**FIRST CONTACT/ENHANCED/ADVANCED PRACTITIONER**

**JOB PLANNING GUIDANCE**

**Guidance for Practitioners and line managers**

**Introduction**

This guidance has been produced to assist senior/specialist and advanced practitioners in the development of job planning in Bristol, North Somerset & South Gloucestershire and is adapted from the West of Scotland Advanced Practice Group (2018).

Job planning provides the opportunity for practitioners and managers to negotiate a prospective agreement that sets out the practitioner’s duties and responsibilities for the coming year. Job planning has been introduced to help ensure that practitioners are in a position to maintain their expertise and to deliver high quality patient care.

**What’s the purpose of job planning?**

The job planning process is an opportunity to look at current working practices and to consider alternatives to deliver high quality services. In most cases, the job plan will build upon the practitioners existing commitments.

It is also an opportunity to think about the way the practitioner works and how the service is organised and can be improved.

The process enables the line manager and staff member to:-

* Identify what has affected the Job plan
* Agree what changes to duties may be needed
* Agree a plan for achieving service objectives
* Review personal development needs

The job planning process can sit alongside the Knowledge and Skills Framework (KSF) development review process, and may be undertaken at the same time. Advanced Practitioners should take cognisance of the guidance from national educational frameworks including the [Health Education England Multi-professional Framework for Advanced Practice (2017).](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf)

A KSF post outline describes the knowledge and skills which are required to be applied within a post and forms the basis for a development review so that a Personal Development Plan (PDP) can be jointly agreed between the individual member of staff and the ‘reviewer’ (usually the line manager). The development review’s main purpose is to look at the way in which an individual member of staff is developing in relation to the duties and responsibilities of their post and the application of knowledge and skills within the post. The job planning process looks at the work practitioners propose to do on a daily basis so that they can meet their agreed duties, responsibilities and objectives for the coming year. Job plans are flexible and adaptable and therefore should not be viewed as restrictive. Where significant personal or service requirements necessitate, the agreed job plan should be reviewed. For example, if a practitioner were to change their hours, undertake a new course, or if a new service or targets were introduced.

NHS England have produced a Allied Health Professionals job planning: a best practice guide that can be referred too for guidance and can be found here: <https://www.england.nhs.uk/ahp/allied-health-professionals-job-planning-a-best-practice-guide/>

**Who should complete a job plan?**

Any First Contact, Enhanced or Advanced Practitioner should complete a job plan. There may be exceptional reasons why a job plan may not be required, for example if a practitioner is on secondment and not practising in their normal role. Exceptions should be agreed between the practitioner’s line manager.

Probably the most efficient way to complete a job plan is for the practitioner to populate the template (see Appendix 1) and then negotiate the detail with their line manger. The agreed job plan will be kept in the practitioner’s personal file and a copy should be kept by the practitioner. The line manager can request to view a practitioner’s job plan as required.

**When should the job plan be completed?**

The job plan should be reviewed on an annual basis but may be reviewed more frequently if there are exceptional changes to either the practitioners circumstances or the service’s needs. The practitioner or the line manager can initiate a job plan review. Job planning may be undertaken at the same time as the KSF development review and has strong links with this process.

Practitioners who are new into post should discuss their job plan with their line manager on starting a new post. A tentative job plan could be included with the recruitment paperwork to give prospective applicants an idea of what the job may entail on a day-to-day basis. New job plans should be reviewed at six-months (or before) possibly at the same time as a KSF foundation interim review. Line managers may wish to consider agreeing a ‘foundation’ or ‘training’ job plan for the initial period of a new job. This may include agreed study time and/or placements.

**How should I complete my job plan?**

There is no absolute right way or wrong way to complete a job plan, however there should be sufficient detail within the plan so that the practitioner and line manager can agree that the practitioner’s duties, responsibilities and objectives are clear, and can be met within the coming year. A blank template can be found in Appendix 1.

Job plans should be based on sessions which are approximately 4 hours long (and include breaks)[[1]](#footnote-1),[[2]](#footnote-2). A full-time practitioner will therefore have 10 sessions in a weekly period. Sessions can be divided into half sessions if this is appropriate. Part-timer practitioners may have one or more partial sessions.

Sessions should be identified as:

**Clinical** sessions

**S**upporting **P**rofessional **A**ctivity (**SPA**) sessions or

**Integrated** Clinical and SPA session.

If your senior/advanced practice role is a clinical role you should aim to ensure that an appropriate proportion[[3]](#footnote-3) of your working week relates to clinical activity.

**What if I am an Advanced Practice Trainee?**

If you are a trainee Advanced Practitioner then you need to follow the guidance given by your Higher Educational Institute (HEI) provider and the South West Advanced practice handbook found here: [Advanced Practice - Website Content - NHS England SW Advanced Practice Faculty Handbook 2024-25 - Final - December 2023.pdf - All Documents (sharepoint.com)](https://healtheducationengland.sharepoint.com/sites/APWC/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FAPWC%2FShared%20Documents%2FRegional%20Faculties%2FSouth%20West%2FSW%20Faculty%20Handbook%2FNHS%20England%20SW%20Advanced%20Practice%20Faculty%20Handbook%202024%2D25%20%2D%20Final%20%2D%20December%202023%2Epdf&parent=%2Fsites%2FAPWC%2FShared%20Documents%2FRegional%20Faculties%2FSouth%20West%2FSW%20Faculty%20Handbook&p=true&ga=1)

**What does ‘off the job training’ mean for apprentices and can you give me some examples to add to the job plan?**

You can find a range of resource and guidance specifically for primary care on [HASO](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhaso.skillsforhealth.org.uk%2Fprimary-and-social-care-apprenticeships%2F&data=05%7C01%7Ckerri.magnus2%40nhs.net%7C3c8eba9054fa416ecd3908db164266dd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638128246906706340%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=joF9bNAAvNWe0vaUo1j6fLz7ef%2FobJI4Ul%2BprnaLHKw%3D&reserved=0) **–** The best place to navigate apprenticeships and technical education in the health sector.

Main site - [https://haso.skillsforhealth.org.uk/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhaso.skillsforhealth.org.uk%2F&data=05%7C01%7Ckerri.magnus2%40nhs.net%7Cd69b33e4b1a24691b0f508db0dd75fe2%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638118990960649663%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2BTzuP6UvR%2BBvORZYEjotiFflutJP525wxvs3ykUVJ5s%3D&reserved=0)

Focused for Primary Care - [https://haso.skillsforhealth.org.uk/wp-content/uploads/2020/07/2020.07.08-Apprenticeships-in-Primary-Care-v3.pdf](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhaso.skillsforhealth.org.uk%2Fwp-content%2Fuploads%2F2020%2F07%2F2020.07.08-Apprenticeships-in-Primary-Care-v3.pdf&data=05%7C01%7Ckerri.magnus2%40nhs.net%7Cd69b33e4b1a24691b0f508db0dd75fe2%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638118990960649663%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=jVD6Cc8mfrWLD7JhDmyjrJG6FFcaQqnPaOLCGPg2F%2BI%3D&reserved=0)

Off the Job Training - [https://haso.skillsforhealth.org.uk/news/haso-printables-20-off-the-job-training/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhaso.skillsforhealth.org.uk%2Fnews%2Fhaso-printables-20-off-the-job-training%2F&data=05%7C01%7Ckerri.magnus2%40nhs.net%7C3c8eba9054fa416ecd3908db164266dd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638128246906706340%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=o2FV3Pmq24hIdZyEC%2FGz0eZrdP04fN4hbDOziz6bJbc%3D&reserved=0)

**COMMONLY ASKED QUESTIONS**

**What are clinical sessions?**

Clinical sessions are any session where a practitioner has a direct or indirect impact on patient care.

**Direct clinical sessions** (are where you deliver care yourself)and might include[[4]](#footnote-4):

* Profession led clinics
* Profession led care
* Group work with patients
* Health education sessions
* Multidisciplinary clinics
* Care home rounds
* Telephone consultations with patients or carers
* One-to-one patient care
* Clinical supervision

**Indirect clinical sessions** (are where you deliver care through others) and might include6:

* Advising other members of the multidisciplinary care on specific care matters (this may be face-to-face, via telephone, email or letter).
* Writing guidelines or protocols
* Clinical management (managing staff on the shop floor to care for patients)
* Handling patient complaints
* Clinical supervision at a distance (e.g. available for advice)
* Multidisciplinary meetings

**What are Supporting Professional Activity sessions?**

Supporting professional Activities the other activities which are central to the role of a senior/specialist or advanced practitioner and include leadership, education and research.

Supporting Professional Activities might include6:

* Continuing Professional Development
* Off-duty rostering
* Teaching (inc. in-house or university)
* Audit
* Research
* Job planning
* Contributions to service management and planning
* Clinical governance activities
* And any other supporting professional activity

The final decision about what constitutes a clinical or SPA activity will be decided by your line manager[[5]](#footnote-5).

**What are integrated clinical and SPA sessions?**

It is recognised that in many senior/advanced nursing roles practitioners it is not always possible to separate clinical and SPA activities into discreet sessions, and that practitioners have to balance clinical and SPA activities during the same session. This is often done during quieter sessions where the practitioner may opportunistically undertake SPA activities when clinical activity is quiet.

Practitioners should indicate on their job plan the relative proportion of clinical to SPA time within an integrated session, although it is recognised that this may be difficult. This should be done in consultation with your line manager.

**What is meant by location?**

On the job plan template it asks for location. Location relates to the area where the clinical or SPA activity is undertaken and may include:

* A specific ward
* A specific clinic or department or treatment room
* A patient’s home
* A specific office
* A meeting room
* An NHS library
* A university

**How can I estimate the number of patients I might deal with?**

Where it is appropriate the approximate number of patients you might expect to deal with during a clinical session should be indicated. It is recognised that for some practitioners this will be relatively easy to estimate and for others it will be very difficult.

Where patients are seen in a profession led clinic, efforts should be made to ensure this information is captured locally to evaluate effectiveness. Figures from previous clinics can be used to help calculate estimates for the coming year.

It is reasonable to give a range of patients that may be dealt with during a session. If the type of contact varies during a session it would be helpful to document this. For example if 4-6 new patients are seen face-to-face in a clinic, plus 8-10 return patients and a further 2-4 patients are contacted by telephone during a clinical session then this information can be put in the job plan.

Practitioners should take care when estimating patient numbers that average numbers approximately equate to the numbers of patients seen over a one year period.

Some practitioners have found it useful to print out their EMIS clinic templates (minus sensitive details) to support this job plan and map their skills to national education frameworks for example; [ACP Primary Care Nurse Fwk 2020.pdf (hee.nhs.uk)](https://www.hee.nhs.uk/sites/default/files/documents/ACP%20Primary%20Care%20Nurse%20Fwk%202020.pdf).

The individual can identify their scope of practice within their job plan.

**What are additional activities?**

It is recognised that many senior/advanced practitioners will undertake additional activities on a regular basis, but not on a weekly basis. The type of activity, location and frequency should be listed under additional activities. It should be indicated on the job plan whether the activity is clinical or SPA, Types of additional activity commonly undertaken include:

* Senior Professional meetings (SPA)
* Teaching at university (SPA)
* Revising protocols (Clinical)
* Examining students (SPA)
* Managed Clinical Network meetings (SPA)
* Case conferences (Clinical)

For each of these additional activities it should be indicated which of the sessions this activity would replace.

Internal additional activities are activities undertaken for or on behalf of the NHS organisation you are employed by.

External additional activities are activities undertaken for or on behalf of other organisations e.g. Other NHS organisations, professional associations or colleges, universities etc.

**What examples are there that reflect the four pillars; Clinical, Leadership, Education & Research?**

Below are some examples individuals have used to demonstrate the four pillars of Advanced Practice in a Job Plan that reflected the Multi-professional Framework for Advanced Clinical Practice (England) 2017.

**Clinical:**

Will depend on the employed role and scope of practice\* but the individual could focus on one area of clinical need within the practice and become an ‘expert’ within that area.

For example:

* Urgent care ‘on the day’ management
* Chronic Disease Management
* Frailty
* Children & Young People
* Asthma & COPD (Respiratory Management)
* Sexual Health
* Cardiovascular Disease
* Renal Disease
* Menopause/Womens Health
* Mental Health
* Learning Disabilities
* Dermatology
* ENT
* MSK
* Complex polypharmacy reviews

\*For individuals employed as an Advanced Practitioner under ARRS their job plan MUST include an element or urgent cases. See PCN DES Contract for further information

**Leadership:**

* Feedback locked box/ Greatix – to try and boost moral so any clinician can give anonymised feedback, which the ACP feeds back to the GP’s/partners in practice
* Coaching & mentoring
* Scope the workforce to identify education and development need and link with opportunities
* Mentoring – MDT, (GP, paramedic, nurses, and operational support)
* Communication – whole organisation – newsletters, staff awards, meetings, training, critical incidents, complaints.
* Leading new practice – medications/clinical pathways
* Promoting Link roles & supporting staff to achieve these
* Raising awareness of AP role in General Practice
* Providing structured clinical supervision as per role requirements
* Feed into clinical pathways via REMEDY ie adapted pathway for LD population
* Support of Pharmacy hubs
* Meds optimisation within the ICB team
* Promote the role of leaders as managers and providers of innovation & talent management
* Represent the different professions at practice board meetings
* Implement and embed the governance matrix
* Support significant event analysis– stimulate change, could be AP led.
* Team leadership: pastoral support, coaching, governance, clinical updates, pain review service
* Trainee leadership pathways
* Provide preceptorship
* Support practice induction
* Peer reviews
* Lead roles: child protection, dementia, MDT, Frailty, nursing homes
* Non-clinical support – lead for reception team triage
* Develop role within team
* Develop feedback form for patients
* Digital leadership
* Website updating
* Develop SOPs
* Manging alerts
* Allocating tasks
* Overseeing drugs at high risk
* Care home and frailty polypharmacy
* Receiving and acting on feedback

**Education:**

* Dementia lead – disseminate some training to the practice – dementia friends and dementia friendly practice
* Critical appraise staff – 1:1 fortnightly/monthly
* Delivering Clinical forums – monthly – trying to get more ACP’s doing this not just GP’s
* Role models – with wider team, paramedics, PA’s
* Communicating with GP’s about practice development/new members
* Educate practice on need for post-discharge stroke patient support role as ACP
* Nurse meeting within practice to set up nurse forum
* Attending and facilitating IRMER training
* Nurse Associates Support
* New staff support
* Upskilling -non-clinical and clinical staff
* CHD – role modelling, what is the team responsibilities
* PCN led learning/forum
* Schools & Colleges engagement
* UWE update courses
* MSC advanced practice course/apprenticeship/eportfoilio
* FCP roadmap supervisor
* Designated Prescribing Practitioner/Supervisor
* Portfolio ACP
* Supporting nursing home staff/residents/ward rounds
* Teaching at GP/clinical meeting
* Supervising GP trainees
* Self-development – linking with research manager and utilising NHS Knowledge & Library services and Open Athens.
* Educate colleagues with something, eg fever, scarlet fever
* Coaching with complaints, incidents – reflective practice
* ‘Drug of the week’ training for medical students
* Mentor for hypertension clinics
* Supervision of Pharmacy technicians
* Chronic disease management and targeting secondary prevention with patients
* Early interventions with patients
* MPharm students
* Non clinical staff teaching and support

**Research**

* Audit – safeguarding – sharing cases
* Audit – meds management, prescribing, what am I prescribing, may be specific topic/drug
* Clinical audits
* Research into deprivation and steroid use and implemented Feno testing
* Developing our own research but not practice driven, linked with RSV vaccine research
* Lead partner: research specialist interest, other ideas eg chronic cough
* Cased based research/learning
* Clinical governance meeting: journals
* Audit – urine samples – benchmarking
* Audit – radiology requests: self-assess retrospective data
* 6/52 check: phone calls
* Audit – review pt process /feedback – good outcomes
* Relationship building through PCN
* PCN forum meetings
* Audits – antibiotics, use of chloramphenicol – looked at research and underpinning knowledge to change practice
* Remedy pathways – links to latest guidelines
* Prescribing audit – quarterly
* Sharing knowledge at clinical meetings
* Submitting research proposal – link with ICB research team
* Recruit patients to trial
* Dissertation proposal – supporting nurses in primary care
* Evaluation of PCN population based care
* PQS Audits
* CQC audits
* LES Audits
* Daily evidence based practice - Selecting medications based on local formulary
* Significant events
* Introducing new protocols into practice
* Attending South West Pharmacy Research Network
* Linking with BNSSG research team <https://bnssg.icb.nhs.uk/get-involved/research/>
* Attending courses or further educational training

APPENDIX 1

**NHS xxxxx**

**FIRST CONTACT, ENHANCED AND ADVANCED PRACTITIONER**

**JOB PLAN TEMPLATE**

**Name:**

**Employed Role:**

**Principal Place of work:**

**PCN/Practice Manager:**

**Educational Supervisor:**

**Scope of Practice:**

**Timetable of activities which have a specific location and time (e.g. 8am – 8pm Monday-Friday)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session** | **Day and time** | **Location** | **Type of work (Clinical, SPA or Integrated)** | **Additional Detail** | **Estimated no. of patients reviewed (if appropriate)** |
| 1 | Monday  Morning session  (times) |  |  |  |  |
| 2 | Monday  Afternoon session  (times) |  |  |  |  |
| 3 | Tuesday  Morning session  (times) |  |  |  |  |
| 4 | Tuesday  Afternoon session  (times) |  |  |  |  |
| 5 | Wednesday  Morning session  (times) |  |  |  |  |
| 6 | Wednesday  Afternoon session  (times) |  |  |  |  |
| 7 | Thursday  Morning session  (times) |  |  |  |  |
| 8 | Thursday  Afternoon session  (times) |  |  |  |  |
| 9 | Friday  Morning session  (times) |  |  |  |  |
| 10 | Friday  Afternoon session  (times) |  |  |  |  |

1. **Additional Activities (internal)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Type of work (Clinical, SPA or Integrated)** | **Additional Detail** | **Frequency** | **Session usually undertaken in** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Additional Activities (External**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Type of work (Clinical, SPA or Integrated)** | **Additional Detail** | **Frequency** | **Session usually undertaken in** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This job plan will be subject to review at least annually or more often if the re-design of services or changes to staffing resources, working practices or where the practitioner’s circumstances require it.

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| **Employee** |  |  |  |
| **Practice/PCN Manager** |  |  |  |
| **Educational Supervisor** |  |  |  |

1. For the occasional post this session based format may not be appropriate. In these circumstances the practitioner should negotiate an alternative format with their line manager. [↑](#footnote-ref-1)
2. It is recognised that under Agenda for Change terms and conditions that a full-time working week is 37.5hrs. [↑](#footnote-ref-2)
3. The appropriate proportion will be the decision of the local service [↑](#footnote-ref-3)
4. The activities listed are examples and are not a exhaustive list [↑](#footnote-ref-4)
5. Local guidance may be available [↑](#footnote-ref-5)