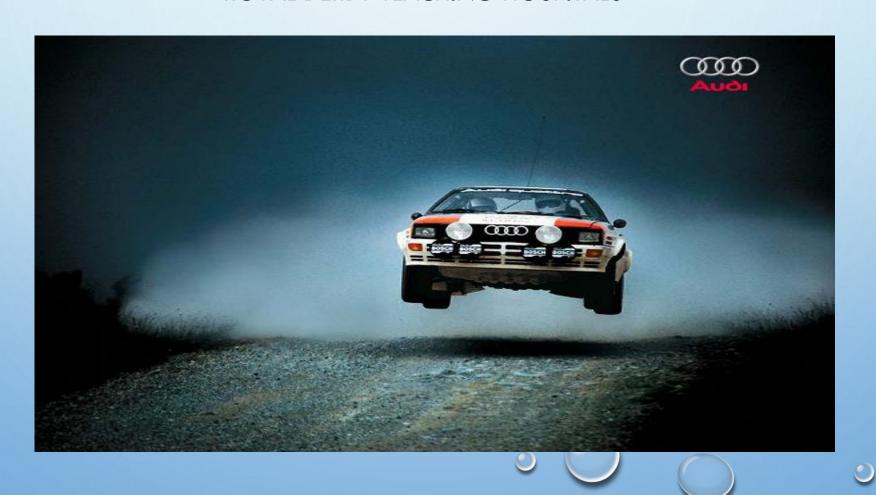
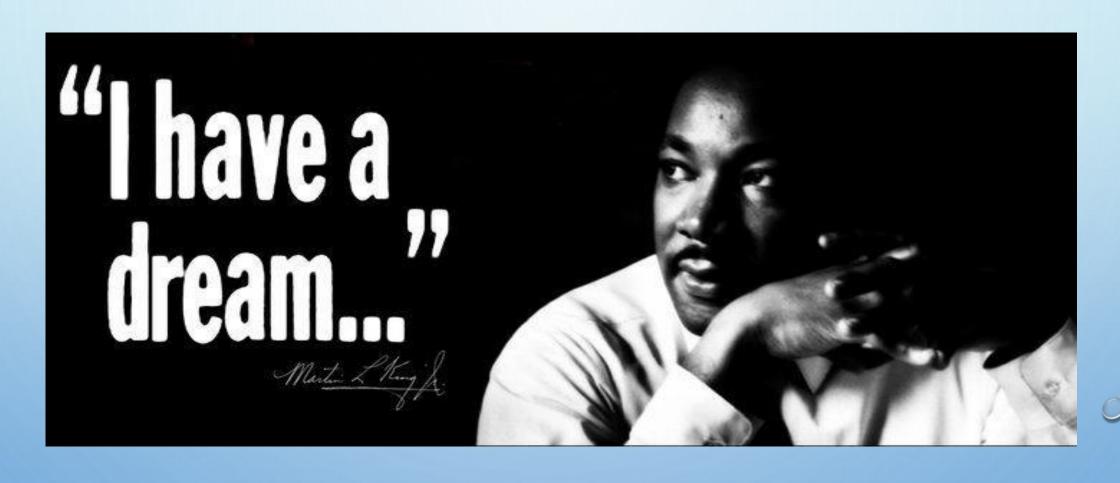


CLARE SUTHERLAND

CORPORATE LEAD FOR ADVACNED PRACTICE ROYAL DERBY TEACHING HOSPITALS



ADVANCED PRACTICE









Derby Expectations

An Advanced Clinical Practitioner is an experienced and autonomous non-medical registered professional who has developed and extended their practice and skills transcending their previous professional boundaries by virtue of a Masters Award training programme.

(DHFT ACP framework 2013).

Advanced Clinical Practitioner

- Qualified = Band 8a £42,190 pa (point 35)
- Locally standardised title
- Medical model (Locally)
- Masters level (3 year programme) & portfolio sign off
- Independent Practitioner on qualification
- Prescribing rights (where legally permitted)
- Imaging requesting rights
- Very limited <u>trained</u> ACP resources

RDTH HISTORY OF ADVANCED PRACTICE.....

- 2004 FIRST "ANP" IN ADULTS AND FIRST NON-MEDICAL PRESCRIBER
 - 2006 AED RECRUITED X2 ANP (NURSE CONSULATION POST)
 - 2009 ADVACNED PRACTICE SURVEY COMPLETED
 - 2010 TASK & FINISH GROUP COMMENCED
- 2012/13 IMPLEMENTATION OF FRAMEWORK
- 2013 COMMENCED WORK WTH UNIVERSITY OF DERBY
- 2013 TRIAL OF PHYSICIAN ASSOCIATES X 3 (NOT CONTINUED)
- 2014 ACP WORK THROUGHOUT DERBYSHIRE
- 2015 CORPORATE LEAD ROLE COMMENCED
- 2015 FACULTY OF ADVANCED PRACTICE INITIATED
- 2016 DIVISIONAL LEAD & EDUCATIONAL ACPS IN POST

CURRENT STATUS

- 66 ACPS (41 TACP, 23 ACP, 2 G'FATHERING)
- 9 SPECIALTIES INCLUDING SURGERY
- 5 PROFESSIONS
 - NURSING X 49
 - PARAMEDICS X 10
 - PHYSIOTHERAPISTS X 5
 - ODP X1
 - SLT X1

15 MALES / 51 FEMALES (22% MALE)

(36) 55% CHILDBEARING AGE OF WHICH 15% ARE POSSIBLE TO GO OFF ON MATERNITY



- 1. SAFE, CLINICALLY EFFECTIVE, POSITIVE PATIENT EXPERIENCES
- 2. SUPPORTING QUALITY STANDARDS QUALITY CHAMPIONS
- 3. GENERALIST SKILLSET / FLEXIBLE WORKFORCE
- 4. RELEVANT BUT BROAD ACADEMIC EDUCATIONAL INPUT
- 5. MAINTAIN STANDARDS THROUGH PARITY OF ASSESSMENT
- 6. SUPPORTING WARD TEAMS EXPERIENCE



TRAINING

70/20/10

ROTATIONAL





EDUCATION - DERBY

Masters programme Modular course Core module requirements:

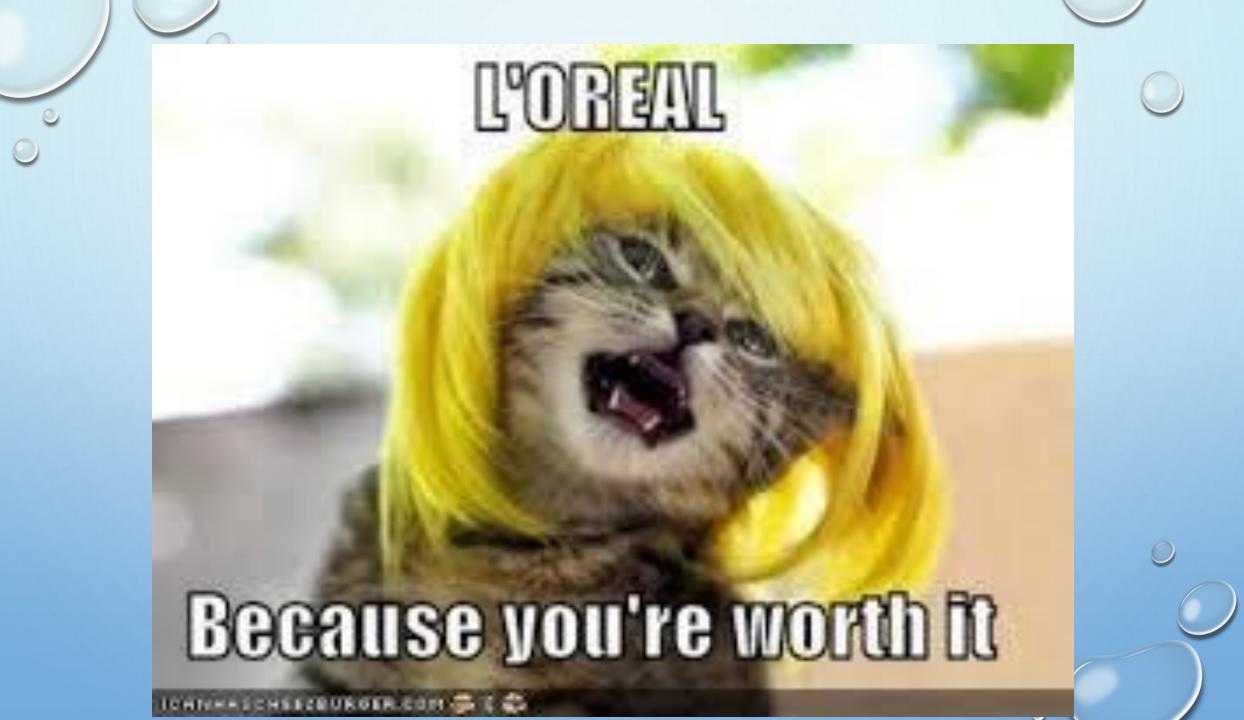
- Clinical Decision Making
- Clinical investigations and Management of Results
- Research methods
- Non Medical Prescribing *
- Consolidating Practice (final year)

ASSESSMENTS

- MINI CLINICAL EVALUATION EXERCISE (MINI-CEX)
- CASE BASED DISCUSSION (CBD)
- DIRECTLY OBSERVED PROCEDURAL SKILLS (DOPS)
- ACUTE CARE ASSESSMENT TOOL (ACAT)

- DOPS 6 EVERY 6 MONTHS
- MINI-CEX 4 EVERY 6 MONTHS
- CBD 2 EVERY 6 MONTHS
- ACAT X5 (BAND 7 UPWARDS PRIOR TO PROGRESSION TO BAND 8A)





COST / SAVINGS ANALYSIS (OCT. 2015)

END 2016 - COST £900,794.00

END 2017 - COST £1,382,824.00

END 2018 - SAVING £ 1,926,028.00

END 2019 - SAVING £ 3,662,017.00

TOTAL £ 3,304,427.00

(BASED ON AGENCY COSTS ASSUMING AVERAGE £75 / HOUR +VAT)

KEY LESSONS....SO FAR

Recruiting the Right people

Ensuring education is linked to service need

Providing appropriate resources mainly time for supervision

Access to mentors and supervisors – develop ACPs

Ensuring an appropriate standard is set with valid and reliable assessment tools (WBPA)

Continuing development, job planning

Succession planning

Clear governance processes

WHAT NEXT?

- CONTINUE WORK WITH UNIVERSITIES
- ESTABLISH REGIONAL EDUCATIONAL FORUM TO LOOK AT:
 - MENTORS AND SUPERVISORS
 - REFINE / DEVELOP ASSESSMENT TOOLS (DIFFICULT TO ASSESS AGAINST EXPECTATIONS)
- REVIEW HR BOUNDARIES RE WORKING ACROSS HEALTHCARE BOUNDARIES
- CONTINUE TO DEVELOP RETENTION STRATEGIES ROTATIONS
- WORK WITH PGME
- CREDENTIALING THE ROLE ACADEMY?



Dear Past, thank you for all the lessons. Dear Future, I'm now ready.

I'M NOT TELLING YOU ITS GOING TO BE EASY



IM TELLING YOU IT WILL BE WORTH IT