Cheshire and Merseyside Governance Framework for Advanced Clinical Practice: **Paediatrics and Neonates**

Career Development Pathway and Assessment Tool

Katie Barnes - Kim Williams - Catherine McClennan - Simon Minford - Sarah Williams - September 2019





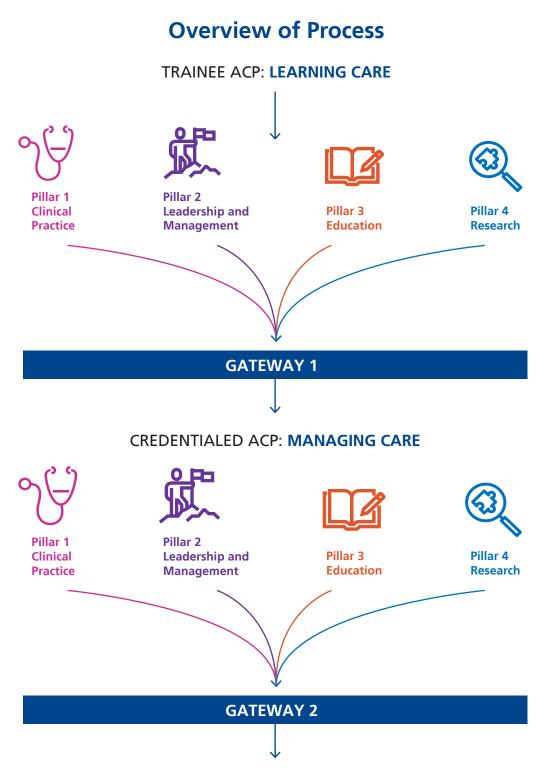






Cheshire and Merseyside ACP Career Development Pathway

The following ACP Career Development Pathway is presented in overview as well as in dissection in order to identify essential features of organisational governance for ACP roles from trainee to consultant level practice. The appendix concludes with guidance for potential components of the ACP Gateway Reviews. NB: the term credentialed is used to describe an ACP that has successfully passed through Gateway 1 (and any other requisite employer-related requirements)



CONSULTANT ACP: LEADING CARE

TRAINEE ACP: LEARNING CARE Novice to Emerging Compentence ACP Practice



TIME FRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEARNING CARE (DEVELOPMENT) Year 1 ACP Course	6	 'Heavy touch' ALL DECISIONS verified by senior clinical decision maker 	 DEVELOPMENT of advanced practice skills and clinical reasoning: assessment history-taking, physical examination, interpretation of diagnostics, management plan development, etc. Development of Pillar 1 in ACP Portfolio 	 Completion of 100% of Pillar 1 capabilities at Grade 2 (EMERGING COMPETENCE) Successful completion of Year 1 Clinical Modules 	 Named ACP mentor Named medical mentor
LEARNING CARE (EXPANSION) Year 2 ACP Course	6	 'Medium to heavy touch' ALL DISCHARGE and DISPOSITION DECISIONS and COMPLEX MANAGEMENT decisions verified by senior clinical decision maker 	 EXPANSION of advanced practice skills On-going development of Pillar 1 in ACP Portfolio NB: Start development of Pillars 2, 3, 4 	 Successful completion of ACP Programme Identify and develop role and service- specific competencies ACP portfolio that evidences ADVANCED BEGINNER/ EMERGING COMPETANCE 	 Named ACP mentor Named medical mentor Participation in departmental clinical teaching
LEARNING CARE (TRANSITION) 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	7	 'Light touch' Progression from ALL discharge decisions to MOST/ SOME decision(s) verified by senior clinical decision maker 	 CONSOLIDATION of advanced practice skills A period of phased independence progressing from SUPERVISED advanced practice (ADVANCED BEGINNER / EMERGING COMPETANCE) to AUTONOMOUS advanced clinical practice (COMPETENT/ PROFICIENT) level of achievement Focus on increasing autonomy in clinical decision- making with increasing complexity and acuity of patient presentations NB: Refinement of Pillars 2,3,4 Restrictions on 'fully independent' practice until progress through Gateway 1 	 Must have successfully been awarded MSc and Non- medical prescribing qualifications End of MSc Review of movement towards COMPETENT and PROFICIENT level of achievement of service- specific competencies Evidenced through ACP Portfolio 	 Named ACP mentor Clinical team (Consultant or nominated clinical lead) Participation in departmental clinical teaching Line Manager

TRAINEE ACP: LEARNING CARE Novice to Emerging Compentence ACP Practice



Pillar 2 Leadership and Management

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEARNING Year 1 ACP Course through 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	6	 Progression through: 'Heavy touch' 'Medium touch' 'Light touch' 	 Participating and engaging with leadership and management activities with more senior staff Development of Pillar 2 in ACP Portfolio 	 Completion of 100% of Pillar 2 capabilities at Grade 2 (EMERGING COMPETENCE) End of-MSc Review of EMERGING COMPETENCE evidenced in ACP portfolio 	 Named ACP mentor Team Leader Line Manager

Pillar 3 Education

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEARNING 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	6	 Progression through: 'Heavy touch' 'Medium touch' 'Light touch' 	 Participating in and contributing to: the learning needs of self and others with more senior staff Engaging in critical reflection of own development and learning needs Development of Pillar 3 in ACP Portfolio 	 Completion of 100% of Pillar 3 capabilities at Grade 2 (EMERGING COMPETENCE) End of MSc Review of EMERGING COMPETENCE evidenced in ACP portfolio 	 Named ACP mentor Team Leader Line Manager

Pillar 4 Research

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEARNING 3-12 months Post-MSc (in a 2 year programme) or Year 3 of Apprenticeship or other 3 year ACP Route.	6	 Progression through: 'Heavy touch' 'Medium touch' 'Light touch' 	 Participating in and contributing to research and audit activities with more senior staff Developing fluency with evidence-based practice and its application to the clinical setting Development of Pillar 4 in ACP Portfolio 	 Completion of 100% of Pillar 4 capabilities at Grade 2 (EMERGING COMPETENCE) Successful completion of MSc dissertation 	 Named ACP mentor Service Manager Research supervisor

CREDENTIALED ACP: MANAGING CARE Competent to Proficient ACP Practice



Pillar 1 Clinical Practice

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
MANAGING CARE From Gateway 1 onwards (~5-7years +)	8a	• 'As required' discussions with senior clinician(s) regarding assessment and management decisions	 Organisation confident with evidence of COMPETENT/ PROFICIENT level of ACP achievement Focus on maintaining competence via CPD and PDR process Opportunities for on-going professional development in role-specific clinical competencies 	 PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement Evidenced through ACP Portfolio 	 ACP group Senior clinical team (Consultant or senior clinical lead) Clinical supervision



જર

Pillar 2 Leadership and Management

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
MANAGING From Gateway 1 onwards (~5-7 years+)	8a	 Service Manager Clinical Lead 	• Identifying, collaborating and/ or organising service and practice- related initiatives in response to feedback, evaluation and need within service, department and/ organisation	 PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement Evidenced through ACP Portfolio 	 Management team (coaching and leadership development) Service Manager

Pillar 3 Education

TIMEFRAME BA	AND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
MANAGING 8a From Gateway 1 onwards (~5-7 years+)		Service Manager Clinical Lead	 Identifying and addressing own learning needs through critical reflection Facilitating learning for the wider team and others within the service or department based on identified need, feedback or evaluation 	 PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement Evidenced through ACP Portfolio 	 Management team (coaching and leadership development) Service Manager

Pillar 4 Research

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
MANAGING From Gateway 1 onwards (~5-7 years+)	8a	 Service Manager Clinical Lead 	 Engaging and directing service or departmental audit, research and quality improvement initiatives Evaluating and applying evidence-based practice initiatives on a departmental level 	 PDR-led review of movement towards broadening sphere of influence and developing EXPERT level of achievement Evidenced through ACP Portfolio 	 Service Manager Research opportunities

CONSULTANT ACP: LEADING CARE Expert ACP Practice

Pillar 1 Clinical Practice

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEADING CARE From Gateway 2 onwards	8b+	 SIGNIFICANT clinical experience 'As required' discussions with senior clinician(s) regarding assessment and management decisions 	 SIGNIFICANT clinical experience Recognition by organisation of significant contribution to ACP practice at EXPERT LEVEL Contributes to organisational practice at a senior strategic level Clinical practice extends across service, department, and wider organisation(s) locally, regional and nationally 	 PDR-led review of on-going achievements and progress towards identified objectives Evidenced through ACP Portfolio 	• Senior level clinical supervision



Pillar 2 Leadership and Management

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEADING From Gateway 2 onwards	8b+	 Senior Management and Clinical Team 	• Driving new practice and service redesign work in response to feedback, evaluation and need by working across boundaries professional and service boundaries locally, regionally and nationally.	 PDR-led review of on-going achievements and progress towards identified objectives Evidenced through ACP Portfolio 	 On-going Senior Management level coaching/ support

Pillar 3 Education

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEADING From Gateway 2 onwards	8b+	• Senior Management and Clinical Team	 Driving a culture of life-long learning (for self and others) that inspire current and existing learners by crossing organisational boundaries locally, regionally and nationally Driving educational opportunities across boundaries by active participation in the clinical and academic development of others 	 PDR-led review of on-going achievements and progress towards identified objectives. Evidenced through ACP Portfolio 	 On-going Senior Management level coaching/ support

Pillar 4 Research

TIMEFRAME	BAND	SUPERVISION	UNDERPINNING RATIONALE	GOVERNANCE	SUPPORT
LEADING From Gateway 2 onwards	8b+	• Senior Management and Clinical Team	 Leading audit, research or quality improvement projects across service, departmental and organisational boundaries locally, regionally and nationally. Facilitating collaborative links between clinical practice and research thorough pro-active engagement and networking with academic and research staff. 	 PDR-led review of on-going achievements and progress towards identified objectives. Evidenced through ACP Portfolio 	 Senior clinical and academic staff University- based ACP Programme staff

Cheshire and Merseyside ACP Career Development Pathway

Below is some additional guidance for organisations undertaking the Gateway Reviews.

Local Organisation Gateway Reviews

GATEWAY 1									
WHO	OUTCOMES	WHAT	ASSESSORS						
 Nominated Organisational ACP 'Review' Team NB: Gateway can be brought forward if managerial, professional and/or clinical leads agree 	 ACP evidences successful transition from ADVANCED BEGINNER/ EMERGING COMPETANCE to COMPETENT/ PROFICIENT level of achievement across all 4 Pillars Organisation quality assures successful transition from SUPERVISED to AUTONOMOUS practice Formal 'sign-off' of Gateway 1 (dropping of Trainee title) with associated administration / management changes completed (including change to ACP 8a job description) 	 ACP portfolio submission and interview that evidences COMPETENT - PROFICIENT level of achievement across all 4 Pillars 	 Named ACP mentor Consultant from clinical team or nominated clinical lead Line manager 						

GATEWAY 2										
WHO	OUTCOMES	WHAT	ASSESSORS							
 Nominated organisational ACP Review Team' including Consultant/Clinical Lead and Senior Management 	 ACP evidences successful transition from COMPETENT/ PROFICIENT to EXPERT level of ACP achievement (ACP Consultant) across all 4 Pillars Organisation quality assures EXPERT LEVEL of achievement (ACP Consultant) Formal 'sign-off' of Gateway 2 with associated administration/ management changes completed (including change to ACP Consultant job description) 	 ACP portfolio submission and interview that evidences EXPERT level of achievement across all 4 pillars. 	 ACP group Senior clinical team Consultant or senior clinical lead Senior Management team 							

EXEMPLAR: Paediatric ACP Service-Specific Competency Assessment Tool for Gateway 1 (Paediatric Ambulatory Care)

The following assessment tool is intended as an exemplar of service-specific competencies across all 4 pillars of advanced clinical practice that would be expected of ACPs working in a paediatric ambulatory care service (e.g. primary care, urgent care,out-of-hours, walk-in centre). They are intended to guide the local sign off assessor to evidence the ACP's ability to provide a threshold level of safe and competent care for infants and children presenting to an ambulatory care service.

It is expected that each service, within the ACP's employing organisation, would develop their own service-specific assessment tool, populated with those competencies deemed integral for ACP practice within a particular service, with a particular group of infants, children or young people. However, it is also acknowledged that ACPs across an organisation may share some service-specific competencies across all 4 pillars (most likely pillars 2, 3, and 4) It is also assumed that while the service specific competencies may be worked towards, during an ACP's training period, **they are intended to be used as the evidence for organisational sign-off (after a period of consolidation) at the conclusion of their training.** It is also likely that additional competencies will form part of a yearly PDR and/or profession-specific revalidation process as ACPs progress through their career and service demands change.

NB: The term 'credentialed' ACP is used to describe an ACP that has successfully completed Gateway 1 and is deemed competent in their ACP practice (see Appendix 2)



PILLAR 1: CLINICAL PRACTICE

PRESENTATION 1: INCREASED WORK OF BREATHING

	CONDITION		BODY	ACUITY/ COMPLEXITY	EVIDENCE PRESENTED	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT			
CONDI			SYSTEM			MET	NOT MET	FEEDBACK/ COMMENTS	
1.1	Bronchiolitis								
1.2	Viral-induced Wheeze (VIW)								
1.3	URTI								
1.4	Asthma								
1.5	LRTI								
1.6	CROUP								

PRES	SENTATION 2: ABDOMINAL	PAIN							
	CONDITION		BODY	ACUITY/	EVIDENCE	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT			
CON		AGE	SYSTEM	COMPLEXITY	PRESENTED	MET	NOT MET	FEEDBACK/ COMMENTS	
2.1	Diarrhoea and Vomiting								
2.2	Reflux/ CMPA								
2.3	Acute Abdomen								
2.4	UTI								
2.5	Constipation								
PRES	SENTATION 3: FEVER AND /	OR UN	WELL						
CON	DITION	AGE BODY		ACUITY/	EVIDENCE	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT			
CON		AGL	SYSTEM	COMPLEXITY	PRESENTED	MET	NOT MET	FEEDBACK/ COMMENTS	
3.1									
	Acute fever without source								
3.2									
3.2	without source								
3.2 3.3	without source URTI								
3.2 3.3	without source URTI Acute Otitis Media								

PRESENTATION 4: REDUCED LEVEL OF CONSCIOUSNESS / INGESTION/ POISONING										
	DITION		BODY	ACUITY/	EVIDENCE		EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT			
CON	DITION	AGE	SYSTEM	COMPLEXITY	PRESENTED	MET	NOT MET	FEEDBACK/ COMMENTS		
4.1	Ingestion									
4.2	Alcohol/ Drugs									
4.3	Seizure									
4.4	Head injury									
4.5	DKA									
PRES	SENTATION 5: PAIN									
CON	DITION	AGE	BODY	ACUITY/	EVIDENCE	EVIDE ASSES	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT			
		SYS	SYSTEM	COMPLEXITY	PRESENTED	MET	NOT MET	FEEDBACK/ COMMENTS		
5.1	Upper limb injury									
5.2	Lower limb injury									
5.3	Headache									
5.4	Dysmenorrhea									
PRES	SENTATION 6: OTHER									
CON	DITION	AGE	BODY	ACUITY/	EVIDENCE	EVIDE ASSES	EVIDENCE OF SAFE AND COMPETENT ASSESSMENT AND MANAGEMENT			
			SYSTEM	COMPLEXITY	PRESENTED	MET	NOT MET	FEEDBACK/ COMMENTS		
6.1	Non-blanching Rash – NO FEVER									
6.2	Well Child									
6.3	Jaundiced Newborn									

BLLAR 2: LEADERSHIP/ MANAGEMENT

CONTRIBUTION	EVIDENCE PRESENTED	EVIDENCE OF CONTRIBUTION TO A SERVICE-LED OR PRACTICE-RELATED IMPROVEMENT IN RESPONSE TO FEEDBACK, EVALUATION OR NEED					
		MET	NOT MET	FEEDBACK/ COMMENTS			

PILLAR 3: EDUCATION

CONTR	IBUTION	EVIDENCE PRESENTED	EVIDENCE OF PERFORMANCE OF ADVANCED PRACTICE CAPABILITIES RELATED TO EDUCATION					
			MET	NOT MET	FEEDBACK/ COMMENTS			



CONT	CONTRIBUTION	EVIDENCE PRESENTED	EVIDENCE OF PERFORMANCE OF ADVANCED PRACTICE CAPABILITIES RELATED TO RESEARCH (INCLUDING THE SUCCESSFUL COMPLETION OF A MASTER'S LEVEL AWARD OR EQUIVALENCY)					
			MET	NOT MET	FEEDBACK/ COMMENTS			

Suggested Citation:

Barnes K, Williams K, McClennan C, Minford S and Williams S. (2019). Career Development and Assessment Tool. In: *Cheshire and Merseyside Governance Framework for Advanced Clinical Practice: Paediatrics and Neonates (version 1.0)*. Liverpool: Improving Me, The Cheshire and Merseyside Women's and Children's Services Partnership and Kids' Health Matters CIC. Available from: www.improvingme.org.uk and www.kidshealthmatters.org.uk