Humber and North Yorkshire Advanced Practitioners:
A Three Year Strategy
(2021-2024)

Model adapted with thanks from Clare Sutherland at the University Hospitals Derby & Burton NHS Foundation Trust

Introduction

This strategy has been created by members of the Humber and North Yorkshire Advanced Practitioner Task and Finish Group

Our vision is to create and retain confident, capable and adaptable Advanced Practitioners (APs) who are able and willing to contribute to system wide delivery of safe effective care for patients, their relatives and carers.

Logic models are used to highlight current issues hindering the education, capability and career development for ACPs and to identify the inputs, or activities required to achieve the desired improvement goals.

A three-year roadmap for each workstream is provided in addition to potential measures of success.

Assumptions and External Factors

Facilitators

- ✓ Protected time for education, supervision and supported professional activities can be agreed across all settings for APs
- ✓ Staff, HEI's and employers are motivated to support change
- ✓ Partner organisations work collaboratively
- ✓ Quality framework developed in 2021 is effective at improving quality and governance

Barriers

- ➤ Competitive market
- ➤ Limited sphere of influence within Primary Care
- ➤ Variable understanding of advanced practice by employers
- ➤ Limited funds available to support innovation

Projected ACP growth over the next three-year period

Based on previous year's data (shown below), the assumption based on an average for the subsequent year would be 82.

2019/20 – 78
2020/21 – 71
2021/22 – 97

However, how can we plan for the future healthcare workforce when the future is uncertain?
How do we ensure that we have a workforce that has the right skills, behaviours and values to provide high quality and safe care both now and in the future? We need to understand the demand. However to fully understand this we need to also identify the drivers of change, the things that help us to estimate what our population health needs and subsequent demand on services will be. These are:

1. Demographics or population profiles
2. Technology and Innovation
3. Social, political, economic and environmental influences
4. Current and future service models
5. Expectations of service users and staff *(HEE Strategic Framework 15 2014-2029)*

The Faculty will work with NHSEI, HEE, employers and ICS leads to explore this data for the next three-year period.

Improving access to and standardisation of education

NHS

SITUATION:
- Employers opting for education provision outside of H&NY due to unmet need and/or lack of communication with H&NY HEIs
- HEIs unable to implement some changes due to restrictive systems and processes
- Staff not meeting minimum requirements for apprenticeship i.e. need Maths and English

ACTIVITIES
- ✓ Develop employer/HEI working group focused on feedback from 2021 employer webinar to make targeted improvements

- ✓ Educate employers on the apprenticeship rules i.e. minimum entry requirements with signposting to resources
- ✓ Encourage utilisation of the apprenticeship levy

OUTCOMES:
- ➢ Curricula meet employer/workforce requirements
- ➢ Improved uptake of H&NY HEIs
- ➢ Access is improved to relevant educational opportunities
- ➢ Appropriate utilisation of funds

GOAL:

Collaborative working that demonstrates improved access and reduced variability in the provision of education across four pillars in H&NY

Increase Capability for ACPs

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SITUATION:
- The process of reviewing capability of trainee ACPs is inconsistent i.e. some organisations have ARCP
- Application of the title *Advanced Clinical Practitioner* is inconsistent, resulting in confusion for patients and employers
- Standards for support and supervision of trainees are not explicit, resulting in variation across the system

ACTIVITIES:

✓ Review the benefits and disbenefits of Annual Review of Progress (ARCP) or CASP process in H&NY

✓ Define what is meant by an 'ACP' and 'AP' in H&NY

✓ Create a local directory of APs and their education progress

✓ Develop a multi-professional model of supervision for trainee APs across the ICS

✓ Provide training for assessors & supervisors

✓ Explore strategies for supporting ACPs in difficulty

OUTCOMES:

- Agreement is reached and a review process is standardized across the ICS
- The role of ACP/ AP is understood across staff and patient groups
- Improved ability to share and review portfolio of evidence
- Regular access to appropriate support and supervision
- Support process for APs in difficulty

GOAL:

A supported, capable and accountable AP workforce which enhances patient safety outcomes

Improve Career Development for ACPs

SITUATION:
- Unwanted variation across H&NY in terms of supervision, appraisals and career development
- Limited opportunities to participate in research, education and leadership activities.
- Lack of system flexibility due to local reliance on ACPs as workforce solution.

ACTIVITIES:

- ✓ Reduce variation in appraisal, supervision and job planning via quality framework
- ✓ Create clinical academic and leadership opportunities for ACPs
- ✓ Strengthen pathway from post-registration to consultant level practice

OUTCOMES:

- ➤ APs have improved variety of experiences across the system
- ➤ Continuous professional development needs are identified
- ➤ APs are engaged in wider supporting professional activities

GOAL:

Reduced variation and increased career opportunities that maximise the retention of qualified APs within the system

Three Year Plan

NHS

1

Year 1

➢ Agree improvement objectives for HEI/employers and begin to implement
➢ Develop marketing resources for employers around apprenticeships

2

Year 2

➢ Continue to implement improvement objectives
➢ Clarify and promote H&NY educational offer on faculty website

3

Year 3

➢ Evaluate improvements
➢ Establish a community of practice for ACP Educators
➢ Three-yearly review of approved curricula.

Three Year Plan

NHS

1 Year 1

➢ ARCP system and process reviewed and/or implemented
➢ H&NY AP database created and maintained
➢ Model of supervision agreed System-wide
➢ Provision of supervisor training
➢ Establish AP supervisor forum

2 Year 2

➢ Engage with the Regional Faculty leads to explore requirements of accreditation for ARCP.
➢ Mapping of Health Education England credentials to specialities creating career pathways post qualification.

3 Year 3

➢ Accreditation of the H&NY ARCP process.
➢ Evaluation of the standards for supervision and supervisors
➢ Evaluation of any new support roles implemented as part of the strategy to ensure fit for purpose and providing value for money.

Three Year Plan

NHS

1

Year 1

➤ Establish standard processes for annual appraisal and job planning for H&NY APs based on quality framework

➤ Create clear career pathways on H&NY website

2

Year 2

➤ Launch revised appraisal process and job plans for all ACPs

➤ Develop best-practice case studies in H&NY

➤ Analysis of retention figures and development of strategies to retain the ACP workforce

3

Year 3

➤ Recruit to cross-organisational ACP posts

➤ Establish ACP leadership / clinical academic roles

➤ Evaluate appraisal and job planning process

Measures - Education

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Evidence of.. Activity/outcome/goal/ assumptions?	Measure How will you measure it	Rationale Why choose this measure?	Issues or limitations
➢ Curricula meet workforce requirements	Application form that asks why? Number of applications increased for H&NY universities	Includes subjective & objective	Multiple curricula
➢ Learning is shared across professions	Increased opportunities for Interprofessional education and learning	Measure of increased educational resources available & attendance	Time to access opportunities
➢ Access to relevant educational opportunities	Measure of increased educational resources available. Increased attendance	Measure of increased educational resources available & attendance	Cost data from various sources, varying time-frames.
➢ Transparent feedback for learner experience	Gather evaluation of opportunities	Can collate the evaluation into feedback	Will need admin support to undertake and collate
➢ Appropriate utilisation of funds	Numbers of trained ACPs	Numbers accessing the apprenticeship levy	Inability to source levy within system
➢ Improved governance of supervision	Record ACP supervisors on a directory so we have robust data -	Once there is a directory it's easier to have governance for the ICS	Time/Attracting good numbers of trained supervisors

Measures - Capability

Evidence of.. Activity/outcome/goal/ assumptions?	Measure How will you measure it?	Rationale Why choose this measure?	Issues or limitations
➤ Standardised Annual Review of Progress process	Guidelines produced for annual review process and final sign off Percentage of portfolios reviewed	Ensures a standardised approach to sign off across H&NY Provides a standard for local ARCP	Multiple curricula will necessitate training in all curricula and requirements for completion. Lack of an eportfolio makes sharing of portfolios across assessors challenging.
➤ Improved ability to share and review workplace based assessment	Successful roll out of eportfolio to all APs & supervisors	Facilitates system wide review of portfolios for assessment. Facilitates supervision from across the system.	No eportfolio currently. Would need to ensure that any eportfolio invested in can be shared with supervisors and panel chairs.
➤ Regular access to appropriate support and supervision	Evidence of timetabled supervision in portfolios and job plans Trainee feedback Increased number of standard outcomes at first submission ARCP	Ensures all ACPs both in training and post qualification have on going developmental support.	Limited numbers of supervisors in practice. Limited funding to support ACP supervision.
➤ Support process for ACPs in difficulty	All ACPs have access to support and know how to access this.	Ensure that ACPs can be supported during periods of difficulty.	No current ACP wellbeing and support in place, will require investment.

Measures - Career Progression

NHS

Evidence of.. Activity/outcome/goal/ assumptions?	Measure How will you measure it?	Rationale Why choose this measure?	Issues or limitations
➢ APs have improved variety of experiences across the system	Quality Surveys	Better career opportunities should increase job satisfaction. Quality surveys and data collected nationally could facilitate bench-marking	Individual groups of staff may not be identified through national surveys
➢ Continuous professional development (CPD) needs are identified	Proportion of annual appraisals completed Training Needs Analysis	Annual appraisals offer opportunity to identify CPD needs	Variable ways of recording completion of appraisals
➢ APs are engaged in wider supporting professional activities	Proportion of APs with Job Plans Proportion of APs undertaking additional roles, for example supervisor, mentor, research, service improvement, clinical academic	Job plans indicate proportion of time spent on clinical and non-clinical activities	Currently no way of identifying roles shared across organisations