

Humber, Coast and Vale

Faculty of Advanced Practice

Governance & Quality

Assurance Framework

Version Number:	3
Approved:	HCV ACP/PA Faculty Meeting
Approved date:	November 2020
Review Date:	March 2021
Target Audience:	Employers of ACPs in Humber, Coast and Vale



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Introduction

This Governance & Quality Assurance Framework forms part of the Humber, Coast and Vale Faculty of Advanced Practice and Physicians Associates (HCV FoAP) Quality Strategy 2020-2022.

The purpose is to provide employers of advanced clinical practitioners (ACPs) within the HCV region with guidance on issues which should be addressed within their own governance policy or processes; from identifying the need for an advanced clinical practitioner to post-qualification support. The aim is to provide a set of standards and support mechanisms to enable employers to embed and grow ACPs within their organisations. This should create consistency across the region, ensuring unity and continuous quality improvement in the approach to advanced clinical practitioner roles.

Executive Summary

This document outlines ten areas that employers should consider as part of ensuring effective governance for ACPs with examples and links to best practice guidance. In summary these are;

1. Establishing local **governance** for ACPs with patient safety at its core
2. Conducting effective **workforce planning** using evidence-based tools
3. Employing effective **recruitment strategies**
4. Accessing the right type and level of **funding** for the chosen academic/apprenticeship path
5. Retaining ACPs through **salary** standardisation
6. Ensuring tACPs receive the right level of **supervision**
7. Supporting tACPs **capability/competency** using frameworks, portfolios and a sign-off panel
8. Providing effective **management** of ACPs
9. Supporting **tACPs in difficulty** with effective policies and processes
10. Enabling ACPs to **work across all 4 pillars of advanced practice**

Each section is broken down into;

- A recommended minimum standard/expectation for employers
- How employers can achieve each element and
- How the HCV FoAP will support and monitor this through quality metrics

The quality assurance framework on page 14 outlines how the FoAP will take a structured approach in supporting employers to meet standards.

For the purposes of this document a trainee ACP will be referred to as 'tACP'.

1. Governance

Robust governance of any advanced practice role is vital to its success and should support an employer in the delivery of its broader organisational strategy and objectives. All healthcare organisations should have robust clinical governance at the heart of their infrastructure. This is essential for ensuring patient safety and mitigating risk.

1.1 How employers can ensure this is achieved

Employers and organisations should seek to ensure their advanced level practitioners are able to practice to their full potential. The supporting structures required for the effective development of ACPs must be considered and implemented prior the role commencing. A governance and/or training process/policy for ACPs should be in place prior to implementing the role that encompasses quality assurance, quality improvement and risk and incident management and be aligned to the [Multi-professional Framework for Advanced Practice \(2017\)](#). By incorporating the principles outlined within this guidance, a robust Governance Framework can be achieved for both existing and emerging roles.

1.2 Quality Metrics

The HCV FoAP will review organisations' approved governance policy arrangements at the HEE ACP application stage, through annual tACP/ACP staff surveys and via employer self-assessment and provide additional support if necessary to help employers meet requirements.

2. Workforce planning

Advanced practice roles are not medical replacement roles. However the nature of the work often means job plans reflect work once done by medical colleagues. Employers of tACPs/ACP's should have a clear vision of what role they expect their ACP to fill and where they sit within the employing organisation/department, in line with the [definition of advanced practice](#) set out by HEE.

With new and divergent roles being developed, both at graduate and post graduate level, it is important to establish that an ACP is best suited to fill the vacancy. Already recognised roles other than an ACP which may be useful to employers include:

- Clinical Nurse Specialist
- Physician Associate
- Nurse Practitioner

Employment of other staff groups may allow current staff to expand their role and work to their full potential – this may not necessarily be an advanced level practice role. Similarly, the employment of an ACP may release time of the medical workforce to enable them to focus on more complex patients or strategic work. Employers need to acknowledge the limitations of the non-medical workforce and recognise that, in some instances, a medical practitioner is required.

2.1 How employers can ensure this is achieved

Many workforce planning and design tools also exist and can support employers in both understanding the needs of their population and how to build a workforce that meets these needs. A workforce planning toolkit developed especially for employers and commissioners taking on ACPs can be found [here](#). Some other examples can also be found [here](#).

It may be helpful, depending on your focus, to have commissioners, HR, finance, management and clinicians around the table to contribute to these discussions. Some key points of learning and consideration as part of these discussions can be found in these presentations:

- [The HEEKSS Patient and Learner Journey](#)
- [Looking Across the System Presentation](#)
- [Planning the Workforce](#)

2.2 Quality Metrics

The HCV FoAP will review organisations' workforce planning arrangements at the HEE ACP application stage and provide additional support if necessary to help employers meet requirements.

3. Recruitment

It is important employers recruit staff with the right skills in the right place and at the right time to advanced practice roles. This ensures people's expectations are managed, resources are used effectively and patient safety remains at the core of service delivery.

3.1 How employers can ensure this is achieved

Applications for HEE training grants to support trainee ACP positions usually take place around March of each year; applications for funding should be submitted by the ACP lead for each organisation.

Employers need to engage with their chosen higher education institution (HEI) to ensure shortlisted candidates or potential successful applicants meet the current entry criteria for the HEI. This can be achieved;

- At the shortlisting stage
- By inviting the HEI to support interviews
- During discussions of successful candidates prior to formal job offers (all job offers should be conditional, to include usual HR checks but also successful application to the HEI).

Advanced level practice roles require candidates to have a strong clinical acumen alongside personal qualities such as leadership, resilience and the ability to problem solve and think laterally. Recruitment processes therefore need to be robust and assess for these qualities. Suggested additions to the traditional panel interview include:

- Unseen presentation

- OSCE/SIMULATION scenario
- Problem solving activity

Prior to funding being agreed, employers need to have in place:

- A job description (which has been through agenda for change panel or equivalent) see an example job description [here](#)
- A person specification
- A job advert

Allowing job adverts to go live in a timely manner is important; firstly, to allow succession planning in the rest of the healthcare system; secondly, senior members of the healthcare team transitioning to ACP roles may need to honour a notice period of up to 12 weeks, which is particularly pertinent for those recruiting for a September academic start; thirdly, should recruitment to ACP positions be unsuccessful on the first attempt, time needs to be afforded for subsequent recruitment processes.

3.2 Apprenticeship recruitment

With the apprenticeship pathway now in place, links with the HEI need to be more stringent to ensure employers are aware of the impact any accredited prior learning may have on a trainees' academic pathway. See Apprenticeship Guidance [here](#)

3.3 Quality Metrics

The HCV FoAP will review organisations' job description and person specification at the HEE ACP application stage and provide additional support if necessary to help employers meet requirements.

4. Finances - funding

HEE North supports employers with a training grant (currently allocated per trainee per year for up to 3 years). Academic fees are also currently paid directly to the HEIs by HEE for the traditional Masters qualification. However this is subject to review each financial year. Employers should ensure they have the right level of funding in place to support a tACP throughout their training.

4.1 Apprenticeship model

Nationally there is a move towards an apprenticeship model of training. This will be funded through local Levy arrangements (see HCV Apprenticeship guidance).

4.2 How employers can ensure this is achieved

Employers must apply annually to the HCV FoAP for the HEE grant and for academic funding support if required. There are currently no stipulations on how it is used by the employer. Whilst it is often utilised to support a trainees' salary, wider consideration needs to be given to employee needs and non-academic development requirements a trainee may have to prepare them to practice competently. There may be individual skills or knowledge a trainee needs to fulfil the role, for example advanced life support, clinical skills requiring specific training packages, surgical skills (first assist) etc. For larger organisations the training grant may support the use of an ACP lead, ACP

educator or other supportive initiatives related to AP such as funded programmed activity time for a designated medical lead. The training grant can be, and is recommend to be, used to support overall trainee development annually.

Application rounds will be conducted and advertised by the Faculty at the same time each year (typically Jan/Feb); so engagement with the Faculty and organisational ACP lead is vital. Employers need to ensure that they adhere to deadlines set by the Faculty to ensure funding is obtained in a timely manner, leaving adequate time for recruitment. Employers can contact the HCV FoAP for any support with funding, including support with sourcing levy transfers for ACPs in smaller organisations. Contact us [here](#).

In terms of long-term financial sustainability of the ACP role, the HCV FoAP will be encouraging employers to opt for the apprenticeship route where possible from 2021. Apprenticeship Guidance [here](#) provides further information on the apprentice pathway for ACPs. In some instances, the apprenticeship route may not be the most appropriate pathway for an employee. Please speak to the faculty [here](#) for tailored guidance.

4.3 Quality metrics

In order to protect and monitor the use of public funds, the faculty will keep records of all ACPs who are trained using HEE funding via the faculty. Data will be collected at the application stage to track trainees attrition and movement during the training period and for 2 years after qualification; 5 years in total. It is important that as a region we make efforts to retain the staff we are training to ensure we see a return on both our financial investment and our clinician's time; areas of high attrition will thus draw inquiry from the Faculty as to why their trainees are leaving.

5. Finances - salary

Having standardised salary schemes and reducing variation across the region will help employers to retain practitioners during and at the end of the training period (reduces the risk of trainees moving for more competitive salaries), increasing the chance to embed the ACP role and establish the trainee or qualified ACP as a valued and trusted member of the workforce.

5.1 How employers can ensure this is achieved

In an attempt to reduce the variation in salaries across the region, HCV Faculty of Advanced Practice recommends all trainee ACPs employed in receipt of funding support via the faculty are paid [Band 7](#) or equivalent to standardise pay across the region.

Upon completion of the MSc in advanced practice and area specific capability packages the trainee will be suitable to move to a 'qualified' practitioner status (see section 8 below). This process should coincide with pay progression to recognise the step up in responsibility from trainee to competent practitioner. Local arrangements for salary and pay progression should be made clear to the trainee at the start of the training period to ensure they are aware what is expected of them to achieve financial progression. In line with HEE guidance, HCV Faculty of Advanced Practice recommends a starting salary for qualified ACPs of [Band 8a](#) or equivalent.

5.2 Quality metrics

Salary variations across the region will be assessed at the HEE ACP application stage, through annual tACP/ACP staff surveys and via employer self-assessment

6. Identifying appropriate clinical supervision

As mentioned previously, ACPs often take on roles and tasks previously undertaken by medical colleagues. This includes the clinical assessment and medical management of patients. It is therefore imperative all trainee ACPs have a suitably qualified supervisor to monitor their progress and undertake assessment of their skills throughout training as a control measure to ensure high quality clinical care.

6.1 How employers can ensure this is achieved

As AP roles are relatively new to the HCV region, there are limited numbers of fully qualified ACPs, although the number is rapidly growing year on year. Because of this, all employers must ensure they have a named medical physician (namely consultant or general practitioner) to oversee the training period of each trainee ACP HEE-funded position applied for. Whilst the named physician takes overall responsibility for ensuring the trainee is progressing at an appropriate pace and is fit to practice at the end of their training (similar role to that of an educational supervisor), they are able to delegate day-to-day supervision of the trainee to the wider team, depending on the work or activity being undertaken (similar to the role of clinical supervisor). Clinical supervisors may be other members of the medical workforce (including specialty trainee doctors) or members of the multidisciplinary team (qualified ACPs, senior nurses or allied health professionals), depending on the activity being undertaken. Please see [Minimum Standards for Supervising Trainee Advanced Clinical Practitioners and Physician Associates in Humber Coast and Vale](#) for further guidance.

HEE have also recently released [Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development](#). This publication sets out an alternative yet robust model of supervision for ACPs.

6.2 Apprenticeship model of supervision

Employing organisations are responsible for providing the apprentice with a named educational supervisor in practice. The apprentice and the supervisor are responsible for signing an education agreement and submitting this to the HEI at the start of academic programme. The educational supervisor must agree to review the apprentice with the HEI every 12 weeks; initially this will be a face to face review but the use of media platforms are encouraged to be used throughout the course to reduce the burden such reviews can generate e.g. traveling time and costs. The employer organisation also has to commit to releasing the apprentice from clinical practice for 20% of their total time (equivalent to 1 day per week pro rata). This allows the apprentice to attend university but also allows time for specific learning needs identified during the triangulation meetings or during appraisal.

6.3 Quality metrics

Levels of clinical supervision will be assessed at the HEE ACP application stage, through annual tACP/ACP staff surveys and via employer self-assessment.

7. Capability and competency assessment

All trainees recruited via HCV faculty funding will complete a Masters level qualification in advanced practice from a nominated HEI. It is important to identify that this Masters qualification provides the trainee with underpinning knowledge and skills to allow them to work at an advanced level. For example, it will support them to develop critical thinking and analytical skills, research skills and some clinical skills, such as patient history taking and fundamentals of patient clinical assessment.

However the academic qualification does not teach the trainee the underlying clinical principles to manage the patients they will see in clinical practice i.e. they are not taught clinical medicine. Nor does the academic qualification provide assessment of capability to allow the trainee to practice clinically unsupervised. Assessment of capability is the responsibility of the employer, namely the clinical or educational supervisor. All HCV ACP training programmes must have a defined curriculum, which is part of the employment contract during their training period. The curriculum should consider and align to professional standards laid out by Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC) and include capabilities covering any specialty areas in which the trainee ACP (trainee) will be working. All training programs must also meet the standards as laid out in the Multi-professional framework for advanced clinical practice in England (HEE, 2017) and as such all curricula used must be able to demonstrate mapping to this framework.

7.1 How employers can ensure this is achieved

All tACPs should have a capability framework/curriculum to work towards. This should be developed locally and allow the trainee to meet the needs of the service once training is complete.

To demonstrate the level of competency required, one or more of the following current national competency curriculums should be used:

- [Emergency care](#)
- [General Practice/Primary Care](#)
- [Intensive care medicine](#)
- [Surgical](#)
- [Acute Medicine](#)

7.1.1 Portfolio of evidence

Throughout the training period, trainees should collate evidence to demonstrate achievement of capability and assessment against competency curricula. Evidence could be certificates of learning activities, reflective pieces or traditional 'tickets' similar to those used in medical education (such as DOPS, Mini-CEX, CBD etc). Evidence should demonstrate both theoretical knowledge and practical application. The Faculty is currently exploring the development of a region-wide e-portfolio to support this.

Capability assessment is a process which should span the entire training period. Regular contact with the trainee should be maintained by the physician overseeing their development.

7.1.2 Process akin to ARCP (Annual Review of Competency Progression)

To ensure parity of decision making and enhance quality, an annual review of competency should be undertaken in conjunction with the trainee/qualified ACP. This should be akin to the ARCP undertaken for medical trainees in that it is systematic, fair and robust. However, care must be taken to align this with the apprenticeship tripartite reviews/EPA and annual appraisals and act as a supportive tool for employers to improve consistency and reduce variation. The principles below (adapted from the [Gold Guide 8th edition](#)) outline what employers can do to support this process in-house. Employers may wish to name it as something other than 'ARCP' if it is deemed necessary.

Principles

The ARCP provides a formal process that reviews the evidence presented by the trainee/qualified ACP and their educational supervisor relating to the trainee's progress in the training programme. It enables the trainee, the academic lead and employers to document that the competences/capabilities required are being gained at an appropriate rate and through appropriate experience.

It should normally be undertaken on at least an annual basis for all trainees and with no more than a maximum interval of 15 months. The process may be conducted more frequently if there is a need to deal with performance and progression issues or, where appropriate, to facilitate acceleration of training outside of the annual review. For apprentices the final 3-monthly tripartite review may act as the ARCP.

The ARCP fulfils the following functions:

- i. It provides an effective mechanism for reviewing and recording the evidence related to a trainee's performance in the training programme or in a recognised training post
- ii. At a minimum, it must incorporate a review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by the programme) and achievements.
- iii. It provides a means whereby the evidence of the outcome of formal assessments, through a variety of workplace-based assessment tools and other assessment strategies (including examinations that are part of the programme of assessment), is coordinated and recorded to present a coherent record of a trainee's progress.
- iv. As long as adequate documentation has been presented, it makes judgements about the competences/capabilities acquired by trainees and their suitability to progress to the next stage of training/programme.
- v. It provides a final statement of the trainee's successful attainment of the curriculum competences/capabilities including fulfilment of the NHS Framework for Advanced Practice for the programme and thereby the completion of the clinical component of the training programme

The ARCP

- i. Should be focused on the achievements of the trainee/qualified ACP and action planning appropriate to their stage of training/career.
- ii. Consist of a panel appropriate to consider the trainee/qualified ACP's portfolio of evidence; this may include HEI representative, educational and clinical supervisor. It is best practice to include a member external to the trainee/qualified ACP's programme of study/work.
- iii. Use an appropriate rating to determine achievement
- iv. Should provide an opportunity for the trainee/qualified ACP to have a confidential conversation about their training/experience.
- v. Must be documented in an appropriate manner.

In instances where employers require support to establish a process and panel, the Faculty will endeavour to assist with this. In 2021, the Faculty will be piloting a process to test the feasibility of a Faculty-led process for smaller employers or those employers that do not have the infrastructure to support an in-house process. Evaluation of this will inform future iterations of this document. Contact us [here](#) for more information.

7.1.3 Preceptorship

Following the end of the training period and panel sign-off/EPA, a preceptorship programme should be offered to those ACPs newly qualified to the employing organisation. This may include additional programmes of study to achieve specialist competencies that are deemed necessary. See Best Practice Preceptorship Guidelines [here](#). This may not be required for all ACPs.

7.2 Quality metrics

A copy of capability/competency curriculum frameworks and organisational processes for assessing competence should be submitted to the faculty as part of the HEE funding applications. ACPs and tACPs will be surveyed annually and employers will complete a self-assessment to enable the faculty to understand any variation across the region.

In future, it is anticipated that by collating outcomes from the ARCP meetings centrally via the HCV FoAP and also locally within organisations, it will be possible to improve the training and supervision of subsequent tACPs. This data will inform the training of ACP supervisors and also the Universities providing Master's degrees/apprenticeships in advanced clinical practice.

8. Management and appraisals

All employers should have clear, documented line management structures in place for all trainee and qualified ACPs. This should include both clinical and non-clinical pathways (in some organisations this may be the same pathway).

8.1 How employers can ensure this is achieved?

Line management, relevant HR policies and reporting processes should be explained to the trainee on appointment. It is recommended that, where possible, all trainee and qualified ACPs are managed by a lead or senior ACP. Where this is not possible, the task should be delegated to

someone with sufficient and adequate knowledge of the role, its development and an understanding of an ACP's needs (see supervision document). For appraisal purposes, if a lead or senior ACP is not available, the clinical element of an appraisal must be undertaken by the designated medical supervisor. It is suggested in this scenario the appraisal be a triangulation process between the line manager, the medical supervisor and the ACP. This should be standard for both qualified and trainee ACPs to ensure quality clinical care is developed and maintained through assessment and review of competence.

8.1.1 Annual Appraisals

[The Multi-professional framework for advanced clinical practice in England](#) identifies 4 pillars which should underpin the working practice of all ACP roles. The ACP should aim to develop skills and demonstrate competence within all 4 pillars during training and continue to develop the skills after qualifying. These 4 pillars should therefore be the basis of the annual appraisals to ensure the ACP (trainee or qualified) continues to meet and work at a level of practice consistent with the national definition.

Alongside assessment of an ACP's progress against the 4 pillars, trainee ACPs should be monitored for appropriate professional behaviours aligned to organisational policies. As part of the appraisal process, feedback from colleagues and members of the wider multidisciplinary team should be sought. Suggestions include the use of multisource feedback templates (MSF). Any concerns regarding attitude, behaviour or unprofessionalism should be dealt with according to local HR policy.

8.1.2 Absence management

Absence management should follow standard local policy. Consideration needs to be taken for absences which fall on academic days; how this is reported, governed and acted upon.

The apprenticeship model of training will allow greater communication between HEIs and employers and absences should be considered for discussion.

8.1.3 Patient Safety

Patient safety issues must be reported by the trainee using local clinical incident reporting processes. Any clinical incident must be discussed with the Educational Supervisor as soon as possible and the trainee should demonstrate reflective learning relating to the incident. As NHS employees and regulated healthcare professionals, trainees have an ethical and professional responsibility to raise concerns about matters that may harm patients or colleagues. Whistle blowing is the popular term applied to reporting such concerns about malpractice, wrongdoing or fraud. Each NHS organisation will have a whistleblowing policy/'Freedom to speak up Guardian' whom the trainee can raise issues with if they don't feel comfortable discussing with them with their line manager or Educational Supervisor, or if initial discussions have not resolved their concerns.

Where it is in the interests of patient or trainee safety, the trainee must be informed that the relevant element of the educational review discussion will be raised through appropriate employer clinical governance/risk management reporting systems. This should be through the organisational lead for Advanced Practice who will notify the Faculty if necessary for quality monitoring purposes.

8.1.4 Local Policies and Procedures

Both tACPs and ACPs must adhere to all locally agreed policies for non-medical practitioners i.e. Ionising Radiation. These policies should be provided to tACPs and ACPs at the start of their training/employment.

8.2 Quality Metrics

Staff management and appraisal provision will be assessed through ACP staff surveys and via updates from ACP Organisational Leads at regular Faculty meetings.

9. Trainee in difficulty

A qualified, competent ACP should complete both an academic qualification alongside local or national clinical capabilities in practice designed to meet the needs of the service. Despite optimal support there will be some trainees who fail, at varying stages during training, to meet the required standard to function as a competent ACP. This may be failure to meet academic requirements, failure to complete clinical capabilities to the required standard, poor professional standards or a combination of all of these.

9.1 How employers can ensure this is achieved?

Stringent mechanisms must be in place, alongside annual appraisals, to identify the trainee in difficulty and offer heightened support. This should include not only clinical support (in the form of teaching and supervision) but also pastoral support. The apprenticeship route has structured support mechanisms i.e. the 12-weekly tripartite reviews that should help to mitigate such issues.

Concerns about progression should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances), conduct or capability and these should be documented for inclusion in the trainee portfolio.

Local HR policies should be followed. If concerns persist or escalate, further advice should be sought from HR departments. It is possible the professional regulator for the trainee would also need to be informed of any issues that impact on their professional code of conduct.

Should supportive measures fail, a process for supporting redeployment or termination of a trainee's contract should be explored. This process needs to be made clear to the trainee at the beginning of employment, either as part of their contract or as an additional HR supported document. This should stipulate responsibilities of the trainee and employer, the support which will be offered should the trainee fail and timescales involved.

9.2 Quality Metrics

Staff management issues will be assessed through ACP staff surveys and via updates from ACP Organisational Leads at regular Faculty meetings where quality is a standing agenda item.

If a termination of contract or redeployment is being explored for trainee ACPs, the organisational ACP lead should support supervisors and managers to follow local HR policy and provide an update to the HCV FoAP [here](#) as part of quality monitoring. The HEI should also be informed about any performance issues. The Faculty will endeavour to support employers with advice and guidance on next steps if required.

10. Development of practice across all 4 pillars

The HEE ACP framework identifies 4 pillars of advanced practice which both qualified and trainee ACPs need to encompass within their work (namely clinical practice, leadership, education and research). It is therefore imperative that employers support ACPs in developing their practice in all 4 areas to ensure they are continually working towards the national definition of advanced practice.

10.1 How employers can ensure this is achieved?

To facilitate this, it is recommended that employers ensure non-clinical working time is incorporated within the ACPs job plan; as an example, 4 hrs per week for audit/meeting attendance/teaching/anything that is not direct clinical care. The frequency and duration of time afforded to non-clinical work is to be set locally but should be discussed and shared with the ACP upon commencing the role. There should be agreement between the employer and the ACP as to what activities are permitted within this time to ensure both parties benefit from the output.

The [ACP toolkit for employers](#) supports on-going work across the sector to enhance understanding of the ACP role. It also provides support for the benchmarking of this level of practice and its application to specific roles across clinical practice, leadership and management, education and research.

10.2 Quality Metrics

The level of support afforded to ACPs to undertake work aligned to the 4 pillars will be assessed through ACP staff surveys and annual employer self-assessments.

Appendix 1

Quality Assurance Framework

This QA framework shows how standards outlined within this document will be assured to ensure that all tACPs and ACPs in the region have high-quality learning and working environments. An example is shown to illustrate how the HCV FoAP will use it as a supportive tool to help employers to continuously improve.

Each application received through the HCV FoAP for the 2020/21 financial year will be assessed against this framework from January 2021* (some elements will begin from Sep 21 in line with the new intake of tACPs).

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
1. Governance Employer has governance/training policy in place for tACPs and ACPs that encompasses quality assurance, quality improvement and risk and incident management	Comprehensive governance policy/process in place for ACPs within organisation	<ul style="list-style-type: none"> HEE application stage Annual tACP/ACP staff survey Annual employer self-assessment 	Mar 21 Jun 21 Jun 21	<i>Example – employer provides copy of governance/training framework that illustrates how tACPs will be supported, how risks will be mitigated. No support</i>	<i>Employer provides draft copy of governance/framework with timeline of planned completion. Faculty offers support with completion.</i>	<i>Example – employer has no policy in development and/or does not have the resource to develop one. Faculty works with employer to develop</i>	<i>Example – Faculty outlines here what support is required with clear timelines.</i>

				Outcomes			
Quality standard	Quality metric	Checkpoint	Review Date	Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	Support required
				<i>required.</i>		<i>action plan/ seeks peer support for organisation i.e. shares policy from another organisation.</i>	
2. Workforce Planning The employer has undertaken workforce planning using evidence-based tools	Application form outlines workforce planning has occurred	HEE application stage	Mar 21				
3. Recruitment Employers recruit staff with the right skills in the right place and at the right time to advanced practice roles	Included with the application form is: <ul style="list-style-type: none"> Evidence of recruitment strategy A job 	HEE application stage	Mar 21				

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
	description <ul style="list-style-type: none"> • A person specification • A job advert 						
4. Finances – Funding Employers apply for funding, either via HEE or via levy to support trainee ACPs in their organisation	Application form stipulates funding route and, if HEE funded, how it will be used to support trainee	HEE application stage	Mar 21				
5. Finances – salary Trainees should be paid AFC Band 7 and ACPs /AFC Band 8 to promote regional consistency and reduce movement of staff	Application form/related documents outline salary for trainee as AFC Band 7 Annual staff survey results show consistency in pay	<ul style="list-style-type: none"> • HEE application stage • Annual tACP/ACP staff survey • Annual employer self-assessment 	Mar 21 Jun 21 Jun 21				

Quality standard	Quality metric	Checkpoint	Review Date	Outcomes			Support required
				Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
6. Identifying appropriate clinical supervision ACPs are supervised in line with national or HCV Best Practice Guidelines	Application form indicates supervision requirements will be met based on local/national guidelines. Posts recruited to commencing Jan 2021 onwards will be asked for candidate name and workplace supervisor.	<ul style="list-style-type: none"> • HEE application stage • Annual tACP/ACP staff survey • Annual employer self-assessment 	Mar 21 Jun 21 Jun 21				
7. Capability and competency assessment All trainees recruited via HCV faculty funding will: <ul style="list-style-type: none"> • Complete a Masters 	A copy of capability/competency curriculum frameworks and processes for review is	<ul style="list-style-type: none"> • HEE application stage • Annual tACP/ACP staff 	Mar 21 Jun 21				

				Outcomes			
Quality standard	Quality metric	Checkpoint	Review Date	Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	Support required
<p>level qualification in advanced practice from a credentialed HEI (or due to be credentialed)</p> <ul style="list-style-type: none"> Have a robust capability framework/curriculum to work towards as stipulated in HCV Governance Framework *Have their portfolio signed-off by an ARCP (Annual Review of Competency Progression) panel (*when available) 	<p>submitted to the faculty with HEE funding application.</p> <p>ACPs/tACPs will be surveyed annually to understand how their competence is being assessed</p> <p>Employers will complete annual self-assessment</p> <p>Outcomes from ARCP meetings will inform the training of ACP supervisors universities.</p>	<p>survey</p> <p>Annual employer self-assessment</p>	Jun 21				

				Outcomes			Support required
Quality standard	Quality metric	Checkpoint	Review Date	Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	
8. Management and appraisals All employers should have clear, documented line management structures in place for all trainee and qualified ACPs	Employers have provided tACPs/ACPs with HR policies and clear explanations on processes in relation to annual appraisal, absence management and patient safety reporting ACP leads update the Faculty on quality/safety concerns and/or quality improvements	Annual tACP/ACP staff survey Regular updates from ACP leads at Faculty meetings (Quality/safety as standing agenda item)	Jun 21 Faculty meeting dates				
9. Trainee in difficulty Stringent mechanisms must	Employers have provided	Annual tACP/ACP staff survey	Jun 21				

				Outcomes			
Quality standard	Quality metric	Checkpoint	Review Date	Standard fully met	Standard partially met (Some faculty support required)	Standard not met (Faculty support required with action plan if necessary)	Support required
be in place, alongside annual appraisals, to identify the trainee in difficulty and offer heightened support	tACPs/ACPs with HR policies and clear explanations on processes in relation to the trainee in difficulty	Regular updates from ACP leads at Faculty meetings	Faculty meeting dates				
10. Employers support ACPs in developing practice in all 4 pillars to ensure ACPs work towards the national definition of advanced practice	The level of support afforded to tACPs/ACPs to undertake work is reasonable and aligned to the 4 pillars	Annual tACP/ACP staff survey	Jun 21				
		Annual employer self-assessment	Jun 21				

Developed with thanks to members of the:

- HCV FoAP
- Derbyshire ACP Collaboration Group