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| The advanced clinical practitioner and First Contact Practitioner is a registered professional meeting practice demands within the scope of their own professional registration and adding value to the clinical pathway; not as a substitute for another profession. There is no single underpinning, pre-registration professional training for practitioners developing to an advanced clinical practice level. The scope of practice for different registered professions varies. The provision and delivery of high-quality workplace supervision for practitioners developing in advanced clinical practice is crucial for both professional and patient safety. It requires an integrated approach in which the developing advanced clinical practitioner (sometimes referred to as a trainee), is supported by multi-professional (HEE Workforce Supervision, Harding 2020) <https://www.hee.nhs.uk/our-work/advanced-practice/reports-publications/workplace-supervision-advanced-clinical-practice>This publication aligns with FCP roadmaps in Primary Care.  |
| **The Ask** | **What are the stages of the roadmap** | **What funding is available** | **What is the benefit to our practice?** | **What does clinical supervision look like** | **What BNSSG TH can do for you** |
| **New roles in Primary Care**<https://www.e-lfh.org.uk/programmes/new-roles-in-primary-care/>ARRS funding will cover salary only.AHPs need to go through stages 1&2 of the roadmap; even existing staff. | **Stage 1**Either portfolio (with supervisor sign off) and e-learning or HEE accredited module and e-learning.Time: Approx 4 months.**Stage 2**Portfolio and WBPA (with supervisor sign off)Time: Approx 4 months**Stage 3**Portfolio sign offACP supervisor verification.Panel verification. | No funding for the modules as yet but potential from HEE in 2021/22 if we can identify who needs the module. The ARRS refunds to the midpoint of band 7.You will not be paid to fund the supervisor to supervise staff or backfill.ARRS funding will be drawn down once Stage 1 has been achieved.MSc ACP Apprenticeship Levy is availablePCN development funds could be utilisedHEE funding when available and meets criteriaNurse NOT include in ARRS funding for ACP | 1 year to do this.HEE aspiration and CQC will be asking questions around supervision of staff in 2022. Health and Care Professions Council (HCPC) and NMC will ask for evidence of supervision.Standardisation of assessment material for all clinical staff in Primary CareThe more FCPs you can get through the stages, they can become supervisors (after they attend the HEE training) and free up the GP time.Practice based learning experience and can tailor FCP/ACP to meet practice demandsImproving competence and capabilityTo support the breadth of development, an integrated approach to care and shared understanding of scope of practice is advocated.Support contractual requirements | Daily clinical supervision6 weekly meetingsWorkplace based assessmentsRegular Feedback – facilitate peer reviewRobust induction including shadowed sessionsDebrief after each patient (will reduce when shown capability)Case based discussion (min 1 per month)Identify learning needs and keep a record of evidence for their portfolio.Reflective log (Min 1 per week)Variety of consultation mediums (phone/video/Face 2 Face and minimum 1 per month)1 round of Multisource feedbackPatient satisfaction questionnairesSignificant event analysisParticipation in Quality Improvement exercise and auditsSign verification checklistsReview and make own rating of the FCP with the presenting evidenceFCP focuses on clinical pillar and ACP requires covering all four pillars of Advanced PracticeAdvanced Nurse Practitioners can follow this model. | 1:1 individual learning plan sessions with staff to discuss pathways and portfolioPortfolio support sessionsThe ACP forum meetingsFCP supervisor training (2 day course)Resources to support development of FCP/ACPProfession specific ambassadors to act as central point of support and peer group support.Help navigate the variation of supervision arrangementsHelp to support the clinical, research, leadership and management or education pillar of Advanced Practice.Supervisor development and support.Promoting quality, not quantity of supervision and on a regular basis to ensure professional and patient safety.Share exemplars within BNSSGEncourage small scale improvement projects and auditsCreate a local policy for ACP development in Primary CareKeep pool of named supervisors in BNSSG Collaborate with HEI providers to source appropriate modules and CPDRaise awareness of responsibilitiesProvide a port for feedbackRaising awareness of and linking development opportunities. Support the audit process of Clinical Supervisors |

What we suggest you do now…

* Encourage GPES to complete the ‘bolt on’ online module through the Deanery (release date TBC)
* Ask your FCP/ACP to arrange a 1:1 Personalised Learning Support Session with Kerri Magnus - kerri.magnus2@nhs.net
* Agree a ratio of trained supervisors to clinical staff in your PCN and identify staff who meet the supervisor criteria and put forwards for the BNSSG Training Hub training in March