



Advanced Practice Policy

This policy must be read in conjunction with: Fair Treatment for All Corp/ EMP 4 v7, Equality Analysis Policy Corp/EMP 27 v4, DBTH Leave Policy Corp/EMP 49 v3



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Target audience:	Trust Trainee and Qualified Advanced Practitioners; Division Senior Management & Governance teams; Line Managers

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1		New Policy – to be read in full	Heather Jackson

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Advanced Practice Policy

Broad Recommendations / Summary

**New Advanced Practice Role Identified
OR staff require 'upskilling' to AP**

Service/ Speciality identifies need for a NEW or Upskilled AP role



Role outline & funding discussed & agreed with Division AP lead & Clinical Director via speciality & Division governance/ business forum



Job description/ person specification drafted (aligned to core AP JD/PS)



DBTH AP Oversight Committee review & approve JD/PS (including funding & training needs)



Speciality complete HR & Business processes (Business case; AfC benchmarking, VCP etc)



Post approved – speciality notifies Oversight committee & central recruitment. Study funding to be confirmed & commence recruitment process

Replacement Trainee AP

tAP vacancy identified. Speciality/ Division reviews & approves need for replacement



Speciality notifies DBTH AP oversight committee, replacement required



Oversight committee reviews timescales for recruitment and funding, ie part of commission round or funded by Division/ external



Oversight committee approves – speciality & central recruitment commence process. NB like for like replacement do not require Vacancy Control Process

TRAINEES ARE EXPECTED TO MEET THE MINIMUM REQUIREMENTS OF THE ACADEMIC MODULES AND WORK PLACE BASED LEARNING/ COMPETENCIES. FAILURE TO DO SO, WILL RESULT IN THE TERMINATION OF THE TRAINING

1. INTRODUCTION

Advanced Practice (AP) is delivered by experienced, registered health 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 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). Developing AP roles is a core part of the NHS Long Term Plan (2019) & the NHS Long Term Workforce Plan (2022)

<https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>

2. SCOPE

This policy applies to all trainee and qualified advanced practitioners; all line managers of trainee & qualified advanced practitioners; all senior management teams/leads in Divisions that employ or plan to employ trainee or qualified advanced practitioners.

3. PURPOSE

The aim of this Policy is to support all staff who work as Advanced Practitioners (AP) or Trainee Advanced Practitioners (tAP) at Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBTH) ensuring that they are provided with the appropriate training and supervision in order to meet the individual needs and requirements of their job role. This will be achieved through a clear, comprehensive and current academic pathway and appropriate workplace based learning. This includes a clinical practice portfolio, effective supervision, a robust method of recording training and reporting compliance and a clear governance process for assurance of clinical competence and progression.

DBTH has a number of 'legacy' APs, who should be supported to demonstrate their equivalence of competency and capability at AP level. This policy outlines how the Trust will support those staff groups.

This policy also supports line managers and divisional leadership teams in understanding the nature of advanced practice roles, when planning their workforce. It outlines the expected levels of practice and autonomy across the 4 pillars of practice for AP roles and appropriate processes to follow.

4. DUTIES & RESPONSIBILITIES

4.1 Chief People Officer

The Chief People Officer will support the Trust Advanced Practice Lead to ensure AP workforce planning is integral to the Organisations annual business planning. They will work collaboratively with partner Human Resource Directors/ Chief People Officers, across the ICS to secure workforce solutions and opportunities supporting Advanced Practice.

4.2 Executive Medical Director

The Executive Medical Director will support the Trust Advanced Practice lead and Divisions, to ensure AP workforce is an integral consideration in workforce plans, considering, where appropriate, APs form part of medical rotas. The Executive Medical Director will allocate Advanced Practice as part of the Medical Director for operational stability & optimisation role, who will work collaboratively with the Trust AP lead to support & promote the development of Advanced Practice training and supervision in the Trust

4.3 Trust Advanced Practice Lead

The Trust AP lead will develop an infrastructure to ensure that the development of AP across the organisation is aligned with NHSE AP Governance matrix (2022) and NEY Governance and Best Practice Guidance (2021). The Trust AP Lead will provide assurance to Trust Board that AP and tAPs receive robust training and ongoing support to meet the Multi-professional Framework of Advanced Clinical Practice (HEE 2017).

4.4 Chief Nurse, Chief Pharmacist, Director of Midwifery & Director Allied Health Professions

The Chief Nurse, Chief Pharmacist, Director of Midwifery & Director of Allied Health Professions is accountable for ensuring that registered nurses, midwives, pharmacists and allied health professionals comply with this policy and their associated code of professional practice.

4.5 Division/ Speciality Advanced Practice Leads

Division/ Speciality AP Leads will undertake delegated duties via the Trust AP lead, to develop an infrastructure to ensure that the development of AP across the organisation is aligned with NHSE AP Governance matrix (2022) and the NHSE AP Governance and Best Practice Guidance (2021). They will support specialities and divisions in the development of AP role. AP leads will proactively seek to promote AP role development, including careers fairs and supporting workforce planning. They will support recruitment team in consistent, high quality recruitment of APs/ tAPs. They will support specialities in ensuring good governance arrangements are in place for the recruitment, retention and development of tAPs/ APs.

4.6 Head of Education (HoE) – Widening Participation

The Head of Education (Widening Participation) will support the Trust Advanced Practice Lead in the recruitment and ‘onboarding’ processes for tAPs. This includes apprenticeships and fees funded routes of study. The HoE will be the main point of contact with the Division/speciality AP leads and learners on apprenticeship programmes.

4.7 Head of Education (HoE) – Placement Learning

The Head of Education (Placement Learning) will support the Trust Advanced Practice Lead in the oversight of all tAPs and their progression through academic modules. This includes the organisation and management of the Clinical Academic Support Panels (CASPs) for tAPs. The HoE will support the tAP and supervisors with overall monitoring of progress

4.8 Trust Advanced Practice Oversight Committee

The DBTH Advanced Practice Oversight Committee will provide the multi-professional quality assurance and governance of advanced practice development in the Trust is aligned to this policy, NHSE AP Maturity Matrix (2022) and NEY AP Faculty Governance and Best Practice Guidance (2021). The committee is accountable to the Trust Workforce Education Committee (WEC) and will provide WEC with an annual report of advanced practice development within the organisation.

4.9 Divisional Directors, Divisional Nurses, Heads of Service & Professional Leads

The Divisional Directors, Divisional Nurses, Heads of Service and Professional Leads are managerially responsible for ensuring that all AP’s/tAPs practitioners comply with the procedural standards set out in this policy. They are responsible for ensuring that AP roles are considered effectively as part of workforce plans, a business case is approved (where required) before a practitioner commences a program of training to ensure that any additional costs/cost pressures are determined at the outset. They are also responsible for ensuring that adequate supervision is available throughout the training programme and that the necessary ongoing professional supervision is continued post qualification. Line Managers are expected to notify the Division AP Leads who will appraise the Oversight Committee of any trainees in difficulty such as long term sickness or need to defer parts of the training, so that an agreed action plan can be put in place and NHSE notified if necessary. (NEY Faculty of Advanced Practice Handbook 2024)

4.10 Coordinating Education Supervisor

A named **Coordinating Education Supervisor** supports the practitioner throughout the period of advanced practice development. They ensure the trainee has an appropriate training plan and will recommend suitable associate workplace supervisors. They should identify any areas of concern directly with the trainee and escalate to the line manager and Division/ Trust AP lead.

The coordinating education lead should notify the line manager of any circumstances that could affect a trainee's ability to progress on programme. The Trust will support the coordinating education supervisor in their development needs as recommended in the Centre of Advancing Practice Workplace Supervision: Minimum Standards [Minimum standards for supervision - Advanced Practice \(hee.nhs.uk\)](#); [Centre of Advancing practice Workplace Supervision for Advanced Clinical Practice.](#)

4.11 Associate Workplace Supervisors

Trainee Advanced Practitioners must have access to **Associate Workplace Supervisors** who support specified aspects of advanced level development across the pillars of practice (clinical, research, leadership/management, education) as identified by the coordinating education supervisor in their training plan. The Trust will support the associate workplace supervisors in their development needs as recommended in the Centre of Advancing Practice Workplace Supervision: Minimum Standards [Minimum standards for supervision - Advanced Practice \(hee.nhs.uk\)](#); [Centre of Advancing practice Workplace Supervision for Advanced Clinical Practice.](#)

4.12 Advanced Practitioners and Trainee Advanced Practitioners

All APs/ tAP must adhere strictly to this policy whilst maintaining compliance with their own professional code of conduct and practice standards. APs/ tAPs are expected to review any incidents/ concerns/ complaints that relate to their individual practice, with their supervisor and demonstrate reflection of learning within their portfolio.

tAPs must follow absence reporting procedures outlined in this and other Trust policies. Any change in circumstance, requires NHSE to be notified, such as 'stepping off' program or deferring a module. It is important that their line manager & coordinating education supervisor are notified immediately.

tAPs are required to meet the expected standards of both the academic and workplace based competencies. Failure to achieve this, could result in redeployment / termination of contract (see section 5.5 & 5.6)

Trainees can access further detailed information via the North East & Yorkshire Faculty for Advancing Practice Handbook

5. POLICY STATEMENT

All specialties and divisions must follow the agreed process in recruiting and developing trainee/ advanced practice roles. All qualified advanced practitioners, should either have completed an accredited Masters degree in advance clinical practice, or demonstrate equivalence of suitable post graduate training and experience that enables them to demonstrate capabilities aligned to the [Multi-professional Framework of advanced clinical practice – HEE 2017](#)

All trainees and qualified APs must work within their own personal and professional scope of practice

6. ACCOUNTABILITY

Operational implementation, delivery and monitoring of the policy resides with DBTH Advanced Practice Lead.

Trainee and Qualified Advanced Practitioners are accountable for their own clinical practice, maintaining their competency and for ensuring their clinical practices are limited to their specific field of competence. A review of the 4 pillars of Advanced Practice (Clinical, Education, and Leadership & Research) should be included in staff appraisal process.

7. PROCEDURE

DBTH will implement advanced practice in line with the Health Education England (HEE 2017) Multi-professional framework for advanced clinical practice in England, NHSE Advanced Practice Governance Matrix & NEY faculty Advanced Practice Governance & Best Practice Guidance. This will be in association with our partners across South Yorkshire & Bassetlaw and we will work collaboratively to continue to develop the quality assurance and governance processes. DBTH will commission appropriate educational programs with HEIs and work with them to develop appropriate training modules/ programs

DBTH will, where appropriate, support and enable practitioners to develop their skills and competence through commissioned training programs and on successful completion to work autonomously as APs. AP's must work in accordance with the principles/guidance set out in this Policy when they are developing and undertaking their advanced practice role.

This policy sets out procedural standards to ensure both the practitioner and patient is safeguarded to support the delivery of safe and effective care.

7.1 Advanced Practice

All practitioners working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in the [Multi-professional framework for advanced clinical practice in England \(HEE 2017\)](#). The Trust aspires to enable all staff working at advanced practice level, to obtain a digital badge via NHSE Centre of Advancing Practice, this can be achieved by completion of an accredited AP course or via an equivalence/ credentialing route, such as the NHSE supported e-portfolio. Whilst the programme of training and competencies may vary dependent on the scope and range of the role, the capabilities are common across this level of practice enabling standardisation. The four pillars that underpin this practice are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

7.2 DBTH Advanced Practice Oversight Group

The Oversight Group is responsible for the oversight and reporting of quality and governance of advanced practice within the Trust. The Group has multi-professional representation and will assume overall responsibility for quality assuring the education and training requirements for all trainee and qualified APs and AP supervisors within the Trust. The Group will escalate any concerns to individual Divisions and is accountable to the Workforce & Education Committee.

7.3 Division Advanced Practice Leads Operational Group

Provide operational oversight of AP development within Divisions and specialities, enabling consistency and effective actions plans to address risks, escalating to the Oversight Group as and when required. The Group will operationally support the recruitment, education, governance, risks and escalations of trainee and qualified APs in Divisions. The Group will support the development of quality assurance measures for trainee & qualified APs and supervisors. The Group will introduce and support the delivery of multi-disciplinary education and training. The group will work with specialities and divisions to horizon scan role development opportunities and guide practice.

7.4 Clinical Academic Support Process - CASP panels

“CASP is a formative mechanism to support the clinical and academic development of trainee Advanced Practitioners through structured annual reviews which includes both oral and written feedback and a professional development plan (PDP) for the next year.” (NHSE NEY Faculty AP 2024). Whilst the process is designed for trainee APs, it can be applied as part of the annual appraisal process for qualified AP.

All trainee APs will have an annual clinical academic support panel (CASP) review, as outlined by the [North East & Yorkshire Faculty of Advanced Practice Clinical Academic Support Process](#)

- 6-8 weeks prior to CASP review evidence must be submitted on practitioner e-portfolio
- 4-6 weeks prior to CASP review, trainee must meet with educational supervisors and review personal development plan for the last 12 months and discuss any additional support, if required
- 2 weeks prior to CASP review – all evidence must be uploaded to portfolio and linked to relevant curricula – any evidence submitted after the 2 weeks, will be reviewed the following year.
- The CASP panel should review the shared evidence and record achievements and progress in the CASP document

As a minimum, the panel should include:

- Trainee AP
- Coordinating Education Supervisor
- Line Manager
- Division AP Lead
- Reps from Education Team – Placements

All qualified APs development will be reviewed annually through a modified CASP aligned to annual appraisals

8. TRAINING / SUPPORT

APs will hold an MSc in Advanced Clinical Practice or demonstrate equivalence through appropriate post graduate academic training and experience – the Trust aspires that all APs will demonstrate equivalence through the Centre of Advancing Practice Digital Badge. Trainee APs

will undertake an MSc in Advanced Clinical Practice or relevant equivalent MSc, as agreed by the Oversight Group. The Master's degree in Advanced Clinical Practice (regardless of the Higher Education Institution) is an academic qualification, which normally involves theoretical education in a number of areas directly related to clinical practice e.g. patient assessment, radiographic interpretation, prescribing, research and specialist modules relevant to the trainee's role or clinical setting

Additional specialist competencies will build on the learning in the core curriculum. All trainees will have the opportunity to experience additional clinical rotations, where appropriate to their area and role, to facilitate a greater working knowledge and understanding of their service. This is not however, mandated.

In order to complete the academic and clinical experience elements of the programme sufficient support for practitioners in terms of time and supervision is required. These standards are outlined below detailed by progression points throughout the academic programme and beyond.

A trainee working a minimum of 30 hours per week, should achieve a qualification of a Masters in Advanced Practice or equivalent within 3 years of commencement of the course of study. Trainees requiring a break in learning or postponement of modules, will be considered on an individual basis and considering contractual agreements.

8.1 Trainee AP Year 1

In order to support a trainee with time to attend academic elements of the course and workplace-based learning, a minimum of 40% time 'off the job' is recommended (15 hours per week, pro rata). This will enable support for ongoing skills and experience development. Where a trainee's job plan does not align to this recommendation, specialities are expected to outline an achievable plan to the Oversight Group.

8.2 Trainee AP Year 2 – completion of core competencies

As in year 1, a trainee Practitioner with a Post Graduate Certificate (PG Cert) working towards a Post Graduate Diploma (PG Dip) a minimum of 40% time 'off the job' is recommended (15 hours per week pro rata). This is to ensure completion of relevant academic modules and completion of core competencies.

Where a trainee APs job plan does not align with the gold standard, specialities will be expected to set out a clear and achievable training plan, to ensure successful completion of training to the Oversight Group.

8.3 Trainee AP Year 3 – Developing speciality competencies/ End Point Assessment/ Dissertation

Trainees on either an apprenticeship route or 'fees funded' require a minimum of 20% 'off the job' (7.5 hours per week pro rata) in order to complete the programme. This study can be aggregated as appropriate and in discussion with supervisor/ line manager

8.4 Qualified AP

Job Plans should include a minimum of x1 PA (4 hours) per week for other 3 pillars of practice. Some qualified AP roles may require greater than 1 PA and should be agreed between AP and line manager. Job plans should be agreed/ signed off and reflected in the annual workforce planning process.

The philosophy of lifelong learning should be incorporated into the ongoing development of the individual. This will include the use of personal development plans and the use of a live portfolio of Professional Development including appropriate competencies, to enable staff to develop, where appropriate towards Consultant level practice. [Click here](#) to view Consultant-level practice capability & Impact Framework

8.5 Absence Management

Trainees who are absent during their training programme, should follow relevant Trust Policies, such as Sickness Absence/ Parenting Leave AND are required to notify the HEI of any absence from taught days. Line managers/ coordinating education supervisors are required to notify the Division/ Speciality AP lead and the AP Oversight Committee of any trainees classed as long term sick under current Trust policies or 'stepping off' programme for circumstances such as maternity, other leave, so that an appropriate support plan can be put in place. NHSE require completion of 'change in circumstance' form to be completed if there is a break in learning or termination – the Head of Education (Widening Participation), as part of the oversight group, will complete this.

<https://healtheducationyh.onlinesurveys.ac.uk/change-of-circumstance-form>

8.6 Trainee in Difficulty

DBTH will follow the guidance outlined in the [NEY Faculty of Advanced Practice Handbook](#) and the Apprenticeship funding rules as outlined within the Education and Skills funding Agency (ESFA) funding rules for apprentices. It is important that the trainee speaks with their coordinating educational supervisor and Division AP lead, to agree an appropriate plan or notify NHSE/ HEI and oversight group.

In the event of the trainee AP being unable to successfully complete either the academic component and/or the clinical competencies relevant to the role, HR colleagues will support the trainee and line manager to agree next steps. Any extension to programme is not a guarantee and will be subject to agreement by the coordinating supervisor, line manager, HR; HEI and the Oversight Group. Where a tAP requires a temporary pause from programme, agreement must be reached with the Manager, HR and HEI and will, if agreed result in the need for temporary redeployment.

8.7 Supervision

High quality supervision for healthcare professionals moving into trainee advanced practice roles is essential for supporting the development of confidence and capability and underpins patient and practitioner safety. Health Education England's (2020) [Workplace supervision for advanced clinical practice and Advanced practice workplace supervision: Minimum standards](#) provides further in-depth, evidence-based information and recommendations on how to develop quality supervision in the workplace. The Trust will adopt the recommendations of this guidance.

Minimum Standards of Supervision

To ensure high quality supervision for trainees:

- Supervision for the trainee advanced practitioner is mandatory.
- The trainee must have a named, allocated co-ordinating education supervisor before commencing training in advanced practice.
- Throughout the period of training, there must be a minimum of one hour of scheduled supervision every week; of which one in four (once a month) is a scheduled hour with the co-ordinating education supervisor (see page 3 for definition of role).
- In certain practice contexts, where there is high risk, it will be necessary to debrief/provide daily supervision to ensure patient and practitioner safety. Where a health professional is developing in advanced practice in a specialty/role with a nationally agreed curriculum, supervision arrangements should be guided by the relevant specialty curriculum. Where no national curriculum exists, agreement of capabilities to be achieved at advanced level must be approved by the employer.

Who can supervise?

Supervisors:

- Come from the multi-professional workforce and do not need to hold the same professional registration as the trainee.
 - Have expert knowledge of the area of practice they are supervising.
 - Have experience as an educator and are a skilled facilitator able to support learning, development, assessment and verification of competence and capability. A trainee advanced practitioner may need more than one supervisor to meet their needs across the 4 pillars of advancing practice:
 - A co-ordinating education supervisor who provides a consistent relationship throughout training and must have an in depth understanding of the advanced practitioner's role within the speciality.
 - Associate workplace supervisors who work collaboratively with the co-ordinating education supervisor to guide trainee development in one or more of the 4 pillars of advancing practice.
- The NHSE [supervisor readiness checklist](#) should be used prior to support the development of new supervisors.

Supervisor minimum standards

The co-ordinating education supervisor must:

- be an experienced practitioner.
- have completed some formal supervisor development. Examples of formal training include: Clinical educator programmes; PgCert in clinical education; practice educator programmes; local supervisor training courses.

- have completed the “Supervisor readiness checklist” before agreeing to take on the role. If the co-ordinating education supervisor is an advanced practitioner:
 - must have been working at advanced level for a minimum of 3 years. There should be clear justification for an advanced practitioner with less than 3 years’ experience undertaking this role.
- Associate workplace supervisors must:
- demonstrate expert knowledge and capability of the area of practice they are supervising.
- There must be a delegate or replacement supervisor in the event the co-ordinating education supervisor is on leave for a prolonged period of 4 weeks or more. Where supervisor standards exist in a specific area of advanced level practice (e.g. as set by a capability or curriculum framework, including a credential specification), these generic standards should be used to complement (rather than override) them.

Qualified APs should retain a supervisor, this can be agreed locally, as either a medical supervisor or another qualified AP with appropriate supervisor skills

The work involved in AP supervision should be recognised in job plans. It is recommended that supervisors should have 1 hour per week (0.25PA) for each trainee AP they supervise and 1 hour per month (0.0625PA) for each Qualified AP supervised.

8.8 Revalidation

Nationally, the Nursing & Midwifery Council have indicated that they will aim to regulate Advanced Practice. The Health & Care Professions Council have indicated that they do not plan to regulate advanced practice for its registrants. At this point there is no formal revalidation process for AP, other than staffs’ professional revalidation processes.

At DBTH qualified AP’s will be expected to demonstrate their ongoing skills at AP level on an annual basis. A modified CASP process will take place for all qualified APs, linked to their annual appraisals. Qualified APs are expected to maintain a portfolio of evidence to support their appraisal and ongoing competency, including additional speciality competencies where appropriate. Qualified APs are expected to have an e-portfolio-the Trust currently advocates the use of the Practitioner e-portfolio (PeP) to support this process.

8.9 Funding

Trainee AP training programmes are currently funded either by apprenticeship levy or commissioned through NHS England (NHSE) for ‘fees funded’ route, the apprenticeship route remains the preferred option from NHSE.. In addition clinical salary support may be commissioned via NHSE, subject to approval. Posts are advertised through the trust recruitment process once funding has been approved via a business case and VCF process where needed.

Funding for continued professional development for qualified APs can be applied for dependent on the nature of the course through a designated fund or through regional Specialist Skills Post Registration Development (SSPRD) funding or CPD funding subject to availability and eligibility.

8.10 Patient Safety

Trainees and their supervisor must review and discuss any patient safety events or concerns/ complaints, at the earliest opportunity, so that any learning and action plan, if required, can be implemented immediately. This process will align to the Trusts' Patient Safety Incident Response Plan. Trainees and supervisors will outline any such incidents / complaints as part of the CASP process annually.

9. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Number of Trainees on programme	Education	Bi-annual	Trust Advanced Practice Oversight Group
Number of Trainees completing programme	Education	Bi-annual	Trust Advanced Practice Oversight Group
Diversity of Trainee AP workforce	P&OD	Bi-annual	Trust Advanced Practice Oversight Group
Number of Trainees leaving programme	Education	Bi-annual	Trust Advanced Practice Oversight Group
Number of Trainees in difficulty	Education	Bi-annual	Trust Advanced Practice Oversight Group
Number Concerns/ Compliments & Complaints - Trainees	P&OD	Bi-annual	Trust Advanced Practice Oversight Group
Number Incidents - Trainees	P&OD	Bi-annual	Trust Advanced Practice Oversight Group
Number Qualified APs in post across Trust	P&OD	Annual	Trust Advanced Practice Oversight Group
Number of Qualified AP leavers	P&OD	Annual	Trust Advanced Practice Oversight Group
Diversity of Qualified AP workforce	P&OD	Annual	Trust Advanced Practice Oversight Group
Number Concerns/ Compliments & Complaints - Qualified	P&OD	Annual	Trust Advanced Practice Oversight Group
Number Incidents - Qualified	P&OD	Annual	Trust Advanced Practice Oversight Group

10 DEFINITIONS

Advanced Practitioner (AP): Advanced Practitioners are experienced, registered health and care practitioners. Their level of practice is 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 Practice Leads Operational Group: Membership of Trust AP and Divisional/Speciality AP leads. Provides operational leadership, including recruitment of trainees; ensuring the appropriate development of clinical, education, leadership and research pillars for both trainees and qualified APs. Ensuring adequate governance structures linked to AP development is supported and in place across Divisions. Reviews incidents/ complaints related to AP in the organisation, taking an improvement approach and linking with relevant governance forums, as required

Associate Workplace Supervisor: Experienced Advanced Practitioners (min 3 years qualified) able to demonstrate expert knowledge and capability in the area of supervision. Associate workplace supervisors works collaboratively with the coordinating education supervisor to guide the trainee on one or more of the 4 pillars of practice development.

Coordinating Education Supervisor: Experienced clinician, with appropriate supervision experience/ training. The coordinating Education Supervisor will provide a consistent relationship throughout training and must have an in depth knowledge of the advanced practitioner's role within the speciality area

Trainee Advanced Practitioner (tAP): Trainee Advanced Practitioners are experienced, registered health & care practitioners, who are undertaking a masters level, or equivalent, training programme.

Trust Advanced Practice Oversight Committee: Membership of senior leaders from Multi-professional backgrounds including education and people and organisation development colleagues. Provides oversight and guidance on the development of the AP strategic work plan, being responsible to the Workforce & Education Committee.

11 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1)

12 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Equality, Diversity and Inclusion Policy Corp/EMP 59 v1
- Equality Analysis Policy. CORP/EMP 27 v4
- DBTH Leave Policy. CORP/EMP 49 v3

13 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

14 REFERENCES

[The Centre of Advancing Practice: Governance Maturity Matrix 2022](#)

[The Centre of Advancing Practice: Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development 2020](#)

[North East & Yorkshire Faculty of Advancing Practice Handbook 2023](#)

[North East & Yorkshire Faculty for Advancing Practice: Governance and Best Practice Guidance 2021](#)

[North East & Yorkshire Faculty of Advancing Practice: Clinical Academic Support Process \(CASP\) 2024](#)

[Health Education England: Multi-professional framework of Advanced Clinical Practice 2017](#)

Apprenticeship Standards (2023)

<https://www.instituteforapprenticeships.org/raising-the-standard-best-practice-guidance/training-raising-the-standards/#:~:text=You%20should%20receive%20a%20minimum,week%20and%20many%20more%20vari>

APPENDIX M - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment																														
Advanced Practice Policy	Corporate	Heather Jackson	New policy	June 2024																														
1) Who is responsible for this policy? Trust Advanced Practice Lead																																		
2) Describe the purpose of the service / function / policy / project/ strategy? To set the standards, academic, experiential and procedural requirements to facilitate a safe, effective training and ongoing development of advanced practitioners in the Trust																																		
3) Are there any associated objectives? NHSE Advanced Practice Governance Matrix																																		
4) What factors contribute or detract from achieving intended outcomes? – none																																		
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? no																																		
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact N/A 																																		
6) Is there any scope for new measures which would promote equality? N/A																																		
7) Are any of the following groups adversely affected by the policy?																																		
<table border="1"> <thead> <tr> <th>Protected Characteristics</th> <th>Affected?</th> <th>Impact</th> </tr> </thead> <tbody> <tr> <td>a) Age</td> <td>No</td> <td></td> </tr> <tr> <td>b) Disability</td> <td>No</td> <td></td> </tr> <tr> <td>c) Gender</td> <td>No</td> <td></td> </tr> <tr> <td>d) Gender Reassignment</td> <td>No</td> <td></td> </tr> <tr> <td>e) Marriage/Civil Partnership</td> <td>No</td> <td></td> </tr> <tr> <td>f) Maternity/Pregnancy</td> <td>No</td> <td></td> </tr> <tr> <td>g) Race</td> <td>No</td> <td></td> </tr> <tr> <td>h) Religion/Belief</td> <td>No</td> <td></td> </tr> <tr> <td>i) Sexual Orientation</td> <td>No</td> <td></td> </tr> </tbody> </table>					Protected Characteristics	Affected?	Impact	a) Age	No		b) Disability	No		c) Gender	No		d) Gender Reassignment	No		e) Marriage/Civil Partnership	No		f) Maternity/Pregnancy	No		g) Race	No		h) Religion/Belief	No		i) Sexual Orientation	No	
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8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box																																		
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4																															
Date for next review: July 2027																																		
Checked by: Nick Mallaband Date: June 2024																																		