## **Advanced Clinical practitioner (ACP) Annual Review of Clinical Practice (ARCP)**

This document is designed to support the annual appraisal process for ACP’s and supports the requirements within the multi professional framework for ACP’S (HEE 2017). This document should be used alongside the organisational appraisal paperwork and be completed by the ACP prior to the arranged meeting, ideally being sent in advanced to the person. Any portfolio of evidence that the individual uses should be bought to the review meeting.

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| **ACP Name:**  | **Dates of cover by this review**  |
| **Name of educational supervisor:** | **Name of ACP clinical lead:** |
| **ACPS’s area of clinical practice**  |
| **Annual review development plan:** |
| **Highlights of the last year**  |
| **Achievements and challenges**  |
|  | **Yes** | **No** | **N/A** | **Comment**  | **Future Objectives, how they will be achieved and timeline for achieving them.** |
| **Portfolio**  | Evidence of up to date/live portfolio?  |  |  |  |  |  |
| **Appraisal**  | Evidence of up-to-date appraisal in last 12 months.  |  |  |  |  |  |
| **Revalidation**  | Is the individual due to complete their revalidation this year? Evidence of current professional registration? |  |  |  |  |  |
| **Significant incidents or complaints**  | Declaration of any complaints or significant events?Is the ACP subject to restrictions in their practice? |  |  |  | Have these incidents been resolved? Does the ACP require further wellbeing support?  |  |
| **Compliments (patients and relatives)** | Has the ACP received any complements  |  |  |  |  |  |
| **360 Feedback**  | Evidence of 360 feedback in last revalidation period  |  |  |  |  |  |
| **Clinical pillar**  |
|  | **Yes** | **No** | **N/A** | **Comments**  | **Future Objectives, how they will be achieved and timeline for achieving them.** |
| **Work-based assessments** | Has the ACP provided minimum of …. Work based assessments, with evidence of self-reflection.  |  |  |  |  |  |
| **Review of procedural skills**  | Has the ACP provided 1 direct observation of practice (DOPS) for each skill that is beyond generic scope.  |  |  |  |  |  |
| **Prescribing**  |
| **Review of non-medical prescribing scope of practice**  | Is there an agreed scope of practice document in place? |  |  |  |  |  |
| **Evidence of ongoing NMP CPD** | The ACP can provide evidence of CPD hours in relation to their NMP work in line with RCP NMC requirements.  |  |  |  |  |  |
| **Radiology**  |
| **Up to date IRMER**  | The ACP has evidence of up to date IRMER training.  |  |  |  |  |  |
| **Review of radiology requesting rights if appropriate**  | Review of the ACP’s radiology paperwork if required.  |  |  |  |  |  |
| **Leadership and management pillar**  |
|  | **Yes** | **No** | **N/A**  | **Comments**  | **Future Objectives, how they will be achieved and timeline for achieving them.** |
| **Evidence of management and leadership activity** | Has the ACP undertaken any of the following: appraisal, rota, policies, guidelines etc.  |  |  |  |  |  |
| **Evidence of CPD activities relating to leadership**  | Has the ACP developed any specific leadership skills over the last year? |  |  |  |  |  |
| **Involvement in investigating clinical incidences or complaints.**  | Has the ACP been involved in investigating any clinical incidents.  |  |  |  |  |  |
| **Research and innovation pillar**  |
|  | **Yes** | **No** | **N/A**  | **Comments**  | **Future Objectives, how they will be achieved and timeline for achieving them.**  |
| **Audit**  | Has the ACP been involved in audit in the last 1 year? |  |  |  | Was the audit undertaken well?Has the audit led to a change in practice?Has the audit cycle been completed? |  |
| **Quality improvement and innovation**  | Has the ACP been involved in any activities such as: developing pathways, protocols, changes to processes? |  |  |  |  |  |
| **Research activity**  | Does the ACP have any evidence of research activities such as publications, presentations, research recruitment?   |  |  |  |  |  |
| **Evidence of CPD related to research**  | Has the ACP undertaken any specific CPD relating to research? |  |  |  |  |  |
| **Education pillar**  |
|  | **Yes** | **No** | **N/A** | **Comments** | **Future Objectives, how they will be achieved and timeline for achieving them.** |
| **Facilitating educational delivery** | Has the ACP facilitated supported education i.e., teaching, students, simulation.   |  |  |  |  |  |
| **Feedback on education**  | Evidence that the ACP has received feedback on their education. |  |  |  |  |  |
| **Evidence of CPD relating to education or associated learning**  | Has the ACP undertaken any specific learning/ CPD relating to education? |  |  |  |  |  |
| **Personal goals:****Please record any personal goals that haven’t already been mentioned in this review. How they will be achieved and a timeline for achieving them.**  |
| **Educational supervisor comments:** |
| **ACP comments:** |

**Educational supervisor name and signature………………………………………………………………………………………………………………………Date …………………………..**

**ACP name and signature……………………………………….……………………………………………………………………………………………………………Date ……………………………**