

## **ACP Ready Scheme**

### **Induction and Education support for new Advanced Clinical Practitioners (ACPs)**

This document includes;

- General Q&A regarding education and training for new trainee ACPs
- Supervision and monitoring guidance – sample protocol
- Suggested potential local induction checklist – *to be adapted by employing practice*
- Minimum suggested for statutory and mandatory training, and further recommendations - sign-off sheet
- Other education and training/ tutorial topics - sign-off sheet
- Sample job description and person specification
- Sample appointments tick list



## 1 Why ACP Education & Training is important

- For **ALL Practitioners** it reflects differences between working in the acute and primary/community sectors, and builds on their existing knowledge to cover the requirements of Advanced Practice
- For **Nurses developing into an advanced clinical role** it assists them with how any prior knowledge can be transferred and adapted to the new role
- For **Allied Health Professionals** it builds on standards of competence achieved on their professional registration and advances that learning to cover the requirements of Primary Care

## 2 How long will it take to become a fully trained ACP?

- This ultimately will be determined by the needs of the Advanced Clinical Practitioner and their specific role within their employing practice
- In theory this could be anywhere between 24 and 48 months depending on what qualifications and training they have already completed and the availability of MSc programmes (both in terms of forthcoming dates and/or support funding)

## 3 What will training consist of?

Local Induction	Statutory & Mandatory	Core/Fundamental/Foundations	Advanced Practice	Supplemental
0-6 months	0-3 months	1-24 months	1-36 months	As required
An employer led activity which provides the necessary understanding of the working environment. <i>This compliments the statutory and mandatory requirements</i>	Education and training topics that are essential for a new member of staff to work efficiently and safely in their new working environment.  These are the employer responsibility and include legal requirements relating to employing members of staff.	Education and training topics which most new ACPs will require at some point, some topics may be role dependent. Some of this will be covered by the MSc in Advanced Clinical Practice, but will also require complimentary learning in practice. Topics may; <ul style="list-style-type: none"> <li>• Require either in-house or externally provided training (or both), some of which may be accredited.</li> <li>• Involve the practice making an assessment (in consultation with the new ACP) of the ACPs skills and level of competence in a particular topic area and therefore what in-house or external training support may be required, if any.</li> <li>• Need prioritisation depending on the specific role employed and/or resources available to support release and/or any required funding</li> </ul>	Education and training at accredited masters' level.  Can include Advanced Clinical Practitioners (ACP) with the addition of non-medical prescribing.	Education and training topics which may be of interest and useful in the role of ACP  These can be accessed at any time during an ACP preceptorship period and beyond.

## 4 Who will train the new ACP?

- A new ACP will require a mixture of in-house and external education and training (both accredited and non-accredited). Employing practices will know their own capacity and expertise as to whether something can be provided in-house or if it will require external support. Where external support is identified local education providers, including Higher Education Institutes are viewed essential partners in the delivery of appropriate and flexible education provision to support primary care providers in their workforce development and provision of patient care.
- Much of the fundamentals of Advanced Clinical Practice will be covered within the masters' programme, supplemented by experiential learning in practice.
- Health Education England currently commissions some education and training specifically for primary care as well as provision for the entire health sector. Presently existing provision has developed over time on a local footprint. Part of this document will enable the HEE funded Advance Training Hubs to collate practice need to inform HEE local commissioning decisions of any available resources including support for practices who have signed up to the ACP Ready scheme.

## 5 Where can I find out about HEE commissioned education and training?

- All ACPs who are part of the HC&V ACP Ready Scheme will be required to complete a Masters' Programme in Advanced Clinical Practice, which is funded by HEE. Other provisions commissioned by HEE can be found in a separate Education/CPD document which is updated annually. Non-HEE commissioned education and training is also available and may be suitable for your ACP needs in addition; these are not funded by HEE as they are seen as personal development rather than skills essential for the role.

## 6 What makes an Advanced Clinical Practitioner?

- The education to support Advanced Clinical Practitioner training is viewed as masters' level education that enables a practitioner to undertake a competent and comprehensive health assessment of a patient. This includes;
  - Development of the ability to take an in-depth history
  - Conduct an appropriate physical examination and use clinical reasoning skills to formulate appropriate differential diagnoses
  - Comprehensive history taking, clinical problem solving (theory and practice); physical examination of the ENT, eye, lymphatic, respiratory, peripheral vascular, cardiac, abdominal, Musculoskeletal and neurological systems. With an emphasis on clinical indications that warrant further assessment and/or appropriate onward referral.
  - Mental Health assessment in recognition of the importance of a holistic approach
- In their 2017 document 'Multi-professional framework for advanced clinical practice in England' HEE Defines Advanced Clinical Practice as:
  - **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 competence. 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.**

This definition requires that health and care professionals working at the level of advanced clinical practice will exercise autonomy and decision making in a context of complexity, uncertainty and varying levels of risk, holding accountability for decisions made.

## 7 Is preceptorship the same as induction with some education?

- Preceptorship is a process which starts within the practice induction and moves through 'core' and 'supplemental'. It is not purely an educational process but involves personal reflection and discussion with colleagues, mentors and a nominated preceptor within the practice environment. Therefore, it does not equate with induction alone.
- For ACPs this role may also be denoted as 'supervisor' but will require all of the same elements of preceptorship. The ACP masters' programme will require the ACP to have a named 'supervisor' within the practice overseeing their development and providing appropriate support. Universities will provide guidelines on the role of the 'supervisor' and the commitment required.
- The linked document below outlines best practice guidance for supervision and contains some useful tools and templates which can be utilised:



## 8 How long is needed for induction?

- Depending on experience and background new trainee ACPs are likely to need around a 4-6 week induction period in which they shadow clinics with GPs or other trained ACPs, increasingly beginning to take more of a lead in consultations as they progress. Trainees who are new employees will orientate themselves with the practice as well as begin learning their new role during this time. Existing employees who are developing their role will still need an induction period in order to begin learning their new role.

## 9 How much study time and supervisor/mentor/preceptor support is required during the ACP course?

- Specific requirements during the master's programme vary depending on the university. Most courses entail one day a week at University (some may be two days per week) and a stipulation that one day per week should be learning in practice, which may consist of a variety of learning experiences such as shadowing, tutorials etc. Individual universities may have differing guidance about what form this takes, your university of choice will be able to provide you with their requirements. Much of an ACPs training is also achieved by experiential learning, as even in independent clinics they have a lot of contact with the GPs and multidisciplinary team they are working alongside for queries, support and debriefs. Trainee ACPs on the master's programme need a named GP to act as their primary supervisor/preceptor/mentor but they can also work alongside other GPs and members of the team. Your university of choice will provide you with their specific requirements regarding how much of their time should be spent with the named supervisor.

## 10 How long should ACP appointments be and what debriefs do they need?

- Once trainee ACPs have gained competency they will have independent clinics with long appointments to start - possibly 30 mins depending on experience, this should be agreed between the trainee and their supervisor. Appointment length can reduce over time as appropriate to the new ACP's increase in skill and confidence, in agreement between the trainee and their supervisor. Each individual will be different depending on their starting experience, as a guide this may be a reduction to 25 minute appointments at around 3-6 months and to 20 minute appointments at around 6-9 months. Commonly ACPs work towards eventually having 15 min appointments with experience, once they have completed their training. Trainee ACPs should always have a GP on site for support, ideally the GP will have a few extra blocks in their clinic to give capacity for any queries and debrief at the end of each clinic (similar to a foundation doctor or registrar).

<b>Example Appointment Timing Progression</b> (this will vary depending on the individual)			
<b>Following Induction</b>	<b>After around 3-6 months</b>	<b>After around 6-9 months</b>	<b>Once experienced</b>
<ul style="list-style-type: none"> <li>30 minute appointments</li> <li>2-3 extra blocks throughout the supervising GP's clinic to allow for queries and support</li> <li>Debrief time blocked for both the ACP and the supervising GP at the end of each clinic</li> </ul>	<ul style="list-style-type: none"> <li>25 minute appointments</li> <li>2-3 extra blocks throughout the supervising GP's clinic to allow for queries and support</li> <li>Debrief time blocked for both the ACP and the supervising GP at the end of each clinic</li> </ul>	<ul style="list-style-type: none"> <li>20 minute appointments</li> <li>1-2 extra blocks throughout the supervising GP's clinic to allow for queries and support</li> <li>Debrief time blocked for both the ACP and the supervising GP at the end of each clinic</li> </ul>	<ul style="list-style-type: none"> <li>15 minute appointments</li> <li>1-2 extra blocks throughout the supervising GP's clinic to allow for queries and support</li> <li>Debrief time blocked for both the ACP and the supervising GP at the end of each clinic</li> </ul>

## 11 Where can we find competencies for ACPs?

- An RCGP guide can be found here: <http://www.rcgp.org.uk/membership/practice-team-resources/~media/16411E76AC5B4E818547E331F9D3CA97.ashx>
- A separate document is available for guidance with sample competencies developed by Haxby Group. These are detailed and specific to each clinical area or skill an ACP is likely to cover in general practice. Further work is currently taking place to develop these further.

## 12 Can ACPs prescribe?

- There is usually the opportunity for trainee ACPs to select a non-medical prescribing module as part of the master's programme if they haven't completed this already. If their registered profession enables them to become an independent prescriber then once they have passed the non-medical prescribing course and been deemed competent in practice they can prescribe.
- The change in legislation for independent prescribing for paramedics came into effect on 1<sup>st</sup> April 2018, more information can be found here: <https://www.collegeofparamedics.co.uk/publications/independent-prescribing>

## 13 What considerations and potential challenges may we want to think about as a practice?

- **Below is a list of common considerations you will likely want to discuss and consider as a practice:**

- Recruitment, job descriptions and employment
- Indemnity insurance arrangements
- Governance arrangements
- Named GP supervisor/mentor/preceptor
- Induction period
- Allowing time for training/ study leave allowance
- Scheduling debrief time and tutorials
- Supporting ACPs alongside other commitments
- Selecting appropriate patients
- Ensuring competence
- Prescribing logistics
- Equipment and drugs
- Home visits
- Managing expectations
- Professional cultural differences
- Protocols
- Training Agreements
- Career development, retention and pay progression

# **CLINICAL SUPERVISION AND MONITORING GUIDANCE**

*(Sample based on Haxby Group Protocol)*

## **AIMS**

- To provide a caring, quality service for the patient
- To ensure that all Primary Care Practitioners maintain the required high standards

## **OBJECTIVES**

- To ensure the required clinical standards are maintained
- To promote high standards of care
- To protect patient safety
- To facilitate and support personal development
- To encourage the use of evidence based practice
- To assist team working and good communication

## **OUTCOME MEASURES**

- Registered clinical practitioners work within their professional codes of conduct
- The team work together to maintain the safety of patients
- Any compromise or threatened compromise to patient safety will trigger the Significant Event process
- ACPs work within the limits of their competence and acknowledge when they need to refer to another practitioner
- Clinical supervision and monitoring outlined in this document is individually tailored to the needs of each member of the team
- ACPs take part in appropriate learning activities that develop and maintain their performance and competence
- ACPs share skills and experience to benefit their colleagues

## **THE PROCESS**

### **Induction**

On commencing employment with Haxby Group, all ACPs undertake an appropriate period of induction throughout the first 4-6 weeks. The induction programme is planned by members of the training, nurse and GP teams and includes

- Introduction to Haxby Group, personnel, departments (including payroll), policies and procedures
- Introduction to the nurse, GP and ACP team personnel, their roles and responsibilities, communication and support within the team
- Introduction to the work of the ACP Team
- Overview of nurse, GP and ACP responsibilities
- Initial IT training to gain confidence in consultations and communication
- Display Screen Equipment assessment as appropriate
- Initial plan for mandatory and statutory training
- Individual training plan to develop skills required to perform own role
- Completion of checklists / competency records to demonstrate knowledge gained and skills achieved in the induction period
- Review of induction and progress by the GP mentor at 1-2 weeks, 1-2 months, 3-4 months and 6 months. Reviews may be more frequent according to individual progress or need
- Plan of the support / training required to enable the ACP to practice independently
- ACP complete a Training Plan and associated competencies during their first year of employment
- Plan for additional monitoring / support stages required before 6 months.

New ACPs are allocated a mentor, who is an experienced GP. Protected time with the new employee and mentor is allocated during the induction programme and the subsequent weeks. Time with the mentor is reassessed at the formal Review at 1-2 months, 3-4 months and 6 months.

## Ongoing training, assessment and support

### Training

- Statutory training in Basic Life Support (Adult and Child) and AED; Fire Safety; Basic H&S / COSSH; Infection Control; Hand hygiene; Hazardous waste; Sharps awareness; Information governance / confidentiality; Information security; Safeguarding (Adult and Child); Prevent radicalisation; MCA / Dementia; Chaperone; Sharps awareness; Conflict resolution; Equality, Diversity and Human Rights; Learning Disability; Complaints, significant events; Accessible Information standard; and any other training required by Haxby Group.
- Initial training and regular updating is undertaken by the appropriate staff for
  - Immunisation & Vaccination (relating to flu vaccinations)
  - Anaphylaxis
- Attendance at regular in-house inter-professional meetings (covering clinical topics and activities such as significant event review)
- Training as per individual Training Plan if required in the first 6 months of employment and subsequently as per their Personal Development Plan (PDP) which is reviewed at least annually
- Each member of the ACP team completes an electronic training record. This is monitored by the Nurse Manager / Training Team / GP Mentor. It includes formal training courses or study days, in-house training sessions, e-learning, less formal or ad-hoc training sessions with colleagues and self-directed learning
- Self-directed training and learning and e-learning may be formally required by the Haxby Group via the Human Resources Dept, the Head of Nursing and Advanced Clinical Practice or GP team, or may be personally initiated in response to their own learning needs. Haxby Group acknowledges the need to support self-directed learning whilst recognising there is an expectation of personal commitment to maintain skills, keep up-to-date and for personal development, and works in partnership with each member of the ACP team
- Hard copies of certificates and/or training records are submitted to the HR team for confidential storage in the Personnel Record
- Training records are used in the annual appraisal and are part of the PDP. Registered Nurses and Paramedics may use them as evidence required towards Re-registration and Revalidation

### Competencies

ACPs are signed off for pre-defined competencies prior to performing a new complex task without supervision. Competencies:

- are evidence based and use current guidelines
- divide the task into component knowledge, understanding and practical skills
- ensure and document the ability to perform a task and fulfil a role to an expected standard
- provide accurate assessment of an individual's capability
- help ensure patient safety is not compromised
- provide clear identification of ACP roles within the practice
- enhance awareness of the levels above and below their position so as they can identify tasks that may be delegated or passed on to senior colleague
- may require access to recognised courses that are standardised, assessed and credible

### Supervision and support arrangements

Following a comprehensive and individually tailored induction programme, ACPs will undertake independent 'acute' clinics working alongside a named GP. The supervising GP for each clinic will be named at the top of the ACP's appointment ledger and will have some of their own appointment slots blocked to provide time for them to debrief the ACP at the end of each clinic as well as to sign prescriptions and discuss queries that arise during the clinic. This will potentially include the GP speaking to and examining some patients in the ACP's clinic when deemed necessary by either the ACP or supervising GP.

ACP appointments may be booked by the triaging or supervising GP with an agreed proportion of appointments being bookable by receptionists for patients presenting with symptoms from an agreed list. GPs / receptionists will select appropriate patients for individual ACPs according to defined guidelines or competency "tick lists". Until the ACP is qualified at post-graduate Advanced Clinical Practitioner level or deemed competent, these patients will be presenting from within the agreed condition/symptom list outlined below:

- ENT problems – acute otitis media, otitis externa, tonsillitis
- Respiratory problems – chest infection, coughs, colds, 'flu
- Suspected and confirmed simple UTI
- Exacerbation of COPD /Asthma
- Chest pain ?cardiac
- Minor Injuries or wounds for assessment or closure with steri strips and glue
- Collapses, fits, faints and allergic reactions
- Acute abdominal pain
- Diarrhoea and vomiting
- Diabetic patient assessments BM, Glucose/urgent calls
- Epistaxis
- Falls, where a minor injury is suspected or underlying medical problem suspected

- Head injuries
- Acute Headache
- Suspected strokes and TIAs
- Musculoskeletal injuries
- Referrals from ambulance crews for patients in the Haxby Group localities
- Eyes – foreign body assessment, bilateral conjunctivitis
- If patient needs admitting can liaise with appropriate SHO/Bed manager/Ambulance service following discussion with supervising GP
- Can complete 12 lead ECG on patients; attend serious trauma and cardiac arrests and any life threatening emergencies.
- Able to recognise and confirm recognition of life extinct (ROLE)

#### Debrief

The supervising GP will meet with the ACP at the end of each clinic to discuss the cases seen and identify any queries. It is anticipated that all cases seen will be discussed until the ACP is assessed as competent by their GP mentor.

#### Tutorials

In addition to the training described above ACPs will have a time-protected 1 hour tutorial with one of the GPs every 2-3 weeks. This will allow time for more detailed discussion/debrief of complex cases as well as identification of learning needs through self-identification and random case analysis.

#### Appraisal / Performance review

Each ACP participates in an annual appraisal which

- provides professional support
- provides an opportunity to evaluate an individual's performance
- enables the individual to assume responsibility for evaluating their own practice in partnership with a senior member of the nurse team
- allows the evaluation and development of their PDP
- acknowledges progression and the acquisition of skills
- enables difficulties or problems with performance to be identified and plans put in place to offer additional support and review
- enables inter-personal problems to be identified and addressed

#### Individual support and monitoring

In addition to annual appraisal and the support mechanisms put in place as a result of this, each ACP may at any time, seek help and guidance from any senior member of the clinical team.

The Head of Nursing and Advanced Clinical Practice, Deputy/Nurse Manager, Senior Nurses, General Managers, GP Trainers and Partners have an "Open Door" policy for all staff and are also available by phone or email. Nursing and ACP staff may also pre-arrange meetings with the Head of Nursing and Advanced Clinical Practice or Deputy/Nurse Manager, should they believe this to be more helpful. ACPs will also have readily available access to their GP mentor. This system allows staff to have immediate access to help and advice, and to report problems or difficulties, should they need it.

The aim of this "Open Door" policy is to address problems and difficulties as soon as they arise, to prevent escalation. Following discussion with the individual concerned, Senior Nurses or GPs will initiate any support and monitoring that is required, liaising with Senior Management as necessary.

#### Personal Development Plans

These are personal, working documents that are the responsibility of each ACP to maintain. PDPs:

- are discussed and updated as necessary and at each development review / appraisal
- record any training or development required
- are an action plan of how additional knowledge or skills will be acquired, with the individual taking ownership of ensuring that the planned action occurs
- regularly updated throughout the year
- are a partnership between the individual and Haxby Group

#### Protocols and Guidelines

Each ACP follows the protocols and guidelines agreed and/or developed by Haxby Group. They:

- ensure standard working practice, in line with current legislation and guidance
- provide guidelines to follow
- provide a benchmark for standards and performance



- are updated regularly in-line with current guidance and evidence
- are available on the Z:drive

### Team meetings

Regular meetings with all members of the nurse and GP teams are integral to both successful functioning and the support given to the team. They are chaired by a Senior Nurse or GP. Meetings:

- have an agenda, but allow all members of the team to bring their own issues to the table
- facilitate team work and ensure team members see each other at least once a week
- allow for professional support
- enable group clinical supervision
- contribute to a common ethos and standard practice
- enable problematic practice to be addressed in a group situation
- enable good practice to be acknowledged and disseminated
- permit discussion of problems and solution finding
- facilitate communication between team members and other staff
- notes from the meetings such as significant event meetings are stored electronically and enable team members and senior staff who are not present to be aware of main issues and suggestions

### Students and trainees

Haxby Group is an Advanced Training Practice and has undergraduate medical and nursing student nurses as well as multi-professional undergraduate and post-graduate students, Physicians Associate students, Foundation Year doctors, GP registrars on placement within the Group. Their overall mentorship is carried out by a designated Registered Nurse or a GP, in line with the requirements of their regulatory body (NMC and GMC) or other educational establishments. Students are directly or indirectly supervised by their mentor. The mentor may delegate day-to-day supervision and training, where appropriate, to another Registered Nurse, GP, member of Haxby Group staff or suitable professional e.g. District Nurse. Students have a personalised plan for the placement which includes an induction period, itemises their daily work pattern and supervisors, and includes time for regular reviews with their mentor. Students are encouraged to attend weekly Inter-Professional Learning sessions. Students are required to work within the policies, procedures and protocols of Haxby Group.

### Home visits

When deemed appropriate by the triaging or supervising GP, ACPs may be asked to attend home visits believed to be within the realms of their clinical competence and in accordance with the practice policy. Any suggested prescriptions will need to be signed by the supervising GP and the case discussed either on return to the surgery or by telephone if there are any queries during the visit.

### Prescriptions

Following an assessment of competence by their GP mentor and if deemed appropriate, ACPs who are not qualified Non-medical Independent Prescribers may produce a prescription for medication from the list detailed below. Any prescription that is not initiated by an Independent Prescriber must be discussed with, and signed by, the supervising GP before the prescription is given to the patient. The current UK Ambulance Services Clinical Practice Guidelines provide guidance for NHS Paramedics working in emergency situations, although principles are applicable to the work of all pre-hospital clinicians. (JRCALC Clinical Practice Guidelines found on <http://aace.org.uk/clinical-practice-guidelines>).

No	Medicine (including form and strength)	Indication	Approved for use
1	Codeine Phosphate 15mg tablet	Analgesia (as an adjunct to paracetamol)	
2	Naproxen 250mg	Musculo-skeletal pain & inflammation: dysmenorrhoea	
3	Ibuprofen tablets 400mg; oral suspension 100mg/5ml	Pain relief; pyrexia; dysmenorrhoea	
4	Paracetamol tablets 500mg, oral solution/suspension 120mg/5ml and 250/5ml	Pain relief and pyrexia	
5	Adrenaline injection 1:1000	Anaphylaxis	
6	Chlorpheniramine maleate tablets 4mg;oral solution/syrup 2mg/5ml	Allergy, urticaria & pruritus	
7	Co-Amoxiclav tablets 500/125 (625) suspension 125/31/5ml & 250/62/5ml	Prophylaxis and treatment of animal & human bites	
8	Metronidazole 400mg tablets, suspension 200mg/5ml	Prophylaxis and treatment of animal & human bites	
9	Amoxicillin capsule 500mg; suspension 125/5mg and 250mg/5ml	Acute exacerbation of COPD; 2 <sup>nd</sup> line in acute sinusitis & otitis media; acute bronchitis; community acquired pneumonia; cellulitis (in combination with flucloxacillin)	
10	Doxycycline capsule 100mg	Acute exacerbation of COPD and prophylaxis and treatment of animal bites in patients with penicillin allergy.	
11	Clarithromycin tablet 250mg; oral suspension 125mg/5ml and 250mg/5ml	Acute exacerbations of COPD; severe, widespread and unresponsive infected eczema and impetigo, cellulitis, bronchitis, community acquired pneumonia, human bites, acute tonsillitis, acute otitis media and acute sinusitis in patients allergic to penicillin.	
12	Phenoxymethylpenicillin (penicillin V) tablets 250mg; oral solution 125mg/5ml and 250mg/5ml	For tonsillitis (if deemed appropriate depending on Centaur criteria)	
13	Erythromycin 250 mg 500mg tablet; 125mg/5ml, 250mg/5ml liquid	Susceptible infections in patients with penicillin hypersensitivity.	
14	Trimethoprim tablet 200mg; suspension 50mg/5ml	Uncomplicated UTI	
15	Nitrofurantoin tablet 50mg	Alternate 1 <sup>st</sup> line treatment of uncomplicated UTI	
16	Flucloxacillin capsule 500mg; oral suspension 125mg/5ml and 250mg/5ml	Cellulitis (with amoxicillin); severe widespread and unresponsive infected eczema & impetigo.	

17	Metronidazole 200mg & 400mg tablet	Acute ulcerative gingivitis; acute dental infections
18	Lidocaine injection 1%	Infiltration anaesthesia prior to suturing; removal of foreign body or for digital block ring.
19	Prochlorperazine maleate buccal tablet 3mg.	Nausea vomiting or vertigo labyrinthine disorders with an established diagnosis
20	Chloramphenicol eye ointment 1%	Bacterial infective conjunctivitis
21	Salbutamol 100mcg MDI; nebulas 2.5mg/5ml	Acute asthma, COPD (acute exacerbation)
22	Volumatic and Aero Chamber Plus	Spacer devices
23	Peak flow meter	Respiratory disease monitoring
24	Prednisolone tablet 5mg	Acute asthma, COPD (acute exacerbation)
25	Glucose (GlucoGel) gel 40%	Hypoglycaemia
26	Metoclopramide injection 5mg/ml (2ml ampule)	Nausea and Vomiting
27	Lansoprazole	Symptoms of dyspepsia
28	Aciclovir tablet 800mg	Herpes zoster (shingles)
29	Benzylpenicillin injection 600mg	Suspected meningococcal infection
30	Ipratropium bromide nebulas 500mcg/2ml	Acute exacerbation asthma, acute exacerbation COPD
31	Oxygen	Treatment or prevention of hypoxia/hypoxaemia; to facilitate delivery of nebulised therapy
32	Macrogol	Treatment of acute constipation and faecal impaction
33	Oral rehydration salts	Replacement of fluid and electrolyte loss associated with acute diarrhoea
34	Mucogel 500ml suspension	Dyspepsia; Oesophageal Reflux
35	Gaviscon Advance 250& 500ml suspension	Dyspepsia; Oesophageal Reflux
36	Ranitidine 150mg & 300mg tablet	Dyspepsia; Oesophageal Reflux
37	Omeprazole 10mg & 20mg tablet	Oesophageal Reflux; Duodenal & gastric ulcer prevention whilst using NSAID.
38	Loperamide 2mg tablet	Anti-diarrhoea
39	Fybogel 3.5g sachet	Constipation
40	Glycerol suppositories 140mg/g & 700mg/g	Constipation
41	Senna 7.5mg tablet & Syrup 7.5mg/5ml	Constipation
42	Anusol suppository 25mg ointment	Haemorrhoidal relief
43	Xyloproct 20g application	Haemorrhoidal relief
44	Tranexamic acid 500mg tablet	Menorrhagia
45	Beclometasone metered dose	Asthma; COPD; Rhinitis
46	Loratadine 10mg tablet; 5mg/5ml liquid	Symptomatic relief of perennial rhinitis; allergic rhinitis; urticaria
47	Mebendazole 100mg tablet	Threadworm
48	Otosporin	Ear infection-Otitis externa
49	Aspirin 300mg tablet	Post-ischaemic problems as single dose.
50	Montelukast 4mg for 5 days- granules	Pre-school wheezes >6 months only
51	Avamys nasal spray	Post nasal drip
52	Otomize ear spray	Otitis externa
53	Hydrocortisone 1% + gentamicin 0.3% ear drops	Second line for Otitis externa
54	Canesten (clotrimazole 1%) cream	Candidiasis (genital)
55	Canesten HC (clotrimazole 1% + hydrocortisone 1%) cream	Fungal skin infections with inflammation
56	Daktarin (miconazole 2%) cream	Fungal skin infection (ringworm)
57	Daktacort (hydrocortisone 1% + miconazole 2%) cream	Fungal infections with skin inflammation.
58	Nasal corticosteroids – beclomethasone (OTC) Fluticasone (OTC) Mometasone	Post nasal drip

## Suggested Local Induction Checklist – to be adapted by practice

Topic	Date signed off	ACP initials	Inductor initials	Notes / Comments
<b>Context</b>				
Organisational structures – internal and external				
Tour of working environment / building				
Reception area policies, procedures, appointment system and telephone enquires				
Introduction to computer systems				
EMIS / SystemONE / Vision				
Record keeping				
Requirements for CQC and Clinical Governance				
Quality and Outcomes Framework (QOF)				
Funding for primary and community care services				
<b>Team Introductions</b>				
Line Manager				
Clinical supervisor / Mentor (if different to line manager)				
GPs				
Practice Nursing Team including HCAs and Nurse Practitioners				
Practice Manager				
Reception staff				
Practice administration staff				
Other staff attached to the practice e.g. midwife, counsellor, CPN				
<i>CCG Leads</i>				
<i>Local pharmacies</i>				
<i>Other</i>				

Topic	Date signed off	ACP initials	Inductor initials	Notes / Comments
<b>Terms and conditions of employment</b>				
Job description				
Occupational Health Form check				
Arrangements for off duty requests, reporting sickness etc.				
Email address and logon set-up				
SMART card				
Name badge / ID and uniform				
Arrangements regarding professional indemnity				
Accountability & appraisal				
Educational / training needs				
<b>Health and Safety</b>				
Accident book location				
Policy and procedures location				
Lone working and decision-making accountability				
Understanding of personal, personnel and building security				
Fire safety – location of alarms, exits and procedure				
<b>Clinical Management</b>				
Needle stick injuries and disposal				
Clinical waste disposal				
Ordering equipment/supplies				
Ordering & storage of vaccines and cold chain procedures				
Resuscitation equipment: Availability, maintenance and access to medical help				
Nebuliser - Availability and maintenance				
Protective clothing				
Infection control – policies and procedures				
Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) for the supply and administration of drugs				
Managing Risk in a primary care setting				
Holistic assessment - <i>in patient's homes and surgery settings using a range of assessment tools</i>				

## NOTES for the following templates

<u>Column</u>	<u>NOTES</u>
<b>C - E</b>	<b><i>Complete these columns when ACP first starts in post</i></b>
<b>C</b>	Is this required for the role? YES/NO
<b>D</b>	Will this be provided by the practice team i.e. 'In-House' or by an external provider? This could include another practice in your locality or federation structure as well as formal education providers
<b>E</b>	Please insert name of preferred training provider – <i>to help identify where demand might be and from whom</i>
<b>F - H</b>	<b><i>Complete these columns when an education/training date has been agreed/booked</i></b>
<b>F &amp; G</b>	Please record the actual date and name of actual training provider e.g. University of XX. If this was provided in-house, please state the member of staff and their role
<b>H</b>	Please record training type e.g. e-learning, in-house, half/full day study with education provider, non-accredited short course, accredited course
<b>I - K</b>	<b><i>Complete these columns when observed practice is required to sign-off competence</i></b>
<b>I &amp; J</b>	If observed practice is required to sign-off this competency, please state the date(s) when this occurred and who this was observed by. If this is not required, please state 'N/A' in both boxes
<b>K</b>	For external (to the practice) training, please insert training completion date and for observed practice/competency insert sign-off date. <b><i>This column represents sign-off of the competence to practice against this topic which both the practice and the new ACP should be assured about</i></b>
<b>L</b>	If an update is required after initial training e.g. cervical screening, please insert this date here to prompt you when reviewing this plan in the future
<b>M</b>	Please use this column to record any comments or notes you wish to make about the education/training received
<b>A - F</b>	Your ATPS Hub practice will use this information to advise HEE regarding demand and availability of training provision

## Statutory and Mandatory Requirements for New Staff

A	B	C	D	E	F	G	H	I	J	K	L	M
Heading	Topic	Requirement of role?	In-house or external?	Preferred external provider	Actual training provider	Actual date of training	Training type	Date of observed practice	Signed-off by	Date competency achieved	Date update required	Notes / Comments
<b>Basic Life Support (Resuscitation)</b> -Adult & Paediatric		YES										Available on ELfH however this may need to be supplemented every 3 years with a face-face training
<b>Equality, Diversity &amp; Human Rights</b>		YES										Available on ELfH
<b>Fire Safety</b>		YES										Available on ELfH
<b>Infection Control</b>		YES										Available on ELfH
<b>Information Governance &amp; Data Security</b>		YES										Available on ELfH
<b>Manual handling</b>		YES										Available on ELfH
<b>Moving and Handling</b>		YES										Available on ELfH
<b>Safeguarding Children</b>		YES										Available on ELfH
<b>Safeguarding Adults</b>		YES										Available on ELfH

## Other suggested vital elements for an ACP new into role

<b>Care Planning</b>		YES										Available on ELfH
<b>Mental capacity and DOLS</b>		YES										Available on ELfH
<b>Conflict resolution</b>		YES										Available on ELfH
<b>Lone working</b>		YES										Available on ELfH
<b>Sharps management</b>		YES										Available on ELfH
<b>Preventing radicalisation</b>		YES										Available on ELfH
<b>Female Genital Mutilation (FGM)</b>		YES										Available on ELfH
<b>Supporting Patient Self-care</b>		YES										Available on ELfH











## **SAMPLE JOB DESCRIPTION AND PERSON SPECIFICATION**

*(Samples for guidance based on Haxby Group documentation)*

### **SAMPLE Job Description**

**Job Title:** TRAINEE ADVANCED CLINICAL PRACTITIONER  
**Responsible to:** HEAD OF NURSING AND ADVANCED CLINICAL PRACTICE  
**Accountable to:** MEDICAL DIRECTOR

#### **Job Summary:**

You will be a skilled Registered Nurse, Registered Paramedic or Registered Physiotherapist with the appropriate attitude, skills and knowledge base. In addition, you will hold a current qualification at degree level in the management of minor illness, and a Bachelor's degree or working towards a Bachelor's degree, or currently be undertaking a Masters level programme in Advanced Clinical Practice. You will deliver quality holistic care and treatment to the Practice population.

Whilst you are a dependent practitioner, you are able to work independently and make independent decisions enabled by a collaborative and supportive working relationship with your clinical supervisor. You will demonstrate safe and effective clinical decision-making and expert care, including assessment, diagnostic and management skills. As well as dealing with acute illness, you may be involved in the management of long term conditions.

You will assist in the provision of patient care at all Practice sites or establishments, or in the patient's place of residence, working in collaboration with a multidisciplinary team.

#### **Clinical Responsibilities:**

- Assess, diagnose, plan, implement and evaluate treatment/interventions and care for patients presenting with an undifferentiated diagnosis within your sphere of competence
- Clinically examine and assess patient needs from a physiological and psychological perspective, and plan clinical care accordingly
- Assess, diagnose, plan, implement and evaluate interventions/treatments for patients with complex needs
- Utilise your clinical supervisor / mentor and other clinical staff appropriately to ensure safe and effective patient care, demonstrating awareness of your own limitations
- Provide safe, evidence-based, cost-effective, individualised patient care within the surgery, patient's own home or other environment where patient care is carried out.
- Refer patients directly to other services/agencies as appropriate, utilising Practice and local guidelines and in a timely manner
- Pro-actively identify, diagnose, monitor and manage treatment plans for patients at risk of developing a long-term condition as appropriate
- Diagnose and manage acute conditions, integrating both drug- and non-drug-based treatment methods into a management plan
- Prescribe and review medication for therapeutic effectiveness, appropriate to patient needs and in accordance with evidence-based practice, and national and practice protocols, and within own scope of practice. Utilise Patient Group Directions for the administration of medication as appropriate.
- Work with patients in order to support compliance with and adherence to prescribed treatments.
- Provide information and advice on prescribed and over-the-counter medication on medication regimens, side-effects and interactions
- Prioritise health problems and intervene appropriately to assist the patient in complex, urgent or emergency situations, including initiation of effective emergency care
- Support patients to adopt health promotion strategies that promote healthy living and to apply principles of self-care
- Recognise, assess and refer patients with mental health needs as appropriate
- Communicate with and support patients receiving "bad news"

#### **Leadership responsibilities:**

- Act as a positive role model
- Support the development of others in order to maximise potential
- Actively promote the workplace as a learning environment, encouraging everyone to learn from each other and external good practice
- Critically evaluate and review innovations and developments that are relevant to the area of work
- Participate in planning and implementing changes within the area of care and responsibility
- Contribute and participate in the development of local guidelines, protocols and standards
- Ensure the principles of infection control and local/national policies and guidelines are applied throughout the practice, monitoring and implementing changes as required

### Other responsibilities:

- Recognise and work within own competence and in accordance with the professional code of conduct of the Nursing and Midwifery Council (NMC) or Health and Care Professions Council (HCPC) as appropriate
- Monitor the safety and effectiveness of own clinical practice through quality assurance strategies such as the use of audit, mentor feedback, case review and peer review
- Maintain accurate and complete documentation and records utilising I.T. as appropriate and in accordance with Practice protocol
- Use own judgement, resourcefulness and common sense
- Deliver care according to evidence based practice, following agreed protocols, local and national guidelines
- Understand and apply legal policy that supports the identification of vulnerable and abused children and adults, being aware of statutory child/vulnerable adult health procedure and local guidance
- Work within policies regarding family violence, vulnerable adults, substance abuse and addictive behaviour, and refer as appropriate
- Contribute to achievement of the highest possible quality standards such as the QOF and other agreed Key Performance Indicator targets
- Attend in-house governance, educational and staff meetings as appropriate
- Assist with the training of other staff members and also with the education of doctors, nurses and other health professionals in training as appropriate
- Pro-active engagement with the practice population and wider community to promote healthy living and encourage uptake of services. This may include visits to local schools, community centres and other groups as necessary
- Undertake additional tasks as required within your general role as a Nurse Practitioner / Primary Care Practitioner and senior member of the team

### Learning and development:

The post-holder will participate in any training programme implemented by Haxby Group as part of this employment, such training to include:

- Participation in individual performance reviews, including maintaining a record of own personal and/or professional development
- Working in conjunction with senior clinicians, assess own learning needs and undertake learning as appropriate
- Develop and utilise a written Personal Development Plan
- Participate in continuing professional development opportunities to ensure that up-to-date evidence-based knowledge and competence in all aspects of the role is maintained
- Make effective use of learning opportunities within and outside the workplace, evaluating their effectiveness and feeding back relevant information
- Disseminate learning and information gained to other team members in order to share good practice and inform others about current and future developments
- Undertake mandatory and statutory training as required

### Team working:

- Understand own role and scope in the organisation and identify how this may develop over time and assist with this development
- Work as an effective and responsible team member, supporting others and exploring the mechanisms to develop new ways of working
- Accept delegation from other clinicians, prioritise own workload and ensure effective time management strategies are embedded in own practice
- Participate in team activities that create opportunities to improve patient care
- Contribute to the effectiveness of the team by reflecting on own and team activities and making suggestions on ways to improve and enhance the team's performance
- Participate and support local projects as agreed with the practice management team
- Delegate clearly and appropriately, adopting the principles of safe practice and assessment of competence of those taking on delegated duties
- Ensure clear understanding and utilisation of referral mechanisms within the practice

### Confidentiality:

- In the course of seeking treatment, patients entrust us with, or allow us to gather, sensitive information in relation to their health and other matters. They do so in confidence and have the right to expect that staff will respect their privacy and act appropriately
- In the performance of the duties outlined in this Job Description, the post-holder may have access to confidential information relating to patients and their carers, Haxby Group staff and other healthcare workers. They may also have access to information relating to Haxby Group as a business organisation. All such information from any source is to be regarded as strictly confidential
- Information relating to patients, carers, colleagues, other healthcare workers or the business of Haxby Group may only be divulged to authorised persons in accordance with Haxby Group policies and procedures relating to confidentiality and the protection of personal and sensitive data

### **Health & Safety:**

The post-holder will assist in promoting and maintaining their own and others' health, safety and security as defined in Haxby Group Health & Safety Policy, to include:

- Using personal security systems within the workplace according to Haxby Group guidelines
- Identifying the risks involved in work activities and undertaking such activities in a way that manages those risks
- Making effective use of training to update knowledge and skills
- Using appropriate infection control procedures, maintaining work areas in a tidy and safe way and free from hazards
- Reporting potential risks identified

### **Equality and Diversity:**

The post-holder will support the equality, diversity and rights of patients, carers and colleagues, to include:

- Acting in a way that recognizes the importance of people's rights, interpreting them in a way that is consistent with Haxby Group procedures and policies, and current legislation
- Respecting the privacy, dignity, needs and beliefs of patients, carers and colleagues
- Behaving in a manner which is welcoming to and of the individual, is non-judgmental and respects their circumstances, feelings priorities and rights

### **Quality:**

The post-holder will strive to maintain quality within Haxby Group, and will:

- Alert other team members to issues of quality and risk
- Assess own performance and take accountability for own actions, either directly or under supervision
- Effectively manage own time, workload and resources
- Apply Haxby Group policies, standards and guidance
- Work within own limitations and experience
- Be aware of and co-operate with audit
- Work effectively with individuals in other agencies to meet patient's needs
- Portray a professional image at all times

### **Communication:**

The post-holder should recognise the importance of effective communication within the team and will strive to:

- Communicate effectively with other team members
- Communicate effectively with patients and carers
- Recognise people's needs for alternative methods of communication and respond accordingly

### **Other:**

This job description is neither exhaustive nor exclusive and will be reviewed periodically in conjunction with you. You are required to carry out any duties that may reasonably be requested by the Medical Director.

## SAMPLE Person Specification

	<b>Essential</b>	<b>Desirable</b>
<b>Physical requirements</b>	Able to undertake the requirements of the post.	Reliable. Flexible. Excellent attendance record.
<b>Knowledge/Qualifications</b>	Registered Nurse (NMC) or Registered Paramedic (HCPC) or Registered Physiotherapist (HCPC). Minor illness qualification at degree level assessed by OSCEs. Current registration. Relevant degree or working towards a degree. Independent non-medical prescriber or working towards it or proven ability to use Patient Group Directions.	Minor injuries qualification. Undertaking a course in Advanced Clinical Practice at Masters level.
<b>Experience</b>	Practitioner-led management of minor illness. Evidence of working autonomously, with some support and supervision. First contact care. Proven ability to evaluate the safety and effectiveness of own clinical practice.	Practitioner-led triage. Experience of Microsoft Office applications. Experience of GP Clinical IT systems. Experience of audit.
<b>Knowledge/Skills/Competencies</b>	Aware of accountability of own role and that required of a Registered Practitioner. Ability to assess and manage patient risk effectively and safely. Good communication (oral and written) and inter personal skills. Keyboard skills. Change management skills and ability to support patients to change lifestyle. Ability to form good working relationships with a multidisciplinary team. Ability to listen and empathise. Understanding of evidence-based practice. Ability to organise and prioritise workload. Demonstrable evidence and commitment to professional development.	Knowledge of health promotion strategies. Negotiation and conflict management skills. Knowledge of Quality and Outcomes Framework.
<b>Qualities/Attributes</b>	Ability to work independently. Awareness of own sphere of competence and level of support required to practice safely. Ability to work as team player. Initiative and drive. Pleasant and articulate. Able to work under pressure. Self-motivated and positive. Empathetic, honest, caring. Adaptable and forward looking. Enthusiastic and energetic. Diplomatic and considered. Hard working, willing and flexible. Observance of strict confidentiality. Ability to use own judgement, resourcefulness and common sense.	
<b>Other</b>	Motivated and enthusiastic. Effective time management. Self-directed. Team player. Able to work at the desired times. Flexibility of hours for cover.	Non-smoker. Good sickness record. Current UK/EU driving licence.

## SAMPLE TICK LIST

*(Samples for guidance based on Haxby Group documentation)*

Below is an example of an ACP tick list you may consider to help with triage or appointment booking appropriately for different ACPs skills. Over time trainee ACPs are likely to build up the variety of types of problem they are competent in seeing.

ACP / PA TICKLIST - SAMPLE	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name
Allergic reactions										
Asthma	Problems - not routine check-up									
Acute abdominal pain										
Cellulitis										
Chest pain ?cardiac										
COPD	Problems - not routine check-up									
Collapse/ faint	Suspected stroke									
Contraception	Change/ problem									
Cough	Acute and chronic									
CVA/ TIA	Stroke									
Dementia Reviews										
Diabetic	Problems - not routine check-up									
Diarrhoea and vomiting										
Ears, nose and throat (ENT)										
Eczema										
Emergency Contraception										
Epistaxis	Nose bleeds									
ECG	Problems - not routine check-up									
Epilepsy/ fits										
Eyes	Including foreign body assessment									
Falls	minor injury or ?Cause									
General illness / lethargy										
Low Mood/Mild depression	Adults only									
Hayfever										
Head Injury										
Headache	Acute and chronic									
Hypertension										
Musculoskeletal										
Minor Injuries	Wound assessment / steristrips									
Rash	Including nappy rash									
Respiratory problems	Cough, cold, flu, chest infection									
Sinusitis										
Thrush	Oral or Vaginal									
Unwell child / baby over 2 weeks										
Urinary Tract Infection										
Vaginal discharge										
Wound infection										
PLEASE DO NOT BOOK ANY APPOINTMENTS WITH PREGNANT WOMEN										