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## Advanced Clinical Roles Policy

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***Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.***

Purpose of Agreement	This policy outlines the stance and expectations taken by Solent NHS Trust (the Organisation) to comply with Health Education England, professional regulatory bodies, and local initiatives in relation to Advanced Clinical Roles (covering Advanced Clinical Practice and Consultant Clinical practice).
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Document Manager (Job Title)	Advanced Clinical Practice Lead
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### Review and amendment log

Version Number	Review date	Amendment section no.	Page	Amendment made / summary	Changes approved by
1	October 2022			New policy created – it is government policy to ensure Advancing Practice roles are central to transforming healthcare service delivery; by providing enhanced capacity, capability, productivity and efficiency within multi-professional teams. The objective of this policy is to ensure that there is a consistent and standardised approach to the development, training, recruitment, identity and governance for staff working at this level.	Professional Advisory Group, Policy Steering Group, Clinical Executive Group

## **SUMMARY OF POLICY**

Advanced clinical roles are delivered by experienced, registered health care practitioners and encompasses Advanced Clinical Practice (ACP) and Consultant Clinical Practice (CCP).

ACP is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of area specific clinical competence. The Health Education England (HEE) ACP Multi-Professional Framework provides a clear and consistent approach to the development of advanced clinical practice across England.

CCP is an expert level of practice that progresses from ACP to include the strategic influence across the health care system. The HEE Multi-professional consultant-level practice capability and impact framework provides the framework for staff working at this level.

Practitioners at ACP and CCP level come from a range of professional backgrounds such as Nursing, Pharmacy and Allied Health Professionals.

The objective of this policy is to ensure that there is a consistent and standardised approach to the development, training, recruitment, governance and title and identity for staff working in these roles in Solent NHS Trust.

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## ADVANCED CLINICAL PRACTICE POLICY

### 1. INTRODUCTION & PURPOSE

- 1.1. The need for radical redesign of the NHS workforce is clearly stated by the NHS England Five Year Forward View (NHS England, 2014), the NHS England Next Steps on the Five Year Forward View (NHS England, 2017), the NHS Long-term plan (NHS England, 2019) and the People Plan (NHS England, 2020b). Ageing populations, global pandemics, the rise in those with multiple co-morbidities and complex needs and a workforce crisis, has motivated NHS leaders to consider the ideal skill mix, within their workforce, to provide the best care for patients (NHS England, 2020b). The NHS requires a broader multi-professional workforce (NHS England, 2017), working in different ways, that optimises productivity and efficiency while maintaining the focus on improving quality (National Quality Board, 2016).
- 1.2. Advanced Clinical Practitioners (ACPs) and Consultant Clinical Practitioners (CCPs) are central to transforming healthcare service delivery; by providing enhanced capacity, capability, productivity, and efficiency within multi-professional teams. Their development exemplifies a growing trend to redistribute resources on the basis of professional accomplishment rather than historical workforce hierarchies and roles, transforming the way services are delivered. Development of these roles will also allow retention of the highly skilled clinical staff required to deliver the transformation plans (Evans, 2020; NHS England, 2020b).
- 1.3. The 2017 publication by HEE of the 'Multi-professional framework for advanced clinical practice' (HEE 2017) in England provides a definition and framework of what Advanced Clinical Practice is and what the requirements for accreditation are. It provides current and future ACPs with guidance and principles that they should follow throughout their professional lives, clearly outlining a career pathway into and through the profession. Some clinical areas are developing specific frameworks, such as Primary care, learning disabilities and autism, and staff working in those clinical areas will be required to work within those frameworks as they become endorsed.
- 1.4. The 2020 publication by HEE of the 'Multi-professional consultant-level practice capability and impact framework' (HEE, 2020) provides further clarity that the Consultant level also includes putting expertise in place across the systems of health and social care. Defining the additional capability and impact practitioners working at this level should have.
- 1.5. The Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC), and the General Pharmaceutical Council (GPhC) all have standards for the professions they register which outline the need for continual development of practice, whilst ensuring the public are protected with the practitioner working within the scope of practice for which they have been trained. All staff must work to their professional code of conduct.

## 2. SCOPE

- 2.1. This Trust wide policy applies to all non-medical clinical staff (Agenda for Change bands 5-9 or equivalent) registered with the NMC, HCPC or GPhC who are locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. Medical and dental staff are outside the remit of this policy.
- 2.2. Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for an employee during the application of this policy and associated processes.

## 3. DEFINITIONS

### **Enhanced**

- 3.1. Enhanced Practice is a discrete knowledge and skill base additional to the recognised scope of practice of a profession and regulatory body. Staff may have masters level qualifications, such as a PGDip or PGCert but this usually sits within one pillar only. This level of practice is not covered by this policy.

### **Trainee Advanced Clinical Practice (tACP)**

- 3.2. Staff who are working under the job title tACP, underpinned by the Trust-wide generic trainee ACP job description and undertaking an MSc in ACP or equivalent portfolio route.

### **Advanced Clinical Practice (ACP)**

- 3.3. An advanced clinical practitioner role requires the post holder to deliver advanced clinical practice in each specialty. Advanced clinical practice is defined in the Multi-professional Framework for Advanced Clinical Practice in England published by Health Education England (HEE) in 2017 as:

3.3.1. *Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of core capabilities and area specific clinical experience. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families, and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes. (HEE, 2017).*

3.3.2. It is important to note that having a master's level degree does not grant the practitioner advanced clinical practitioner status. Evidenced achievement of the capabilities against the HEE Framework and a clearly funded role to move into are all essential components.

### **Consultant Practice**

3.4. The Consultant Practitioner role requires the postholder to deliver the highest level of expert clinical practice in their specialty and to strategically lead in that specialty in practice, education, and research across systems. This often requires a Doctoral level award or equivalent.

3.4.1. The Multi-professional consultant-level practice capability and impact framework published by HEE in 2020 state this level of practice required across the four pillars at this level are:

*Expert clinical practice: Help firmly establish values-based professional practice across pathways, services, organisations, and systems, working with individuals, families, carers, communities, and others*

*Strategic and enabling leadership: Provide values-based leadership across the care pathway, services, and systems in complex and changing situations.*

*Learning, developing, and improving across the system: Develop staff potential, add to and transform the workforce, and help people to learn, develop and improve (in and from practice) to promote excellence.*

*Research and innovation: Develop a 'knowledge-rich and inquiry' culture across the service and system that contributes to research outputs and has a positive effect on development, quality, innovation, increasing capacity and capability, and making systems more effective.*

*Consultancy in all pillars across the system: Share expertise across the system by using consultancy approaches and opportunities that have the biggest effect on practice, services, communities and populations, and add to and sustain the capacity and capability of the workforce.*

(HEE, 2020)

3.4.2. It is important to note that having a doctoral level qualification does not grant the practitioner consultant practitioner status. Evidenced achievement of the capabilities against the HEE Consultant Framework and a clearly funded role to move into are all essential components.

## **4. ROLES & RESPONSIBILITIES**

### **Chief Executive Officer**

4.1. The Chief Executive Officer has ultimate accountability for ensuring robust systems are in place to govern the levels of practice defined within this policy.

### **Chief Medical Officer and Chief Nurse**

4.2. The Chief Medical Officer and the Chief Nurse have authority and responsibility for Nursing and Allied Health Professional clinical practices and outcomes; professional regulation and clinical standards; staff training and development; governance (including compliance, risk management, patient safety and experience). They have a duty to ensure that this policy is appropriately implemented and periodically reviewed.

#### **Senior Clinical, Quality and Operational Leads**

- 4.3. In order to develop the operational and governance objectives concerning ACP and CCP there is a need for clinical, quality, and operational leaders across the trust to be familiar with this policy.

#### **Trust Advanced Clinical Practice Lead**

- 4.4. Responsible for updating this policy, leading the professional advisory group – advanced practice (PAG-AP) on national updates and changes that may influence ACP and this policy. Highlighting barriers to the development of ACP and CCP roles.

#### **Service Line Clinical Director, Operational Director and Head of Quality and Professions**

- 4.5. Responsible for the individual service line workforce strategic development plans, including the development, governance, implementation, and monitoring of ACPs within their services and for aligning the role for the benefit of the service and patients.

#### **Senior Clinical/ACP Lead within each service line**

- 4.6. Responsible for assuring compliance with the policy within their clinical areas. Responsible for ensuring the supervision of CCP, ACP and tACP roles from a clinical and education view. Ensuring tACPs follow the 'workplace Supervision for ACP' (HEE, 2020a) and fulfil the 'Minimal standards of supervision' published by HEE in 2021 have a coordinating educational supervisor, learning needs analysis, supervision contract, training plan, appropriate supervision to progress and ensure they receive appropriate career guidance.

#### **Individual CCPs and ACPs**

- 4.7. Responsible to work within the agreed set job description and their own professional scope /standard of practice. Commitment to maintain and complete their portfolio, working and evidencing across the four pillars of advancing practice, and ensure registration with the Centre for Advancing Practice, when able.

#### **Individual tACPs**

- 4.8. Responsible to work within the agreed tACP job description and plan and their own professional scope /standard of practice. Commitment to maintain and complete their portfolio, working and evidencing across the four pillars of advancing practice, and ensure registration with the Centre for Advancing Practice, when able.

#### **Partner Organisations/Stakeholders**

- 4.9. Health Education England – Southeast (HEE-SE) - Education commissioners that sit under Health Education England (HEE) who in turn sit under the Department of Health and covers the South East Region.

4.9.1. HEE-SE Advancing Practice Faculty – Advices and supports the development of advanced practice in the southeast region.

4.9.2. Higher Education Institutions (HEI's) – Universities commissioned to provide programmes of education leading to ACP professional registration



4.9.3. Hampshire and Isle of Wight Integrated Care System (HIOW ICS) workforce groups – A partnership of local NHS and local government organisations working together to improve the health and wellbeing of our local communities.

## **5. TRAINING**

- 5.1. HEE have clear guidance on the minimal standards of education and supervision for staff to train to become an ACP. This is required to assure employers, patients, carers and families that the ACP has had their education and training recognised at an advanced level.
- 5.2. All Service Line Clinical Director, Operational Director, Head of Quality and Professions, Senior Clinical/ACP Leads within each service line will be expected to refer to the associated Training of Advanced Clinical Practice Roles in Solent NHS Trust standard operational procedure/guidelines as there are specific training requirements for staff working towards or at this level.

## **6. RECRUITMENT**

- 6.1. In order to establish ACP and CCP roles, service lines will need to articulate the business case for this investment. This is part of the development of sustainable clinical delivery models to meet the future focused health and social care needs. Long- and short-term workforce transformation plans should form part of each service lines strategic business and workforce planning, utilising the ACP service line lead as subject expert and the Trust-wide ACP Lead as across organisation oversight for ACP development.
- 6.2. All Service Line Clinical Director, Operational Director, Head of Quality and Professions, Senior Clinical/ACP Leads within each service line will be expected to refer to the associated Recruitment of Advanced Clinical Practice Roles in Solent NHS Trust standard operational procedure/guidelines before advertising any tACP, ACP or CCP level role.

## **7. GOVERNANCE**

- 7.1. Health Education England has provided governance guidance and set minimum standards for supervision of trainee Advanced Clinical Practitioners (HEE 2020a; HEE, 2021). These minimum standards are required by HEE to maintain funded support for their education and supervision pathways.
- 7.2. Advanced and Consultant Clinical Practitioners require ongoing supervision and governance of their roles in compliance with the Solent NHS Trust clinical supervision policy (CLS18) and the safeguarding supervision policy (CLN027).

- 7.3. All staff in advanced clinical roles are required to undertake a yearly appraisal which must include evidence of their activities across the four pillars of practice and maintain an up-to-date portfolio that is reviewed at their annual appraisal.
- 7.4. As per the non-medical prescribing policy (MMT005) those with non-medical prescribing status must have their prescribing reviewed yearly.
- 7.5. All Service Line Clinical Director, Operational Director, Head of Quality and Professions, Senior Clinical/ACP Leads within each service line will be expected to refer to the Supervision of Trainee Advanced Clinical Practice Roles in Solent NHS Trust standard operational procedure/guidelines.

## **8. TITLE AND IDENTITY**

- 8.1. All staff on an MSc ACP course must call themselves a 'Trainee Advanced Clinical Practitioner' (tACP).
- 8.2. For staff having completed either the MSc accredited route or the SPR, the term 'Advanced Clinical Practitioner' (ACP) or 'Consultant Clinical Practitioner' (CCP) is not currently a protected title. HEE intend to recognise staff's academic capability at this level in the form of a digital staff badge.
- 8.3. To maintain credibility for the tACP, ACP and CCP roles and ensure professional integrity, appropriate titles must be utilised, and service users must be able to clearly identify staff.
- 8.4. Staff reaching the criteria set within the Title and Identity of Advanced Clinical Practice Roles in Solent NHS Trust standard operational procedure/guidelines must be coded accordingly on the Electronic Staff Record (ESR).
- 8.5. The ACP service line leads will hold a list of all appropriately trained staff in ACP and CCP roles. This must be shared with the ACP Lead. All staff must inform the ACP Lead when they complete their training and/or if they are registered with the Centre for Advancing Practice and hold a digital staff badge reflecting this. When staff gain future qualifications, are promoted or leave the Trust they must inform the ACP Lead.
- 8.6. All Service Line Clinical Director, Operational Director, Head of Quality and Professions, Senior Clinical/ACP Leads within each service line will be expected to refer to the Title and Identity of Advanced Clinical Practice Roles in Solent NHS Trust standard operational procedure/guidelines.

## **9. EQUALITY IMPACT ASSESSMENT**

- 9.1. A thorough and systematic assessment of this policy has been undertaken in accordance with the organisations Policy on Equality and Human Rights. The assessment found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith, or sexual orientation. See Appendix 1.

## 10. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 10.1. The Professional Advisory Group -Advanced Practice (PAG-AP) will meet quarterly, and each service line should have representation and report incidents that may have occurred related to the document. Any subsequent issues/findings resulting from the review should be incorporated in the new version of the document.
- 10.2. Service Line ACP Lead's will meet the ACP lead every six weeks and report incidents that may have occurred related to the document.
- 10.3. All non-compliance with this policy will be discussed at PAG-AP and cascaded to the ACP lead and Chief nurse as required.
- 10.4. Services will report compliance with supervision to the clinical director of their service line through local governance meetings as per supervision policies.
- 10.5. Any tACP in difficulty will be reported to the Lead by the tACP or their coordinating educational supervisor as per HEE trainee in difficulty flowchart (Appendix 2).
- 10.6. The policy will be effective from date of approval, relevant managers and staff as listed in the responsibilities will be aware of the policy and content prior to implementation.

## 11. REVIEW

- 11.1. This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## 12. REFERENCES AND LINKS TO OTHER DOCUMENTS

Evans C, Poku B, Pearce R, Eldridge, J; Hendrick, P; Knaggs, R; McLuskey, J; Tomczak, P; Thow, R; Harris, P; Conway, J; Collier, R (2020) Characterising the evidence base for advanced clinical practice in the UK: a scoping review protocol. *BMJ Open*;10: e036192. doi:10.1136/ bmjopen-2019-036192

Health Education England (HEE) (2017). Multi-professional framework for advanced clinical practice in England. London: Health Education England, 2017. [multi-professionalframeworkforadvancedclinicalpracticeinengland \(1\).pdf](#)

Health Education England (HEE) (2020) Multi-professional consultant-level practice capability and impact framework [Sept 2020 HEE Consultant Practice Capability and Impact Framework.pdf](#)

HEE (2020a) Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development [Workplace Supervision for ACPs.pdf](#)

HEE (2021) Minimal Standards of Supervision [Advanced practice workplace supervision- Minimum standards for supervision.pdf](#)

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National Quality Board (2016). Supporting NHS providers to deliver the right staff with the right skills, in the right place at the right time: Safe sustainable and productive staffing. London: Williams Lea.

NHS England (2017) NEXT STEPS ON THE NHS FIVE YEAR FORWARD VIEW. Available at; [NEXT- STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf \(england.nhs.uk\)](#) (Accessed 15<sup>th</sup> November 2020).

NHS England (2019). The NHS Long Term Plan. NHS England website. Available at: [www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf](http://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf) (Accessed: 15<sup>th</sup> November 2020).

NHS England (2020b). WE ARE THE NHS: People Plan 2020/21 - action for us all. Available at: [www.england.nhs.uk/wp-content/uploads/2020/07/We\\_Are\\_The\\_NHS\\_Action\\_For\\_All\\_Of\\_Us\\_FINAL\\_24\\_08\\_20.pdf](http://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf) (Accessed: 15<sup>th</sup> November 2020).

### 13. GLOSSARY

Prompt:	Insert a glossary of abbreviations / acronyms used
ACP	Advanced Clinical Practice
CCP	Consultant Clinical Practice
NHS	National Health Service
HEE	Health Education England
(HEE-SE)	Health Education England – Southeast
NMC	Nursing and Midwifery Council
HCPC	Health and Care Professions Council
GPhC	General Pharmaceutical Council
tACP	Trainee Advanced Clinical Practice
MSc	Master of Science
SPR	ePortfolio (Supported) Route
PGDip	Post graduate Diploma
PGCert	Post graduate certificate
PAG-AP	Professional Advisory Group – Advanced Practice
ESR	Electronic Staff Record
ICS	Hampshire and Isle of Wight Integrated Care System
AHP	Allied Health Professional

## Equality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation, and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

## Equality Impact Assessment (EIA)

### Step 1: Scoping and Identifying the Aims

Service Line / Department	Corporate	
Title of Change:	Advanced Clinical Roles	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To outline expectations taken by Solent NHS Trust to comply with Health Education England, professional regulatory bodies, and local initiatives in relation to Advanced Clinical Roles (covering Advanced Clinical Practice and Consultant Clinical practice).	

### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
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Sex			x	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	No	This is a policy only relevant to Solent NHS Trust. I did review other Trusts Advance Practice Policies.
Have you taken into consideration any regulations, professional standards?	Yes	In line with National Guidance and professional bodies.

### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A		
Who will be responsible for monitoring and regular review of the document / policy?	ACP Trust-wide Lead		

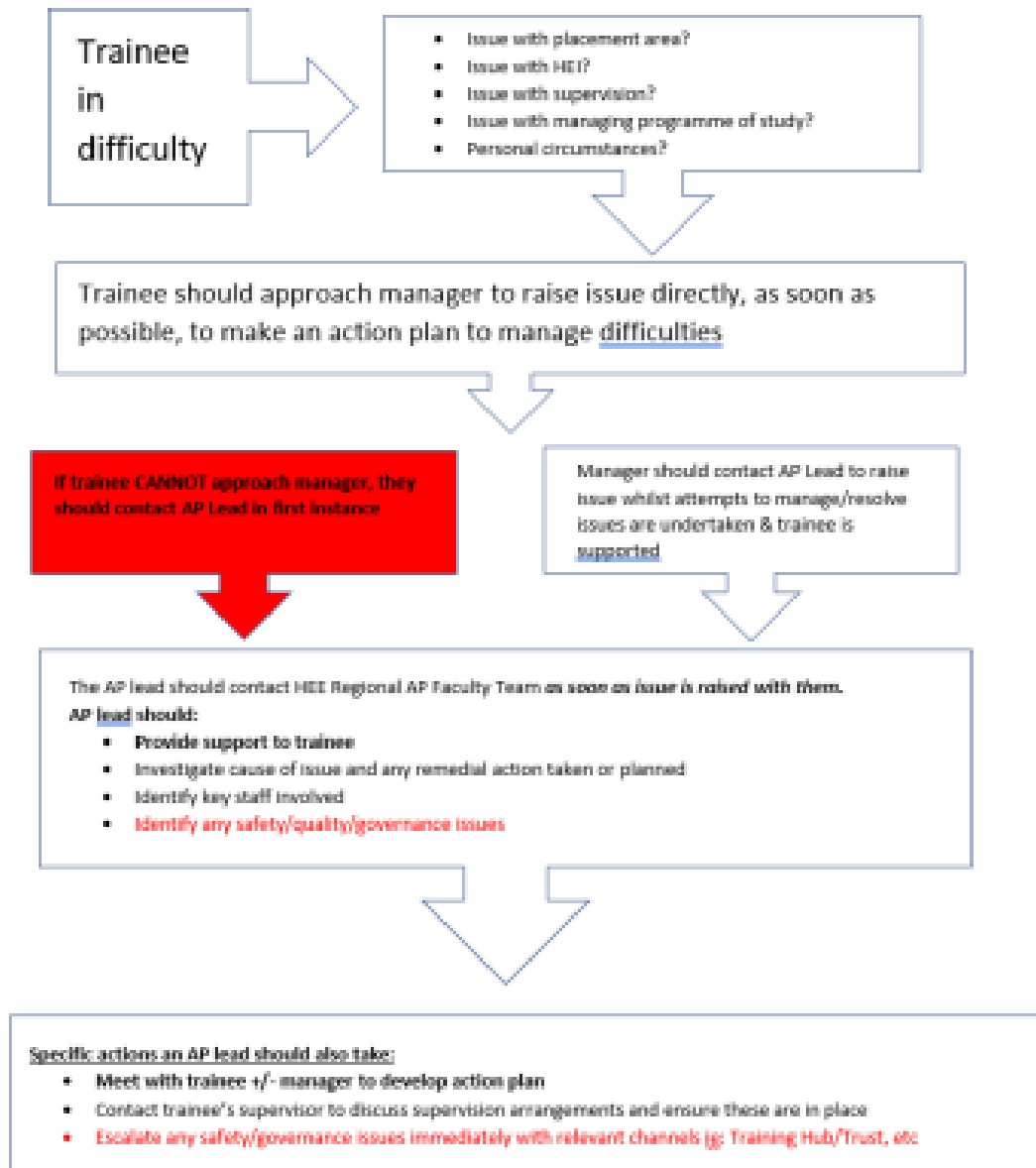
### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

Equality Assessor:	Louise Baker	Date:	24/3/2022
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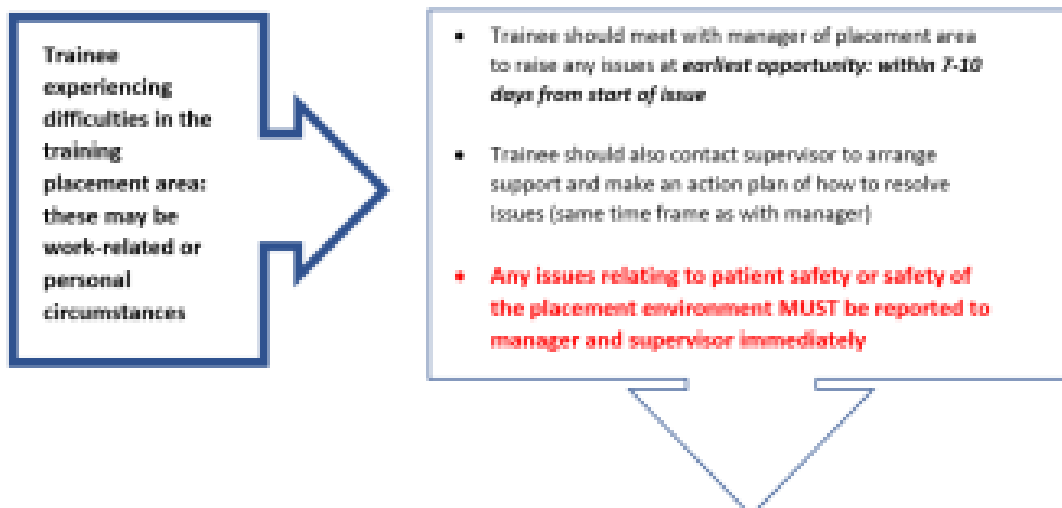
### Trainees in difficulty: general principles

There is an expectation for all Advanced Practice trainees that they are proactive in managing their learning journey. This includes acting to manage & resolve problems that may occur during the course of their training programme, with the support of their manager, supervisor, organisational AP lead and HEE Regional AP Faculty.]



Trainees in difficulty

Difficulties in trainee placement areas



- **If trainee is unable to discuss issues with manager and/or supervisor – because of absence or breakdown in relationship, for example, trainee should contact organisational AP Lead *within 7-10 days of start of issue***
- **Any concerns about safety of trainee placement and/or patient safety MUST be reported to AP Lead immediately**

- Efforts must be made to resolve any issues within the placement area, an action plan should be made by the trainee, supervisor, manager and, if appropriate, the organisational AP Lead *within 7 days of first contact*.
- The action plan should have SMART targets.
- **The trainee, manager (or supervisor) MUST contact HEE at this point, to advise that trainee is in difficulty and to share the action plan. At this stage, HEE will not take any action but will be aware of concerns.**

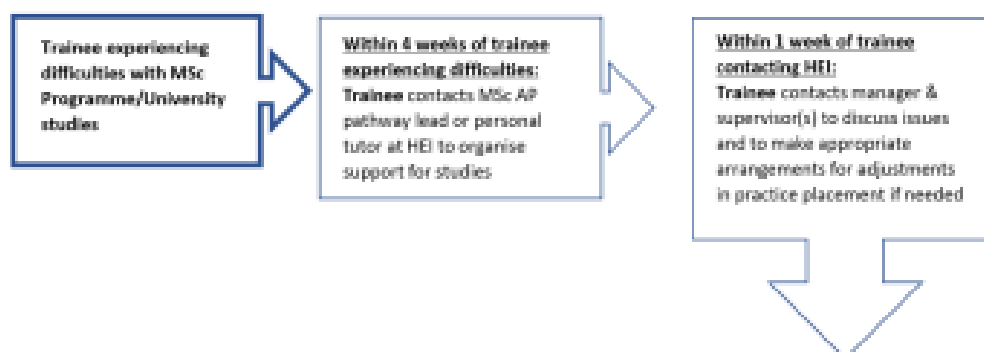
- **If issues cannot be resolved, the organisational AP Lead must discuss with HEE any plans for the trainee to move placement areas, before any move occurs (excepting emergencies)**
- **The trainee must stay in contact with manager, supervisor and AP lead (if they are involved) at regular intervals**



## Trainees in difficulty

### Difficulties with HEI studies

There is an expectation for all Advanced Practice trainees that they are proactive in managing their learning journey. This includes acting to manage & resolve problems that may occur during the course of their training programme, with the support of their manager, supervisor, organisational AP lead and HEE Regional AP faculty.



**The trainee MUST report to their manager IMMEDIATELY:**

- **If they intend to leave the programme**
- If they refer on assignments/need to resubmit assignments: these may be university assignments or practice placement assignments/portfolios/skills, etc.
- If they get into difficulties in attending required study days, and/or are unable to attend.
- If they are considering asking for a deferment, or to intermit on their programme.

The manager **MUST** report this to HEE *within 7 days of being informed of any the above by the trainee.*

If the manager cannot be contacted for any reason, the trainee should contact their supervisor instead. The supervisor **MUST** then contact HEE *within 7 days.*

Managers/supervisors should contact HEE via  
[acpenquiries.se@hee.nhs.uk](mailto:acpenquiries.se@hee.nhs.uk) and head the email 'Trainee concern'  
 all 'Trainee concern' emails will be answered within 7 days of receipt.