Employer readiness for Advanced Practice

**Is my organisation ready to implement and support Advanced Practice?**

The **Readiness for AP Checklist**  is based on the key principles of the [Multi-professional framework for Advanced Clinical Practice in England](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf)and should be carried out by the AP lead (or other senior education lead responsible for AP) at an organisational, departmental/practice level and individual trainee and supervisor level. Organisations can rate their extent of readiness on a scale of 1 to 4, where 1 signifies there is no evidence and 4 signifies that the factor is fully embedded within the organisation.

An action plan with SMART objectives should be developed by the organisation in response to their self-assessed readiness and co-ordinated by the AP lead (or other senior education lead) in conjunction with colleagues and the executive sponsor.

The self-assessment is a tool available to help organisations establish their readiness and will help to inform decisions about future funding they will receive to support advanced practice. The information gathered will be collated in a way to help HEE identify areas in which we can better support employers across the South-East region to develop advanced practice.

**PLEASE ENSURE EVIDENCE IS PROVIDED TO SUPPORT YOUR SELF ASSESSMENT.**

It is also strongly recommended that organisations complete the [Centre for Advancing Practice 'Governance Maturity Matrix'](https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/) to formatively self-assess their progress on the governance of advanced practice.

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| Name of Organisation/ Primary Care Hub / Trust: | |
| Completed by:  Name & Job title Date | Executive sponsor:  Name & Job title Date |

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| **Organisational level** | | | |
| **METRIC** | **Examples of evidence in your organisation** | **RATING** | **SUPPORTING EVIDENCE** |
| There is clear understanding, support, and commitment for AP roles at executive and director level of the organisation | Named executive sponsor | Choose an item. |  |
| There is named strategic leadership and operational leadership for AP | Job descriptions, organisational chart | Choose an item. |  |
| To ensure patient safety, we have clear governance and support arrangements for AP | Governance systems, policies, strategies | Choose an item. |  |
| The organisation has implemented the Centre for Advancing Practice 'Governance Maturity Matrix and has formatively assessed progress against the domains. | Centre for Advancing Practice Governance Maturity Matrix | Choose an item. |  |
| There is a business case to underpin the workforce planning for AP level roles to maximise their impact, including standardised titles and banding and a succession plan where appropriate | Business cases, workforce plans | Choose an item. |  |
| We have surveyed our staff to establish where enhanced and advanced roles already exist and have mapped existing roles against the Framework to establish where development is needed for transition to AP roles | Workforce reviews, local AP database, AP mapping tool | Choose an item. |  |
| For those on full training pathways (including apprenticeships), we have fully funded training posts with agreed on-the-job protected learning time and off-the-job study leave for all AP level roles | Job descriptions, job plans, AP apprenticeships | Choose an item. |  |
| We have robust processes for recruitment and selection into AP level roles and for monitoring progress and certifying completion of training | AP strategy document | Choose an item. |  |
| All AP supervisors have time specified in their job plans for supervision of AP (minimum 1 hour per week) | Job plans | Choose an item. |  |
| We have clearly defined substantive AP posts for trainees to move into on completion of their training | Job descriptions, job plans, workforce plans | Choose an item. |  |
| We have processes to ensure that the HEE supervision fee (£2600 per trainee per year) is accessible at service level | AP strategy document, communications, minutes of meetings | Choose an item. |  |
| We provide support, training and induction for staff who supervise clinicians in AP roles in training and beyond | AP strategy document | Choose an item. |  |
| We have discussed our plans for AP with our ICS/STP and Local People Boards | Communications, minutes of meetings | Choose an item. |  |
| We have opportunities for trainee APs to develop capability across the four pillars via placements or rotations in other areas, supported by skills-specific supervision | Examples of rotations or placements | Choose an item. |  |

**Key:**

1. No evidence of this | 2. Limited evidence in place | 3. Evidence is in place but not embedded across the whole organisation | 4. Fully embedded within the organisation

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| **Departmental or General Practice level** | | | |
| **METRIC** | **Examples of evidence in your organisation** | **RATING** | **SUPPORTING EVIDENCE** |
| The purpose and scope of AP roles in patient pathways are clearly articulated | Job descriptions, workforce plans | Choose an item. |  |
| We have in-house training pathways for AP, with speciality-specific curricula or core and specialist capabilities that encompass all four pillars of the Framework | Training pathway documents, curricula, competencies | Choose an item. |  |
| We have planned AP supervision in the context of existing learners and staff | Clinical supervision timetables/plans | Choose an item. |  |
| Each AP trainee has a named supervisor who is familiar with the requirements of AP | Workforce reviews, local AP supervisor database | Choose an item. |  |
| We have mechanisms for evaluating the impact of AP roles | Service evaluations | Choose an item. |  |
| Workplace assessment of AP trainees is carried out by competent assessors who are familiar with the assessment tools | AP strategy, workforce reviews | Choose an item. |  |
| We have links with speciality-specific AP networks eg: Royal College of Emergency Medicine, Faculty of Intensive Care Medicine | AP strategy, network events | Choose an item. |  |
| Self-funding AP trainees (who may be outside the organisational AP strategy) are supported, where appropriate, to integrate their roles into service needs for maximum impact | Individual learning plans, business cases | Choose an item. |  |
| **AP Trainee and Supervisor level** | | | |
| **METRIC** | **Examples of evidence in your organisation** | **RATING** | **SUPPORTING EVIDENCE** |
| Potential AP trainees meet the university entry requirements and are prepared for the demands of education and training for AP | AP recruitment and selection strategy | Choose an item. |  |
| AP trainees have an agreed scope of practice and there is a clear strategy for them to evidence their competence and progression. | Job descriptions, job plans, curriculum frameworks, competency frameworks | Choose an item. |  |
| AP supervisors have completed training in supervision and have on-going support for their role | Workforce reviews, local supervisor database | Choose an item. |  |
| There are support networks for both trainees and supervisors (in-house, ICS/STP-wide or speciality specific) | Local supervisor database, supervisor networks/events | Choose an item. |  |
| **Action plan to address factors self-assessed at 1, 2 and 3:** | **SMART (Specific, Measurable, Attainable, Relevant, and Time-Bound) Objectives:** | | |

**Key:** 1. No evidence of this | 2. Limited evidence in place | 3. Evidence is in place but not embedded across the whole organisation | 4. Fully embedded within the organisation