- |
| Name of Supervisor |  |
| Signature |  |
| Date |  |

I confirm that I have self-assessed myself as competent in the theory and practice of the named skill/ procedure and I have provided a reflection:

|  |  |
| --- | --- |
| Name of Practitioner |  |
| Signature |  |
| Date |  |

This log should be retained in your portfolio with a supporting reflection.

**Advancing Practice Training Log Sheet**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Title of procedure |  |
| Date |  |
| Setting (ward/clinic etc) |  |
| Brief record of procedure | |
|  | |

**Feedback**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | Satisfactory | Needs further development |
| Preparation |  |  |  |
| Consent |  |  |  |
| Technique |  |  |  |
| Understanding of indications, contraindications, complications etc. |  |  |  |
| Comments from supervising professional | | | |
|  | | | |
| Agreed action | | | |
|  | | | |
| Reflection | | | |
|  | | | |

**Details of supervising professional:**

|  |  |
| --- | --- |
| **Name** |  |
| **GMC/NMC number** |  |
| **Job Title** |  |
| **Email** |  |
| **Signature** |  |
| **Date** |  |