**Principles for the implementation of Clinical practice – Planning New services/Posts – Check list**

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| **Planning the Workforce and Governance** | **Who’s Responsibility** | **Definition/Description** | **Gaps/Future Training needed/Sign off** |
| **1.Consider where can ACP roles be placed within health and care pathways to maximize their impact**.  - Where this level of practice would be best placed for greatest impact in health care pathways.  May be outside traditional service delivery and professional Boundaries.  Plan to meet local population needs. |  |  |  |
| **2. Define a clear purpose and objectives for advanced clinical roles.**  In multi-professional teams ?  Do not plan in isolation, ie consider workforce supply, existing roles, support for development.  Clear definition of capabilities reflecting the area of work, core training, duties and responsibilities.  Clinicians and service managers plan workforce together. |  |  |  |
| **3. Consider and evaluate the impact of ACP roles on service user experience and outcomes on service delivery and improvement objectives.**  Patient/user and public involvement in role development.  Continuous improvement in quality of care.  Impact of activities of all staff  Robust evaluation/value for money.  Quality assurance, safety, effectiveness.  **Specific Questions-Re Governance**  What objective outcomes are expected from the  advanced clinical practice role?  • When will these outcomes be achieved and how will  these be measured pre and post implementation?  • What risks and unintended consequences might there  be to the introduction of this role and how may they  be mitigated against?  • What resources and support are required for role  development and succession planning?  • Is workforce optimised to ensure clinical and financial  benefits are maximised?  • How will on-going competence and capability be  reviewed and enabled? |  |  |  |
| **4.Ensure clarity about the service area the individuals will work within**.  Roles of all team members surrounding this role need to be understood, multi-professional engagement.  Initial individual scope of practice needs negotiation with SM’s and team.  Needs a proactive culture of working partnership.  All roles may need a review to embrace and support the change, this must be understood, supported and well communicated. Consider impact planning and implications for skill mix etc Career and succession planning is enabled |  |  |  |
| **5.Ensure clear and unambiguous support for the role from the organisation/employer at all levels**.  Needs support at local and organisational level.  Clear lines of Professional and managerial accountability and therefore full understanding of the roles by those involved. |  |  |  |
| **6.Develop a succession plan for future workforce.**  Active clarity in these principles will support retention and service sustainability. |  |  |  |

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| **Accountability** | Responsibility | Definition/Description | Gaps/Future Training needed/Sign off |
| **1.Individual practitioners, as registered professionals,**  **continue to hold professional responsibility and**  **accountability for their practice**.  What are the Set of Responsibilities and Capabilities of the role, commensurate with the developmental stage of the individual?  Recognise the Parameters of their scope of practice. |  |  |  |
| **2. Employers recognise and accept potential new**  **responsibilities and greater accountability in**  **relation to governance and support for these roles**  **and associated level of practice.**  Policies and processes in place to demonstrate correct level of governance  Describe/attach.  Who is the named assessor to oversee competence and capability  Evidence of Assessment of such |  |  |  |
| **3. Professional support arrangements, which**  **recognise the nature of the role and the**  **responsibilities involved must be explicit and developed.**  Benchmark posts against agreed standards in England, best practice and capabilities under the four pillars  Accountability within practice by, supervision, mentorship, good record-keeping, ongoing self-assessment and development  Provide paperwork to support this.  Regular independent clinical reviews ( set framework)  Manage operational and professional/clinical lines of accountability.  Appraisal to inc evidence, feedback, clinical audit data, outcomes and issues review, productivity measures 360 feedback, service user. |  |  |  |
| **4. Employers must ensure regular review and**  **supervision is carried out by those who are**  **appropriately qualified to do so.**  Provide Governance framework.( those supporting roles are also developed, facilitated and supported. |  |  |  |
| **Education and Development** | **Responsibility** | **Definition/Decription** | **Gaps/Future Training needed/Sign off** |
| **Principles for Education and Development.**  Develop to be clinically competent  Capabilty development also- recognise level of competence necessary in any given situation and apply this. Extend limits when necessary and flexibly adapt.  Focus on outcome.  Education development to support both. |  |  |  |
| **1.Development of Competence and Capability**  Framework needed for individual needs, collaborative approach  PDP’s  Clear articulation of role and scope. Define  Build on existing national clinical competencies.  Map previous education experience against the four pillars…. Gap analysis. |  |  |  |
| **2.Supervision and Support in the workplace**  Identify Educational Supervisor in workplace, eg Consultant/Senior practitioner  Continuity of Support  Develop the individual day to day.  Access to supported peer review.  Action learning sets?  Manage own CPD to ensure patient safety, ongoing development and maintenance of capability |  |  |  |
| **3.Assessment of Competence and Capability**  Formal Assessment and Achievement of Capabilities (checklist)  Credibility of assessment outside formal training? How to ensure.  NB To ensure assessment in the workplace is valid and reliable:  • assessors must be occupationally competent, recognised  as such by employers and education providers, and be familiar with the chosen assessment tool  • a range of assessors, trained in the relevant  assessments, should be used, including educators  with appropriate academic and clinical experience  and competent health and care professionals at the  required level  • healthcare providers must invest in and support staff to  undertake assessment(s) in practice. |  |  |  |
| **Assessment of a Portfolio of Evidence.** |  |  |  |
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| **Additional Considerations** |  |  |  |