NHS

Advanced Clinical Practitioner
Training Guide

DERBYSHIRE FACULTY
OF
ADVANCING PRACTICE

Contents

Introduction

CLINICAL PRACTICE

LEADERSHIP

EDUCATION

RESEARCH

Advanced Clinical Practitioners are key to delivering patient centred healthcare now and in the future.

Taking responsibility for care across the primary, community and secondary sectors applying their skills to patients across the four pillars of their practice is important for patient safety, improving access to services and continuity of care.

This Training Guide is drafted to support their practice. It guides ACPs through the four pillars of clinical practice, leadership, education and research that are identified in the Framework for Advanced Practice (HEE, 2017). Using these across their practice will be significant in helping patients and their carers in health care delivery.

As part of the National Steering Group that developed the Framework, I hope that trainee ACPs find this a useful addition to their understanding.

Peter Harris
Lay Member
National Steering Group
Derbyshire Faculty of Advancing Practice

Entry Requirements

Applicants wishing to develop their knowledge, skills and behaviours to successfully work at an advanced level of practice require a sound breadth and depth of clinical and academic experience.

Registration

Applicants will be registered with the GPhC, HCPC or NMC

Education

Prospective trainees must demonstrate prior academic study to at least degree level. Level 2 maths and English must also be evidenced.

Experience

Applicants will usually have a minimum of five years post-registration experience. Check local university MSc Programme eligibility requirements.

Employment

Applicants must be employed as a trainee Advanced Clinical Practitioner for a minimum of 30 hours per week within the NHS.

Study Leave

Employers must provide the equivalent of 6 hours off-the-job time for learning and study weekly. Additional leave will depend upon individual learning needs and local service demands.

Workplace Supervision

All applicants must have a nominated workplace supervisor prior to commencing the programme.

Learning Contract

The Learning Contract is an agreement between the trainee Advanced Clinical Practitioner, their employer and the selected Higher Education Institute (HEI). It defines the roles and responsibilities of each stakeholder over the duration of the trainee's learning to facilitate the successful completion of the appropriate ACP training pathway. This includes meeting all academic requirements as stipulated by the relevant HEI in addition to a commitment to complete a portfolio of evidence via the provided ePortfolio.

GDPR
Sharing information about the trainee's attendance, academic performance and course results will facilitate timely support to optimise success. All parties must comply with General Data Protection Regulation (2018).

Higher Education Institute
The course provider ensures the trainee's eligibility for the programme of study, plans and delivers an agreed programme of education which considers prior learning and national quality standards.

Employer
The employer secures funding for the training post and programme of study, confirms pathway suitability, ensures the provision of workplace supervision, provides study leave and oversees the trainee's capability in practice.

Trainee
The trainee will identify their personal learning needs, provide evidence of eligibility, comply with policies, fulfil assessment requirements, share academic progress with their employer and develop a capability portfolio.

Training Plan
Training will usually be completed within a four-year period. Any changes to the training plan must be agreed by the HEI, trainee and employer in writing. Training can be paused by the employer or HEI at any time.
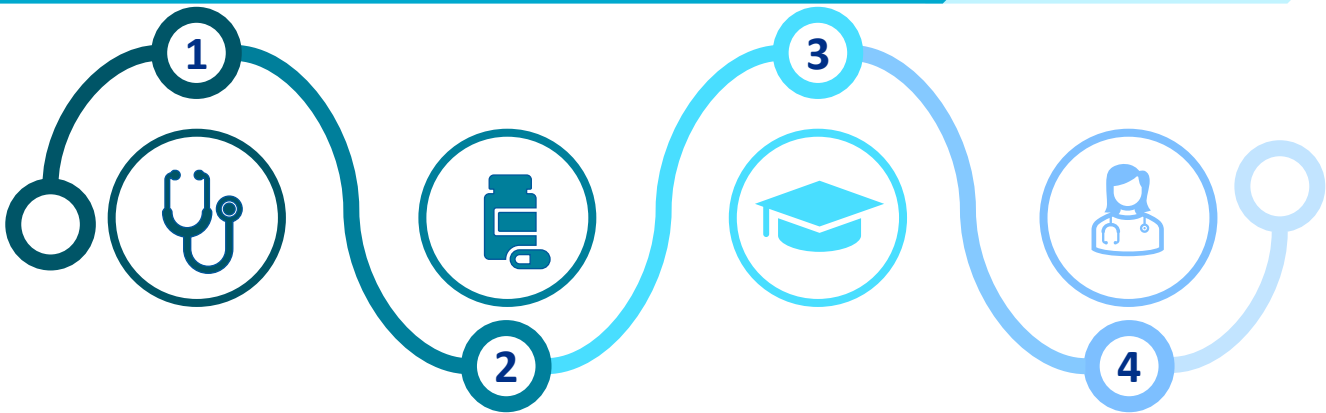
Professional Commitment
Trainees will take ownership of their learning and actively engage with educational opportunities. They will advise their managers and supervisors of any concerns or difficulties and engage with quality assurance processes.

Training Pathway

MSc in Advanced Practice (180 credits) → Consolidation

1 2 3 4

Demonstrating Independent Practice in the Workplace

The standard pathway to becoming an Advanced Clinical Practitioner is to undertake a three-year part-time MSc underpinned by a portfolio of evidence to demonstrate capability within the workplace.

Training is anticipated to be completed within four years although a longer training period is sometimes necessary. University regulations require an MSc to be completed within a six-year period.

Study leave, or off-the-job hours will be required throughout the training programme to support university attendance and other learning opportunities outside of the usual workplace.

A minimum of 15% of the trainee's working week is recommended as study leave, although additional may be required to meet specific learning objectives. Study hours can be calculated over a year and should be taken as flexibly as possible depending upon service needs and avoiding peak holiday periods.

Indicative MSc Content

Year One
Assessment and Consultation Skills

Clinical module

Year Two
Non-Medical Prescribing OR Therapeutic Interventions

Research

Year Three
Independent Study and consolidation

End Point Assessment or Elective module

Supervision & Assessment

Transitioning from an experienced professional to trainee Advanced Clinical Practitioner and developing an advanced level of accountability in clinical practice is challenging. Quality supervision can help trainees to adjust to their new professional identity, to recognise and address learning needs and to optimise workplace-based learning. Workplace supervision and assessment is undertaken by a variety of experienced clinicians.

Clinical Supervisor
- ✓ Provides a minimum of one hour supervision weekly
- ✓ Facilitates workplace-based learning and assessments
- ✓ Has an in-depth knowledge of the trainee's role
- ✓ Is a practising and experienced clinician

Educational Supervisor
- ✓ Undertakes an initial learning needs analysis
- ✓ Monitors engagement with and the quality of ePortfolio evidence
- ✓ Undertakes regular tripartite reviews with HEI & trainee
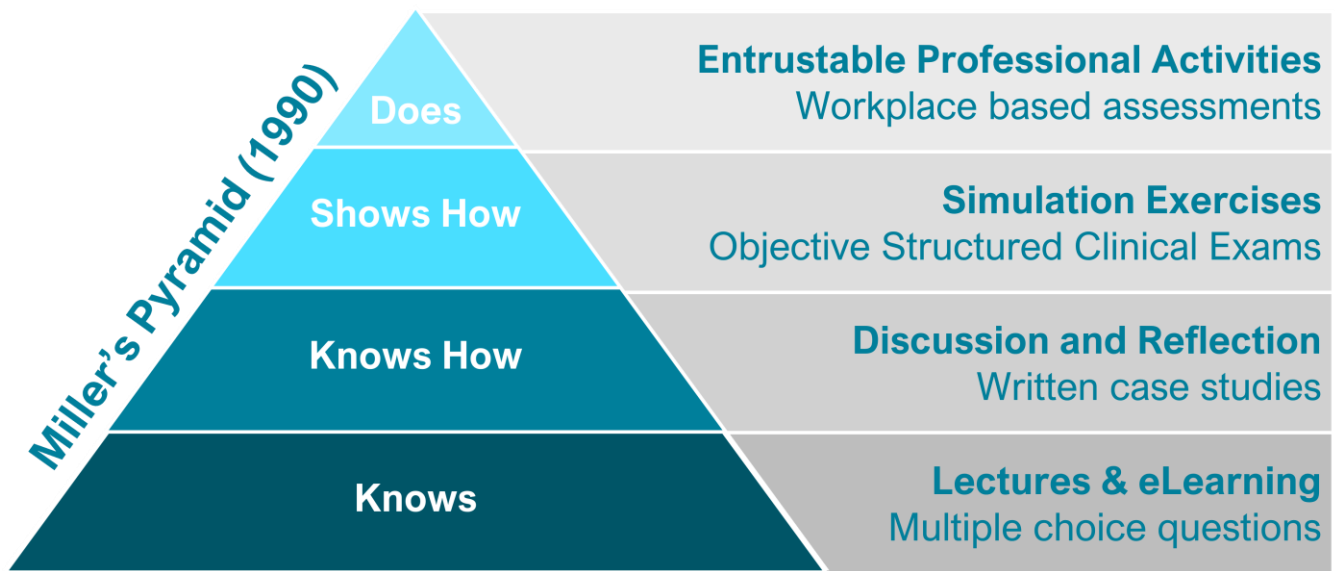- ✓ Maintains a relationship with trainee throughout training

Associate Supervisor
- ✓ Facilitates workplace-based learning and assessments
- ✓ Facilitates direct or indirect supervision
- ✓ Contributes to reviews of trainee's progress
- ✓ Provides feedback to trainee and supervisors

Supervisors will be supported to develop capabilities in supervision. Supervisors should have evidence of learning and development of supervisor capability; maintain, refresh and augment supervisor capabilities through ongoing professional development activities; and document supervisor learning and development in their individual professional development portfolio (NHSE, 2023).

Demonstrating Capability

Capability development encompasses four hierarchical processes as illustrated by Miller's Pyramid (1990). The lowest levels of the pyramid are concerned with knowledge gained through lectures and eLearning and are commonly assessed through classroom-based examinations and assignments. The highest levels of the pyramid assess cognitive and behavioural components of capability through demonstration in simulated and real-world clinical settings.

Miller's Pyramid (1990)

Level		
Does	**Entrustable Professional Activities**	Workplace based assessments
Shows How	**Simulation Exercises**	Objective Structured Clinical Exams
Knows How	**Discussion and Reflection**	Written case studies
Knows	**Lectures & eLearning**	Multiple choice questions

Capability in Practice will be demonstrated through the development of a practice portfolio which must include evidence of the successful completion of the following:

- ❑ An MSc in Advanced Clinical Practice
- ❑ Workplace Based Assessments including supervised practice assessments and case discussions
- ❑ Reflection on practice
- ❑ Self-directed learning
- ❑ Quality Improvement Project(s)
- ❑ Teaching plans, presentations and student feedback
- ❑ Multisource Feedback / Peer appraisal

Evidence of capability will be mapped to an approved curriculum framework or national credential specification. All frameworks used to demonstrate capability in practice must be consistent with the Multi-Professional Framework for Advanced Practice (HEE, 2017).

Review of Progress

Regular review and feedback on progress through ACP training is an important part of governance for HEIs, employers and trainees. Employers must have a system of capability and academic review of progress (CARP) in place. This formative process may be integrated with the organisational appraisal process but must include a review of the trainee's portfolio at least annually.

Supervisory Reports will provide insight into the trainee's progress including identification of specific learning needs and any concerns or difficulties encountered in the clinical setting.

The ePortfolio will demonstrate the trainee's engagement with workplace-based learning and will indicate their current level of supervision required in practice.

Tripartite Reviews conducted with the HEI will offer feedback on the trainee's academic performance. **Multi-source feedback reports** reflect how the trainee is perceived by their patients and colleagues.

Capability and academic progress must be judged according to the outcomes defined below and written feedback should be provided.

Annual Capability and Academic Review of Progress Outcomes

Outcome 1. Good progress. Feedback includes highlights and pointers to support continued progress.

Outcome 2A. Requires Improvement. Some gaps in evidence or quality issues. Additional support is advised with clear objectives.

Outcome 2B. Requires Improvement. Significant gaps in evidence or quality issues. Additional support required with clear objectives. Consider a planned break in studies

Outcome 3. Inadequate progress. Limited evidence and/or poor-quality evidence or failure to engage in workplace learning. Pause any academic courses until rectified. Clear objectives with review in 3-6 months.

Assessment of Capability

At the end of the training programme the trainee will submit their portfolio to a cross-organisation CARP panel. External CARP is a summative process that will provide a systematic review of academic achievements and capability across the clinical, education, leadership and research pillars of advanced practice. Prior to referral to an external panel, the trainee must have achieved an Outcome 1 at their most recent internal CARP.

Referral to CARP Panel

The employer will confirm which trainees will be considered for final sign-off with the Faculty Lead six weeks prior to convening the CARP panel.

Portfolio Submission

The trainee will submit their portfolio of evidence four weeks prior to convening the CARP panel.

Review of Portfolio

The portfolio will be reviewed by two experienced ACPs one of whom is external to the trainee's organisation. The reviewers will submit their assessments in writing using predetermined criteria.

CARP Panel

The CARP Panel will comprise a minimum of two experienced ACPs from different partner organisations plus a chairperson.

The panel will review both assessments, consider any mitigating circumstances and arrive at a judgement reflecting the summative outcomes provided in the appendices.

Outcome 1B-3:

Further evidence is required to demonstrate achievement of capabilities in practice. A full external review is required for Outcomes 2 and 3.

Outcome 1A:

Successful achievement of capabilities and exit from training programme.

Identifying Trainees in Difficulty

All trainees require support and supervision but trainees who are struggling to cope with the pressure of work and study have additional support needs. The early identification of trainees experiencing difficulties together with timely, focussed intervention may prevent escalation. Concerns may be raised by other trainees, supervisors or members of the wider team.

Early signs of a trainee in difficulty include (Mahmood, 2012):

Attendance Issues
Unexplained absences from clinical area, difficult to contact, non-attendance at teaching events, arriving late to work or frequent sickness.

Reduced Productivity
Time inefficient, expends excess energy, indecisive or excessive deferral of decisions, frequent late finishes.

Poor Insight
Unable to accept constructive feedback, defensive behaviours, counter-challenges, blaming others.

Rigidity
Rejects feedback, pointers or advice, poor prioritisation skills, uncompromising and inflexible, critical of others.

Colleagues
Colleagues avoid interactions and seeking help from trainee, complaints, communication breakdown, increase in incident reporting about trainee.

Disengaged
Missing deadlines, reduced completion of workplace-based assessments, cancellation of supervision sessions, not addressing learning needs.

Supervising a Trainee in Difficulty

Concerns about progression, performance or professionalism should be brought to the attention of the trainee by the supervisor(s) during the regular review meetings. A compassionate approach should be adopted, focussing on observed behaviours and an exploration of contributory factors and triggers.

Patient safety is paramount. The supervisor(s) in collaboration with other relevant team members must undertake a risk assessment to determine the significance of the concerns and any potential impact on patient care.

The psychological safety of the trainee is essential and signposting to well-being services is an important addition to increased levels of supervision.

1

Low Level Concerns

Gather feedback from colleagues

Meet the trainee and document the discussion

Review personal objectives and review regularly

Signpost to well-being services

Increase the level of day-to-day support

2

Moderate Concerns
In addition to the above interventions:

Monitor progress closely

Identify any reasonable adjustments required

Inform line manager and ACP lead

Consider an Occupational Health referral

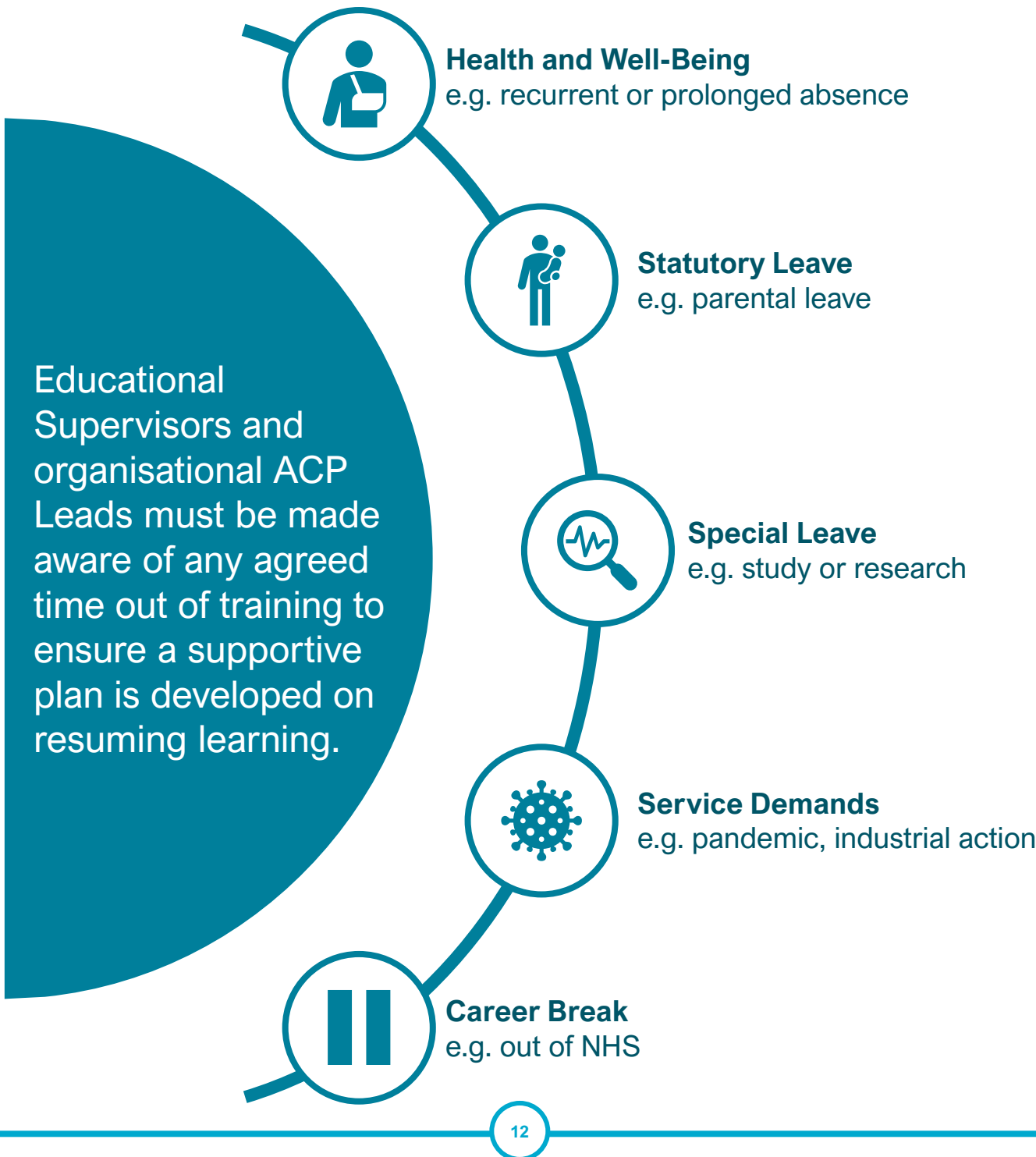Involve senior educators if performance does not improve

3

Significant Concerns
In addition to the above interventions:

Arrange regular meetings with the supervisory team

Consider a pause in academic studies

Refer to the organisational policy for managing and supporting performance

Gather further assessments of performance

Time Out of Training

Any absence from training, other than for study or annual leave, might adversely affect the trainee's attainment of capabilities in practice and the completion of the training programme. Requests for planned time out of training must be made in writing and supported with evidence of need. Any pause in academic studies must consider the six-year time restriction for completion of an MSc award.

Health and Well-Being
e.g. recurrent or prolonged absence

Statutory Leave
e.g. parental leave

Educational Supervisors and organisational ACP Leads must be made aware of any agreed time out of training to ensure a supportive plan is developed on resuming learning.

Special Leave
e.g. study or research

Service Demands
e.g. pandemic, industrial action

Career Break
e.g. out of NHS

References

Health Education England (2017) Multi-professional framework for advanced clinical practice in England [Online] Available at www.hee.nhs.uk

Mahmood T (2012) Dealing with trainees in difficulty. Facts Views and Vision: Issues in Obstetrics, Gynaecology and Reproductive Health 4(1):18-23

NHS England (2023) Advanced Practice Supervisor Capabilities [Online] Available at https://advanced-practice.hee.nhs.uk/

Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Academic Medicine.65(9): s63–s67

Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Text with EEA relevance)

Appendices

Contract of Learning

Capability and Academic Review of Progress:

Criteria and feedback form

Decision aids

Outcomes

Quality Improvement Project Assessment Matrix

CONTRACT OF LEARNING FOR DERBYSHIRE ACP TRAINEES
(NON-APPRENTICESHIP ROUTE)

Name of Trainee:	
Employing Organisation:	
Higher Education Institute:	
Date of Commencements:	

Section 1

1.1 Introduction

Becoming a qualified Advanced Clinical Practitioner (ACP) requires a significant commitment from the employer, the chosen Higher Education Institute (HEI), but primarily from the trainee themselves.

Progression to a qualified ACP requires the successful completion of a Masters' degree (MSc) in Advanced Practice or another relevant health care-related subject along with submission of a portfolio of evidence that is subject to approval by an external review panel. The final completion of an appropriate MSc must be within the timeframe stipulated by the relevant HEI from the original enrolment on the pathway (6 years for most HEIs). ACP Trainees who do not hold a relevant academic award or only hold part of the required academic award may receive support from their employer to access a programme or modules to achieve a relevant MSc; however, this may depend on the individuals' agreement with their employer and may or may not constitute part of their contract of employment.

Trainee ACPs are required to obtain sufficient evidence to demonstrate the acquisition and achievement of required capabilities and competencies relevant to the role against an approved curriculum, whilst demonstrating a reasonable level of progression and development as set out in the Derbyshire ACP Training Guide. It is mandated that evidence should be collected using the provided ePortfolio.

This document is designed to be used alongside the Derbyshire ACP Training Guide, the Multi-professional Framework for Advanced Clinical Practice in England (2017), the trainee's contract of employment and any other relevant local policy documents. It is intended to be initiated when an individual starts a relevant ACP training programme and should remain in place for the duration of their training in recognition of the level of commitment from all stakeholders.

1.2 Scope

This document applies to any clinician employed in a trainee ACP role within the Derbyshire Integrated Care System, including Derbyshire Community Health Services, University Hospitals of Derby & Burton , Chesterfield Royal Hospital NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Derbyshire Health United and primary care within Derbyshire.

This document does not cover trainees on an apprenticeship pathway as the law surrounding apprenticeships require a specific agreement which forms part of a contract of employment. However, for reasons of consistency, where possible this document will reflect the apprenticeship agreement, and use common nomenclature.

This document also does not apply to practitioners undertaking supported portfolio routes, physicians' associate/assistant roles or anyone not undertaking an advanced clinical practice trainee role.

1.3 Purpose

Within Derbyshire, to standardise the route as much as possible, this document forms a tripartite agreement between the trainee Advanced Clinical Practitioner, their employer and the selected Higher Education Institute (HEI) regarding roles and responsibilities of each stakeholder over the duration of the trainees' learning to facilitate the successful completion of the chosen ACP training pathway. This includes the meeting of the academic requirements as provided by the relevant HEI and a commitment to complete a portfolio of evidence via the provided ePortfolio.

Section 2

Sharing of Information and Data Protection:

The following section outlines the terms and conditions of the learning contract with regards to the General Data Protection Regulation (GDPR) and the sharing of relevant information, specifically the trainee's record of attendance and sharing of academic performance between the HEI and the employer. This does not relate to any data held for purposes outside of this learning contract:

2.1 GDPR Compliance:

All parties involved in the learning contract must comply with GDPR when handling personal data. Personal data includes any information relating to an identified or identifiable individual.

2.2 Purpose:

The HEI and employer may share relevant information about the record of attendance of the trainee, updates on the academic progress and performance of the trainee including results of academic modules and will only be shared if it is necessary to fulfil the obligations of the learning contract.

2.4 Data Protection:

The HEI and employer will ensure that personal data is protected and secured in accordance with GDPR regulations. All personal data will be kept confidential and only authorised personnel will have access to it.

2.5 Retention of Information:

Personal data will only be retained for as long as necessary to fulfil the purpose of the learning contract, after which it will be disposed of in accordance with GDPR regulations.

2.6 Access and Rectification:

The trainee has the right to access their personal data and to request rectification if it is inaccurate or incomplete.

2.7 Agreement to sharing of data as specified:

I, _____agree to the sharing of relevant data between the chosen HEI and my employer for the purposes outlined above.

Signature of Trainee:	
Name of Trainee (printed):	
Date of signing:	

Section 3

This section identifies the roles and responsibilities of each stakeholder and should be adhered to as far as possible.

3.1 Responsibilities of HEI:

- Work with the employer and trainee to identify the most suitable training pathway.
- Check the eligibility of the trainee for the required training pathway.
- Check the employer has a contract of service with the trainee which is long enough to complete the training/modules successfully (as appropriate).
- Check the employer had agreed that the chosen training pathway is the most appropriate learning for the individual.
- Devise a plan of academic study taking into consideration prior learning, knowledge skills and behaviours, to allow for completion of the training programme.
- Check the employer acknowledges that the trainee requires off-the-job training time over the duration of the training period to attend the HEI.
- Check that the employer will give the trainee appropriate support and provide the necessary supervision (supervisors).
- Deliver the agreed programme according to the requirements of that programme including:
    - o   Provision of an induction programme to the trainee.
    - o   Provide appropriate learning materials to the trainee.
    - o   Keep a record of trainee non-attendance at scheduled training sessions and where there is concern, report to the employer.
    - o   Manage/oversee the delivery and quality of education provided by any other party (subcontractors).
    - o   Advise of any changes to the programme at the earliest opportunity.
- Seek to resolve any complaints made by the trainee/employer.

3.2 Responsibilities of Employer:

- Work with their selected HEI and the trainee to identify the most suitable training pathway.

- Aid the HEI in the eligibility checks of the trainee and ensure they have been carried out.

- They have agreed that the chosen pathway is the most appropriate learning programme for the individual.

- That they have agreed that prior learning has been considered with the design of their training pathway.

- That the trainee has sufficient opportunity in their job role to gain the knowledge, skills and behaviours needed to achieve the desired outcome.

- To ensure that the trainees are provided with the appropriate support and supervision to carry out their job role and are allocated supervisors.

- Provide the trainee with supervision and study time that reflects 15% of their contracted weekly hours over the duration of the training period.

- Deliver educational opportunities as appropriate.

- Provide the trainees with opportunities to practise new skills in the work environment.

- Inform trainees/HEI of any changes to the requirements of the training at the earliest opportunity.

- Assist the HEI in collecting evidence of supervision and study time (where relevant information is held by the employer).

- Contribute to tripartite progress reviews with the trainee and HEI.

- Agree with the trainee and HEI when learning is complete, and the trainee is ready to complete their training.

- Seek to resolve any complaints brought by the trainee/HEI.

3.3 Responsibilities of Trainee:

- Work with the employer and selected HEI to identify the most suitable training pathway.

- Provide the HEI and employer relevant information to assist in learner or programme eligibility checks.

- Comply with any policies and procedures as outlined in this commitment statement.

- Attend all required supervision and study time and workshops timetabled as part of the HEIs academic requirements (or notify the HEI and employer in advance where possible of non-attendance).

- Commit to the learning activities required in each module, including any additional self-study and research.

- Complete any coursework, assignments and exams required to achieve the requirements of the HEI's academic programme.

- Take responsibility for recording all supervision and study time activity.

- Assist the HEI/employer in collecting evidence of supervision and study activity not delivered by the HEI.

- Share all results of academic modules with employer.

- Attend and contribute to the progress review meetings.

- Keep a portfolio of evidence that is mapped to an approved capability framework via the provided ePortfolio, which must be submitted for both internal review when requested (minimum annually) and external panel review prior to completion of training.

- Agree with the employer and HEI when learning is complete and are ready to submit ePortfolio for final review.

- Bring any issues to the attention of the employer/HEI, including any learning support/health issues that might affect the plan of training at the earliest opportunity.

3.4 Professionalism & Commitment of Trainee:

- The trainee must always engage with the training programme and abide by the conditions and responsibilities of their employment and that of their education provider whilst in a training post. This can be demonstrated by:

- Taking ownership of own learning – The ACP trainee is an adult learner and as such should be comfortable with an element of self-directed study.

- Active participation in the learning process by taking advantage of actions and projects that relate to their learning.

- Be familiar with the requirements for successful completion of the programme and keep up to date with any changes to the requirements that may occur.

- Actively engage with the educational, supervised learning and assessment process which includes core training sessions and meeting regularly with their supervisors.

- Maintain an up-to-date ePortfolio and make it available for discussion when required.

- Wherever possible, utilise a broad range of assessors when undertaking structured learning events/WPBAs.

- Keeping their supervisors informed of their progress and alerting them at the earliest opportunity to any concerns or difficulties with their progress or the quality of their training.

- Supervision and study time should only be used for activities relevant to the development of the trainee and/or the role for which the trainee has been employed.

- Demonstrate professional behaviour and abide by the professional code of conduct as stipulated by the regulatory body of their base profession and the core values of the employer.

- Actively engage in systems of quality assurance which may include quality improvement, audit or research projects and includes but is not limited to completion of the national training survey and other surveys available through NHS England.

- Share knowledge – use what you have learned to help educate others.

- As an employee of your organisation, support your colleagues and relevant leadership team.

- Read and abide by the standards laid out in the Derbyshire Faculty of Advancing Practice Training Guide.

Section 4

This section relates to changes to the training pathway and remediation of academic modules.

4.1 Adjustments to Training Plan

It is recognised through experience that most trainees in Derbyshire will take around 4 years to complete the academic study and to have demonstrated the core competencies within the portfolio of evidence. However, it should be noted that the training plan can be amended, and the length of training may change accordingly. Any changes to the original training plan should be discussed and involve the trainee, chosen HEI and employer. Any changes to the original training plan must still meet the academic requirements of the programme and must still comply with the timeframe stipulated by the chosen HEI for completion of the academic pathway (usually within 6 years of enrolment). Circumstances which may result in variation from the original training plan may include but are not limited to:

• Planned Time out of Training– see section 4.2.

• Deferring of an academic module.

• Remediation of an academic module – see section 4.3.

• Parenting leave.

• Prolonged absence through ill health.

• The HEI's module calendar.

4.2 Time out of Training:

A request for Time out of Training should only be taken after careful consideration and discussion between all relevant stakeholders and should include a review of progress to date. This discussion should take place at the earliest opportunity to understand any potential impact this may have on the ability of the trainee to complete their training within the time specified by the chosen HEI.

4.3 Remediation

Where the trainee has not achieved a pass in any individual HEI module, the trainee will not enrol on to subsequent modules without the express permission of both their employer and the relevant HEI. This is to avoid overextending the trainee and any potential impact on their ability to complete their training. Where a module is not passed despite remediation or if a trainee requires regular remediation, advice from the People Services department will be sought, and formal capability processes may be initiated as per the employing organisation's policy.

Section 5

This plan should be formulated at the beginning of the training process. It should reflect the most suitable training pathway agreed upon between the employer, HEI and trainee and should consider relevant prior learning. In alignment with the apprenticeship pathway, it is stipulated that supervision and study time should reflect a minimum of 15% of the trainees' contracted weekly hours throughout the duration of their training. This may include time allocated for scheduled learning at the chosen HEI, self-directed study, mandatory training, shadowing and participation in quality improvement, audit or research projects.

Trainee Details	
Name:	
Place of Work (employer name and location):	
Higher Education Institute (HEI):	
Relevant Pre-existing Learning: (i.e. Valid Level 7 Credits)	
Expected Start Date of Training:	
Academic Programme:	
Year 1:	
Year 2:	
Year 3:	
Year 4:	
Expected duration of academic training (months):	
Planned amount of supervision and study time (hours):	
Expected end date of academic programme ((no more than 6 years from start date):	
Supervision	
Clinical Supervisor(s):	
Educational Supervisor:	
Additional learning support identified prior to start of training:	
Completion of Training	
Expected Date for Final Portfolio Submission:	

5.2 Final Agreement:

I confirm that I have read and understood this document and agree to abide by the relevant responsibilities highlighted within it.

	Name	Signature	Date
Trainee			
Employer			
HEI			

CARP Assessment Criteria

Evidence submitted to the ePortfolio will be assessed according to the criteria below. Written feedback will be provided after each panel meeting.

Quantity

The minimum requirements for satisfactory progress for each training year are set out in the CARP Decision Aid.

Quality

The evidence should be well-presented, written in good English and should demonstrate reflection on feedback and learning.

Reliability

There should be evidence of multiple assessors contributing to the portfolio. A reasonable level of agreement across different raters must be achieved.

Validity

Evidence must be mapped to an approved curriculum, for example the multi-professional framework. There must be evidence of capability across all four pillars.

Currency

Evidence that predates the commencement of training is discouraged. All evidence must be no more than five years old. The trainee should demonstrate engagement with the portfolio throughout the training period.

CARP Decision Aid

Below are the minimum indicative requirements to evidence capability. Training may take longer than three years and individual targets should be set according to trainee's learning needs and breaks in training.

Educational Supervision (ES)

The educational supervisor is responsible for promoting engagement with the ePortfolio and monitoring the quality of evidence.

Year 1	Year 2	Year 3
Quarterly ES reviews	2 ES reviews	2 ES reviews

Clinical Supervision (CS)

Quarterly reviews must be completed by a supervisor who has supervised the trainee's clinical work.

Year 1	Year 2	Year 3
Quarterly CS reviews	Quarterly CS reviews	Quarterly CS reviews

Capabilities in Practice

Trainee ACPs should record self-ratings to facilitate discussion with their ES. The ES should review the evidence to provide overall entrustability ratings for each capability statement annually. Employing organisations may indicate specific capabilities that should be achieved at each stage of training.

Year 1	Year 2	Year 3
ES confirms evidence shows trainee is working under direct or indirect supervision. Evidence is mapped to at least 1/3rd of the capabilities.	ES confirms evidence shows trainee is working under indirect supervision. Evidence is mapped to at least 2/3rd of the capabilities.	ES confirms evidence shows trainee is working under indirect supervision or independently. Evidence is mapped to all the capabilities.

Workplace Based Assessments

Clinical Examination and Procedural Skills (CEPS) are mandatory in Year 1 to assess capability in examining the cardiovascular, respiratory, abdominal, musculoskeletal, and neurological systems.

Procedural skills specific to role must be agreed with the ES and recorded on *Practical Procedures: Agreed Capabilities (PPAC)* form in Year 1.

Quarterly ACATs are mandatory for final year secondary care trainees only.

Year 1	Year 2	Year 3
8 COTs	8 COTs	8 COTs
8 EBDs	8 EBDs	8 EBDs
5 mandatory CEPS	50% role-specific	All role-specific
Completed PPAC form	practical procedures	practical procedures

Multi Source Feedback (MSF)

MSF must be sought from at least six individuals including managers, supervisors, peers, colleagues, and direct reports from within the multi professional team. An MSF is encouraged for each placement occurring within the year. Patient feedback should be collected annually.

Year 1	Year 2	Year 3
1 MSF	1 MSF	1 MSF

Quality Improvement Project

QI project plan and report to be completed. Evidence will be assessed by an external reviewer using the *Quality Improvement Project Assessment Matrix (QI-PAM)*.

Year 1	Year 2	Year 3
Participating in QI activity (e.g. local audit, mortality reviews).	Participating in QI activity. QI project plan complete.	Completion of QI project rated as good or outstanding using QI-PAM.

Teaching & Learning

Teaching and learning activities should take place in the workplace and not exclusively as part of academic studies. Teaching and learning activities should include case presentations, group teaching, mentoring and supervision of colleagues.

Feedback on teaching should be sought from learners using the Student *Evaluation of Teaching* form (SET) and from an experienced educator using the *Direct Observation of Teaching* form (DOT).

Year 1	Year 2	Year 3
6 SETs 1 DOT	6 SETs 1 DOT	6 SETs 1 DOT

Academic Progress

Academic progress should be evidenced through ES reviews, completing *Academic Module Reflection* forms after each module and uploading assignment feedback to the Personal Library.

Year 1	Year 2	Year 3
Academic module reflections. Assignment feedback.	Academic module reflections. Assignment feedback.	Academic module reflections. Assignment feedback. Certificate of MSc Award

CARP Outcomes:
Formative Assessment (internal review)

Outcome and Descriptor	Action Plan
1. Good	
1A Successful demonstration of all capabilities across clinical, leadership, educational and research pillars of practice. Working in practice with minimal supervision.	• *Refer for submission for external review of portfolio.*
1B Consistent progress towards meeting capabilities in practice. Regular engagement with portfolio across all four pillars of advanced practice.	• *Provide feedback to support continued progress.* • *Continue ACP training pathway*
2. Requires Improvement	
2A Reasonable progress toward meeting capabilities in practice. Engagement with portfolio may be sporadic, some pieces of evidence are missing (see CARP Decision Aid) and/or the quality of some of the evidence could be improved.	• *Provide feedback with clear objectives* • *Continue regular review by supervisor(s)* • *Review portfolio no sooner than 6-12 months*
2B Some progress toward meeting capabilities in practice. Engagement with portfolio may be sporadic and several pieces of evidence are missing (see CARP Decision Aid) and/or the evidence submitted is of an insufficient quality.	• *Provide personal development plan with clear objectives* • *Increase frequency of supervisory reviews* • *Consider a pause in academic studies* • *Review within 6 months*
3. Inadequate	
Limited progress toward meeting capabilities in practice. Engagement with portfolio is poor and significant evidence is missing (see CARP Decision Aid) and/or the evidence submitted is of an insufficient quality. There may be concerns about the trainee's ability to work without direct supervision.	• *Pause any academic study* • *Arrange monthly supervisory reviews* • *Review portfolio in 3 months' time* • *Refer to organisational policy for managing and supporting performance.*

CARP Outcomes:
Summative Assessment (external review)

Outcome and Descriptor	Action Plan
1. Good	
1A Successful demonstration of all capabilities across clinical, leadership, educational and research pillars of practice. Working in practice with minimal supervision.	• *Celebrate completion of training programme.*
1B Successful demonstration of capability across at three of the four pillars of practice. Additional portfolio evidence required to strengthen one pillar of practice. Working in practice with minimal supervision.	• *Award Outcome 1A upon the satisfactory submission of the additional evidence to ACP Lead, external reviewer or Panel Chair within 3-6 months.*
2. Requires Improvement	
Evidence fails to demonstrate capability across two or more pillars of practice and/or significant pieces of evidence are missing, or the evidence submitted is of an insufficient quality.	• *Extend duration of training programme for 3-12 months* • *Provide a personal development plan with clear objectives* • *Arrange regular review by supervisor(s)* • *Resubmit to panel for external review within 12 months.*
3. Inadequate	
Evidence fails to demonstrate capability across two or more pillars of practice and/or substantial pieces of evidence are missing, or the evidence submitted is of an insufficient quality. There may be persistent failure to engage with the portfolio and/or the trainee requires significant support to improve the quality of the evidence.	• *Refer to organisational policy for managing and supporting performance.* • *Consider releasing from ACP training programme.*

Quality Improvement Project Assessment Matrix (QI-PAM)

RATING SCORE:	4 = Outstanding	3 = Good	2 = Requires Development	1 = Inadequate	
Domain	**Outstanding**	**Good**	**Requires Development**	**Inadequate**	**Score**
Problem Definition	The problem is clearly defined, supported by local data. QI tools e.g. process mapping etc. used to aid understanding of the issue.	The problem is clearly defined and supported by national mandate and/or empirical studies.	The problem is ill-defined and/or based upon personal experience alone with limited evidence of gaps in care provision.	The problem is ill-defined and there is little context to support the quality improvement project.	
Aims and Objectives	Aims and objectives are explicitly identified and are specific, measurable, achievable, relevant, time bound (SMART) with clear accountability.	Aims and objectives are identified, but do not fulfil all the SMART criteria. There is some evidence of accountability and ownership.	The project has a general goal but aims, objectives and accountability are not explicit.	The project has unclear aims, objectives, goals and accountability.	
Stakeholders	Key stakeholders are identified prospectively and align to aims and objectives. There is evidence of engagement across professions or organisations.	Stakeholders are identified prospectively and align to aims and objective. There is an attempt to actively engage with stakeholders.	Stakeholders are not clearly identified and there is limited evidence of engagement with others.	No evidence of engagement with stakeholders during the improvement project.	
Intervention	Iterative approach to interventions using recognised improved methodology such as Model for Improvement, LEAN etc.	Pragmatic interventions proposed with logical connection to the defined problem.	Weak intervention restricted to education and/or raising awareness.	No intervention identified -for example audit of own practice for assurance.	
Data Collection and Metrics	Clear outcome, process and balance measures defined. Data source and tools described sufficiently to enable reproducibility.	Outcome measure defined with consideration of evaluating impact. Data collection method described.	Ill-defined outcome measure with limited consideration of impact. Data collection method is unclear.	No defined metrics or method of data collection.	

Domain	Outstanding	Good	Requires Development	Inadequate	Score
Data analysis and Interpretation	Methodology is explicit and reproducible. Before and after data are included. Data visualisation is clear and accompanied by a narrative interpretation of the results.	Method of data analysis described. Before and after data are included. Data presented clearly with explanatory narrative.	Method of data analysis not explicit. Data presented in raw format with limited interpretation of findings.	Data analysis methods are unclear. Minimal data presented with no attempt to interpret the findings.	
Recommendations and limitations	Recommendations align with the data and implications for practice identified. Limitations of methods and generalisability are explicitly stated.	Recommendations are logical and pragmatic. Limitations of methods or generalisability are stated.	Recommendations are weak, such as "try harder" or criticism of a 3rd party. Superficial understanding of implications, limitations, and biases.	No suggestions for practice improvement explicit. No acknowledgement of study implications, limitations, or biases.	
Sustainability and Spread	Intervention is embedded locally and is being adopted by other teams, services and/or organisations.	Evidence of sustained improvement and/or learning with applicability to other local teams or services.	Limited evidence of improvement, learning, or applicability to other areas.	There is no evidence of improvement, learning or applicability to other areas.	
Dissemination	Report is of a publishable standard, written in an objective, academic style with introduction, method, results and discussion (IMRaD). Evidence of sharing regionally or nationally.	Report follows the IMRaD format, and the findings have been shared across the organisation.	Project is presented in an unstructured or fragmented way AND/OR Findings have been shared with immediate team only.	Unstructured report with no evidence of sharing with team.	

Comments and Overall Score

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Faculty of Advancing Practice
Joined Up Care Derbyshire