

Case Study

ADVANCED PRACTICE



Craig Barlow
Advanced Clinical Practitioner (Paramedic)
Primary Care

What was the driving force behind developing the AP role in your speciality?

With the ever-growing need and demand on health care services, Advanced Practice (AP) roles within primary care offer huge benefits to patient care and service delivery. Having previously worked as an AP within an urgent care setting, it was easy to see the benefits that an Advanced Practitioner (AP) could bring to primary care. Primary care is no stranger to the current workforce crisis, so it felt that working as part of a wider MDT, I could bring a wide range of additional skills to support the team, enhance patient care, experience and service delivery.

Tell us a bit about your career progression and your journey to becoming and AP?

Having completed my MSc in Advanced Practice in early 2017, there were very little opportunities for paramedics to work at AP level. Early on in my career I had always aspired to work as an AP and eventually at consultant level practice. Shortly after completing my MSc I was fortunate enough to be appointed into a senior leadership role, where I negotiated the ability to work across the 4 pillars as part of my role, identifying & developing the benefits that an AP would bring to the service.



What are the positives or successes of the role?

I have been fortunate to have had encouragement & support to be innovative and drive change across several organisations, working at AP level. Working collaboratively with system partners across both primary, urgent and emergency care it has allowed me to **be bold & push the boundaries**.

I have had success in introducing a wide range of AP and Additional Roles (ARRS) roles into primary care teams, which has been a proud moment for me. I have recently been appointed as an Emergency Department Consultant Practitioner in a large trust, where I will continue to drive the AP agenda & strategy.

What impact do you think the role has on patient care?

Working as part of the wider MDT and linking closely with a wide range of clinicians has allowed me to develop my knowledge, skills and competence. By doing so I have been able to evidence the benefits seen in patient care and their experiences. This role has allowed patients to be assessed & managed, safely and effectively, within a timely manner.





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Introducing change is not easy; there have been a number of challenges in this role; patient perception of an AP, GP & wider primary care understanding of the AP role, job planning and access to supervision to name but a few.

The biggest challenge by far and one of the toughest parts of the AP role, is driving change! My advice is.... 'to be bold and innovative; change your thoughts and you can change the world!'

How do you meet the four pillars of the advanced practitioner role?

Having a 'job plan' is essential to help structure my time and allow me to work across the four pillars; currently 70% of my time is spent clinically with the remaining time spent delivering education, leadership, and research. It is important to understand that research can include Quality Improvement Projects and audits, which is hugely beneficial to primary care, so it can clearly evidence the value and benefits to the AP role, within each individual practice or Primary Care Network.



Where do you see the role in 5 years' time?

The AP role has given me the experience, knowledge, confidence and education to have recently been appointed as a Consultant Practitioner within the Urgent & Emergency Care specialty. My recent appointment is testament to the fact that the skills and knowledge of an AP are transferrable between different specialities; in my case from primary care to urgent & emergency care. I will be building on the skills that my previous AP roles have given me. Developing my experience and knowledge further, to become a well-rounded Consultant Practitioner within the urgent & emergency care speciality.

Primary care pipeline: minimum time-frame and educational requirements



