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# Advanced clinical practice - Implementation Guide

**What mentorship structures do ACP roles require?**  
**What governance process are needed for ACP roles?**  
**How do I sustain and develop MDT teams with ACP roles?**  
See section 10-14

**What are the training routes to ACP roles?**  
**Are there academic requirements?**  
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**What is advanced practice?**  
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See section 1-6

Produced by:

Dr Ben Davies and Neal Aplin

BSW ICS leads for advanced clinical practice



# Advanced clinical practice - Implementation Guide

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This guide has been written by Dr Ben Davies and Neal Aplin (BSW ICS ACP workforce transformation leads) with input and review from BSW Academy and senior service leads.

Note: Web hyperlinks are accurate at time of creation, but cannot be guaranteed to always remain live.



## 1. Implementation guide summary

The use of Advanced Clinical Practice (ACP) roles has developed within health-care providers in Bath, Swindon and Wiltshire Integrated Care System (BSW ICS) for many years. These roles can be from any statutory regulated profession: nursing & midwifery, allied health professions, social workers, optometrists, and pharmacists. These roles can be any health or social care provider: primary care networks, community providers, acute-sector organisations, councils and social care providers, and third-sector organisations.

Since Health Education England published the Multi-professional Framework for Advanced Clinical Practice (2017) (MPFAP), and created the Centre for Advancing Practice, the guidance for ACP roles has developed significantly with multiple frameworks and guideline documents published. The communication of these publication of these does not reach universally across providers, and so development of ACP roles occurs in tandem to advice being published. This has led to inconsistency in the process used to establish and manage these roles in services.

This guide aims to ensure all health and social care providers within BSW ICS who employ trainee ACP (tACP) or qualified Advanced Clinical Practitioners (ACP), develop these roles with a consistent and transparent approach to: the job description and person specifications, academic requirements for these roles, a robust method of recording training and reporting compliance, clear process for job planning that reflects the four pillars of advanced clinical practice, and a clear governance process for workplace supervision and mentorship.

## 2. Introduction

The concept of 'advanced clinical practice' is not new (Peate, 2021) and for decades organisations have recruited people to roles with these, or similar, titles. However, both locally and nationally, there remains confusion around the definition of the term 'advanced clinical practice' and what activities an ACP can undertake in different areas of practice and what skills and competences are required for this role to be effective. Health Education England published the Multi-professional Framework for Advanced Clinical Practice (NHS England & NHS Improvement, 2017) to set clear and transferable criteria for the scope of practice these roles encompass.

Historically advanced clinical practice was mainly the domain for registered nurses and physiotherapists (Marks *et al.*, 2017; Diamond-Fox and Stone, 2021), however all statutory regulated professions can act in ACP roles (Thom, 2018; Royal College of Occupational Therapy, 2019; Health Education England, 2020a, 2021a, 2021b):

- Arts therapists (Music/Drama/Art)
- Chiropodist/podiatrist
- Clinical/Biomedical Scientists
- Dietitian
- Midwives
- Nurses
- Occupational Therapists



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- Operating Department Practitioners
- Orthoptists
- Optometrists
- Osteopaths
- Paramedics
- Pharmacists
- Physiotherapists
- Prosthetists/orthotists
- Radiographers (Diagnostic & Therapeutic)
- Social workers

The definition for Advanced Clinical Practice has been agreed to enable clinicians, managers, and education providers to deliver the functions, knowledge and skills to support the competence of our healthcare professionals working in advanced roles.

### 3. Definition of advanced clinical practice

*“Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterized by a high level of autonomy and complex decision-making. This is underpinned by a MSc-level award or equivalent that encompasses the four pillars of clinical practice, management and leadership, education, and research, with demonstration of core and area specific clinical competence.*

*Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.” (Health Education England, 2017).*

ACP roles have four pillars of practice: clinical, leadership, research, and education. Advanced clinical practitioners must be able to demonstrate MSc-level competencies in all four pillars (see section 5 and appendix 1). Individual job plans must reflect these pillars, although plans may differ in proportion for each pillar.



Figure 1 - Four pillars of advanced clinical practice



## 4. Evidence for ACP roles

The following is a non-exhaustive summary of evidence to demonstrate the range of impacts that ACPs can have on patient experience, clinical pathways and efficacy. These examples are drawn from local clinicians (often their Advanced Practice MSc dissertation) and some from national research. All references listed have been peer-reviewed for publication.

### *Same day emergency care (GWH)*

ACP nursing roles in SDEC reduced length of stay, time to diagnosis and treatment, and rate of hospital admission (Moxham and McMahon-Parkes, 2020).

### *Cardiology (GWH)*

Establishing MDT management of chest pain, including ACP roles, reduced use of CT angiograms, reduced inpatient admissions, and increased the discharge of people with low-risk chest pain from emergency departments (Taylor, Kopanska and Cobb, 2020).

### *Virtual fracture clinic (GWH)*

A cross a 4-year study, there is a high satisfaction rate (88%) from people who are managed through an ACP-led virtual fracture clinic. This role supported the orthopaedic department to meet the recommended time from A&E, to review in fracture clinic (Thelwall, 2021).

### *Pleural disease clinics (RUH)*

ACP nursing roles have broadened the MDT within pleural clinics and increase the number of patents seen per clinic from 4.57 to 5.86, this had costs savings to the department, as well as improving patient experience (Peter, 2020).

### *Frailty flying squad in A&E (RUH)*

Frailty teams, including ACP nurses, were able to assess drug burden and reduce the cholinergic drug burden of people being admitted through A&E. This was most notable in mild to moderate frailty groups (Neilson and Palmer, 2021).

### *Radiography (UK systematic review)*

ACP radiographers increase capacity of radiology departments and improve patient experience by reducing time to report (Thom, 2018).

### *Physiotherapists in urgent care (UK)*

Review of including physiotherapist ACP clinicians in the MDT team within urgent care found these clinicians assessed and managed 30% of the case presentations, similar to GPs. The focus was MSK and back pain presentations. Use of imaging and 30-day readmission rates, were consistent with GP colleagues (McDonough *et al.*, 2022).

### *ACP Physiotherapists in rheumatology clinic (UK)*

The introduction of ACP physiotherapists to rheumatology teams saved 42 hours of consultant time (across 4 months audit) and reduced waiting times from 3 months to 3 weeks. This increased access to rheumatology for people with inflammatory conditions (Coulthard and Gotting, 2022)



## 5. Role Titles

To maintain credibility for the ACP role and ensure professional integrity and support, appropriate titles must be utilised and service users must be able to identify APs.

Following a post-qualification period, clinicians may enter Enhanced Practice roles, these are clinically expert, often with MSc-level training in the clinical pillar, but do not represent the breadth of training an ACP role demands. A job plan for enhanced roles will be mostly clinical and patient-facing. The title **enhanced** is not mandated, or encouraged, by HEE.

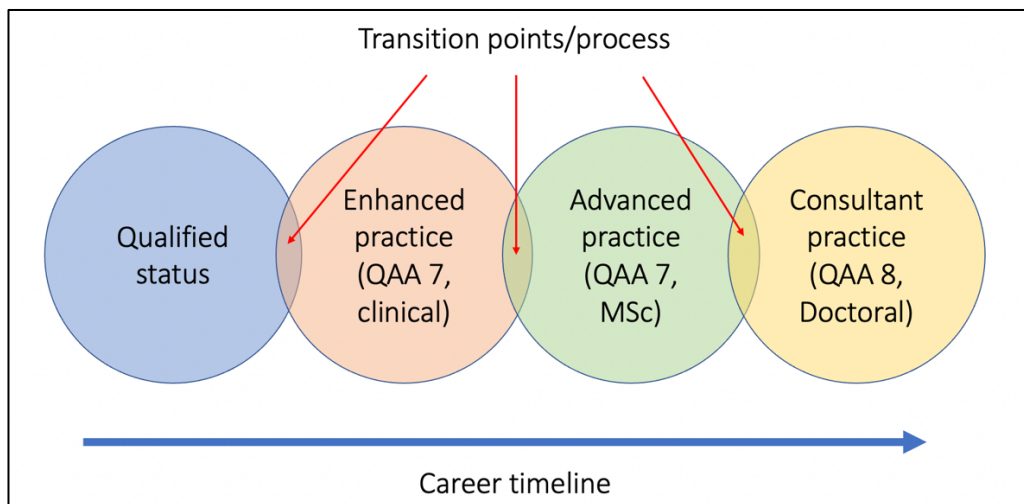


Figure 2 - Career development timeline

Role titles should only include 'Advance clinical practice' (or similar), when the clinician's role and level of practice at an advanced level, which means they have either completed an MSc in Advanced clinical practice (or equivalent) or submitted a portfolio of capabilities mapped to the four pillars of advanced clinical practice, or lastly those who have passed an advanced clinical practice credentialling/accreditation process from a governing body such as Royal College of Emergency Medicine, see section 7.4 for more details.

The Advanced Clinical Practice/Practitioner title is not transferable to other roles at an enhanced level of practice e.g., specialist, highly specialised or extended scope clinical roles.

The transition points highlighted in Figure 1 make clear there will be a period of training required to achieve full ACP capabilities. Clinicians who are in the process of completing MSc in Advanced clinical practice, supported e-Portfolios routes, and/or Royal College credentialling processes will be titled – Trainee ACPs.

Consultant level practice characterises the pinnacle of the clinical career ladder and provides expertise, clinical and strategic leadership in: clinical practice for a specific client group; practice-based research, inquiry, development and improvement approaches that change practice sustainably through individual, team and organisational learning, cultural change and improving effectiveness (Health Education England, 2020b), [Consultant Framework](#)



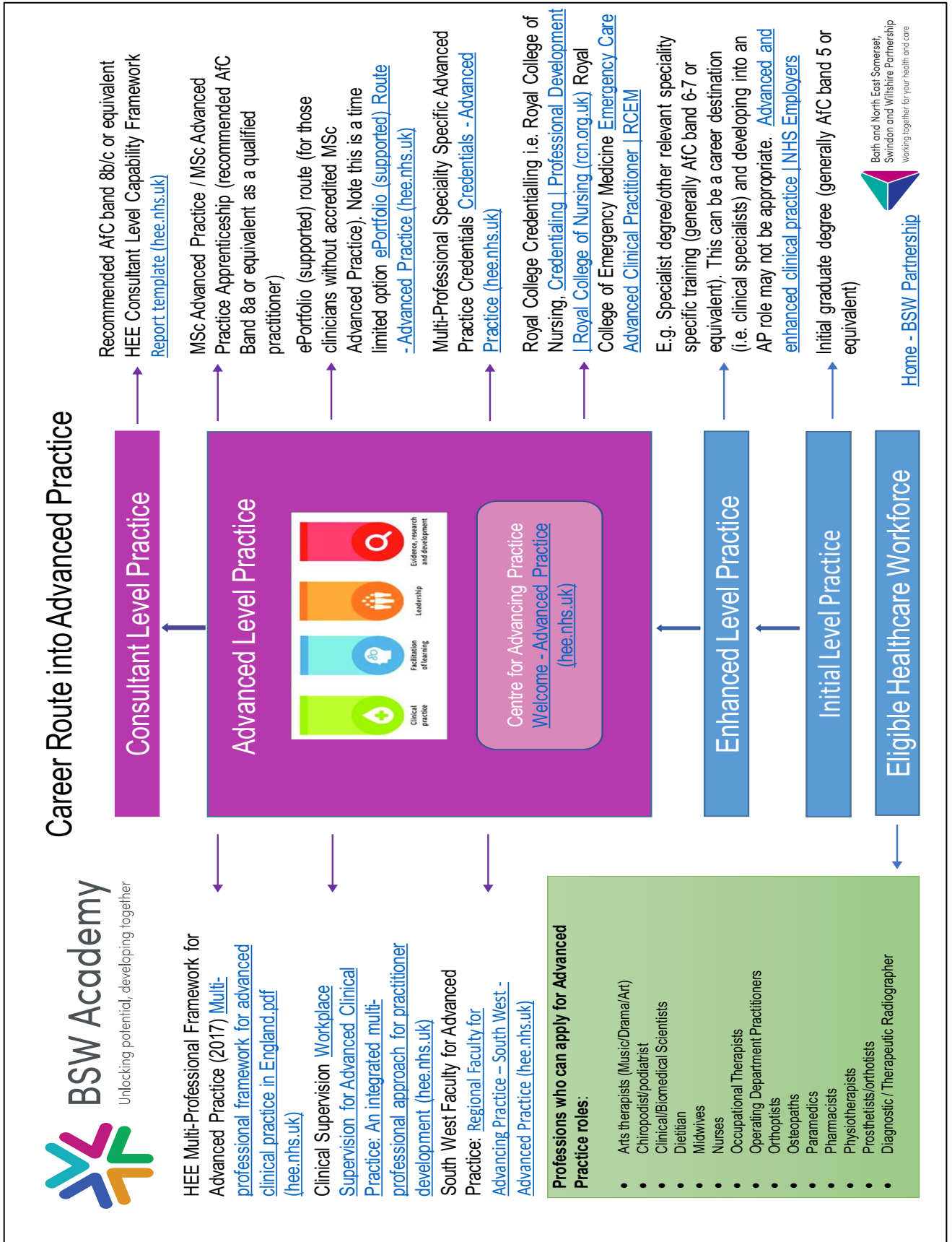


Figure 3 - Advanced practice career routes





## 6. Advanced clinical practice – four pillars of practice

ACPs are experienced senior non-medical clinicians who will possess the knowledge, skill and competence to see, treat and manage patients across the age, acuity and complexity spectrum, within a multi-disciplinary service. ACPs are clinically educated through a clinical MSc-level programme and will be able to demonstrate working through the 4 pillars of advanced clinical practice.

These pillars are described below with selected examples from each competency, these competencies are fully described in the HEE Multi-professional Framework (HEE, 2017):

### Clinical practice

1.2 Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.

1.6 Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.

### Leadership and management

2.5 Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.

2.7 Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.

### Education

3.2 Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services

3.7 Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.

### Research

4.3 Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others

4.8 Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers

## 7. Advanced practitioner – routes to evidence capability

Health Education England Centre for Advancing Practice (<https://advanced-practice.hee.nhs.uk>) are developing a digital badge, that will be awarded to clinicians who complete appropriate MSc courses, or complete the e-portfolio route. This digital badge will



allow employer to be certain of a clinician's academic and capability development, and can be used by clinicians when applying for future roles.

ACP clinicians need to demonstrate both:

- Academic ability at MSc-level (QAA level 7) – either by MSc or by e-portfolio of previous learning

And:

- Technical competency specific to their clinical field – by reaching standards of practice across published competency frameworks. These clinical skills are peer-reviewed and observed. The library of published frameworks is described below (section 7.4) but is also being updated.

There are currently two routes to be awarded a digital badge:

### 7.1 MSc in Advanced clinical practice (or equivalent course name)

For clinicians developing into ACP roles, this is the preferred route to accreditation. HEE Centre for Advancing Practice have accredited certain courses at local Higher Education Institutes (HEI). This benchmark process ensures quality and curricula to develop clinicians into advanced practice roles.

The accredited options in the Southwest are shown below, the full list of courses can be found at this link [HEE Centre for Adv Practice MSc course page](#).

Courses completed prior to 2017 are not eligible because curriculums were not matched to the requirements for advanced clinical practice. For clinicians with 'older' MSc or who have accrued some MSc modules which do not equate to a qualification, the supported e-portfolio maybe an option, see below.



Education Provider	Professions(s)	HEE Regions
University of Plymouth 	Nurse Midwife Occupational Therapist Paramedic Pharmacists Physiotherapist Radiographer	South West
University of the West of England (Bristol) 	Chiropodist/ podiatrist Dietitian Nurse Midwife Occupational Therapist Paramedic Pharmacists Physiotherapist Prosthetist/ orthotist Radiographer Speech and Language Therapist	South West

Figure 4 - Accredited MSc courses in the southwest (2022)

An example of indicative course structure for MSc in Advanced clinical practice is shown below:

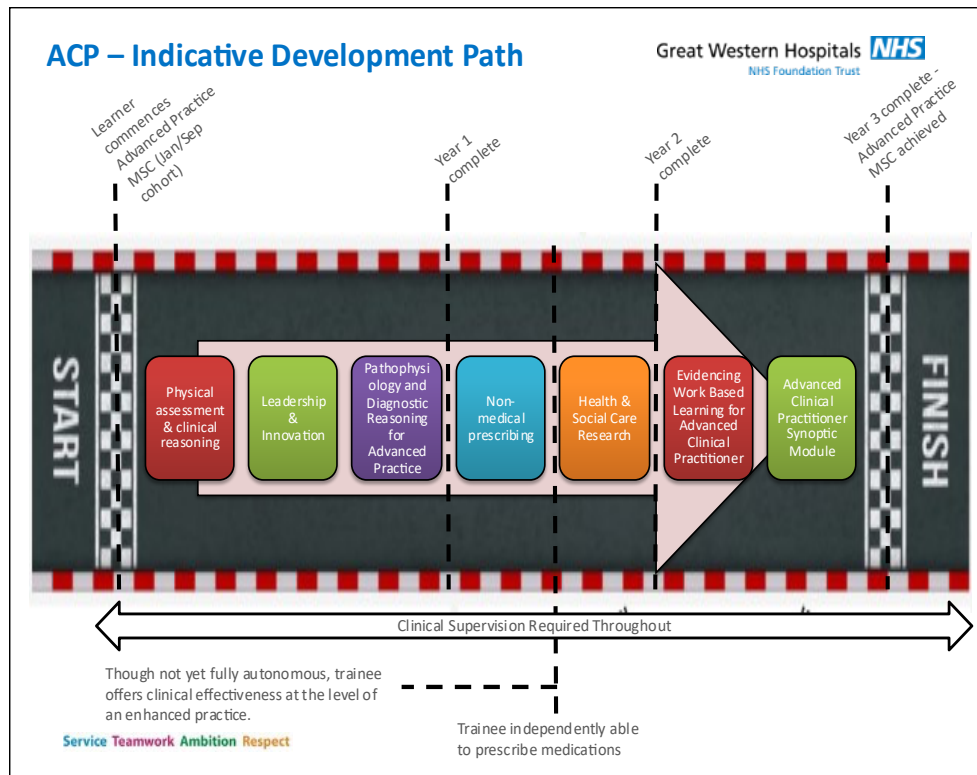


Figure 5 - Indicative structure of MSc in advanced clinical practice

Routes to achieve capability and competency can vary between professions, however, as an indicative academic path, this illustration demonstrates the educational journey a trainee ACP will undertake. Please note the graphic maps module titles from UWE, Bristol and different pathways may be offered by different HEIs – for example Neonatal ACP at Plymouth University is the only one in the SW and is HEE accredited.

The MSc route can be undertaken as a level-7 apprenticeship. This benefits the organisation by securing funding for the MSc fees from the apprenticeship levy. Providers must agree to support 20% time away from clinical practice for directed learning time.

We advise contacting your organisation lead for apprenticeships to ensure information on process and funding is up to date.

## 7.2 Supported e-portfolio route

### The e-portfolio route will not remain an indefinite option

HEE Centre for Advancing Practice recognise that starting an MSc course is not appropriate for all clinicians, and there are clinicians in long-established roles which would be considered advanced clinical practice under current guidance, but who have not completed appropriate MSc courses, or documented their capability in ways that would be expected now.

To be clear, this does not mean these clinicians are not competent or capable to perform advanced clinical practice roles, simply that they were recruited to these roles before these guidelines were published. Existing role governance processes e.g., peer-observation, case



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discussions, performance management process and critical incident reflections – are processes for ensuring competency that existed before the Advanced clinical practice agenda was formalised.

The e-portfolio route allows clinicians to use evidence from prior academic learning (e.g., MSc modules that pre-date 2017) and from prior experiential learning to demonstrate they are at the required capability and competency for the role they are either in, or for future applications to ACP roles.

The first round opened in Dec 2021 and future rounds are expected later in 2022.

HEE Centre for Advanced clinical practice e-portfolio page is [here](#).

The portfolio route has a number of stages:

1. **Initial application.** This form asks applicants to provide a summary of supporting evidence for their level of practice, under each of the four pillars described in section 5. It also asks for any self-identified learning needs to reach the described level of practice.
2. **First assessment.** HEE will assess whether this brief summary appears likely to be successful at meeting the standards required. If so, the applicant is assigned to a HEI.
3. **Complete detailed portfolio.** The applicant is required to produce a detailed portfolio that fully describes their evidence for meeting all criteria in the multi-professional framework. Evidence can include, but is not limited to, 360' appraisals, peer-reviews, records of observed practice, evidence of prior MSc-level courses, reflective accounts from CPD courses, reflective accounts from critical incidents, published research abstracts/posters, evidence of teaching, evidence of management and service improvement. This document is submitted back to the Centre for Advancing Practice.
4. **Learning needs analysis meeting.** This detailed portfolio is assessed by the HEI and a meeting is scheduled to discuss the learning needs analysis. The outcome of this meeting can be:
  - a. Sufficient evidence of ACP capability and competency
  - b. Learning needs identified that can be completed within one year e.g., one MSc-level module
  - c. Insufficient evidence of learning, or learning needs that will exceed one year to complete. The recommendation in this case would be to start the MSc pathway.
5. If accepted onto the e-portfolio route, then the agreed learning needs analysis (possible module, and completion of detailed portfolio and critical reflection) will be completed and submitted within 12-months.

There are guidance documents and FAQ at the e-Portfolio page linked to above.

### **The e-portfolio route will not remain an indefinite option**

The e-Portfolio route has opened again in October 2022. It is not certain for how many years this option will be available. HEE are wanting to move to the full MSc in advance practice as being the route for academic training and the only route of access to registration.



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### **7.3 Before embarking on either route – clinicians and employers**

Neither route is simple.

#### **For clinicians:**

Clinicians need to understand the time commitment required to complete a full MSc, even on a part-time basis. If accessing MSc through the apprenticeship route, the 20% away from work time is not sufficient for all learning, so both routes will take significant investment from non-work time.

It is useful to consider the HEE document “Readiness to become an Advanced Practitioner” which can be found [here](#). This will help the clinician ensure they understand the investment required.

The portfolio route still requires a significant investment in time to locate and collate evidence sufficient to provide the robust governance process required. While certainly more suitable to later stage clinicians, we recommend not under-estimating the required work.

#### **For employers & supervisors:**

The support clinicians require through training should be recognised and considered by employers. The guidance document “Advanced clinical practice workplace supervision” ([LINK](#)) contains a checklist for potential supervisors/mentors of trainee and qualified APs.

It is critical that supervisors are cognisant of the investment in their time to support clinicians through this process.

Coordinating workplace supervisors – play a key role in ensuring that mentorship and learning opportunities are provided as needed for the clinician.

Associate workplace supervisors – may provide supervision in a specific area of learning needs.

### **7.4 Specific clinical capability frameworks/credentials**

A key workstream for HEE Centre for Advancing Practice is developing multi-professional credentials to help standardise workforce clinical capabilities within a range of different specialities.

HEE Centre for Advanced Practice capability frameworks define clinician capabilities which reflect all four pillars of advanced practice.

Not all the documents listed below are endorsed by HEE Centre for Advanced Practice, some are published in collaboration with other bodies e.g., RCEM, Skills for Health and ARMA

Please be advised that ‘non-HEE’ accredited frameworks, may not be fully sufficient to match capabilities against, when producing an evidence portfolio for advanced practice.



Clinical speciality	Credential location
First contact practitioner (FCP) and Advanced clinical practice in primary care: MSK	HEE <a href="#">link</a>
FCP and Advanced clinical practice in primary care: paramedic	HEE <a href="#">link</a>
Primary care core framework	HEE <a href="#">link</a>
Advanced Clinical Practice in Acute Medicine Curriculum Framework	<a href="#">Link</a>
Advanced Clinical Practice in Older People Curriculum Framework	<a href="#">Link</a>
Advanced clinical practice in Mental Health Curriculum and Capabilities Framework	<a href="#">Link</a>
FCP and Advanced clinical practice in primary care: dietetics	HEE <a href="#">Link</a>
FCP and Advanced clinical practice in primary care: occupational therapy	HEE <a href="#">link</a>
Community rehabilitation	Skills for health TBC
Pelvic health	Skills for health TBC
Community exercise-based approaches for people with long term conditions	Skills for health TBC
Surgical advanced practitioner	<a href="#">Link</a>
Advanced critical care practitioners (FICM)	<a href="#">Link</a>
Emergency medicine (RCEM)	<a href="#">Link</a>
Occupational therapy in social care: A learning and development framework (Social Care Wales) – includes role description for AP.	<a href="#">Link</a>
Advanced clinical practice radiography accreditation	CoR <a href="#">LINK</a>
MSK Advanced practice standards	ARMA <a href="#">Link</a>

ACPs working in specialities which have completed frameworks, are to work towards completing the relevant framework as these will be the current national standard expected within the speciality.

The Royal College of Nursing (RCN) have Royal College credentialling systems [LINK](#). Credentialing is the process of assessing the background and legitimacy of clinicians to practice at an advanced level through assessing qualifications, experience and competence.

Furthermore, ACPs within specialisms may have achieved accreditation from a governing or professional body. As an example, ACPs in gynaecology often have undertaken specific education and assessment to achieve the same qualification as their medical colleagues.



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This training has been accredited through the British Society of Gynaecological Endoscopy and the British Society for Colposcopy and Cervical Pathology.

Non-medical prescribing is not an essential requirement for advanced clinical practice role. Some of the professions who are eligible to develop into ACP roles (i.e., Occupational Therapists) are not regulated to prescribe.

### **What if my specific clinical area is not covered by a capability framework?**

These are works in progress. Some clinical areas may require taking a range of competencies from existing documents.

For example – an ACP nurse in an older person's mental health unit, would require skills covered in both 1) the mental health curriculum, but also 2) The older persons framework. This would ensure they had clinical medical skills to recognise pathologies or changes to the person that required medical attention, not just skills in mental health management.

## **8. Business cases for advanced clinical practice roles**

This implementation guide cannot account for all providers across health and social care in order to recommend where and how ACP roles could be developed.

We would suggest considering these questions with clinical teams:

1. What is the current patient journey – to, within, onward from – your current service?
2. Have you mapped this process and journey to understand staffing needs and skill mix across the journey?
3. Where are the 'pinch points' in this journey?
4. Are their points of no/little added value?
5. Can the patient journey be simplified/streamlined/rationalised with advanced and autonomous roles?
  - a. Fewer primary care referrals?
  - b. Care moved upstream?
  - c. More proactive than reactive pathways?
  - d. Altered skill mix to increase autonomy? E.g., initiation and management of investigations (imaging, bloods), liaison with other services.
  - e. Considering health inequalities and access to health services?
  - f. Signposting to social support services and social prescribing?
6. What could the involvement of advanced AHP/nursing roles in clinics bring to secondary/acute care efficiencies?
  - a. Different philosophy in practice than medical colleagues
  - b. More proactive or holistic management approaches?
  - c. Get it right first time (GIRFT) principals?
7. What resources would be reallocated towards ACP roles?
8. Does this save money in the short term? Or (more likely) in the medium to longer term?
9. Are there examples from UK of similar service changes and developments?
10. What mentorship requirements are required?
11. What clinical capability frameworks are appropriate to map this role against?





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12. Can apprenticeship levy be used for this role?
13. What are the rota considerations to allow off-the-job training?
14. What aspects of audit could be aligned with ACP roles (eg NICE audits)
15. What aspects of education can be aligned with ACP roles (eg FCP physios training GP in MSK assessment)
16. How will the role be evaluated – when going back to early questions (Q1-6), what data should be captured to evidence the impact of the role?

See the HEE ACP Maturity Matrix ([LINK](#)), business case tab, in excel spreadsheet for self-evaluation.

## **9. Recruitment to advanced clinical practice roles**

A Memorandum of Understanding (MOU) between providers in BSW ICS has been agreed to standardise person specifications for ACP and tACP roles across the BSW footprint.

This person specifications should be used by service managers and human resource departments to ensure that recruitment documents for ACP roles have the requisite skills and competencies described, see appendix 2.

The optional texts can be selected as needed or edited and should be transferrable to any provider and clinical setting.

The role descriptions have been matched to the four pillars of advanced clinical practice as described in the HEE Multi-professional framework for advanced clinical practice (2017).

## **10. ACP Supervision & mentorship**

Once recruited to a role, whether in primary care, community provider, acute trusts or social care organisations, ACP require ongoing support and mentorship. This does not reduce their autonomy, but rather allows them to work at the limit of their scope of practice, with confidence that peer and/or senior support is available when required.

Mentorship can be both from the same profession (support from other ACP occupational therapists, working in primary care) or from without (support from GP in primary care to ensure an OT can be aware of medical conditions as required).

Mentorship will be different between different APs, due to differing employers, depending on the size of the team, the nature of the multi-disciplinary team, the kind of mentorship identified by the ACP and their lead mentor, and a range of other factors.

However, the principals of supervision should be in line with HEE document 'Workplace Supervision for Advanced Clinical Practice (The Centre for Advancing Practice, 2020) [LINK](#)



Figure 6 - Supervision (Centre for Advancing Practice, 2020)

There are a number of roles to consider for effective mentorship, these will be filled by different people depending on organisation:

### **Coordinating educational supervisor**

This role could be filled by a Consultant Physician/Surgeon, GP, or Consultant practitioner or experienced ACP. This role takes the key lead on ensuring trainee ACPs are on course for developing through their training and capability programme.

Trainee ACPs should meet their designated Coordinating educational supervisor at least monthly to ensure appropriate progress through the training program and identification of learning needs. Assessing trainee ACP competence is the responsibility of their Coordinating educational supervisor’.

### **Associate Workplace Supervisor**

Aspects of tACP development may be delegated for specific skills or experience the associate can help to develop in the tACP. For example, specific exposure to a research active part of the organisation to understand how audit/research can be included into clinical practice.

As training progresses the trainee ACP should have an opportunity to increase their autonomy, but must be consistent with the delivery of safe, person-centred and effective care for the patient. On qualification as an autonomous ACP there should be on-going supervision in line with their medical equivalent grade to ensure continued progression of



the clinician. This should ensure that the development of clinical skills and competence are linked to service delivery across the wider health economy.

## **Supervisor/mentor development**

There are resources available to help develop mentors' own skills and confidence in this mentorship/supervision role. The HEE Workplace Supervision for ACP document ([LINK](#)) details training programmes available to medical colleagues, and to AHP ACPs.

### **11. Work place assessment**

The terminology used in mentorship may not be so familiar to nurses and AHPs, it has been modelled on GP training language to facilitate the communication between MDTs working in NHS health care providers

Does the clinician demonstrate the practical, clinical skills outlined in the relevant competency framework? Can they be 'signed-off' as competent in a range of procedures?

This approach to assessment is multi-faceted and could include:

- Demonstration of an extensive clinical portfolio of evidence, including: Mini-Clinical Examination Skills (mini-CES), Case-based Discussions (CbD), and Direct Observation of Procedural Skills (DOPS)
- A number of written critical reflections related to clinical examination skills, clinical diagnostics and interpretation.
- Case based examinations.
- 360-degree feedback from junior staff, peers, mentors and support staff.
- Logbooks & portfolios

The assessment tools are readily adaptable, in that they can be applied to different clinical conditions and settings. It is also important to note that trainers remain responsible to their regulating authority for the quality of their assessments.

#### **11.1 Mini-Clinical Examination Skills (mini-CEX)**

This tool is designed to assess the trainee's clinical examination skills of the various clinical systems. It is important for them to systematically develop a full differential diagnosis and always consider all of the potentially life-threatening conditions and not list by probability alone. Clearly for each Mini-CEX there is a spectrum of severity and the underlying causes and the assessment will need to be tailored to that situation but will deliberately include the whole patient encounter and not simply the examination.

#### **11.2 Case-based Discussion (CbD)**

The case-based discussion is designed to assess clinical decision making and the application or use of clinical knowledge in relation to an episode of care for which the trainee has been directly responsible. It also enables ethical and legal issues to be discussed and an exploration of the rationale behind their decision-making responses. Although the primary purpose is not to assess record keeping, the actual patient record is the focus for the discussion and can be used to evaluate the standard of the trainee's record keeping. An example might be a discussion around an admission 'clerking' and choosing to discuss the reasoning behind aspects of their choice of investigation, their choice of treatment regime



and management of the patient. It should not be taken as an opportunity to discuss the whole case in a 'viva style- approach. Trainees should actively seek support from other senior clinicians to assess their practice.

### **11.3 Direct Observation of Procedural Skills (DOPS)**

Observed Procedural Skills is a method that has been designed specifically for the assessment of practical skills. Strengths and areas for development should be identified following each encounter. Trainees should actively seek support from other senior clinicians who have expertise in the procedure to assess their competence. The procedures should be undertaken in the practitioner's usual environment. Procedures should be assessed by the most appropriate clinician which can include nursing and medical staff and AHPs. It is essential for all trainees to have their competence assessed related to **all** common practical procedures that they will be required to undertake in their chosen clinical area.

ACPs will continue to develop their clinical portfolio to cover all commonly encountered conditions within their clinical specialism as they develop within their role during and after completing Master's in Advanced Clinical Practice or equivalent

### **11.4 Opportunities for formal learning for ACP's**

In addition to university-based teaching, tACPs/ACPs could also access junior doctor teaching and peer learning and review opportunities. Activities could include case presentations, grand rounds, journal clubs, presentation of audit and research, lectures and small group teaching.

Formal teaching may be required for topics such as teaching skills, research methods, information technology skills, appraisal techniques and other clinical governance methodologies. Trainees are expected to access and attend courses, regional and national study days each year that are relevant to their continued progression to full ACP status.

Where appropriate, and CPD budgets allow, other national and international meetings may provide appropriate experience, continuing professional development and opportunities for sharing of learning.

Trainees are expected to complete evidence of reflective practice through case reports and other experiences in their clinical portfolio. Other self-directed work will be planning, data collection, analysis and presentation of audit and research work such that the training record will contain evidence of academic pursuits.

## **12. Advanced clinical practice Assurance Group**

Providers organizations should establish a group to ensure standards within ACP roles, regional policies have called this an - Advancing Practice Assurance Group (APAG). The APAG role governs implementation of advanced clinical practice policy to safeguard the public and ensure the delivery of safe and effective care. Staff seeking advice on matters relating to advanced clinical practice can consult with APAG, including whether an element of practice is deemed by the Organisation to be 'advanced' and to determine how this should be governed. The APAG group will consist of key senior a, including consultant practitioners and ACP representatives. The group will be chaired by the Advanced clinical practice Lead



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and will employ a variety of mechanisms to quality assure training based on regular reviews and targeted exceptional reviews (if required), which will be determined by perceived risk.

The APAG will assume overall responsibility for quality, assuring the governance, education and training requirements for all ACPs within the Organisation. They will escalate any concerns to individual divisions and provide regular reports to the workforce committee.

### **13. Consistency and Succession Planning for ACP Roles**

To achieve personal development plan objectives, continuous professional development, teaching commitments, and to ensure currency of clinical practice, all tACPs whilst in training will have a consistent clinical and non-clinical split (80%/20%) that is clearly evidenced in clinical or organisational rotas. This is to support the tACP in training and mandated for those on the ACP apprenticeship pathway.

Qualified ACPs will have a consistent clinical and non-clinical split in line with their medical equivalent level. The proportion of clinical and non-clinical duties will be dependent on specific directorate needs and should reflect additional service and/or strategic level responsibilities that occur as the clinician becomes more senior. Any changes to the clinical and non-clinical division of time must be approved by the APAG to ensure consistency and equity across the Organisation.

To ensure consistency and continuity of service across the Organisation staff undertaking these roles must not be withdrawn to support deficiencies or staffing shortfalls in other roles or services. This can be reviewed in case of exceptional circumstances.

### **14. Management of ACP Roles**

The APAG will advise and support individual divisions with regards to on-going education, training and clinical assessment of competence required to maintain safe practice and for ensuring all ACPs fulfil the requirements to practice at advanced clinical practice level, and to remain on the Organisation's register of APs.

All trainee and qualified ACPs will be responsible to the Consultant Practitioner (Nurse/AHP/Midwifery/Pharmacist Consultant) within their speciality (if in place) and the Senior Matron or service lead head, with oversight from the Advanced clinical practice Lead supported by the APAG. All qualified ACPs will be operationally line managed by the Senior Matron or service lead head and Consultant Practitioner (if in place) within the directorate speciality. Trainee ACPs will be managed jointly by the Senior Matron or service lead head and Consultant Practitioner (if in place) within the directorate speciality and the Advanced clinical practice Lead.



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## Appendix 1 – ACP role descriptors

Advanced Practitioners are supported by the 4 pillars of advanced clinical practice (HEE, 2017):

### Advanced Clinical Practice (Expert working)

- Decision making/clinical judgement and problem solving
- Critical thinking and analytical skills incorporating critical reflection
- Managing complexity
- Clinical governance
- Equality & diversity
- Ethical decision-making
- Assessment, diagnosis referral, discharge
- Developing higher levels of autonomy
- Assessing and managing risk
- Non-medical prescribing in line with legislation.
- Developing confidence
- Developing therapeutic interventions to improve service user outcomes
- Higher level communication skills
- Service user focus/public involvement
- Promoting and influencing others to incorporate values-based care into practice
- Development of advanced psychomotor skills
- Take a comprehensive patient history
- Carry out physical examinations
- Use their expert knowledge and clinical judgment to identify the potential diagnosis in often undifferentiated conditions
- Refer patients for investigations where appropriate & review and act on results where appropriate
- Make a final diagnosis
- Decide on and carry out treatment, including the prescribing of medicines, or refer patients to an appropriate specialist
- Use their extensive practice experience to plan and provide skilled and competent care to meet patient's health and social care needs, involving other members of the health care team as appropriate
- Ensure the provision of continuity of care including follow-up visits where appropriate
- Where appropriate assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed
- Work independently, although often as part of a health care team
- Provide leadership to members of the MDT
- Make sure that each patient's treatment and care is based on best practice & solid clinical acumen

### Management and Leadership

- Identifying need for change, leading innovation and managing change, including service development
- Developing case for change
- Negotiation and influencing skills
- Networking
- Team development



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## **Education (either within clinical practice or education sector)**

- Principles of teaching and learning
- Supporting others to develop knowledge and skills
- Promotion of learning/creation of learning environment
- Service user/carer teaching and information giving
- Developing service user/carer education materials
- Teaching, mentorship and coaching

## **Research**

- Ability to access research/use information systems
- Critical appraisal/evaluation skills
- Involvement in research
- Involvement in audit and service evaluation
- Ability to implement research findings into practice (development of policies/protocols/guidelines)
- Conference presentations
- Publications



**Appendix 2 – Person specifications**

**Advanced clinical practice person specification**

<b>Education/Qualification</b>	<b>Essential</b>	<b>Desirable</b>	<b>Mapped to 4 Pillars of Advanced clinical practice</b>
Professional Registration with either NMC, GPhC or HCPC.	X	N/A	N/A
Evidence of MSc level education. Such as: <ul style="list-style-type: none"> <li>• MSc Advanced clinical practice.</li> <li>• Equivalent / other MSc mapped to the four pillars of advanced clinical practice.</li> <li>• Demonstrated competence at an advanced clinical practice level through Royal College or HEE Credentialing.</li> </ul>	X		Clinical Practice; Research; Leadership and Management; Education
Evidence of Continuing Professional Development	X		Clinical Practice; Research; Leadership and Management; Education
Non-Medical Prescribing if appropriate to registered profession / role.	X		Clinical Practice
Relevant role specific qualifications (i.e., Advanced Resuscitation - ALS/EPLS/ATLS, surgical skills qualification or radiology interpretation skills)	X		Clinical Practice
Completed ACP training within relevant clinical field.	X		Clinical Practice
Leadership/management course or validated portfolio evidence (if not part of MSc level qualification)	X		Leadership and Management

<b>Experience</b>	<b>Essential</b>	<b>Desirable</b>	<b>Mapped to 4 Pillars of Advanced clinical practice</b>
Significant demonstratable experience of working as a registered practitioner in a provider organisation (e.g., acute	X		Clinical Practice



sector, community provider, third sector, social care or primary care) and within a relevant specialty (suggested 4-5 years minimum)			
Demonstrate an up to date and detailed knowledge of relevant guidelines and clinical practice in the specialty.	X		Clinical Practice
Evidence of recent teaching, mentorship, and supervision of staff	X		Education
Evidence of recent audit and/or research experience	X		Research
Evidence of involvement in change management and/or clinical service improvement.		X	Leadership and Management

<b>Skills and Ability</b>	<b>Essential</b>	<b>Desirable</b>	<b>Mapped to 4 Pillars of Advanced clinical practice</b>
Evidence of theoretical and practical skills allowing autonomous patient management (i.e., patient assessment, diagnosis and management) related to clinical scope of practice	X		Clinical Practice
Understand, encourage, and support clinical supervision and mentorship both within and across professional roles.	X		Clinical Practice; Leadership and Management
Effective leadership skills relevant to role (i.e., demonstrated ability to provide clinical professional leadership and mentorship)	X		Leadership and Management
Effective written and verbal communication skills	X		Leadership and Management
Educational skills such as identification of learning needs, delivery, and evaluation, providing work-based learning.	X		Education
Experience of multi-professional working	X		Leadership and Management
Ability to interpret and evaluate national and international guidelines and apply to local protocols and	X		Clinical Practice; Research; Leadership and Management; Education



practice as appropriate			
Ability to communicate effectively with all stakeholders including to service users, clinicians, and senior leadership teams. This will require proven ability and leadership skills demonstrating motivational, visionary, diplomacy and negotiation skills.		X	Leadership and Management
Works under own initiative with strong organisational skills and ability to achieve to deadlines	X		Leadership and Management
Able to use high-level problem-solving and analytical skills and manage complexity.	X		Leadership and Management
Effective time-management and prioritisation skills	X		Leadership and Management
Appropriate level of I.T literacy (i.e., for radiology, pathology, microbiology ordering as per Trust / organisational protocols, utilising patient systems)	X		Clinical Practice

## Trainee Advanced clinical practitioner

Education/Qualification	Essential	Desirable	Mapped to 4 Pillars of Advanced clinical practice
Professional Registration with either NMC, GPhC or HCPC.	X	N/A	N/A
Demonstrate (by example, portfolio or existing M-level module attainment), an enhanced level of current clinical practice that includes autonomous practice and ability to manage risk, uncertainty, and complexity	X		Clinical Practice
Evidence of ability and willingness to undertake full MSc Advanced Clinical Practice/or equivalent MSc level education. Such as: <ul style="list-style-type: none"> <li>BSc (Hons)/BN</li> <li>Post Registration Level 6/7 modules.</li> </ul>	X		Clinical Practice; Research; Leadership and Management; Education
Evidence of Continuing Professional	X		Clinical Practice; Research; Leadership and Management;



Development			Education
Non-Medical Prescribing if appropriate to registered profession / role		X	Clinical Practice
Relevant role specific qualifications (i.e., Advanced Resuscitation – ALS/EPLS/ATLS, surgical skills qualification or radiology interpretation skills)		X	Clinical Practice
Leadership/management course or validated portfolio evidence (if not part of MSc level qualification)		X	Leadership and Management
<b>Experience</b>	<b>Essential</b>	<b>Desirable</b>	<b>Mapped to 4 Pillars of Advanced clinical practice</b>
Significant demonstrable experience of working as a registered practitioner in a provider organisation (e.g., acute sector, community provider, third sector, social care, or primary care) and within a relevant specialty (suggested 4-5 years minimum)	X		Clinical Practice
Demonstrate an up to date and detailed knowledge of relevant guidelines and clinical practice in the speciality.	X		Clinical Practice
Evidence of recent teaching, mentorship and supervision of staff		X	Education
Evidence of recent audit and/or research experience		X	Research
Evidence of involvement in change management and/or clinical service improvement.		X	Leadership and Management

<b>Skills and Ability</b>	<b>Essential</b>	<b>Desirable</b>	<b>Mapped to 4 Pillars of Advanced clinical practice</b>
Evidence of theoretical and practical skills allowing autonomous patient management (i.e., patient assessment, diagnosis, and management) related to clinical		X	Clinical Practice



scope of practice			
Understand, encourage, and support clinical supervision and mentorship both within and across professional roles.	X		Clinical Practice; Leadership and Management
Effective leadership skills relevant to role (i.e., demonstrated ability to provide clinical professional leadership and mentorship)		X	Leadership and Management
Effective written and verbal communication skills	X		Leadership and Management
Educational skills such as identification of learning needs, delivery and evaluation, providing work-based learning.		X	Education
Experience of multi-professional working	X		Leadership and Management
Ability to interpret and evaluate national and international guidelines and apply to local protocols and practice as appropriate	X		Clinical Practice; Research; Leadership and Management; Education
Ability to communicate effectively with all stakeholders including to service users, clinicians, and senior leadership teams. This will require proven ability and leadership skills demonstrating motivational, visionary, diplomacy and negotiation skills.		X	Leadership and Management
Works under own initiative with strong organisational skills and ability to achieve to deadlines	X		Leadership and Management
Able to use high-level problem-solving and analytical skills and manage complexity.		X	Leadership and Management
Effective time-management and prioritisation skills	X		Leadership and Management
Appropriate level of I.T literacy (i.e., for radiology, pathology, microbiology ordering as per Trust / organisational protocols, utilising patient systems)	X		Clinical Practice





## Appendix 3 – APAG roles

The APAG will provide the following functions:

- Ensure HEE/Royal College Speciality Frameworks where appropriate are utilised at GWHFT.
- Ensure the utilisation of the BSW ICS t(AP) and ACP person specification Memorandum of Understanding (MOU) during recruitment of new roles (see section 12).
- Oversee any new posts to ensure the roles have sustainable business cases, educational support to achieve MSc level qualifications, and clinical mentorship appropriate for the clinical setting and ACP developmental needs.
- Develop and maintain a long-term sustainability infrastructure for advanced clinical practice across the Organisation
- Provide annual review of the advanced clinical practice readiness checklist required by HEE Faculty of Advanced clinical practice.
- Review student progression throughout their developmental programme
- Work with HR and ESR database, to introduce and maintain a register for trainee and qualified ACPs within the Organisation
- Link with external agencies and influencing regional and national advanced clinical practice development
- Coordinate and undertake mandated Quality Review visits within directorates and to quality assure supervision of trainees in line with HEE guidance (The Centre for Advancing Practice, 2020)
- Screen and approve advanced scope of practice activity and ensuring education and supervision programmes are in place to support the individual practitioner
- Provide evidence on the impact of ACP roles across GWHFT

Provide advice about clinical supervision support at directorate level during the process

- Review any educational and training proposed for trainee or qualified ACPs
- Assist the practitioner's designated clinical supervisors to manage trainees who are experiencing difficulties by supporting educational supervisors in their assessments and identifying remedial strategies where required

Unannounced Quality Review visits may occur:

- To test evidence around compliance
- To investigate specific issues raised by trainees, clinical supervisors, mentors, other staff, or patients, and/or the public
- In response to information gleaned from other inspections e.g. Medical Annual Reports, NMC and GMC inspections, CCG concerns and Care Quality Commission visits etc.



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## Appendix 4 – Career route to ACP (nursing, midwifery & AHP)



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## Career Route into Advanced Practice

HEE Multi-Professional Framework for Advanced Practice (2017) [Multi-professional framework for advanced clinical practice in England.pdf \(hee.nhs.uk\)](#)

Clinical Supervision [Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development \(hee.nhs.uk\)](#)

South West Faculty for Advanced Practice: [Regional Faculty for Advancing Practice – South West - Advanced Practice \(hee.nhs.uk\)](#)

#### Professions who can apply for Advanced Practice roles:

- Arts therapists (Music/Drama/Art)
- Chiropodist/podiatrist
- Clinical/Biomedical Scientists
- Dietitian
- Midwives
- Nurses
- Occupational Therapists
- Operating Department Practitioners
- Orthoptists
- Osteopaths
- Paramedics
- Pharmacists
- Physiotherapists
- Prosthetists/orthotists
- Diagnostic / Therapeutic Radiographer

Consultant Level Practice

Advanced Level Practice

Clinical practice    Facilitation of learning    Leadership    Evidence, research and development

Centre for Advancing Practice  
[Welcome - Advanced Practice \(hee.nhs.uk\)](#)

Enhanced Level Practice

Initial Level Practice

Eligible Healthcare Workforce

Recommended AfC band 8b/c or equivalent  
HEE Consultant Level Capability Framework  
[Report template \(hee.nhs.uk\)](#)

MSc Advanced Practice / MSc Advanced Practice Apprenticeship (recommended AfC Band 8a or equivalent as a qualified practitioner)

ePortfolio (supported) route (for those clinicians without accredited MSC Advanced Practice). Note this is a time limited option [ePortfolio \(supported\) Route - Advanced Practice \(hee.nhs.uk\)](#)

Multi-Professional Speciality Specific Advanced Practice Credentials [Credentials - Advanced Practice \(hee.nhs.uk\)](#)

Royal College Credentialling i.e. Royal College of Nursing, [Credentialling | Professional Development | Royal College of Nursing \(rcn.org.uk\)](#) Royal College of Emergency Medicine [Emergency Care Advanced Clinical Practitioner | RCEM](#)

E.g. Specialist degree/other relevant speciality specific training (generally AfC band 6-7 or equivalent). This can be a career destination (i.e. clinical specialists) and developing into an AP role may not be appropriate. [Advanced and enhanced clinical practice | NHS Employers](#)

Initial graduate degree (generally AfC band 5 or equivalent)

[Home - BSW Partnership](#)



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