**BNSSG Primary Care Advanced Practitioner (AP) Annual Review of Clinical Practice (ARCP) and Stay Conversation**

This document supports the governance requirements for BNSSG Primary Care Advanced Practitioners as identified within the Multi-Professional Framework for Advanced Clinical Practice (HEE 2017). The annual review is in place to ensure that the APs clinical abilities and full potential is being reached. **The Advanced Practitioner should complete as much of the document as possible prior to review and provide evidence to their supervisor 2 weeks prior to the meeting. The Advanced Practitioner should bring their portfolio of competence to the review.**

|  |  |
| --- | --- |
| **AP Name:**  | **Period covered by this review:** |
| **Name of educational supervisor:** | **Name of nominated/ AP Clinical lead:**  |
| **Practice:** | **PCN:** |
| **APs clinical area of practice**  |
| **Annual review development plan: (**has the ACP achieved and evidenced the objectives set out in their development plan identified in their last annual review) |
| **Review of the last year**  |
| **Achievements and challenges:** |
|  | **YES** | **NO** | **N/A** | **Comment** |
| **Portfolio** | Evidence of a continued live portfolio of evidence?  |  |  |  |  |
| **Appraisal** | Evidence of individual practice appraisal within previous 12 months including evidence of current professional registration. |  |  |  |  |
| **Significant incidents or complaints**  | Has the AP declared any complaints or involvement in significant events?Restrictions on practice? |  |  |  | **Have these been resolved?/further support required?** |
| **Compliments (patients and relatives)** | Has the AP received any compliments? |  |  |  |  |
| **Multi-Source feedback**  | Evidence of an MSF has been completed with 12 or more responses in this revalidation cycle (minimum of 3 years)  |  |  |  |  |
| **Job description and job plan review** | Discuss and amend if required. Consider pay review with renumeration according to any alterations. |  |  |  |  |
| **Fit notes** | Evidence of completion of eLFH module and any updates including reflection, audit and WBPA |  |  |  |  |
| **Statutory & Mandatory Training** | Evidence of being up to date and to link with the BNSSG skills passporting matrix |  |  |  |  |
| **Digital literacy and skills** | Evidence of training in relevant digital systems |  |  |  |  |
| **Personalised Care modules** | **Optional** but supportive of Population Health Management and personalised care. https://www.personalisedcareinstitute.org.uk/your-learning-options/ |  |  |  |  |
| **Clinical Pillar** |
|  | **YES** | **N/A** | **NO** | **COMMENTS** |
| **Work-based assessments**  | Has the AP provided a minimum of 8 work-based assessments and evidence of self -reflection based upon WBAs from the past 12 months  |  |  |  |  |
| **Review of procedural skills:** | DOPs (1 every year for each specialty specific procedure developed beyond generic) identified by consultant lead and accrediting body  |  |  |  |  |
| **Prescribing**  |
| **Review of non-medical prescribing agreement** | Is there an up-to-date AP prescribing agreement and scope of practice document in place? |  |  |  |  |
| **Evidence of ongoing CPD related to NMP**  | The AP is able to provide evidence of CPD hours which relate to the RCP NMP framework. |  |  |  |  |
| **Radiology & Pathology** |
| **Up to date IRMER certificate**  | AP shows evidence of completion & revalidation of the IRMER assessment (3 yearly cycles) |  |  |  |  |
| **Review of radiology requesting rights**  | Review the APs radiology requesting paperwork if appropriate  |  |  |  |  |
| **Access to pathology requesting** | Review of requesting rights (if required) and evidence of  |  |  |  |  |
| **Leadership and management** |
|  |  | **YES** | **N/A** | **NO** | **COMMENTS** |
| **Evidence of management and leadership activity**  | Has the AP undertaken any specific managemant/leadership activities e.g. rota, apprasials, policy, guidelines etc |  |  |  |  |
| **Evidence of CPD related to management and leadership activity and associated learning** | Has the AP developed any specific management or leadership skills during this period |  |  |  |  |
| **Involvement in investigating clinical incidents or complaints** | Has the AP been involved in investigating any clinical incidents or complaints  |  |  |  |  |
| **Research and innovation**  |
|  |  | **YES** | **N/A** | **NO** | **COMMENTS** |
| **QUIP and audit**  | Has the AP participated in audit/QUIP in this period  |  |  |  | Was the audit performed satisfactorily? Has the audit led to a change in practice? Has the audit cycle been completed?  |
| **Quality improvement/innovation activity**  | Has The AP been involved in any additional quality improvement innovation activity e.g. development of pathways, protocols etc.  |  |  |  |  |
| **Research activity**  | AP should provide evidence of any research activity this year e.g. publications, presentations, recruitment etc |  |  |  |  |
| **Evidence of CPD related to research and innovation and associated learning** | Has the AP undertaken any specific CPD related to research and innovation  |  |  |  |  |
| **Facilitating education**  |
|  |  | **YES** | **N/A** | **NO** | **COMMENTS** |
| **Facilitating education delivery**  | Has the AP facilitated, supported any education activity |  |  |  |  |
| **Feedback on education**  | Evidence that the AP has received feedback on the education they have facilitated  |  |  |  |  |
| **Evidence of CPD related to education and associated learning**  | Has the AP undertaken any specific CPD related to education |  |  |  |  |
| **Educational and development requirement needs for next 12 months** List the educational and development needs for the next 12 months for the AP across the pillars of AP |
| **Clinical practice:****Please use this space to record ideas for this year’s personal development plan:****Objectives:****How these will be achieved and evidenced:** |
| **Leadership and management:****Please use this space to record ideas for this year’s personal development plan:****Objectives:****How these will be achieved and evidenced:** |
| **Research and innovation:** **Please use this space to record ideas for this year’s personal development plan:****Objectives:****How these will be achieved and evidenced:** |
| **Facilitating education:** **Please use this space to record ideas for this year’s personal development plan:****Objectives:****How these will be achieved and evidenced:** |
| **Educational supervisors comments on this report:** |
| **AP’s comments on this report:** |

**Stay conversation**

Guidance Notes

Current research from the Devon ICS retention project has shown that there are four factors which help to retain staff. These are:

* Feeling valued and recognised
* Having a supportive manager
* Career and development opportunities
* Work life balance/flexible working opportunities.

A stay conversation provides an opportunity to explore these factors with your team on an individual basis and take any action you agree. It isn’t part of a staff appraisal but can contribute to it, if the individual wishes.

This template gives you a format to have that check in with members of your team on a regular basis. The questions are intended as a guide to get the conversation going.

The conversation is informal and uses a coaching approach; asking great questions, really listening to the responses and exploring together how you take forward any steps that come out of the discussions you have. The main questions are in white font on blue at the start of each section and the questions underneath are designed as prompts, should you need them.

The setting needs to be relaxed and informal, so a venue away from the workplace is important, where you can talk and listen freely and without interruption.

The conversation is confidential, in line with the principles of a coaching conversation. There is no formal record kept. What is important is the quality and outcome of the conversation itself.

We recommend that you have this stay conversation with each of your team at least every six months and more frequently if you feel it’s important. There is no set amount of time the conversation should last. It could be 15 or 50 minutes and it will depend entirely on how much you have to talk about

|  |
| --- |
| **Section 1: Before starting work each day, what things do you look forward to?** |
| **Response:** |
| **Probe Questions** | **Response** |
| What do you like most about working here? |  |
| What parts/things do you find challenging? |  |
| What do you like least about working here? |  |

|  |
| --- |
| **Section 2: What are you learning here (in your role)?** |
| **Response:** |
| **Probe Questions** | **Response** |
| Is there anything else you’d like to be learning here but are not? |  |
| How do you learn best? By doing? By observing? By attending training? |  |
| Do you feel like you can advance your career here if you want to? |  |

|  |
| --- |
| **Section 3: Why do you stay here?** |
| **Response:** |
| **Probe Questions** | **Response** |
| Is that the only reason? **Or** Are those all of your reasons? |  |
| How much does the type of work you do impact your decision to stay? |  |
| How much do you stay because you like working with our Patients? **O**r your Team? |  |
| What do you like least about working here? |  |

|  |
| --- |
| **Section 4: Have you thought about leaving? What prompted it?** |
| **Response:** |
| **Probe Questions** | **Response** |
| Does this issue/matter still concern you? |  |
| On a scale from 1 - 10 with 10 being “I’m staying for the foreseeable future” and 1 being, “I’m leaving ASAP,” how would you rate your intention to leave? |  |
| What’s the single most meaningful **action** I could take to address this issue?  |  |
| How could I help you make changes in your role that would improve your experience of it? |  |

|  |
| --- |
| **Section 5: What can I do to make your experience at work better for you?** |
| **Response:** |
| **Probe Questions** | **Response** |
| What should I do more of? Less of? What do I do that frustrates you? | More:Less:Frustrations: |
| Is there anything that strikes you as particularly unfair or unreasonable? |  |
| Do you feel like your concerns are listened to when you have them? |  |
| Is there anything outside work which is having an impact for you?  |  |

**Educational supervisor name (print) and signature:**

**AP name (print) and signature:**

**Date:**