

# Primary Care Kent Surrey and Sussex Training Hubs' Strategic Guidance for Advancing Practice 2026-27

In collaboration with KSS Primary Care School and South East Advanced Practice Faculty, NHS E.

“With the right education, support and experience, advanced practitioners can successfully provide a much-needed addition to the general practice workforce”

(Health Education England 2017)

Version	Authors/Contributors	Date written	Date approved	Changes made
Final Published version 1.0	<ul style="list-style-type: none"> <li>➤ Sara-Jane Kray (Primary Care Workforce Programme, East Kent Training Hub),</li> <li>➤ Jenny Shorey (Primary Care Workforce Tutor, West Sussex, and Sussex Training Hubs)</li> <li>➤ Dee Kellett (Primary Care Workforce Tutor, East Sussex, and Sussex Training Hubs)</li> <li>➤ Ceri Evans (Project Co-ordinator)</li> <li>➤ Allison Hawes (Primary Care Clinical Lead, Kent Surrey, and Sussex Primary Care School)</li> <li>➤ Kim Stillman (Head of Primary Care School Kent, Surrey, and Sussex)</li> </ul>			Grammar, spelling, lay out, formatting. Addition of appendix 10. Appendix 6 given a title which shifted the appendix order: Appendix 6 is now 7, appendix 7 is now 8 and so on. In text references updated.
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Updated version 3	<ul style="list-style-type: none"> <li>➤ Sara-Jane Kray (Primary Care Workforce Programme Manager, East Kent Training Hub),</li> <li>➤ Jenny Shorey (Primary Care Workforce Tutor, West Sussex, and Sussex Training Hubs)</li> <li>➤ Dee Kellett (Primary Care Workforce Tutor, East Sussex, and Sussex Training Hubs)</li> <li>➤ Allison Hawes (Primary Care Clinical Lead, Kent Surrey, and Sussex Primary Care School)</li> </ul>	November 2022		Updated as per Paramedic national guidance
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Updated Version 5.2	<ul style="list-style-type: none"> <li>➤ NHS E SE Faculty of Advancing Practice</li> </ul>	Feb 25		Agreed strategy
Updated Version 6.0	<ul style="list-style-type: none"> <li>➤ Sara-Jane Kray (Primary Care Workforce Programme Manager, Kent &amp; Medway Training Hub),</li> <li>➤ Steve Rowley (Primary Care Workforce Lead, Sussex Training Hubs)</li> <li>➤ Suzi Arnold (Clinical Lead, Surrey Training Hub)</li> </ul>	Oct 25		Removed TVW, Updated links to new NHS E Documents Updated strategy image

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## Overview and Vision

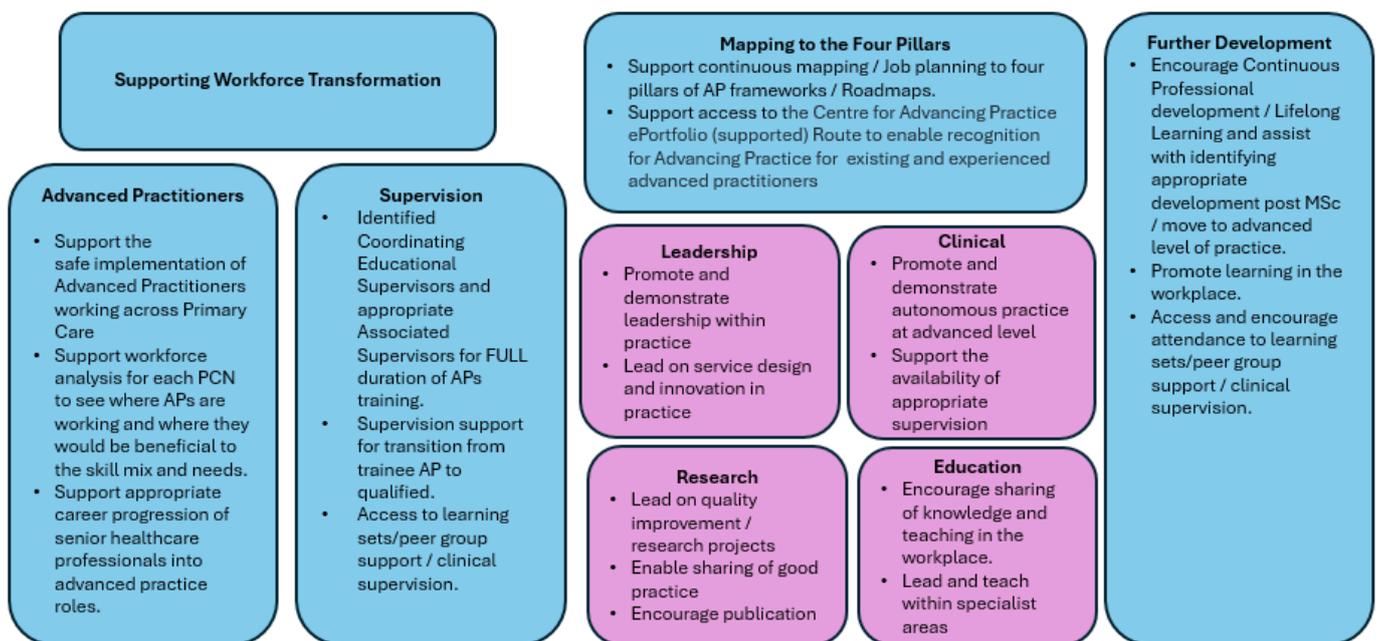
This guidance is written for Primary Care organisations in Kent, Surrey, and Sussex.

The document supports Advanced Practitioner (AP) trainees, supervisors, employers, and Training Hub AP Leads within or across Primary Care Networks.

It outlines the AP role, funding opportunities, supervision requirements, roles and responsibilities, and the application process.

Training Hubs across Kent, Surrey, and Sussex (KSS) are committed to ensuring that the workforce has the right skills to meet the diverse needs of their population. A key priority is to support employers to develop their workforce within a quality assured learning environment, whilst simultaneously providing robust and clear career progression for their workforce (Picture 1).

## Primary Care Advanced Practice Strategy



Picture 1: Overview of Primary Care AP Strategy.

### Contact details of local Training Hubs:

**Kent and Medway Training Hubs:** [kmicb.kmpcth@nhs.net](mailto:kmicb.kmpcth@nhs.net)

**Surrey Training Hub:** [syheartlandsicb.surreytraininghub@nhs.net](mailto:syheartlandsicb.surreytraininghub@nhs.net)

**Sussex Training Hub:** [sxicb.sussextraininghubs@nhs.net](mailto:sxicb.sussextraininghubs@nhs.net)

## Section 1: Key aim

The aim of this document is to provide local guidance for the development of Advancing Practice within KSS Primary Care to improve governance arrangements. It complements the yearly Advancing Practice in the South East Region: A guide to implementing and funding advanced practice document found [here](#)

## Section 2: Introduction and Background

The role of the AP has evolved since the introduction of the multi-professional framework for advanced practice in 2017. In 2025 the framework was updated with a few minor changes [Multi-professional framework for advanced practice in England – Edition 2025](#) (NHS England 2025a).

The framework is the principal document that sets out the national definition, core capabilities, and key principles for implementation of multi-professional advancing practice. Since the development of the national framework individual professional roadmaps, core capability frameworks and principle documents have been published and continue to be published to support both clinicians and employers understand the role of APs for different professions, working within a variety of clinical settings, for example:

- [Core Capabilities Framework for Advanced Clinical Practice \(Nurses\) Working in General Practice / Primary Care in England](#) (Skills for Health 2020)
- [Paramedic Specialist in Primary and Urgent Care Core Capabilities Framework.pdf \(hee.nhs.uk\)](#) (Skills for Health 2019)
- [First Contact Practitioners and Advanced Practitioners in Primary Care: \(Paramedics\) A Roadmap to Practice \(hee.nhs.uk\)](#) (HEE 2021)
- [Principles for advanced practice, NMC, 2025](#)

The [NHS Long Term Workforce Plan](#) (NHS England 2023) recognised the importance of Advanced Practice roles in meeting the patients' needs of the future as well as, more integrated models of care that span traditional boundaries between health and social care organisations as described in the [NHS Long Term Plan](#) (2025) which emphasises the importance of more out of hospital care as part of Integrated Neighbourhood Teams. The NHS People Plan articulates an urgent need to invest in the development of new non-medical clinical roles and, in particular, advanced level skills to enable workforce expansion (NHS 2020).

The role of an AP transcends a wide range of professional groups to ensure population health needs are met. APs provide complete episodes of care for patients of any age with a wide variety and range of presenting problems and health care needs. APs provide evidence based, high-quality care for patients throughout their health and social care journey, enabling capacity, capability, productivity, and efficiency within the system (NHS England 2024). Moreover, to support standardisation of these

roles and bring stability to workforce developments, Health Education England published the first 'Multiprofessional Framework for Advanced Practice' for England in 2017 (Health Education England 2017) that sought to provide a clear definition of Advancing Practice.

With the introduction of the KSS learning environment approval process there will be uniformity of governance and support for all learners within PCN's. This will result in less disparity for APs and thus patient experience across the system.

Locality Training Hubs are working closely with NHS England Kent, Surrey, and Sussex (NHS E KSS Primary Care School and the South East Faculty of Advancing Practice, NHS E) to safely grow and support the advancing practice workforce within primary care, with the aim of meeting evolving demands and the population needs for the future.

The purpose of AP development and NHS E funding is to ensure that there are the right numbers of staff, with the right skills, values, and behaviours, available at the right time and in the right place, to deliver high quality care to our population.

## **Section 3: Advanced Practitioners and trainees**

### **3.1 What is an Advanced Practitioner?**

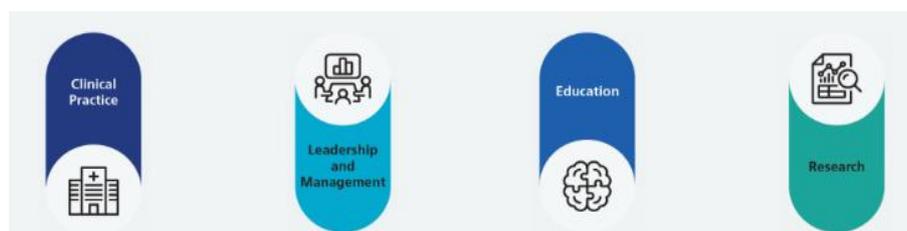
Advanced Practice is delivered by experienced, registered health care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of area specific clinical competence. APs come from a range of professional backgrounds such as Nursing, Pharmacy and Allied Health Professionals. The AP Multi-Professional Framework (NHS E 2025a) provides a clear and consistent approach to the development of advanced practice across England.

### **3.2 Capabilities for advanced practice**

All health and care professionals working at the level of Advanced Practice should have developed their skills and knowledge to the standard outlined in the Multi-professional Framework and the expected core capabilities and competencies as outlined by specific NHS E frameworks and roadmaps.

The four pillars of advanced practice that underpin all frameworks and roadmaps are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research



Throughout an individual's professional career, the level of distinction on each individual pillar will vary depending upon their role.

Individual professionals who have gained their advanced practice MSc whilst not working in primary care should self-assess their Primary Care specific capabilities against the relevant profession specific advanced practice frameworks ensuring they can practice safely in primary care. Identified training needs should be discussed with PCN educators, employers, or the training hub.

### 3.3 Underpinning Principles of Advancing Practice

Advanced Practice is not a role but a clearly defined level of practice within a clinical profession. APs traditionally work across professional boundaries and demonstrate values-based care, good management and leadership, innovating and autonomous practice, critical reasoning and thinking, high levels of decision-making and problem-solving, in a context of complexity, uncertainty and varying levels of risk, in turn accepting responsibility and being held accountable for them (NHS Health Education England 2015).

APs can work with the patient and agree a plan of care; deliver a large proportion of that care themselves or in partnership with medical colleagues and other members of the health and social care team.

More information on the full scope of the role can be found in the [Multi-professional framework for advanced practice in England](#)

Advanced Practitioners can:

- Make professionally autonomous decisions, for which they are accountable
- Independently run clinics and undertake appropriate home visits
  - Receive patients with undifferentiated and undiagnosed problems and assessing their health care needs, based on highly developed clinical knowledge and skills, including

skills not usually exercised by registered healthcare professionals, such as physical examination

- Screen patients for disease risk factors and early signs of illness
  - Order necessary investigations, and providing treatment and care both individually, as part of a team, and through referral to other agencies
  - Have a supportive role in helping people to manage and live with illness
  - Have the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- Work collaboratively with other health care professionals and other disciplines

Importantly, APs develop expertise in leadership, management, education, and research. This enables them to support activities such as, but not restricted to:

- Peer appraisal
- Inter-professional supervision and CPD
- Evidenced based practice and audit activity including quality improvement
- Leadership and management activities
- PCN or system leadership roles in support of community education facilitation

*“Being an AP in general practice is a really great job which allows me to utilise a blend of medical and nursing skills. Having had good, formalised training, I have been able to build on it over many years to practise at the level I do now, assessing and diagnosing undifferentiated conditions and managing complex patients. I work in a team where I am valued for my expertise and supported to make use of my educational and leadership skills. I thrive on the variety of being a generalist, while also being able to specialise in diabetes. I could easily retire but have no plan to do so while I am enjoying it and working at the top end of my licence” Experienced Advanced Clinical Practitioner.”*

Picture 2: Source AP colleague in Sussex.

## Section 4: Education/Training Opportunities

### 4.1 Funding

**To receive NHS Funding for Advancing Practice employers MUST express the local workforce need to their Locality Training Hub (LTH). Funding will NOT be considered for personal CPD requests.**

All funding decisions are reviewed on an annual basis, so please refer to NHS E national and regional guidance.

Currently the MSc Advanced Practice 3-year programmes can be accessed via the apprenticeship route and a limited number of fully commissioned places via the South East Faculty of Advancing Practice, NHS E.

Access to commissioned Advanced Practice MSc programmes and funding for tuition fees and supervision grants for trainees accessing the Apprenticeship Advanced Practice programme are determined by the South East Faculty of Advancing Practice, NHS E and local training hub processes, for further information go to [Regional Faculty for Advancing Practice – South East](#) website.

**Employers are required to submit relevant paperwork in line with the South East Faculty of Advancing Practice NHS E’s application process for the specified year, if documents are not received, funding will be withdrawn.**

The 2026-2027 funding offer for a commissioned Advanced Practice MSc place is provided by the South East Faculty of Advancing Practice, NHS E and is normally inclusive of tuition fees (paid directly to the education provider) and an education and supervision grant paid to the employer for the agreed duration of the programme. Tuition fees and a supervision grant may also be available for employer-funded trainees applying for ‘mitigation fees’ under the revised Apprenticeship AP programme. All education and supervision grants are received by local training hubs from SE regional Advancing Practice Faculty, NHS E as part of their Learning and Development Agreements quarterly. Primary Care organisations will receive their allocated funds via their local Training Hub. Please refer to the yearly Advancing Practice in the South East Region: A guide to implementing and funding advanced practice document found [here](#)

## Section 5: Supervision requirements

Supervision is paramount to the success of APs in all settings.

Supervision is about feedback and support for developing skills and must not focus only on the portfolio and evidence, but on the individual developing clinical, leadership, educational and research competencies.

Supervision resources are available to support trainees, supervisors, and employers via [Supervision and assessment resources](#).

<b>Coordinating Educational Supervisor</b>	<ul style="list-style-type: none"><li>• Could be carried out by a GP Educational Supervisor, GP Clinical Supervisor or an Advanced Practice AHP/Pharmacist or Nurse who has self-</li></ul>
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	<p>assessed using the supervisor readiness checklist.</p> <ul style="list-style-type: none"> <li>Nurses/AHPs or pharmacists should be a minimum of 3 years in their AP role. A GP should be a minimum of 1 year post CCT before undertaking this role.</li> </ul>
<b>Associate Workplace Supervisor</b>	<ul style="list-style-type: none"> <li>Could be carried out by a registered healthcare professional who has completed some form of supervision training. For example, the Practice Assessor or Practice Supervisor courses, AHP Practice Educator courses, GP CS or ES or pharmacy specific supervision programmes.</li> </ul>

## Section 6. Selection process

The purpose of a robust recruitment programme is to ensure that the right person with the right skills, values and behaviours is recruited onto the Advanced Practice programme. It is recommended that the recruitment of trainee APs considers alignment to both the employers' and NHS values and behaviours.

Rigorous selection and interview processes **MUST** be followed by all organisations to ensure a fair and transparent approach to decisions about eligibility and access to funded training programmes. Allocation of places will depend upon the service need required per locality.

It is important to note that the recruitment panel for the Advanced Practice programme has the final decision regarding commission places. Unsuccessful applicants can reapply when additional commission places become available. or request funding via the apprenticeship route.

### 6.1 Application process

Before Individuals apply for funding they are expected to:

- aware of both academic and experiential requirement
- be qualified for a minimum of
  - 3 years for Nurses
  - 5 years for AHPs and completed relevant Primary Care FCP roadmap stage 1 and 2
  - 3 years Clinical Pharmacists and completed CPPE Clinical Pharmacy Programme
- working in primary care for a minimum of 1 year and hold a permanent contract for at least 30 hours per week
- meet the entry criteria for their chosen University before applying for advanced practice funding

- For ARRS funded paramedics they must be compliant with the requirements set out in the. [NHS England » Network Contract DES: Contract specification 2025/26 – PCN requirements and entitlements](#)

They are required to complete all relevant documentation for the specified year as advised by

Training Hubs:

- Local Training Hub approval - application form and interview (application form via your local TH platform)
  - Local training hubs have their own individual interview processes to accommodate locality needs.
    - Group interviews may be undertaken, i.e., 3 applicants from varying professions discussing the interview questions together – this supports learning from others and helps to assess professionalism.
    - Local HEIs may support the interview process.
- Local training hub to submit trainee application request to South East Faculty of Advancing Practice, NHS E in March.
- South East Faculty of Advancing Practice, NHS E to inform Trainees and local trainee hubs of outcomes in May/June and request returns of relevant documentation via MS Forms from trainee, supervisor, and employers.
- HEI approval - upon approval from local training hub and South East Faculty of Advancing Practice, NHS E the trainee **must** submit application to agreed HEI for acceptance onto the AP programme.

*Please contact your local Training Hub for further information.*

## Section 7: Governance

To support employers and Training Hubs to grow and embed Advanced Practice safely within organisations, The Centre of Advancing Practice have developed the following guidance -

[Governance of advanced practice in health and care provider organisations \(HEE 2022\).](#)

Employers are required to review the Centre for Advancing Practice website and complete all Readiness documents found [here](#) ) (*Trainee, Employers and Supervisor*). AP Leads within Training Hubs will support completion of the organisational maturity matrix to fully understand where their organisation maps and any future support they might require from the Training hub / South East Faculty of Advancing Practice, NHS E.

The Matrix covers:

- Governance

- Leadership
- Workforce
- Business Case
- Training
- Clinical
- Supervision
- CPD

An Introduction to the Advanced Practice Governance Maturity Matrix webinar is available here: [Governance of advanced practice in health and care provider organisations - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk/governance-of-advanced-practice-in-health-and-care-provider-organisations-advanced-practice).

As part of the robust recruitment and selection process the following contract agreements **MUST** be agreed by all parties:

### 7.1 Trainee agreement

- It is expected that the trainee AP is working in and towards developing a learning environment consistent with the Place Based Learning which aligns to the [Clinical-Learning-Environment-Approval-Process](#) and continues to work to develop others around them.
- Trainee APs are expected to attend regular AP Peer Support meetings / Action Learning Sets where they are available.
- Trainee APs are expected to have an appraisal linked to their scope of practice and the 4 pillars of advanced practice (draft example available in Appendix 3)
- Trainee APs will discuss with their employer the need for agreed 20% off-the-job learning, inclusive of study leave and on-the-job protected supervision time and will highlight to their local Training Hub any concerns
  - Spending a minimum 1-hour per week with their agreed Supervisor (Associate or Coordinating Education Supervisor) and at a minimum of 1-hour a month with their agreed Coordinating Education Supervisor
- Trainees selected for commissioned places according to an identified service need will be expected to remain with the employer that originally supported their application.
- Trainees are expected to be proactive in managing their learning journey and are required to provide feedback to their local Training Hub **every 6 months** or sooner if any issues are identified via an MS Form sent via their local training hub.
- Trainee **MUST** complete the commitment statement as requested by South East Faculty of Advancing Practice, NHS E by the deadline given

Trainees **must** follow the South East Faculty of Advancing Practice, NHS E “Trainee in need of support” process, found within the Advancing Practice in the South East Region, A guide to implementing and funding advanced practice, at the first sign of any concerns with their studies or

learning environment. In the case that the trainee wants to change employer, they must first discuss this with their local Training Hub Lead who will inform the South East Faculty of Advancing Practice. Any requests are reviewed on an individual basis by the South East Faculty of Advancing Practice, NHS E and no guarantee of continued funding can be provided to either the employer or employee. The funding is linked to a workforce need, not an individual's personal development and therefore if the trainee moves from the original place of employment, funding may stop. *Please review the yearly guide to implementing funding for further details and criteria.*

NHS E funding for advanced practice training is for a maximum of 3 years. As part of the commitment agreement signed by trainees, if they wish to defer, pause or extend their training over the agreed 3 year period, they must contact both their LTH and SE Faculty of Advancing Practice NHS E. otherwise funding may stop. Decisions are reviewed on an individual basis and will take into consideration any extenuating circumstances, workforce needs, programme capacity and cost.

## 7.2 Employer agreement

- The role of APs and those in training must be supported and embedded within the employer's workforce plans / structures.
- It is expected that the employer is working towards developing a learning environment consistent with the quality domains outlined within the Clinical Learning Environment Approval Process and Safe Learning Environment Charter (SLEC) (add link to SLEC?)
- It is expected that each employer will provide clear expectations of the scope of practice for the trainee:
  - relevant job descriptions (Appendix 1) and job plans (Appendix 2)
  - appropriate level of indemnity
  - access to AP forums / Peer Support / Action Learning Sets as available
  - supervision (or access to supervision) from an appropriately qualified Coordinating Education Supervisor and Associate Supervisors
  - provide an appraisal linked to the trainee APs scope of practice and the 4 pillars of advanced practice (Appendix 3)
  - Ensure 1 hr per week supervision with **All** Coordinating Education Supervisors must have time specified in their job plans for supervision of AP (minimum 1 hour per month)
- Employers must allocate 20% off-the-job learning, inclusive of study leave and on-the-job protected supervision time.
- It is also expected that the employer / Coordinating Education Supervisor will provide feedback to their local Training Hub **every 6 months** or sooner, if concerns are identified.
- **NB. Employers must ensure that all AP trainees have clearly defined substantive AP posts to move into on completion of their training.**

- A named Manager and a named Supervisor MUST also complete a commitment statement form as requested by South East Faculty of Advancing Practice, NHS E.

### 7.3 Local Training Hubs agreement

- Local Training Hubs are accountable to the Primary Care School and provide advice and guidance to trainees and employers in line with the key principles of advanced practice as set out in the national framework, individual professional roadmaps, and core capability frameworks.

Training hubs will identify a lead for APs who will:

- Submit an AP documentation to KSS and South East Faculty of Advancing Practice, NHS E to obtain fully funded commissioned training places and supervision grants
- Maintain regular communication with the South East Faculty of Advancing Practice, NHS E to evaluate the impact of training and identify clear learning outcomes. This includes biannual trainee check in quality assurance calls. Failure to maintain consistent communication with the SE Faculty of Advancing Practice, NHS E may result in funding being withdrawn
- Monitor APs progress
- Manage concerns identified by AP / employer / supervisor / university
- Oversee all finances related to APs

### 7.4 Concerns

It is imperative that the educational/training environments are of a high standard, so that the trainee, supervisor, and employer have a good learning experience and patient safety is protected.

Training Hubs are committed to supporting a positive learning culture through both the CLE process and local PCN Educational Leaders. Furthermore, Training Hubs have a quality management role in ensuring that concerns from either the trainee AP, Coordinating Education Supervisor, employer, and/or education provider are explored and that all parties are supported. In turn the Primary Care School links with the Quality team to ensure the [HEE Quality Framework from 2021](#) (Health Education England (HEE) Quality Framework from 2021 — Publications, 2021) is upheld.

To ensure standardisation across the system, the South East Faculty of Advancing Practice, NHS E 'Trainee in need of support' indicates processes that are required to be followed. Additionally, the Primary Care School Triggered Quality Assessment Record of conversation document [found here](#) can support conversations and any tripartite meetings undertaken by the Advancing Practice lead within the LTH.

## Section 8: Embedding the role

AP roles are a valued part of the workforce and are pivotal to meeting the future needs across the system. For the role to be successful it needs to be embedded successfully within each organisation.

### 8.1 Recommended pay scales

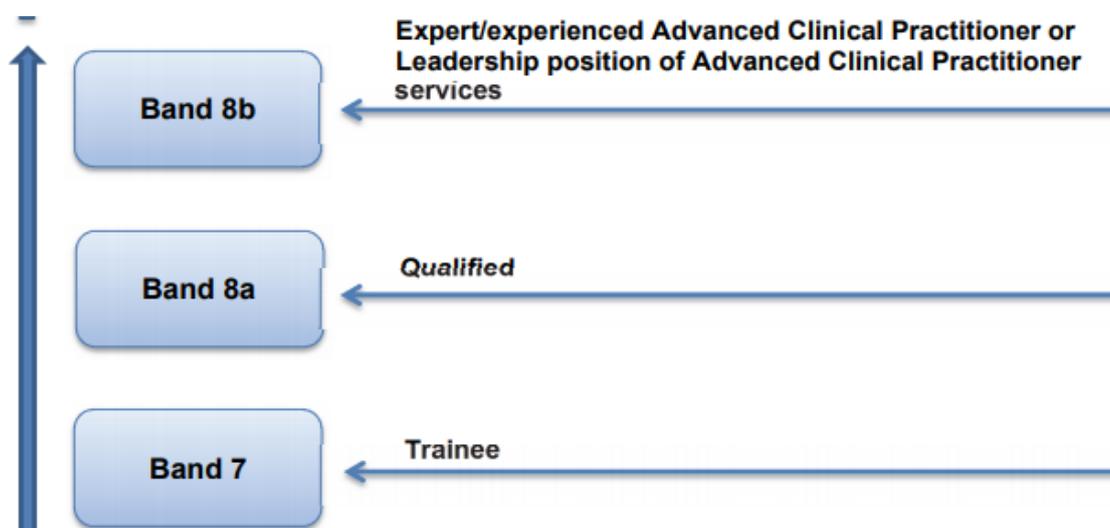
Across organisations there is inconsistency in pay of trainee and qualified APs. It is important to recognise that this can destabilise organisations across the system. Not all organisations follow Agenda for Change (AFC), for example Primary Care, however the following is recommended to ensure standardisation across the system and nationally.

Trainee APs should commence on AFC Band 7, working up towards Band 8a on qualifying. To support continued progression and recognition of further experience and expert practice and leadership development APs can progress to Band 8b. This would involve an AP being able to:

- Lead an AP team
- Support, educate and develop Trainee and newly qualified APs
- Demonstrate expert/experienced level of mapping to the four pillars
- Demonstrate on-going relevant CPD and evidence of appropriate lifelong learning
- Be actively leading for the advanced practice agenda locally, within their PCN and wider NHS organisation
- Involvement at a strategic level around service improvement and the role of the AP in Primary Care
- Have an agreed supervisor throughout their career (including upon qualifying).

**These attributes are not an exhaustive list but are a guide.**

Further development to consultant level is also possible (guidance for this is in development).



Picture 4: Diagram of the AP AFC Bands (NHS Health Education England, 2015).

## 8.2 Recognition of prior learning

Practitioners working at advanced practice level, in an appropriately mapped role who do not have an ACP MSc but who have completed the equivalent, relevant level 7 academic study may be eligible for Centre of Advancing Practice recognition, via the awarding of the Advanced Practice 'digital badge', by completing the Centre's ePortfolio (supported) route. Candidates for this route must have managerial/employer support and all requests are subject to Faculty & Centre for Advancing Practice scrutiny before acceptance: [Advanced Practice e-portfolio](#).

## 8.3 Regulation

It is important that the individual APs and Trainees can provide evidence of their competencies and capabilities and employers can demonstrate to the Care Quality Commission (CQC) how they assure the competence of staff employed in advanced practice roles.

**Please refer to the documents and websites referenced for specific understanding of the regulatory and employment expectations.**

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## Appendices

- Appendix 1**      Sample Job Descriptions
- Appendix 2**      Job Plan – Examples
- Appendix 3**      Recommended criteria for Advanced Practitioners / Trainees appraisals
- Appendix 4**      Process for applications for Commission Places for Primary Care
- Appendix 5**      Process for applications for **Mitigation Fees under the revised** Apprenticeship  
Supervision Grants for Primary Care

# Appendix 1: Sample Job descriptions

## Trainee Advanced Practitioner Job Description

### 1. JOB DETAILS

<b>Job Title:</b>	<b>Trainee Advanced Practitioner</b>
<b>Band or equivalent:</b> [08]	<b>7</b>
<b>Practice</b>	
<b>PCN</b>	
<b>Reports to:</b>	<i>Name of Educational Supervisor</i>

### 2. JOB SUMMARY

The Trainee Advanced Practitioner (tAP) will be supported through indirect supervision to be responsible for assessing, diagnosing, interpreting investigations, and treating patients within Primary Care within a developing scope of competence. They will monitor and assist with improving standards of care utilising clinical expertise and experiences. They will teach and support colleagues where appropriate, providing professional clinical leadership. Where appropriate they will act as an expert in their field and lead and/or participate in initiatives to improve standards of care for the client group and assisting to advancing the AP role.

The Trainee Advanced Practitioner is service driven, and will be developing themselves across the four pillars of Advanced Practice, those being:

1. Clinical Practice
2. Research
3. Education and Training
4. Leadership

### JOB PURPOSE

The post holder will be an experienced Nurse/AHP/Pharmacist qualified to undergraduate level. Individual training needs will be met by undertaking an MSc in Advanced Practice and a clinical portfolio to achieve the level of competence required by the post. The trainee will be paid at Band 7 (minimum of 3 years) until completion of all competences deemed necessary for autonomous practice where they will then be paid at Band 8a.

On completion of both theoretical and practical components of this training post the advanced clinical practitioner will:

- Be able to demonstrate safe, senior clinical decision-making by autonomously assessing patients presenting to Primary Care including initial history taking, clinical assessment, diagnosis, treatment, and evaluation of care with prescription of any medication required.
- Demonstrate critical thinking in the clinical decision-making process. They will work collaboratively with the multi-professional practice team to meet the needs of patients and will play a key role in service delivery and adherence to policy and procedures.

- Provide and assure safe care to patients and service users and maintain a safe environment for all according to local and national standards and evaluating and researching patient safety across all areas.
- Play a pivotal role in the operational development of the service. They will initiate, manage, and drive change within their area, innovating changes in practice for the benefit of patient care in line with Primary Care Network (PCN) and local programmes.
- Facilitate an effective workplace culture across all areas of the PCN.
- Sustain person-centred, safe, and effective care through self-awareness, leadership, active learning, development, improvement, and innovation).

### **3. KEY RESULT AREAS/MAIN DUTIES AND RESPONSIBILITIES:**

#### **3.1 Clinical Practice**

- 3.1.1 Work autonomously as well as within defined patient pathways of care to assess, examine, investigate, diagnose, and treat patients with a wide range of physical, social, and psychological needs and presenting complaints.
- 3.1.2 Practice in accordance with the professional, ethical, and legal framework for advanced practice.
- 3.1.3 Appropriately interpret information and use knowledge and judgement to highly provide specialist advice when reviewing, analysing, and evaluating all aspects of the patients care and treatment plan according to their holistic needs.
- 3.1.4 Undertake appropriate investigations and treatments utilising evidence-based practice/clinical guidelines applying skill, knowledge, experience, and clinical judgement to meet individuals' specific needs.
- 3.1.5 Use skills to practice at an advanced level to facilitate advanced physical assessment, clinical examination, investigation, diagnosis, and management of patients.
- 3.1.6 Aware of own limitations and limitations of role to refer to other practitioners when needs and risks are beyond their own scope of practice liaising with the multidisciplinary team as required.
- 3.1.7 Obtain consent when undertaking assessments and when discussing implementation of investigation and treatment plans giving alternatives when appropriate to facilitate patient choice.
- 3.1.8 Evaluate the effectiveness of interventions and treatment using evidence-based practice, whilst using knowledge and skills to assess further patient needs.
- 3.1.9 According to current legislation and practice policy undertake independent prescribing if relevant for the role.
- 3.1.10 Maintain legible and accurate patient notes, both written and electronic, in accordance with local and national professional policies and guidelines.
- 3.1.11 Ensure that all practice within the clinical area complies with additional policies and procedures.
- 3.1.12 Provide clinical leadership and development support to the multi-disciplinary team.
- 3.1.13 Where issues of clinical competence are identified, work with their supervisor to address them.
- 3.1.14 Contribute to the local resolution, investigation and follow action of any informal or formal complaints.
- 3.1.15 To maintain own personal & professional development, keeping professional portfolio of evidence up to date.
- 3.1.16 Act as a credible clinical role model.
- 3.1.17 Practice in a confident and competent professional manner.
- 3.1.18 Ensure dignity, privacy, and cultural and religious beliefs are always respected.

### **3.2 Research**

- 3.2.1 To participate in the systematic monitoring and evaluation of practice within the clinical area, ensuring that it is evidence-based. In conjunction with the team, participate in the development of action plans which aim to enhance the quality of practice using the results of audits undertaken. Participate in the evaluation of the changes made in practice.
- 3.2.2 To lead in setting and maintaining evidence based and current practice as well as be involved in the delivery of new developments and evidence-based initiatives within the area.
- 3.2.3 Undertake data collection effectively for recognised audits and service reviews.
- 3.2.4 To audit, evaluate and review the quality of their own work, and where necessary make appropriate improvements or suggestions to improve standards and raise quality of performance.
- 3.2.5 To inform and influence Clinical Governance issues.
- 3.2.6 To actively inform and promote network sharing and sharing of achievements and innovative practice.
- 3.2.7 To ensure research and audit findings and recommendations are communicated to appropriate stakeholders and individuals.
- 3.2.8 Take an active role in evaluating current service provision and give constructive views on how service could be developed and the impact on individual roles, service provision, and services.

### **3.3 Educational**

- 3.3.1 In conjunction with senior colleagues identify the training/development needs of staff within the clinical area.
- 3.3.2 Facilitate the implementation of clinical competencies within the clinical environment.
- 3.3.3 Facilitate the implementation of clinical supervision within the clinical area, acting as a mentor & preceptor to staff as required. Be trained as a student assessor/supervisor and regularly take the lead in delivering student placements, working with the TH to facilitate placement expansion.
- 3.3.4 Facilitate training and education within their area as well as in the wider arena as appropriate using specialist knowledge and skills to enhance the knowledge and practice of others. (this sort of says the sme as above but i added it to make it specifically about students!)

### **3.4 Leadership**

- 3.4.1 Work collaboratively with secondary, community and intermediate care teams, ensuring there is seamless care across organisational boundaries.
- 3.4.2 Work with clinical and leadership teams to develop new and improved processes to streamline and improve patient flow and care processes.
- 3.4.3 To assist with development of new initiatives and ways of working, including nurse/AHP/Clinical Pharmacy led services, informed by local and national Policy.
- 3.4.4 To provide professional support to nursing/AHP/Clinical Pharmacy staff within primary care and to those staff engaged in specific service developments.
- 3.4.5 To act as a positive role model to inspire those working within these services including pre-registration students, to improve and develop services that promote the best interests of patients within primary care.

- 3.4.6 Participates in developing professional practice nationally through membership of relevant professional associations and forums where appropriate.
- 3.4.7 Share best practice and new evidence through publications and presentation at local, national, and international conferences/meetings as appropriate.

#### 4. Structure Chart

**Please include for organisation.**

#### 5. Core Values

##### Our values

The NHS constitution values:

**Working together for patients:** Patients come first in everything we do.

**Respect and dignity:** We value every person.

**Everyone counts:** We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against, or left behind.

**Compassion:** We ensure that compassion is central to the care we provide and respond with humanity and kindness.

**Commitment to quality of care:** We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care right every time.

**Improving lives:** We strive to improve health and wellbeing and people's experience of the NHS.

## PERSON SPECIFICATION

**POST:**

**BAND:**

\*Assessment will take place with reference to the following information

A=Application form

I=Interview

T=Test

C=Certificate

Area	Essential	Desirable	Assessment
<b>Values and Behaviours</b>			
<b>ESSENTIAL CRITERIA FOR ALL POSTS</b>			
Demonstrable commitment to and focus on quality, promotes high standards to consistently improve patient outcomes	√		<b>A/I</b>
Demonstrable skill to work together to serve our community through delivering safe and excellent clinical care	√		<b>A/I</b>
Value diversity and difference, operates with integrity and openness	√		<b>A/I</b>
Treat others with compassion, empathy, and respect	√		
Share information openly and effectively with patients, staff, and relatives	√		
Work across boundaries, looks for collective success, listens, involves, respects, and learns from the contribution of others	√		<b>A/I</b>
Uses evidence to make improvements, increase efficiencies and seeks out innovation	√		<b>A/I</b>
Actively develops themselves and others	√		<b>A/I</b>
<i>Add any other desirable topics</i>			
<b>Qualifications</b>			
Holds a current registration with UK regulator – e.g. HCPC, NMC, GPC	√		<b>A/I</b>
Working towards master's level qualification	√		<b>A/I</b>

<i>Add any other desirable qualifications</i>			
<b>Knowledge and Experience</b>			
Extensive knowledge of specialist areas, acquired through post graduate diploma or equivalent experience. State the specific knowledge  <i>If applicable, add any other desirable knowledge and experience</i>	√		<b>A/I</b>
Relevant CPD and evidence of appropriate lifelong learning post qualifying	√		
Must understand the background and aims of current healthcare policy/national guidance/CQC/ and appreciate the implications of this on engagement	√		
<i>If applicable, add any other desirable criteria</i>			
<b>Skills and Capabilities</b>			
Ability to negotiate on difficult and controversial issues including performance and change			
Analytical Skills Problem-solving skills and ability to respond to sudden unexpected demands			
Strategic thinking or for admin roles forward planning – an ability to anticipate and resolve problems before they arise			
Example - Planning Skills Demonstrated capability to plan over short-, medium- and long-term timeframes. Depending upon the role and its seniority, this will vary			
Advanced Communication skills, negotiation skills, influencing skills			
Project Management skills if required for the post holder (prioritising, planning, adapting plans, resource planning)			
Must be able to prioritise own work effectively and be able to direct activities of others. Experience of managing and motivating a team and reviewing performance of the individuals			
Taking decision and to what level. Autonomy/Freedom to Act / compliance with the policies			
Ability to make decisions autonomously, when required, on difficult issues, working to tight and often changing timescales			

Skills, Working knowledge of Microsoft Office with intermediate keyboard skills and/or any other relevant IT systems applicable to the applicant			
Equality and Diversity Needs to have a thorough understanding of and commitment to equality of opportunity and good working relationships both in terms of day-to-day working practices, but also in relation to management systems			
<b>Personal Attributions</b>			
<i>(Use the following examples as appropriate)</i>			
Experience of working in a busy environment			
Adaptability, flexibility, and ability to cope with uncertainty			
Willing to engage with and learn from peers, other professionals, and colleagues in the desire to provide or support the most appropriate interventions			
Professional calm and efficient manner			
Effective organiser/prioritisation skills			
Influencer and networker			
Demonstrates a strong desire to improve performance and make a difference by focusing on goals			
Attention to detail			
Highly motivated with ability to influence and inspire others			
Ability to work independently			

## Generic Advanced Practitioner Job Description

### 1. JOB DETAILS

Job Title:	Advanced Practitioner
Band or equivalent: <small>(OBJ)</small>	8a
Practice/PCN:	
Reports to:	

### 2. JOB SUMMARY

The Advanced Practitioner (AP) will provide expert assessment, treatment, and management of a case load, using complex communication skills, judgement, discretion, and decision making. They will monitor and assist with improving standards of care, supervising, teaching, and supporting colleagues providing skilled professional leadership. Where appropriate they will act as an expert in their field and lead and/or participate in initiatives to improve standards of care for the client group and assisting to advancing the AP role.

The Advanced Practitioner is service driven, and the role is structured around the four pillars of Advanced Practice, those being:

1. Clinical
2. Research
3. Education
4. Leadership

### JOB PURPOSE

*This is a generic Job Description for Advanced Practitioners (APs) working within Primary Care. Specific responsibilities will vary between Primary Care Networks (PCNs)/Practices; however, all AP posts will be expected to reflect the four pillars of Advanced Practice, Clinical Practice, Leadership, Education of self and others, and Research & Development.*

- To work to a high level of personal and professional autonomy, using specialist knowledge and skills to deliver independent assessment, clinical examination, diagnosis, clinical decision making and planning of care and treatment, health promotion and safe admission and discharge of patients.
- To act as an independent non-medical prescriber, where applicable to role/profession.
- To work collaboratively with all members of the multidisciplinary team to provide best clinical care, emotional and psychological support and education to patients and their carer's.
- To facilitate evidence-based practice and promote and undertake research and clinical audit within the service. Design and provide clinical/practical and theory-based education and training, e.g., to nurses/AHP/ Clinical Pharmacists, junior medical staff.
- To lead on/ significantly contribute to Educational Leadership across their PCN/ Integrated Neighbourhood Team
- To work with innovation and flexibility to adapt to a fast-changing specialty and play an integral role in the operational/strategic development of the service.

### 3 MAIN DUTIES AND RESPONSIBILITIES:

#### 3.1 Clinical

- 3.1.1 Provide a visible presence and engage in direct clinical care and practice as appropriate.
- 3.1.2 Assess diagnose, plan, implement, and evaluate treatment/interventions and care for patients.
- 3.1.3 To make independent clinical decisions and initiate invasive and non-invasive treatments, care, and technological interventions as appropriate under supervision and with support of General Practice colleagues.
- 3.1.4 To plan, order, interpret and act upon the results of tests and investigations.
- 3.1.5 To provide evidence-based healthcare which contributes to the diagnosis, care, or treatment for patients.
- 3.1.6 To demonstrate expertise in the assessment, planning, implementation, and evaluation of care for patients.
- 3.1.7 To work as an expert practitioner and, upon referral, provide expert advice and/or care.
- 3.1.8 To exercise a high degree of personal professional autonomy able to make critical judgements. Regarding legal, ethical, and moral aspects of care for patients who are particularly vulnerable.
- 3.1.9 Ensure that accurate, essential, and appropriate written and verbal information is relayed to staff, ensuring adequate facilities are in place to maintain safety in the environment, ensuring effective management of this group of patients.
- 3.1.10 Liaise with relevant Secondary and Social Care organisations, establishing local networks with the appropriate patient and carer groups.
- 3.1.11 Collaborate with senior clinical colleagues, develop, or introduce agreed clinical guidelines for best practice and ensure that all practice developments are evaluated.
- 3.1.12 Ensure dignity, privacy, and cultural and religious beliefs are always respected.

### **3.2 Research**

- 3.2.1 Manage and assess risk within the areas of responsibility, ensuring adequate measures are in place to protect staff and patients.
- 3.2.2 Facilitate good team spirit through leadership skills and team building.
- 3.2.3 Assist in ensuring confidentiality and safe keeping of records, promoting accurate and appropriate record keeping across the multidisciplinary team.
- 3.2.4 Promote safe custody, maintenance, and administration of drugs in accordance with the local policy and the law.
- 3.2.5 To liaise and work with other clinical staff to share expertise and co-ordinate approaches to care.
- 3.2.6 Maintain effective liaison and promote good relationships.
- 3.2.7 To attend relevant meetings where appropriate ensuring continuous effective communication.
- 3.2.8 Provide support and advice to all disciplines of healthcare staff, acting as an excellent role model and demonstrating advanced clinical skills and knowledge.
- 3.2.9 To be a “change agent” in the introduction of any change in practice required to meet the changing needs of patients.
- 3.2.10 To establish an ongoing programme of audit to evaluate practice ensuring that the data is used to develop and improve the service.
- 3.2.11 Involved in and support multi-disciplinary clinical audit and research across where appropriate, implementing innovations in clinical practice and actively encourages the utilisation of research and evidence-based practice.
- 3.2.12 Supports quality improvement projects and promotes the use of methodologies to promote good clinical practice.
- 3.2.13 To promote Primary Care as a model of good service and educational practice, leading the way for other organisations in this field.

- 3.2.14 Participate in staff appraisal and setting of personal and department objectives where appropriate.
- 3.2.15 To have a personal duty of care in relation to equipment and resources used within the Practice/PCN.

### **3.3 Educational**

- 3.3.1 Provide a supportive environment for all staff (including pre-registration students) which encourages learning and professional development. This will require liaison with education providers and the Training Hub.
- 3.3.2 To provide educational leadership, setting the strategic priorities facing the speciality and subsequently facilitating the provision of education.
- 3.3.3 To actively participate in the development and delivery of future education and training provision, which recognises the needs of patients and is in line with national priorities.
- 3.3.4 Collaborate with senior colleagues and educational establishments where appropriate to ensure the needs of service are met.
- 3.3.5 To assist with the development of education and training which are appropriate for practitioners working within Primary Care.
- 3.3.6 To identify own education and training needs and ensure that these are addressed through the appraisal process with the line manager.
- 3.3.7 Evaluate the care of patients through a process of audit and research to examine and develop evidence-based practice and clinical effectiveness.
- 3.3.8 Collaborate with other health care professionals in initiating and promoting research. Support where appropriate other individuals in the conduct of research and promote dissemination and implementation of findings.
- 3.3.9 Make presentations on complex subjects, both written and verbally to a wide range of groups and at meetings and conferences external to the organisation to share work locally, nationally, and internationally.
- 3.3.10 Using computer software to input, extract and analyse data as required and to develop and create divisional/specialty reports and other reports as required in liaison with Information Services.
- 3.3.11 Actively seek user involvement in developing services that are responsive to the needs of the local population.

### **3.4 Leadership**

- 3.4.1 Work collaboratively with secondary, community and intermediate care teams, ensuring there is seamless care across organisational boundaries.
- 3.4.2 Work with clinical and leadership teams to develop new and improved processes to streamline and improve patient flow and care processes.
- 3.4.3 To assist with development of new initiatives and ways of working, including nurse/AHP/ Clinical Pharmacists led services, informed by local and national Policy.
- 3.4.4 To provide professional support to nursing/AHP/Clinical Pharmacists staff within the PCN and to those staff engaged in specific service developments.
- 3.4.5 To act as a positive role model to inspire those working within these services including pre-registration students, to improve and develop services that promote the best interests of patients within the PCN.
- 3.4.6 As part of the wider Integrated Care Board (ICB) strategy, champion the development of AP opportunities for research and education and raise the positive profile of the service through

publications, conference presentations, professional networking, and organisational collaborations.

- 3.4.7 Participates in developing professional practice nationally through membership of relevant professional associations and forums where appropriate.
- 3.4.8 Share best practice and new evidence through publications and presentation at local, national, and international conferences/meetings as appropriate.

### 3.5 Patient and Public Liaison

- 3.5.1 Act as a credible resource when speaking with patients and relatives, providing advice and support where appropriate.
- 3.5.2 Provide specialist input into relevant patient and public involvement groups where appropriate.

## 4. Organisational Chart

**Please include for organisation.**

## 5. Our Core Values

### Our Values

The NHS constitution values:

**Working together for patients:** Patients come first in everything we do.

**Respect and dignity:** We value every person.

**Everyone counts:** We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against, or left behind.

**Compassion:** We ensure that compassion is central to the care we provide and respond with humanity and kindness.

**Commitment to quality of care:** We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care right every time.

**Improving lives:** We strive to improve health and wellbeing and people's experience of the NHS.

## PERSON SPECIFICATION

**POST: Advanced Practitioner**

**BAND: 8a**

\*Assessment will take place with reference to the following information

A=Application form

I=Interview

T=Test

C=Certificate

Area	Essential	Desirable	Assessment
<b>Values and Behaviours</b>			
<b>ESSENTIAL CRITERIA FOR ALL POSTS</b>			
Demonstrable commitment to and focus on quality, promotes high standards to consistently improve patient outcomes	√		<b>A/I</b>
Demonstrable skill to work together to serve our community through delivering safe and excellent clinical care	√		<b>A/I</b>
Value diversity and difference, operates with integrity and openness	√		<b>A/I</b>
Treating others with compassion, empathy, and respect and	√		
Share information openly and effectively with patients, staff, and relatives	√		
Works across boundaries, looks for collective success, listens, involves, respects, and learns from the contribution of others	√		<b>A/I</b>
Uses evidence to make improvements, increase efficiencies and seeks out innovation	√		<b>A/I</b>
Actively develops themselves and others	√		<b>A/I</b>
<i>Add any other desirable topics</i>			
<b>Qualifications</b>			
Holds a current registration with UK regulator – e.g. HCPC, NMC, GPC	√		<b>A/I</b>
Advanced Practice MSc, with evidence of relevant CPD and appropriate lifelong learning	√		<b>A/C</b>

Independent non-medical prescriber (where applicable to role/professional group)		√	A/C
Teaching/supervision qualification		√	A/C
IRMER (Imaging Referral by Non-Medical Healthcare Professionals) training complete		√	A/C
<i>If applicable, add any other desirable qualifications</i>			
<b>Knowledge and Experience</b>			
Experience of conducting audit/research	√		A/I
Significant relevant experience to the level of advanced practice	√		A/I
Familiar with aspects of the NHS agenda and national directives and strategy relating to patient safety and quality improvement	√		
Understanding of the changing landscape of the NHS	√		A/I
Conference presentations, publications		√	
Evidence of teaching experience within university setting		√	A
Experience of running research and audit and implementing innovative practices		√	A
Peer reviewed publication of research		√	A
Evidence of reviewing articles for publication		√	A
<i>If applicable, add any other desirable knowledge and experience</i>			
<b>Skills and Capabilities</b>			
Ability to negotiate on difficult and controversial issues including performance and change	√		A/I
Analytical Skills Problem-solving skills and ability to respond to sudden unexpected demands	√		A/I
Strategic thinking – an ability to anticipate and resolve problems before they arise	√		A/I
Excellent Communication skills, negotiation skills, influencing skills	√		A/I
Management Skills and leadership skills - Must be able to prioritise own work effectively	√		A/I

Experience working as an autonomous practitioner in a Nurse Practitioner/AHP/ Clinical Pharmacists role or equivalent	√		<b>A/I</b>
Provide multi-professional education and policy agenda.		√	<b>A/I</b>
Involved in any research or service change as required, promoting best practice		√	<b>A/I</b>
IT Skills, Database, spreadsheets, and word processing	√		<b>A/I</b>
Equality and Diversity Needs to have a thorough understanding of and commitment to equality of opportunity and good working relationships both in terms of day-to-day working practices, but also in relation to management systems	√		<b>A/I</b>
<b>Personal Attributions</b>			
<i>(Use the following examples as appropriate)</i>			
Highly motivated with ability to influence and inspire others	√		<b>A/I</b>
Willing to engage with and learn from peers, other professionals, and colleagues in the desire to provide or support the most appropriate interventions	√		<b>A/I</b>
Professional calm and efficient manner	√		<b>A/I</b>
Effective organiser/prioritisation skills	√		<b>A/I</b>
Influencer and networker	√		<b>A/I</b>
Demonstrates a strong desire to improve performance and make a difference by focusing on goals	√		<b>A/I</b>
Ability to work independently	√		<b>A/I</b>
Adaptability, flexibility, and ability to cope with uncertainty	√		<b>A/I</b>
Convey highly complex concepts in an easily understood language with a creative and visionary approach to problem solving.	√		<b>A/I</b>
Interest in own professional development	√		<b>A/I</b>

## Senior Advanced Practitioner Job Description

### 1. JOB DETAILS

<b>Job Title</b>	<b>Lead/Experienced AP</b>
<b>Band or equivalent:</b> [08b]	<b>8b</b>
<b>Practice/PCN</b>	
<b>Reports to:</b>	<i>Professional Lead</i>

### 2. JOB PURPOSE

The post holder is an experienced registered professional qualified to MSc Advanced Practice Level within Primary Care. They will be working towards demonstrating they meet the four pillars of advanced practice, which are clinical, leadership, education, and research.

Individual learning needs will be met by undertaking regular training needs analysis to ensure individuals have the capability and competence needed to meet local population health needs.

Through continued professional development, the senior advanced practitioner will:

- Provide expert professional advice to patients / clients, carers and staff and be responsible for providing expert clinical care and leadership within Primary Care. Work to a high level of personal and professional autonomy, using specialist knowledge and skills to deliver independent assessment, clinical examination, diagnosis, clinical decision making, planning of care and treatment, and health promotion. This may include: -
  - Home visits/nursing home visits as part of the agreed job plan.
  - Act as an independent non-medical prescriber, where applicable to role/profession
- Work collaboratively with all members of the multidisciplinary team to provide best clinical care, emotional and psychological support and education to patients and their carer's.
- Facilitate evidence-based practice and promote and undertake research and clinical audit within the service and across the PCN. Design and provide clinical/practical and theory-based education and training, e.g., to nurses/AHP/Clinical Pharmacists, junior medical staff.
- Work with innovation and flexibility to adapt to a fast-changing specialty and play an integral role in the operational/strategic development of the service.

### JOB SUMMARY

The Senior Advanced Practitioner will provide expert assessment, treatment, and management of a case load, using complex communication skills, judgement, discretion, and decision making. They will monitor and assist with improving standards of care, supervising, teaching, and supporting colleagues providing skilled professional leadership. Where appropriate they will act as an expert in their field and lead and/or participate in initiatives to improve standards of care for the client group and assisting to advancing the Senior AP role.

The Senior Advanced Practitioner will be service driven, and the role is structured around the four pillars of Advanced Practice, those being:

1. Clinical Practice
2. Leadership

3. Education
4. Research

### **3. KEY RESULT AREAS/MAIN DUTIES AND RESPONSIBILITIES:**

#### **3.1 Clinical Practice**

- 3.1.1 Demonstrate advanced professional theoretical and practical knowledge.
- 3.1.2 Assess individual patient needs using a range of different methods that manage risk and are appropriate to the needs of the clients across the whole spectrum of primary care, ensuring that highly complex facts or situations, requiring analysis, interpretation, and comparison of a range of options are considered.
- 3.1.3 Determine therapeutic programs, which involve autonomous assessment, diagnosis, treatment, and discharge of patients who attend the practice and able to prescribe a range of medicines within individual scope of practice, across the whole spectrum of their specialty.
- 3.1.4 Work in partnership with the patients and their relatives, along with the other professionals to make sound decisions, which are ethically based and in the interests of the patients in the absence of precedents and protocols.
- 3.1.5 Develop services that are focused on the individual patient and underpinned by research.
- 3.1.6 Ensure that care is reviewed regularly in conjunction with the multi-disciplinary team to improve the quality of care received by patients and their families.
- 3.1.7 Work with professional bodies, clinical networks, commissioners, regional and national level organisations, third party sectors, charities, and other parties.
- 3.1.8 Promote professional practice and ensure all staff comply with relevant legislation and their specific health care regulator guidance.
- 3.1.9 Advise managers on issues concerning professional practice.
- 3.1.10 Contribute to how risk is managed in unpredictable and complex situations and where a precedent has not been set.
- 3.1.11 Contribute to the ongoing development of evidence-based practice and improvement of quality, safety and health and service outcomes.
- 3.1.12 Contribute to the ongoing development of putting in place and reviewing, care and service pathways, standards and policies, guidelines, procedures, service improvement, and practice accreditation.
- 3.1.13 Ensure there are formal systems in place for collecting and reviewing feedback from patients and service users, carers, and staff across services, working with service teams to identify and put in place any action needed as a result of that feedback.
- 3.1.14 Ensure dignity, privacy, and cultural and religious beliefs are always respected.

#### **3.2 Leadership**

- 3.2.1 Assist with creating a culture of effectiveness, inclusiveness, and excellence across how services are traditionally delivered, to develop:
  - High performing independent health-care teams across the system
  - Good places to work, where people matter and people from all backgrounds can excel
- 3.2.2 Encourage others to take on leadership responsibilities, building high-quality leadership from a wide range of backgrounds.

- 3.2.3 Assist with supporting professional development that improves people's leadership abilities, mentorship, and coaching, and how they give and receive feedback, learn from mistakes, and build on good practice.
- 3.2.4 Assist with building networks of leaders who can work together to deliver service, organizational and system objectives and respond positively and creatively to changing situations.
- 3.2.5 Be working towards leading strategic development, improvement, inquiry, and innovation across specific workstreams that informs and responds to system objectives and supports commissioners, and senior leaders with their decision making.
- 3.2.6 Work towards involving key partners in creating a bold and innovative shared vision which is in line with the future needs and aims of the general population across health and social care.
- 3.2.7 Assist with building and maintaining sustainable partnerships across the ICB, nationally and internationally, drawing on standards and best practice evidence to guide decision-making.
- 3.2.8 Assist with creating networks to allow for joint working across organisations and sectors.

### **3.3 Education**

- 3.3.1 In collaboration with Training Hubs assist with learning and development across the system and pass on knowledge and assess the effectiveness of educational activities.
- 3.3.2 Support the creation of a learning culture across the system, providing opportunities for shared learning, development, and improvement and for others to develop their capabilities.
- 3.3.3 Deliver person-centred, safe, and effective workplace learning, from practice to system level.
- 3.3.4 Identify own education and development needs by regularly seeking feedback on own behaviour and values from others and using this information to reflect on actions to increase effectiveness as a practitioner.
- 3.3.5 With support, implement peer learning reviews and ongoing learning and development systems, and evaluate their effect on service users and their families, carers, staff, and services.
- 3.3.6 Assist with developing the workforce so that staff can fulfil their potential, make progress in their careers, and meet the future needs of the system.
- 3.3.7 Work in collaboration with higher education institutes and Training Hubs to make sure professional curriculums reflect excellence, the needs of the service, current evidence, and ways of working that inspire students and academic staff to contribute to future health and care, regionally and nationally.
- 3.3.8 Start to engage with producing papers that should be published either in recognised peer reviewed professional publications or at professional conferences.
- 3.3.9 Act as a professional resource in the field of Senior Advanced Practice.

### **3.4 Research**

- 3.4.1 Work towards developing new insights from appraising, analysing, evaluating, and blending different types of evidence and knowledge from a variety of sources (e.g., including experiences of service users and carers, expertise, and local knowledge, considering the implications for practice).
- 3.4.2 Evaluate knowledge, evidence, and experience of national and international developments in health and social care, to influence how future health and care services are developed across disciplines and beyond institutions.
- 3.4.3 Contribute to knowledge of Advanced Practice and encourage others to do the same.
- 3.4.4 Work towards building academic networks of research partnerships.

- 3.4.5 Routinely be involved in research (local and national) and clinical audit in the field of Advanced practice, ensuring continuous evaluation of the practice of oneself and others, using a broad range of valid and reliable evaluation methods, which are appropriate to needs and context.
- 3.4.6 Assist and contribute to national and international research, inquiry, innovation, and evaluation that generate new knowledge and understanding about safe and effective care across the system, involving public, service users, and carers.
- 3.4.7 Assist and contribute to national and international forums, guideline development groups, steering groups, policy development, and strategy for your area of expertise, making sure the wider system benefits from the most advanced developments and strategic networks.
- 3.4.8 Assist on activities that allow the widest access to new research innovations, outcome indicators and ways of working that will benefit health care, including high-quality publications, professional and public engagement strategies, and appropriate media.
- 3.4.9 Work across boundaries within the system to work with stakeholders to provide wider perspectives and knowledge in relation to people, communities, healthcare, and services.
- 3.4.10 Provide professional expertise to clinical and care pathways, services, organisations, systems, senior leaders and commissioners across complex issues and situations to add to the public's knowledge, experience, and health outcomes.
- 3.4.11 Act as a local, national, and international ambassador and provide expertise through learning and development opportunities, keynote conferences and consultancy and university honorary appointments, to allow closer links between education, research, and practice.
- 3.4.12 Contribute their expertise and advice at stages of consultancy practice in a way that helps senior clinical leaders to improve decision-making and problem-solving.
- 3.4.13 Assist with leading in programs (with other senior advanced practitioners) of mentorship, development and evaluate the impact of change in consultancy practice across systems for advanced practitioners and senior clinical leaders, locally, regionally, and nationally.

#### 4. Other

Job Holders are required to:

1. Maintain personal and professional development to meet the changing demands of the job, participate in appropriate training activities, and encourage and support staff development and training.
2. Always keep requirements in mind and seek out to improve, including achieving—Quality Outcome Framework (QoF) indicators
3. Adhere to primary care policies and procedures, e.g., Health and Safety at Work, Equal Opportunities, no smoking. [OBJ]

Respect the confidentiality of all matters that they may learn relating to their employment and other members of staff. All staff are expected to respect the requirements of the Data Protection Act 1998.

This job description does not purport to cover all aspects of the job holder's duties but is intended to be indicative of the principal areas of responsibility.

#### 5. Study Leave & Continuing Professional Development

Study and professional leave will be granted at the discretion of the practice and in accordance with Terms and Conditions.

## 6. Organisational Chart

Please add for organisation.

## 7. Our Core Values

### Core Values

The NHS constitution values:

**Working together for patients:** Patients come first in everything we do.

**Respect and dignity:** We value every person.

**Everyone counts:** We maximize our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against, or left behind.

**Compassion:** We ensure that compassion is central to the care we provide and respond with humanity and kindness.

**Commitment to quality of care:** We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care right every time.

**Improving lives:** We strive to improve health and wellbeing and people's experience of the NHS.

## PERSON SPECIFICATION

**POST: Senior Advanced Practitioner**

**BAND: X**

\*Assessment will take place with reference to the following information

A=Application form

I=Interview

T=Test

C=Certificate

Area	Essential	Desirable	Assessment
<b>Values and Behaviours</b>			
<b>ESSENTIAL CRITERIA FOR ALL POSTS</b>			
Demonstrable commitment to and focus on quality, promotes high standards to consistently improve patient outcomes	√		<b>A/I</b>
Demonstrable skill to work together to serve our community through delivering safe and excellent clinical care	√		<b>A/I</b>
Value diversity and difference, operates with integrity and openness	√		<b>A/I</b>
Treating others with compassion, empathy, and respect	√		
Share information openly and effectively with patients, staff, and relatives	√		
Works across boundaries, looks for collective success, listens, involves, respects, and learns from the contribution of others	√		<b>A/I</b>
Uses evidence to make improvements, increase efficiencies and seeks out innovation	√		<b>A/I</b>
Actively develops themselves and others	√		<b>A/I</b>
<b>Qualifications</b>			
Holds a current registration with UK regulator – e.g. HCPC, NMC, GPC	√		<b>A/I</b>
Relevant MSc in Advanced Practice	√		<b>A/C</b>
Teaching/supervision qualification	√		<b>A/C</b>
Independent non-medical prescriber (where applicable to role/professional group)	√		<b>A/C</b>

IRMER (Imaging Referral by Non-Medical Healthcare Professionals) training complete		√	A/C
<b>Knowledge and Experience</b>			
Experience of change management working across the system		√	A/I
Post registration specialty experience – to the level of advanced practice and be credentialed with the Centre for Advancing Practice	√		A/I
Recognised and accessible as expert in field	√		A/I
Experience of audit processes, research, and clinical trials	√		A/I
Experience of educating/training and supervising colleagues at all levels across the system	√		A/I
Experience of management of staff and resources	√		A/I
Familiar with aspects of the NHS agenda and national directives and strategy relating to patient safety and quality improvement.	√		A/I/P
Peer reviewed publication of research		√	A/I
Evidence of reviewing articles for publication	√		A/I
Member of relevant professional body	√		A/I
Member of additional national specialist interest groups		√	A/I
<i>If applicable, add any other knowledge and experience</i>			
<b>Skills and Capabilities</b>			
Demonstrate the following interpersonal skills – tolerance, sensitivity and empathy with staff and clients	√		A/I
Ability to negotiate on difficult and controversial issues including performance and change across the system	√		A/I
Analytical Skills Problem-solving skills and ability to respond to sudden unexpected demands	√		A/I
Strategic thinking - have an ability to anticipate and resolve problems before they arise to ensure continuity of service	√		A/I
Planning Skills: Demonstrated capability to plan over short-, medium- and long-term timeframes factoring in national and regional guidance	√		A/I

Evidence of advanced Communication skills, negotiation skills, influencing skills	√		<b>A/I</b>
Management Skills and leadership skills - Must be able to prioritise own work effectively and be able to direct activities of others. Experience of managing and motivating a team and reviewing performance of the individuals	√		<b>A/I</b>
Ability to make decisions autonomously on difficult issues, working to tight and often changing timescales	√		<b>A/I</b>
Provide specialist clinical training and undertake presentations, both within the department and local HEIs as well as nationally and internationally at conferences and workshops	√		<b>A/I</b>
IT Skills, Working knowledge of Microsoft Office and Excel with intermediate keyboard skills	√		<b>A/I</b>
Equality and Diversity - Needs to have a thorough understanding of and commitment to equality of opportunity and good working relationships both in terms of day-to-day working practices, but also in relation to management systems	√		<b>A/I</b>
Financial or Budgetary responsibilities - Involved in budget setting and working knowledge of financial processes		√	<b>A/I</b>
<i>If applicable, add any other skills and capabilities</i>			
<b>Personal Attributes</b>			
<i>(Use the following examples as appropriate)</i>			
Used to working in a busy environment	√		<b>A/I</b>
Adaptability, flexibility, and ability to cope with uncertainty			
Willing to engage with and learn from peers, other professionals, and colleagues in the desire to provide or support the most appropriate interventions	√		<b>A/I</b>
Professional calm and efficient manner	√		<b>A/I</b>
Effective organizer/prioritisation skills	√		<b>A/I</b>
Influencer and networker	√		<b>A/I</b>
Demonstrates a strong desire to improve performance and make a difference by focusing on goals	√		<b>A/I</b>
Attention to detail	√		<b>A/I</b>
Highly motivated with ability to influence and inspire others	√		<b>A/I</b>

Ability to work independently	√		<b>A/I</b>
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## Appendix 2: Job Plan – Examples

### Trainee AP

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Clinical	Clinical	Workplace Supervision with coordinating supervisor	HEI / study day	Clinical
PM	Admin –	Clinical	Clinical		Clinical

### AP

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Clinical	Clinical	Workplace Supervision with coordinating supervisor	Clinical	Clinical
PM	Admin – Focusing on audit (research) and leadership elements (leadership)	Clinical – supporting trainees (associate supervisor) (Education)	Clinical	Delivering education	Clinical

### Lead/Experienced AP

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Innovating services – leadership	Providing Workplace Supervision as coordinating supervisor	Providing Workplace Supervision as coordinating supervisor	Delivering education at HEI or via other routes to PCN	Clinical
PM	audit & research	Clinical	Clinical		National NHS England work

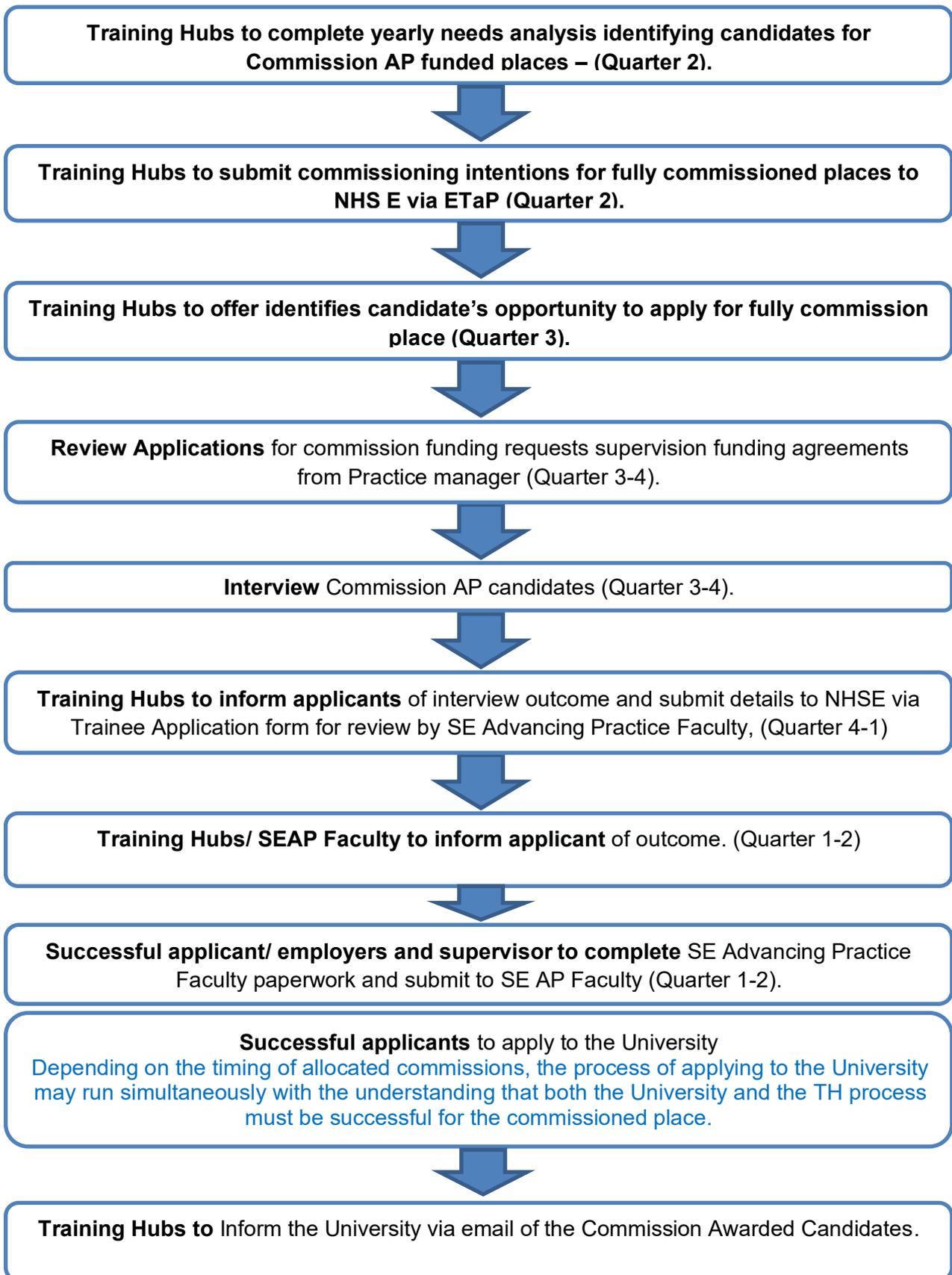
## Appendix 3: Recommended criteria for Advanced Practitioners / Trainees appraisals

Personnel present should include line manager and co-ordinating educational supervisor	
Wellbeing check (to include any significant events that need to be discussed and considered)  Discussion of work life balance	
Review of current job plan (Ensure All 4 pillars are being met within JP)	
Review of previous 12 month's work across the non-clinical advanced practice pillars (Minimum 20% of job role): <b>Research</b> & Innovation - QIP/Audit involvement Evidence of <b>leadership</b> growth and competence - include system leadership opportunities <b>Education</b> Activity – evidence of teaching / supervision with feedback. Evidence of engagement with prevention / health improvement agenda	
Review of scope of practice, competencies and capabilities aligned to professional roadmap: Including scope of Prescribing (if relevant)  Note any areas for development	
Review of the previous 12 months: What has/has not gone well? Review of supervisor meetings / progress checks.	
Review of previous year's objectives	
Review of local internal governance requirements (e.g. radiology, prescribing, FIT note agreements)	
Review of any complaints and/or compliments	
Review/discussion of absences from work	
Any current formal process? (capability/disciplinary)	
Professional body registration check – date of revalidation – yearly renewal?	
Check awareness of organisational policies and procedures essential to their role?	
Evidence of meeting the organisation specific mandatory training and other requirements	
Discussion covering NHS & organisational values	

Evidence of an individual clinical portfolio demonstrating continued competence, inclusive of internal provider governance processes (e.g. skills log, reflective practice)	
Multi source feedback (to align with revalidation e.g. every 3 years for nurses, 2 years for AHPs)	
Patient feedback (ideally every 3 years with a must every 5 years)	
Discussion of development opportunities (appraiser can signpost)	
Objectives for the coming 12 months (to include personal objectives and Trust/NHS England related objectives split across all AP pillars e.g. <u>QulP</u> , education, research, fellowship opportunities)	
Discussion on access and attendance to clinical supervision	
Review of pay progression	
For Trainee APs - academic progress should be discussed	
If the employee is an educator, management of this should be discussed	
Any additional service level recommendations:	

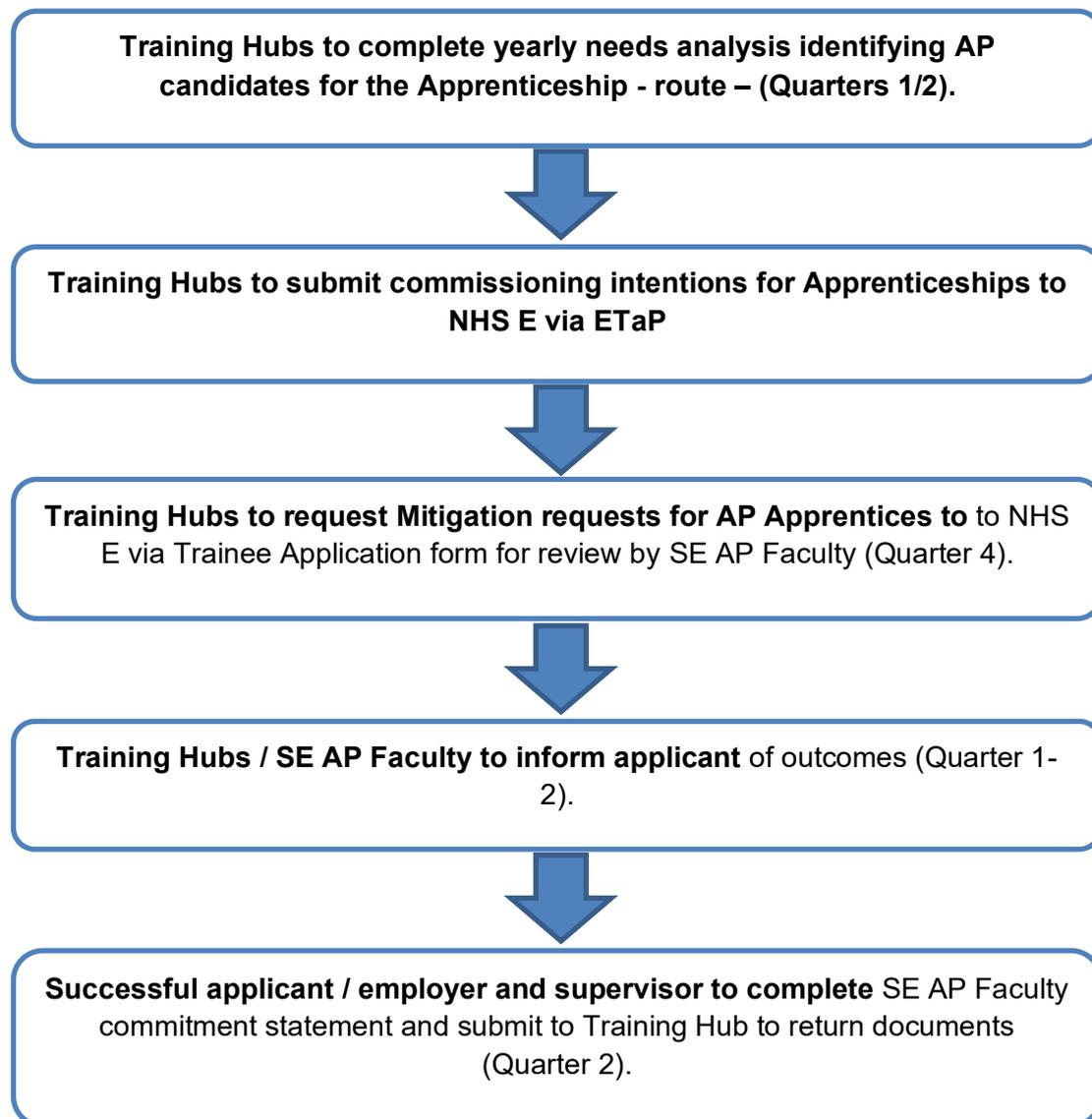
Adapted with kind permission from: Nottingham & Nottinghamshire ICS Advanced Practice Steering Group

## Appendix 4: Process for applications for Commission Places for Primary Care



\* NB dates are subject to change and individual Training Hub Processes may differ.

## Appendix 5: Process for applications for **Mitigation Fees for the revised Apprenticeship for Primary Care**



\* NB dates are subject to change and individual Training Hub processes may differ.