

INFORMATION REGARDING ADVANCED PRACTICE & ADVANCED CLINICAL PRACTITIONERS (ACPs) IN GENERAL PRACTICE (DERBYSHIRE)

INTRODUCTION

Derbyshire Advanced Practice Strategy Group are seeking to address some of the issues regarding advanced practice within general practice. There is a need to standardise the advanced role and although progress has been made in certain areas general practice is proving challenging.

The Derbyshire Advanced Practice Strategy Group has funding from HEE-EM to standardise the role ensuring anyone who wishes to use the title advanced has the agreed qualification, skills, experience and competencies.

BACKGROUND

Within the acute sector, specifically Royal Derby Teaching Hospital (RDTH), great strides have been made in standardisation. The ACP title is protected. The ACP title is only given to those who have a full MSc and meet the RDTH competencies, and who work within a “generalist” role with broad as opposed to specialist skills. Trainee ACPs are frequently recruited due to the paucity of trained ACPs and are required to meet certain criteria and go through a robust selection and interview process.

Within general practice over the past 10-15 years the role of the advanced nurse practitioner has evolved. Generally this has seen nurses in a variety of new roles and resulted in much disparity. This has created confusion for employers, fellow healthcare staff and patients. The following issues in particular are of concern;

- **Multiple Titles** - triage nurses, minor illness nurse, Practice Nurse, Senior Practice Nurse, NP, ANP, ACP, Nurse Clinician, Nurse Consultant etc etc
- **Variation in Qualifications** – huge range in level of qualification from no formal training, prescribing, odd modules- other/bachelors/masters, full MSC
- **Variation in Competency** – inconsistent qualification, experience & roles mean varying competencies
- **Indemnity issues** – Advanced Roles within general practice need adequate cover and cannot be included on a practice group scheme – It is expensive to get proper cover.

WHAT ARE ACPs?

ACPs (in Derbyshire) are experienced clinicians with at least 5yrs post qualification experience of which 2 years working at a senior level. Historically most within general practice have been nurses but other clinical staff has

been working at advanced level, for example pharmacists and physiotherapists.

Within Derbyshire there are examples of general practices where ACPs are working well. ACPs are designed to work as part of the team, working alongside GPs, nurses, etc. Workforce plans have highlighted the ACP role as one which can help meet future workforce predictions and forms part of the Five Year Forward Plan (DH 2014).

The national steering group for advanced practice, along with other agencies such as the RCN and NMC have agreed that Masters level qualifications are needed to develop safe, competent practitioners capable of taking on additional knowledge and skills to meet workforce demands. The MSc qualification is to provide evidence of a practitioner's ability to critically analyse and synthesise complex information. An MSc will be in addition to a professional healthcare profession such as nursing, pharmacy or physiotherapy. Those who hold a registerable qualification will be required to undertake independent prescribing however those without such legal permission such as paramedics & Physicians Associates (PA) will not currently be able to. Paramedics are permitted to use PGDs however due to the lack of regulation PAs are unable to use PGDs.

The work in Derbyshire is closely linked to national work currently underway and the following documents are helpful to see the wider context across England and the East Midlands.

The link below will take you to the HEE Multi-professional ACP Framework launched November 2017

<https://hee.nhs.uk/sites/default/files/documents/HEE%20ACP%20Framework.pdf>

The link below will take you to the East Midlands Advanced Clinical Practice Framework, which looks at the definition of advanced practice across the four pillars

<https://www.hee.nhs.uk/sites/default/files/documents/East%20Midlands%20Advanced%20Clinical%20Practice%20Framework.pdf>

ACADEMY OF ADVANCED PRACTICE

East Midlands Post Graduate Medical Education Centre (PGME) has agreed to a Derbyshire wide pilot of an "Academy of Advanced Practice". This work is currently being developed in conjunction with PGME to help address many of the issues discussed within this paper. It is anticipated the Academy will be supported by multiple other schools reflecting the breadth of the ACP role and embracing inter-professional learning. This will be piloted in Derbyshire with the aim of rolling it out across the East Midlands and hopefully nationally.

WHAT IS NEEDED?

1. Standardised title – Advanced Clinical Practitioner (ACP) has been chosen to be used throughout Derbyshire and used across appropriate professions and reduce multiple title use. A clear understanding of what the role entails/offers by patients and health service staff will support a more effective workforce, recruitment and rotation.
2. Standardised qualification – Full MSc delivered by University (locally usually Derby, Sheffield Hallam or Nottingham). Representatives from each of the local Universities attend the Derbyshire ACP Strategy Group to ensure that MSc Advanced Clinical Practice curriculum meets service requirements.
3. Agreed competencies & assessment – Core ACP competencies for Derbyshire have been written by the DACP group and ratified through organisational governance groups. Practitioners are being assessed using work based place assessments (WBPA) such as case based discussion (CbDs) observed consultations (COTs) and Directly observed procedures (DOPs) and as such will be familiar to medical supervisors. The numbers of assessments required by trainees reflects the numbers required within foundation training. It is envisaged that eventually evidence will be compiled using an e-portfolio much like the medical model but until this time a paper record must be kept. Core ACP Competencies must be met by all ACPs regardless of their place/area of work. In addition to these core competencies each clinical area (ie surgery, medicine, community, primary care) area will have Key Clinical Presentations (KCPs) identified that they will have to demonstrate the competency to manage in their own area.
4. Appropriate indemnity cover – this is a real issue in general practice as many practitioners do not have adequate cover. The use of the title “Advanced” needs to be used judiciously. Inappropriate use can increase payments. We are in discussion with medical defence organisations to see if we can gain agreement that if we only use the title ACP for those who are appropriately qualified and we implement a standard could this be seen as a positive indicator. If so it may prompt reduced indemnity payments. It should be noted this is work in progress. It seems indemnity companies are as confused by all the disparity in roles too.
5. Appropriate work placements in varied but supportive areas, alongside the appropriate module, including paediatrics and mental health.
6. Appropriate supervision by GPs, experienced qualified ACPs enabling debrief and WPBA to be carried out to an agreed standard.
7. Funding to follow the trainee ACP to help towards backfill and supervision

8. Ongoing support including updating skills, ongoing training which will be needed for revalidation and should be incorporated into an employment contract much like a salaried GP who would have a number of Annual Leave days and a number of Study Days
9. A fair and appropriate pay scale to retain and reward highly trained, valuable and experienced staff. There is no point training these clinicians and then losing them to agencies for higher pay. The RDTH pay scale (AfC) is included at the end of this document for reference

EXISTING PRACTITIONERS

It has proven very difficult to try and ascertain how many practitioners are working in an advanced role within general practice. This is most likely to be due to the variations in practice, title and skill as detailed earlier as well as a lack of understanding regarding the role.

If we are to achieve standardisation, all new ACP roles will be required to be utilise the HEE-EM Framework for Advanced Clinical Practice (HEE-EM 2014) and Derbyshire Core Competencies (HEE 2016). However, we are extremely aware that there are existing practitioners who are working towards their MSc who will need support in order to demonstrate they fulfil the ACP criteria and also numbers of practitioner who may have been working at an advanced level for years without any opportunity to evidence this through academic study. It must be stressed this work **is not about devaluing staff** or making practitioners jump through academic hoops but is has to be recognised that if we are to solve the current issue a standard has to be set.

It is suggested that for existing staff a review of the practitioners evidence of advanced practice by the faculty of the Academy of Advanced Practice could support a review of prior learning (RPL) and as such guide any learning opportunities that a practitioner may be interested in. Practitioners that meet all competencies could be transferred across to use the ACP title and those that don't an alternative sought – most likely Nurse Practitioner (NP). Implementing this process starts the transition to a common understanding of role and title however this will need to be done over an agreed time frame

Those clinicians who want to use the ACP title and who may need to 'top up' with some academic modules would be both encouraged and supported to do this as long as an increase in skill and someone in an ACP role is required within their working area.

If the role of ACP is to be successful and effective then there is a need to ensure that appropriate clinicians are selected who will embrace the role, training and who are able to work independently at an advanced level. It is important to recognise that not all senior practice nurses or specialist nurses in chronic disease are the right candidates for an ACP role and indeed may not be interested. Recognition of the skills and knowledge of other AHP in the Primary Health Care Team is needed.

If you require any further information please do not hesitate to contact me.
Many thanks

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PAY SCALE INFORMATION used by RDTH
Agenda for Change (April 2017)

- Trainee ACP
 - Band 6 (£26,565-£35,577)
 - Band 7 if already has some qualifications/experience (£31,696-£41,787)
- Fully Qualified ACP (full MSc & working independently)
 - Band 8a (£40,428-£48,514)
- Experienced/Lead
 - Band 8b (£47,092-£58,217)
- Experienced Lead/Corporate Lead/Developmental
 - Band 8c (£56,665-£69,168)