

# Practice Support Guide

A Guide for Trainee Advanced Clinical & Critical Care Practitioners



**North West Faculty for Advancing Practice**

**NHS England Workforce, Training and Education Directorate  
2023**

## Contributors

Produced with the support of the **NHS England South West Faculty for Advancing Practice**, who kindly allowed adaptation of the document 'Advancing Practice in the South West Region: Trainee Handbook', with special thanks to Heather Munro, Project Support Officer.

### Produced, monitored and feedback provided by:

#### **NHS England North West Faculty for Advancing Practice**

Anna Riley, Nick Worth, Annabella Gloster, Debra Allcock, Liam Hagerty and Catherine Gregg

#### **North West Training Programme Directors**

Martin Troedel; Jaclyn Proctor; Kay Roscoe; Liz Jemmett; Liz Reilly; Scott Murray and Deepak Agnihotri

### Valuable input and feedback provided by:

#### **North West Trainee ACP and ACP Specific Interest Group**

Gaynor Pruet

Beth Graysmark

Rick Boton

Zoe Furber

Jade Clayton

Alison Maugham

James Willis

Katie Roberts

Sabrina Spina

Helene Skade

Liaqat Ali

Letty Ngonda

Kaley Whelan

Carrie Adams

Ligo Mathew

#### **Higher Education Institutions in the North West**

#### **Organisation Leads for Advancing Practice across the region**

**Melanie Holloway** Regional Diversity, Inclusion & Participation Manager, NHSE NEY

**Tomas Ince** AHP Workforce Fellow and HEERO's Network Lead, NHSE

**Alice Nicholas** Regional Communications and Engagement Manager, NHSE NW

## Table of Contents

Practice Support Guide.....	1
Contributors .....	2
Produced, monitored and feedback provided by:.....	2
Valuable input and feedback provided by:.....	2
Introduction .....	5
What is Advanced Practice? .....	6
Who can be an Advanced Clinical Practitioner? .....	7
Advanced Practice in the North West .....	8
NW Faculty for Advancing Practice.....	8
North West Faculty of Advancing Practice .....	9
Your Training Programme Director (TPD) .....	9
The Role of Health Education England (HEE) and NHS England (NHSE).....	9
The National Education and Training Survey .....	10
Supervision .....	11
Co-ordinating Educational Supervisors.....	11
Supervision Examples/ Scenarios.....	14
Critical Care Units as training environments .....	15
Trainee ACCP registration with FICM .....	16
Credentialing with RCEM.....	16
Frequently Asked Questions: Supervision .....	17
Other supervision resources.....	18
Work Based Learning .....	19
Clinical hours & protected study time.....	19
Supernumerary status.....	20
Placements in other areas .....	20
Placements in other Trusts or organisations .....	20
Clinical Skills.....	21
Timesheets and accountability .....	21
Transition points .....	22
New in trainee post.....	22
As your training progresses .....	23
As you approach completion of your training .....	23
Indemnity .....	23
Frequently Asked Questions: Work Based Learning .....	25
Flowchart of Escalation: Work Based Learning Issues .....	28
Your well-being at work.....	29
Free well-being resources .....	30

Academic Study .....	32
Differential Attainment.....	32
Flowchart of Escalation: Academic issues.....	33
.....	33
Your Personal Life.....	34
Kaley: Maternity Leave .....	35
.....	36
Liaqat: Illness and sickness leave .....	36
.....	37
Katie: Family illness and bereavement .....	37
.....	38
Ligo: Transition from expert to novice, as an international nurse .....	38
Additional Learning Resources .....	39
Websites .....	39
Podcasts .....	39
Communities of Practice & Networks.....	40
Useful 'Follows' .....	41

## Introduction

The purpose of this document is to provide you with a supportive resource that you may refer to during your programme of learning as a trainee advanced clinical practitioner. This manual has been created with input from trainees across the North West region, for both current and future trainees, with additional contribution from Trust and organisational leads, alongside Education Providers and colleagues in other regional advancing practice faculties.

Embarking on a Master's programme and combining that commitment with both your additional learning in clinical practice and the demands of your personal life is a huge undertaking. Sometimes you may feel as though you would benefit from some additional support, but you may not be sure where to seek that support from. This guidance document is intended to direct you to where you can find support; how to escalate concerns and who the appropriate person may be.



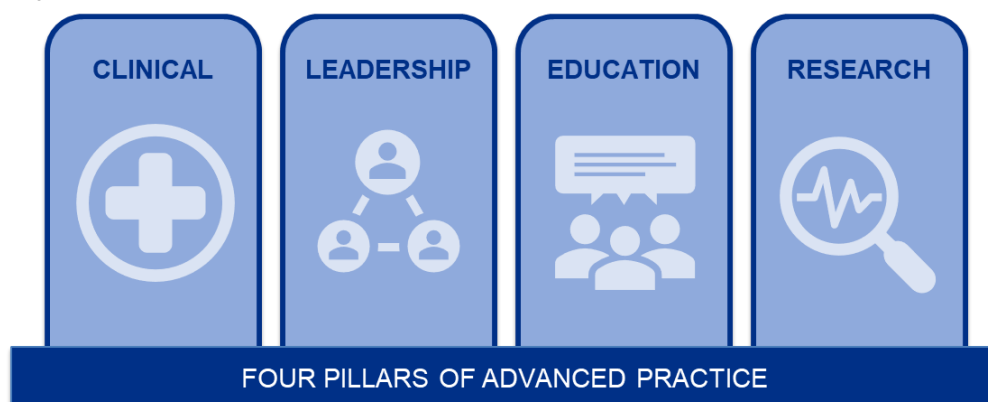
## What is Advanced Practice?

In 2017 HEE, in partnership with NHS Improvement, produced a framework for advancing practice to enable a national and consistent approach to, and understanding of, advanced practice roles. The [Multi-Professional Framework for Advanced Clinical Practice in England \(HEE, 2017\)](#) (MPF) defines advanced practice as:

“**Advanced clinical practice is delivered by *experienced, registered health and care practitioners*. It is a level of practice characterised by a *high degree of autonomy and complex decision making*. This is underpinned by a *master’s level award or equivalent* that encompasses the *four pillars of clinical practice, leadership and management, education and research*, with demonstration of core capabilities and area specific clinical competence.**

**Advanced clinical practice embodies *the ability to manage clinical care in partnership with individuals, families and carers*. It includes the *analysis and synthesis of complex problems* across a range of settings, *enabling innovative solutions to enhance people’s experience and improve outcomes*.” (HEE, 2017)**

It is important that you have an awareness and understanding of the Multi-Professional Framework, as it will guide your learning now and development post-qualification. It is likely that your portfolio of clinical practice evidence will need to be mapped to the capabilities outlined within it.





## Who can be an Advanced Clinical Practitioner?

Advanced practice is multi-professional and open to a wealth of regulated health care professionals. The below list is not exhaustive and will be subject to frequent change as roles, curriculums, frameworks and credentials are developed.

These are the professional groups that are eligible for NHS England advanced practice funding:



- Arts therapists (music / drama / art)
- Biomedical/ Clinical Scientists (HCPC registered)
- Chiropodists / Podiatrists
- Dieticians
- Midwives
- Nurses
- Occupational Therapists
- Operating Department Practitioners
- Optometrists
- Orthoptists
- Osteopaths
- Paramedics
- Pharmacists
- Physiotherapists
- Practitioner Psychologists
- Prosthetists / Orthotists
- Radiographers – diagnostic & therapeutic
- Speech and Language Therapists

There may be local restrictions on who can apply for trainee advanced clinical practitioner roles, should the role be advertised, and the service require an advanced clinical practitioner to be able to independently prescribe upon qualification. This is the case in the context of the critical care environment, in which the Faculty of Intensive Care Medicine stipulate that advanced critical care practitioners must be able to independently prescribe. This therefore limits the professional groups that can pursue a career in advanced practice within critical care, to those that have the statutory and regulatory approval to do so. Please check with your professional regulatory body if you are unsure.

## Advanced Practice in the North West

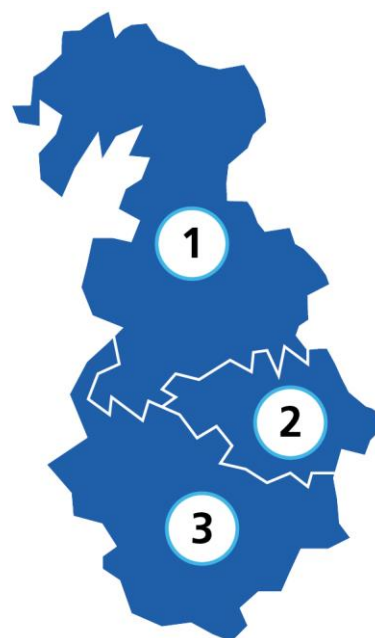
The [North West Faculty for Advancing Practice](#) was established in January 2021. There is a great deal of work ongoing to further both the regional and national advancing practice agenda. Some of the Faculty's main objectives are to ensure that you, as trainees, have access to good quality learning experiences, training programmes and that you are well supported during your training period. To receive updates from the Faculty as their work progresses, please [sign up](#) to our database.

If you need to get in touch with the Faculty for any reason, your Training Programme Director for is your point of contact. You can also email the Faculty's generic email address via [acp.nw@hee.nhs.uk](mailto:acp.nw@hee.nhs.uk).

The North West Faculty covers the following three areas, each referred to as an ICS (Integrated Care System):

### North west

1. Lancashire and South Cumbria
2. Greater Manchester
3. Cheshire and Merseyside



### NW Faculty for Advancing Practice

Please click [here](#) to meet the team.



# North West Faculty of Advancing Practice

## Your Training Programme Director (TPD)

Training Programme Directors cover a variety of specialties. Most Training Programme Directors are seconded one day per week from their substantive clinical role to act as specialty advisors. You can find out who your Training Programme Director is [here](#).

## The Role of Health Education England (HEE) and NHS England (NHSE)

In 2021 HEE established 7 regional multi-professional Faculties to work with the Centre for Advancing Practice to lead and promote advanced practitioners as part of the workforce solution and support service change. The Centre for Advancing Practice leads on policy, programme accreditation, individual practitioner recognition, the development of credentials and relevant evaluation and research. All trainee and advanced clinical practitioners are directly responsible to an employer and remain accountable to their professional regulatory body i.e., Nursing and Midwifery council (NMC) GPhC (General Pharmaceutical Council) or the Health and Care Professions Council (HCPC).

On 1<sup>st</sup> April 2023, HEE ceased to exist as a separate entity and merged to become part of the new NHS England, and the regional faculties for Advancing Practice now form part of NHS England's Workforce, Training and Education directorate. You may still see HEE referred to throughout this document, as work completed and published prior to the merge were HEE authored. For you as trainee advanced clinical practitioners however, the Faculty are still here to support you in exactly the same way.

NHS England's role in advanced practice includes four key areas; education support; workforce planning and intelligence; workforce transformation and quality.



## The National Education and Training Survey

The National Education and Training Survey (NETS) is the only national survey for all undergraduate and postgraduate students and trainees undertaking a practice placement or training post in healthcare as part of their education and training programme.

The survey gathers opinions from students and trainees about their experience in practice placements and training posts, asking them to provide feedback on what worked well and what they think could be improved. As a Faculty, we seek feedback annually via the National Education and Training survey ([NETS](#)).



Please take this valuable opportunity to provide us with feedback when it arises. You will be contacted by the Faculty when the survey is open each year.

## Supervision

This section aims to give you a brief overview of what you can expect in terms of supervision during your training programme. Supervision is a mandatory component of your development as a trainee advanced clinical practitioner and an element of your NHSE-provided educational financial support is allocated specifically to facilitate this in your workplace.

Good quality supervision will be key in your development and those who have not had access to it in the past, have struggled and as a result, discontinued their training. Some key definitions and standards are referred to below.

It is worth remembering that supervision is often not straightforward, and the realities of clinical practice can present some barriers to accessing optimal supervision. Further guidance on what to do if you are struggling to access appropriate supervision are also outlined later in this document.



### Co-ordinating Educational Supervisors

NHSE recommends that you are allocated an identified Co-ordinating Educational Supervisor (CES) in your place of work (HEE, 2020). Your CES will offer consistent supervision during your entire programme of training, guiding your development throughout.

They have numerous responsibilities within this, that are outlined in further detail within the [Workplace Supervision for Advanced Clinical Practice: An Integrated Multi-Professional Approach to Practitioner Development document \(HEE, 2020\)](#).

HEE also published a document called [Minimum Standards for Supervision](#), released in June 2022. This document sets out some expectations and mandatory components of what your supervision should look like, who it should be undertaken by and what you, as a trainee, can expect.



An integrated, multi-professional approach to supervision can prove beneficial to your development. Some examples of what kind of activity constitutes supervision are below:



**Critical reflection on an observation of a clinical skill or consultation**



**Case based discussions**



**Communication skills development through coaching**



**Professional support and well being**



**Action learning sets**



**Facilitated discussion on challenging situations such as conflict resolution, difficult conversations etc.**



**Educational progress and personal learning plans**



## Supervision Examples/ Scenarios

### **If you are training within a surgical speciality:**

The Surgical ACP Curriculum and Assessment Framework (2020) denotes that trainee advanced clinical practitioner training within a surgical speciality be allocated both an Educational Supervisor and a Clinical Supervisor (sometimes referred to as a Workplace Associate Supervisor). Your learning may also be supported by other practitioners that may assess individual aspects of your learning. The responsibilities of each role are further outlined within the curriculum and the level of supervision you require as an individual can be agreed upon via regular meetings with your supervisory team. Please refer to the current curriculum [here](#) for further details, noting however that it is currently in re-development.



### **If you are training within a critical care environment:**

FICM dictate that every trainee advanced critical care practitioner must, at all times, be responsible to a nominated consultant. Trainee advanced critical care practitioners should work under direct supervision and as your learning progresses, supervision can develop to become indirect and then proximal as you develop as an independent, autonomous practitioner. Your employing Trust and departmental leads should ensure that there are standards, policies, and protocols in place surrounding trainee advanced critical care practitioner supervision. Please refer to these for local arrangements.

Like other trainee advanced practitioner roles, trainee advanced critical care practitioners require both clinical and educational supervisors. The Faculty of Intensive Care Medicine (FICM) have provided comprehensive guidance within their curriculum on how supervision can be optimised and who can provide supervision. Please refer to the FICM curriculum [here](#), looking to Section 7 for supervision specific material.



### **If you are training within an acute medical environment:**

You can refer to the Advanced Clinical Practice in Acute Medicine Curriculum Framework (HEE, 2022) [here](#). This document states that supervisors (either Co-ordinating Educational Supervisors or Workplace Associate Supervisors) can be advanced clinical practitioners with a **minimum of 2 years** post qualification experience.

### **If you are training within an Emergency Department or urgent care environment:**

You can refer to the Royal College of Emergency Medicine (RCEM) Advanced Clinical Practitioner curriculum [here](#) (RCEM, 2022), looking again to Section 7 for supervision specific material.

## **Critical Care Units as training environments**

In 2021, the FICM board made amendments to the 2015 version of the FICM curriculum. In the 2015 version, training of advanced critical care practitioners was restricted to critical care units that were approved as providers of Stage 1 and 2 Intensive Care Medicine level training.

This approach has now been found to potentially restrict the growth of the advanced critical care practitioner workforce, especially in the context of smaller critical care units, where advanced critical care practitioners could be a viable solution to ensuring workforce sustainability. This meant that advanced critical care practitioner training in non-FICM-approved critical care units could not apply for FICM membership once they had completed their training programme.

The update in 2021 now outlines a pathway that units must follow to seek FICM approval before committing to training advanced critical care practitioners. Units interested in training advanced critical care practitioners and redesigning their workforce should complete this form [here](#). This form is then sent via email to [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk). Your FICM regional



advisor is responsible for approving individual units before the application is forwarded on to the FICM ACCP Sub-Committee for their oversight.

If you are interested in learning more, there is more information regarding the above on the FICM website [here](#).

If you are due to start, or currently training to become an advanced critical care practitioner in a smaller, previously non-FICM-approved unit that may need to complete the above process, please refer to the FICM website for further information. Your FICM Regional Advisors' details are found [here](#).

### **Trainee ACCP registration with FICM**

You can register with FICM as a trainee advanced critical care practitioner by completing the following [form](#). Registration is free.

### **Credentialing with RCEM**

The Royal College of Emergency Medicine (RCEM) EM-ACP curriculum provides a framework for advanced clinical practitioners who wish to apply for credential status with the Royal College. The curriculum describes the learning opportunities that should be provided to trainee advanced clinical practitioners and how they and their supervisors can use the curriculum to develop their skills.

Entry into the credentialing pathway should be via a local agreement with your workplace supervisor/mentor. RCEM will be recommended that a suitable entry point would be 5 years post-registration with a minimum of 3 years emergency/acute care experience and the practitioner working at enhanced practice level.



## Frequently Asked Questions: Supervision

### **“My identified supervisor has left my organisation. What do I do?”**

If your supervisor leaves during your training period, you need to identify another suitable practitioner. This is commonly a consultant but can, in most instances, also be an experienced advanced clinical practitioner. You will need to inform your education provider about this change and the Faculty need to be informed via the [online Change in Circumstance form](#). If you are struggling to identify a different supervisor, speak to your line manager in the first instance, who can help identify someone suitable.

### **“My supervisor wishes to undertake some training relevant to supervision. Does any training exist that may support them?”**

There are several relevant generic supervision focused learning modules available currently via [e-Learning for Healthcare Learning Hub](#) that might support your supervisor in their role. There is also a 2-day course currently in development that is specific to supervising trainee advanced clinical practitioners. Once available, this course will be advertised via the [Faculty website](#), but keep an eye on our social media pages too.

### **“My supervisor and I struggle to find the time to schedule supervision. What can I do?”**

As part of the educational training grant provided by NHSE to support you, there is funding allocated to ensure there is appropriate and meaningful supervision. This includes the allocation of protected time in your supervisor’s job plan to provide you with supervision and support. If you feel as though you can’t access time with your identified supervisor, discuss this first with your line manager. It may be that an alternative supervisor needs to be identified and your line manager can support you with this.

### **“I frequently find myself in a position where I am working clinically without supervision. Sometimes I feel out of my depth. What do I do?”**

Whilst it is your employer’s responsibility to provide appropriate supervision in line with your competence and progression, it is your responsibility as a trainee advanced clinical practitioner to ensure you always practice safely, both in line with your professional registration and your scope of practice. Your initial meeting with your supervisor should include a self-assessment of your existing competence that identifies the level of supervision you require. This may differ depending upon circumstance and the clinical task or activity you are undertaking. If you feel as though you are frequently left to practice unsupervised and that you would require supervision to practice safely, you need to inform your immediate line manager and escalate your concerns.

They might suggest a further meeting with your supervisor to reassess levels of supervision required and outline both your and your supervisor's expectations. Do not undertake any clinical activity that you are not competent or confident in completing.

After you have escalated your concerns as described above, you still feel as though you require further support, please contact your organisational lead for advanced practice. You may also wish to inform your personal tutor at your university that you are experiencing these issues.

## Other supervision resources

There are a wealth of supporting documents [here](#) that outline what you can expect from clinical and educational supervision. There are also documents that aim to support your nominated supervisor(s) too.

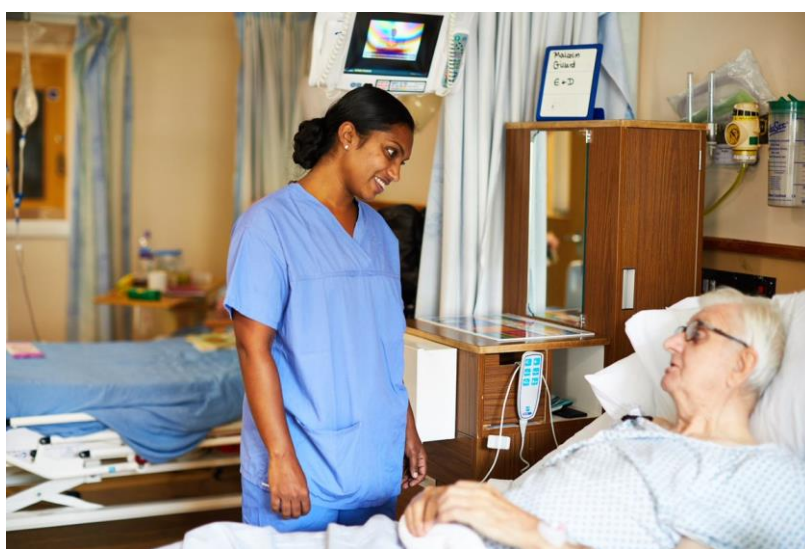
The links below will direct you to individual, generic eLfH modules that may support your supervisor in their role:

- [Supervision for Multi Professional Teams](#)
- [Assessing Educational Needs](#)
- [Supporting Educational and Clinical Supervisors](#)
- [Facilitating Learning in the Workplace](#)
- [Small Group Teaching](#)
- [Educator Training Resources](#)

## Work Based Learning

### Clinical hours & protected study time

Individual Trusts have different approaches to how clinical hours and study time is allocated. NHSE recommends that trainee advanced clinical practitioner posts should be for a minimum of 30 hours per week, although most are full time (37.5 hours). Apprenticeship posts require a minimum of 30 hours per week and any variation to this needs to be discussed with your organisation's lead for advancing practice and the relevant education provider, to assess whether you are suitable for the programme.



For full time posts, most organisations allocate a minimum of 15 hours per week dedicated to study time which is inclusive of your time spent at university and work-based learning. If you are on a programme that is 2 or 3 years in length this will be increased as university attendance is increased accordingly. For a 20-credit module, the recommended study time is 200 hours and for a 30-credit module, it is 300 hours. Study hours include face to face, self-directed study and specific module requirements. The remaining hours are then spent in clinical practice and can be split according to service need, exposure to learning experiences and are at the discretion of your line manager. NHSE can only share examples of how some organisations operate. You need to discuss with your employer how they will support you to manage the clinical and academic requirements of your training programme.

Dedicated study time should be offered throughout the whole year and not only during university term time. This is mandatory for trainees on an apprenticeship route.

## **Supernumerary status**

Individual organisations have different approaches as to whether a trainee advanced clinical practitioner is considered supernumerary during their training programme. Trainee advanced critical care practitioners within critical care have mandatory supernumerary status in line with FICM stipulations. You should discuss your supernumerary status with your supervisors and line management if you are unsure.

## **Placements in other areas**

During your training, exposure to other areas may support your development as a trainee advanced clinical practitioner. Your specific curriculum can act as a guide to the skills and competencies that you will be expected to meet and evidence as you develop and progress, and some of these skills and competencies will require you to seek short-term placements in other clinical areas. These can be arranged on an individual basis either by yourself, or your Coordinating Educational Supervisor following a discussion between you both. It is generally considerably easier to facilitate these placements within your employing organisation if the opportunity exists.

## **Placements in other Trusts or organisations**

Currently, placements in other Trusts or organisations requires a local and formal agreement, usually by means of honorary contract. This helps to delineate responsibilities of employer versus host organisation and relies upon appropriate supervision being in place to support you and your learning in the placement area. The requirement of an honorary contract is usually dependent on the length of time you expect to spend in the organisation and local practices may vary. If you wish to seek a placement in another organisation, discuss the need for this first with your supervisor. You will then need to work closely with the host organisation and their Human Resources department.

It is hoped that these processes can be streamlined in the future by way of a 'passport', in an equivalent way to those pathways now in place for doctors in training and those that enabled staff movement during the COVID-19 pandemic. This is not yet in place for trainee advanced clinical practitioners, however, but in the early stages of development. Please sign up to the database [here](#) to receive updates on this and other regional developments.



## Clinical Skills

Core specialty and clinical skills for trainee advanced clinical practitioners working within [surgical specialties](#) are outlined within the Surgical ACP Curriculum and Assessment Framework (2020) [here](#). These will vary depending upon in which surgical specialty you are working within.

Core specialty and clinical skills for trainee advanced critical care practitioners working within [critical care](#) are outlined within the FICM Advanced Critical Care Practitioner Curriculum (2015) [here](#).



Core capabilities for trainee advanced clinical practitioners working within [primary care](#) settings are outlined within the Core Capabilities Framework for Advanced Clinical Practice Working in General Practice / Primary Care in England [here](#).

For those working in [emergency medicine](#) and [urgent care](#) areas, the Royal College of Emergency Medicine (RCEM) has published curricula for use in both [Adult](#) and [Children](#) environments (RCEM, 2022).

There are further links to specialty specific NHSE Centre for Advancing Practice endorsed credentials [here](#), including those pertaining to [Mental Health](#), [Learning Disability](#) and [Older People](#). These documents are frequently reviewed and updated, with more documents scheduled for release so it is worth keeping an eye on the Centre's website for further developments.

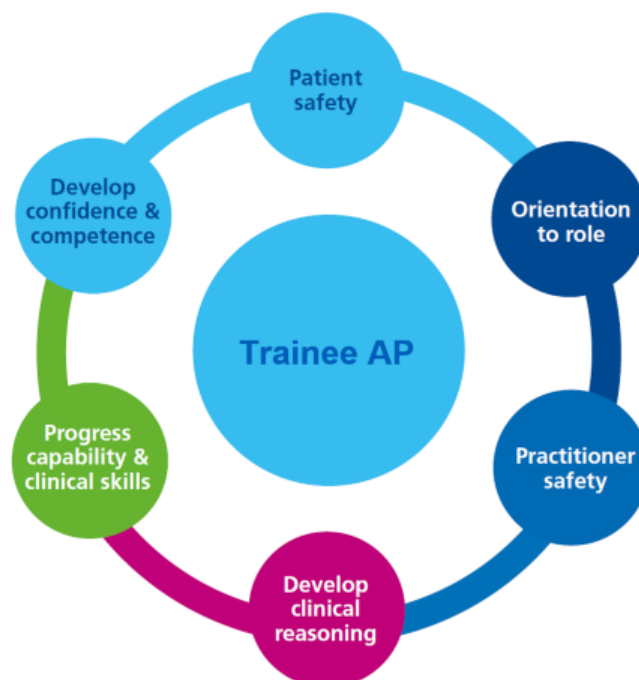
## Timesheets and accountability

Often, when you first start in your training role it can feel vastly different to your previous roles, in terms of how you spend your time and how your time is allocated. It is not uncommon to feel as though you are not sure of what is expected from you, especially if your role is one of the first advanced practitioner roles in your department. You are, however, expected to be able to account for how you spend your allocated clinical and academic learning time. Most education

providers expect you to complete a timesheet that specifies how you have used your time and the expectation is that it is used wisely. You should ensure that your supervisory team is aware of your learning schedule, if not working with them directly at any time. Any unexpected absences from scheduled classes via your education provider need to be reported to your line manager and programme / module lead.

## Transition points

Good quality supervision will help you throughout your programme of learning and journey to becoming a qualified, competent and confident advanced clinical practitioner. As you progress through this process, there are some key transition points that you will navigate your way through with the support of your supervisory team:



## New in trainee post

It is common to feel a little bit lost, unfamiliar and unsure of what is expected of you when you first start in your trainee post. You should receive a Trust / practice and a local department induction that is relevant and specific to your role, and it is advised that you seek the support of both fellow trainee advanced clinical practitioner either within or outside of your department. There are both specialist and generalist communities of practice that you can join to build relationships with other trainees in a similar position that may work in other organisations (see later in this document).

If you find yourself struggling, whether that be personally, with the academic requirements, or your new working environment, there is support out there for you. Please see the relevant flowcharts within this document that outline how to access that support and the processes involved.

Remember to be kind to yourself and establish some healthy work – life balance practices early on in your journey. There are some additional links to resources later in this document that can support your well-being.

## As your training progresses

As you progress through your training period, you will develop as a practitioner and start to feel as though you are becoming more competent and confident. Remember, however, to continue to seek appropriate supervision and to keep in regular contact with your supervisory team.

The academic requirements evolve as you pass through years one to three (or two, if applicable) and at points may feel overwhelming. Focusing your efforts on planning ahead and using your study time appropriately will help alleviate some of this pressure. Collecting key pieces of evidence for your portfolio as you progress and spending time to reflect on what you have learnt (and recording this reflection) can again help the portfolio aspect less burdensome, as well as aid in facilitating meaningful supervision sessions by talking through what you have learnt because of your recent experiences.

## As you approach completion of your training

As academic study starts to come to an end and completion of your MSc programme approaches, you may start to feel quite nervous. This is entirely normal – in fact, there is a wealth of literature on imposter syndrome and how it affects most professionals in all stages of their career. Agree dates and times for your end-point assessments (if on an apprenticeship route), and schedule in some meetings with your line manager and supervisor to discuss your next steps.

If you have advanced clinical practitioner colleagues, link in with them and if possible, identify a ‘buddy’ who can support this period of transition. Some organisations have a ‘buddy system’ already in place to support newly qualified advanced clinical practitioners. Refer to your line manager / employing organisation for local processes to support your transition.



## Indemnity

If you are employed within an NHS organisation and ensure that you work within an agreed and defined scope of practice within that environment, your activities in clinical practice will be

covered by your employers' vicarious liability insurance. It is vital to ensure that your practice has appropriate governance procedures ratified and in place within your employing organisation and that you do not work outside of these agreements. These procedures should include specific agreements surrounding levels of supervision.

If you engage in other employment activities outside of the NHS or in the independent sector, for example, [the UK government require that all healthcare professionals hold an appropriate indemnity arrangement](#). Most advanced clinical practitioners have professional indemnity insurance through membership with their professional body or union, so it is worth checking your membership to ensure that you have this cover if you feel you may require it.

Each organisation now also has access to the [Advanced Practice Governance Maturity Matrix](#), which was released in July 2022. This document enables organisations with a framework in which they can self-assess their progress (from early progress to substantial progress, to mature) as an organisation in terms of the governance processes and adaptations in place for advanced clinical practitioners working there that help advanced clinical practitioners provide effective and safe care. Your employer can use this tool as support when developing your organisational advanced practice strategy. Talk to your organisational advanced practice lead if you would like further information on how your organisation is progressing.



**For critical care trainee advanced critical care practitioners:**

FICM reiterate the above guidance but add that some advanced critical care practitioners choose to take out additional personal cover via the Medical & Dental Defence Union of Scotland ([MDDUS](#)), as they feel it offers them additional security and access to independent legal advice. This is entirely a personal choice however and it is not mandatory.

## Frequently Asked Questions: Work Based Learning

### “I wish to change my employing organisation but continue my training somewhere else. Can I do this?”

The funding for your role from NHSE is not allocated to you personally on an individual basis, but rather to your organisation and department due to service need. It does not therefore move with you if you choose to move organisations during your training. In most circumstances, the funding for your role will cease when you leave your original organisation. The Faculty need to be immediately informed of any changes to your employing organisation. Please see the flowcharts further on in this document, which has links to the relevant required forms.

### “I feel as though I’m not developing as I should be in clinical practice. What can I do?”

Arrange a meeting with your line manager and supervisor as soon as possible. You can discuss your progression, your concerns and devise an action plan together. It is helpful to use SMART objectives as part of your action plan:

<b>Specific</b>	Identify specific goals that you can work towards
<b>Measurable</b>	How are you going to measure your progress?
<b>Achievable</b>	Ensure that these goals are achievable and attainable
<b>Realistic</b>	Are these goals reasonable for your level of practice and stage of your training?
<b>Timely</b>	When are you going to complete each specific goal?

Agree dates and times for regular meetings with your line manager and supervisor to assess your progress. Access the support that is there to help you develop and do not be afraid or embarrassed to admit if you’re finding things difficult. Early identification of issues helps appropriate support to be put in place and ensures that you can continue in your training programme.

### **“I feel as though I am being bullied in my workplace. What can I do?”**

Your employing organisation will have a specific Bullying and Harassment policy that you should refer to, as well as escalating your concerns to your line manager and / or supervisor if you feel comfortable doing so. If you do not feel comfortable, speak to your organisation’s advanced practice lead or freedom to speak up champion or guardian. There are also mental health first aiders in many organisations and employee health and wellbeing services that you can access too.

In addition, all education providers have both procedures and services in place to support you if you encounter bullying or harassment, or indeed any other circumstance for which you need to seek support. Most education providers have health and wellbeing services that you can self-refer to.

If, once you have done all of the above and you still feel as though your issue remains unresolved, you can contact your NHSE Training Programme Director (see page 8 for details) or the Faculty via [acp.nw@hee.nhs.uk](mailto:acp.nw@hee.nhs.uk).

### **“I’m not sure of which clinical skills are appropriate for my role. How do I identify these?”**

Guidance regarding clinical skills is provided earlier in this document, with links to relevant curricula. Some curricula dictate a minimum set of skills that should be achieved prior to qualification. If you are still unsure after accessing your relevant curriculum, speak to your supervisor and identify appropriate clinical skills together. You can also speak to your peers and seek advice from them. It is worth remembering that achieving competence in a particular clinical skill should be met with the need to maintain competence by having regular exposure to the skill in your clinical practice.

### **“Can I sign a fit note?”**

From the 1<sup>st</sup> of July 2022, nurses, occupational therapists, physiotherapists and pharmacists can now legally sign and issue fit notes. You must review the relevant guidance and complete your training first, however, which can be accessed [here](#). There may also be additional local governance requirements within your employing organisation that you should meet. Check with your line manager and / or Coordinating Educational Supervisor before you proceed.



**“I was already an independent prescriber before I started my trainee role. Can I prescribe as a trainee?”**

If you have approval and governance from your employing organisation to prescribe and continue to work and prescribe within your defined scope of practice, you should be permitted to prescribe as a trainee. Please check your local policy and guidance first.

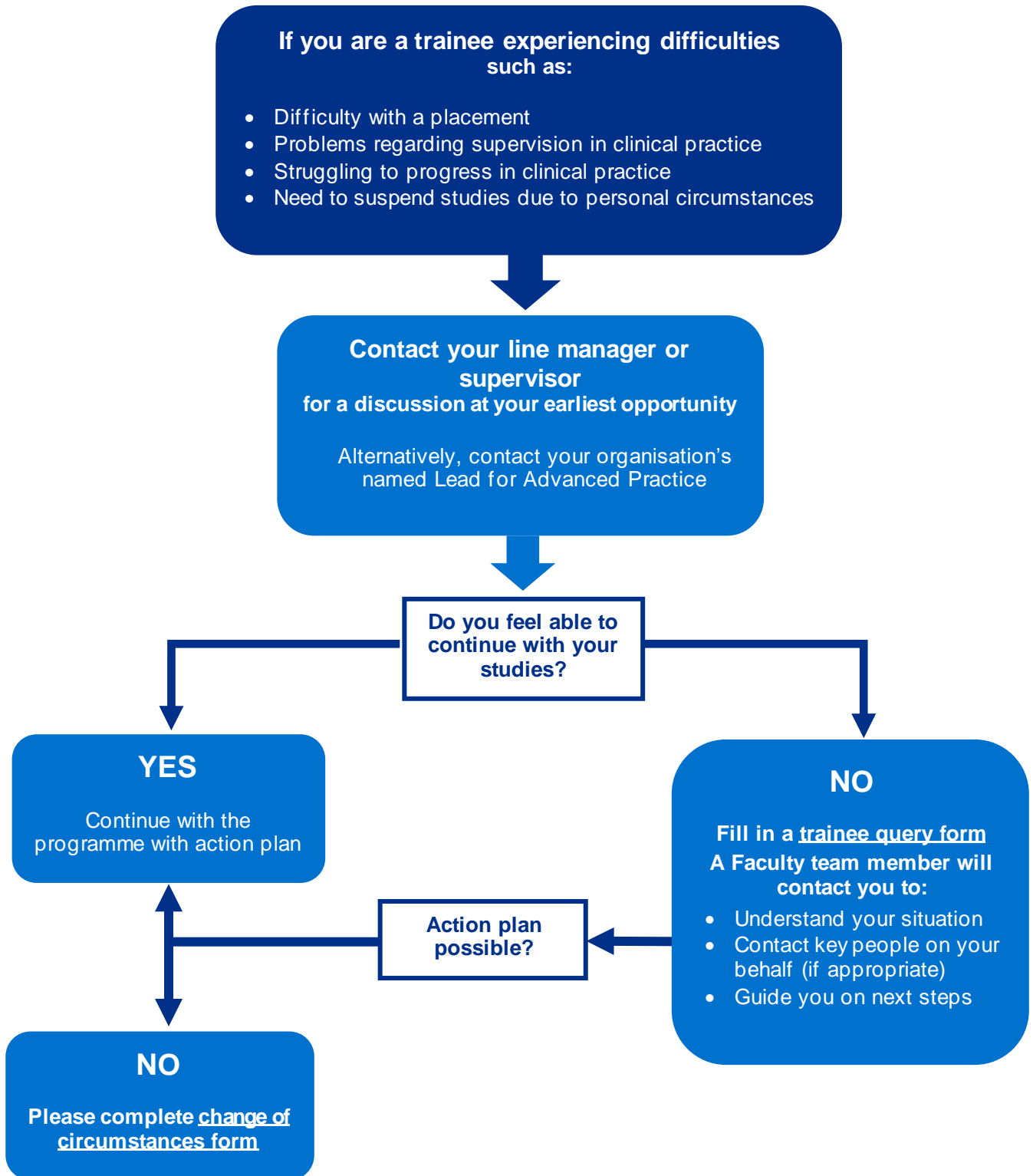
**“I have a disability. What support is available to me, to support me at work and with my learning?”**

The Faculty and the wider body of the new NHS England are committed to improving the experiences of our disabled and neurodiverse learners, including those with long term mental or physical health conditions. A joint ambition statement from HEE and the Disabled Students Commission was released in February 2023 and is available [here](#). This statement identifies key areas that require further work to ensure that neurodiverse or students with a disability are supported in their learning, and their workplace. There may be funding available to you via the [Access to Work scheme](#), that can support ‘reasonable adjustments’ such as adaptive tools and equipment, as well as adaptations to premises. There is also a toolkit available to you via Diversity & Ability [here](#). Please know that you are not alone and if you are facing difficulties as a result of your disability, long term physical or mental health condition, or learning difficulty, there is lots of support available to you.

Your education provider will also have a variety of support mechanisms that they can offer you to support you in your learning, via their student support team or similar. It is likely that they will need to complete an assessment, from which suggestions regarding reasonable adjustments can be made to support your academic development.

Refer to your student handbook or speak to a member of your academic team for guidance on who you need to speak to. Your Training Programme Director can be contacted too, if needed.

## Flowchart of Escalation: Work Based Learning Issues



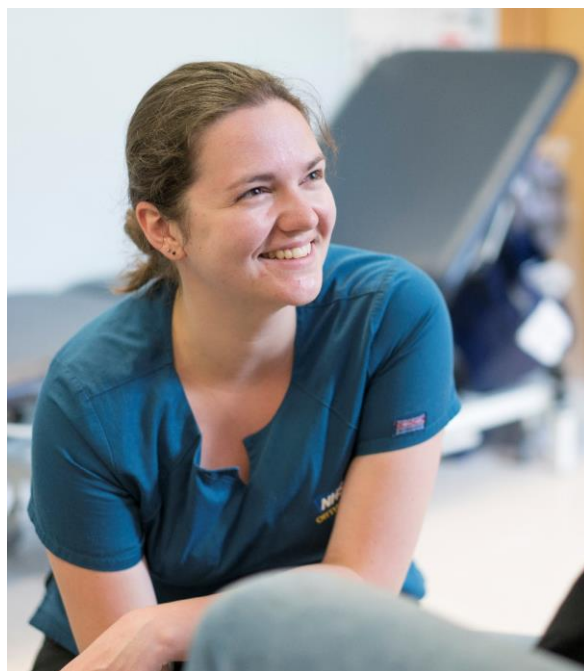
Any issues encountered in clinical practice should also be brought to the attention of your education provider.

## Your well-being at work

In addition to the challenges you may have to overcome when balancing your clinical development and academic progression with achieving some work-life balance, it goes without saying that we all work in challenging environments, within a system that is under increased pressure. Now, more than ever, health care can be a difficult arena to navigate, and it is imperative that we are proactive in managing our own well-being; recognising when we might need help from others and seeking that support when needed.

This section of the document aims to signpost you to additional resources that are available to you.

Each of us are however unique individuals, with our own personal sets of values and beliefs. Tap into those values, beliefs and activities that bring you joy and sustain your well-being early on in your advanced practice journey. This could be dance, art, walking the dog, spending time with family or friends, hiking – embracing any hobby that is of meaning to you. Fellow students, with whom you are on this learning journey with, often develop into wonderful, encouraging friends. Be open to their advice, experience and be prepared to share yours too.



In response to the NHS People Promise, Health Education England released the [‘Enhance Wellbeing Resource Guide’](#) in November 2022. Within this are a set of recommendations and a wealth of practical advice on how wellbeing should be supported within organisations. It is likely that the recommendations set out in this document will be implemented in your place of work over the coming months, if they do not yet exist.

Your employing organisation will offer an Employee Assistance Programme and some local well-being resources that you can access via your workplace. Additionally, however, there are a number of free external resources available for you to access that can help you and your well-being at work.

## Free well-being resources



**IResilience** is a tool that helps you identify where you draw your resilience from and cope in stressful situations, according to your personality:

<https://www.gooddayatwork.co.uk/iresilience.aspx>



NHS staff have free access to this science-backed app. The app includes resources to aid meditation, support mindfulness and promote better sleep. You can access it [here](#) or download the app from your app store on your mobile phone. You will need your NHS email address to access the offer.



WorkLife Central is offering an online programme of support that aims to help you balance your work and family life to NHS employees. You can access WorkLife Central [here](#). You will need your NHS email address to register.



Unmind is a platform that empowers you to take a proactive attitude towards your own personal mental health, including programmes to support you with stress, sleep, coping, fulfilment and nutrition. Register with your NHS email address and download the app from your app store. Your organisation name is 'NHS'. You can access Unmind [here](#).



Frontline19 is a free, independent and confidential service that offers psychological support to those working in the NHS or on the frontline. You can register on their website [here](#) and a member of their team will be in contact with you to match you with a therapist.

There are a number of regional mental health and well-being hubs in the North West, that you have free and confidential access to as an NHS employee.

You can self-refer or refer a colleague with their consent. Once you have self-referred, you will undergo a clinical assessment and be offered support via local services, such as talking therapies or counselling.

Details of your local hubs are below:

### **Cheshire and Merseyside Resilience Hub**

Website: <http://www.cheshiremerseyresiliencehub.nhs.uk/>

To access the service, you will need to complete the following form:

<https://gateway.mayden.co.uk/referral-v2/c198281e-142b-4b0f-b464-a9296b7a38d0>

### **Greater Manchester Resilience Hub**

Website: <https://www.penninecare.nhs.uk/gmrh>

Email: [GM.help@nhs.net](mailto:GM.help@nhs.net)

Telephone: 0333 009 5071 (Monday to Thursday, 9am – 5pm, Friday 9am – 1pm)

### **Lancashire and South Cumbria Psychological Resilience Hub**

Website: [lscresiliencehub.nhs.uk](http://lscresiliencehub.nhs.uk)

Email: [lschub@lscft.nhs.uk](mailto:lschub@lscft.nhs.uk)

Telephone: 01772 520228

Remember that you are not alone in your journey as a trainee and in addition to the resources posted above, ensure you look to your fellow trainee peers, your supervisor(s), your friends and your family for support. Your employing organisation and university will also have in-house resources and services that you can access and often by self-referral. There are additional resources later in this document that may support you if you face any personal issues during your programme of learning, or if you are struggling with the demands of your academic course.

## Academic Study

Whilst there may be some of you who have completed some relevant Level 7 study more recently, there will also be a lot of you who may have had a significant break from academic study before commencing your master's programme. It is entirely understandable that you may feel overwhelmed or indeed out of place but try to remember that you have earned and deserve your place at university and your university is well-versed in caring for students in a similar position. The education providers in the North West region have excellent support processes and additional learning or study skills resources in place. You will be informed of these on your university induction, and they will be listed in your student handbook.

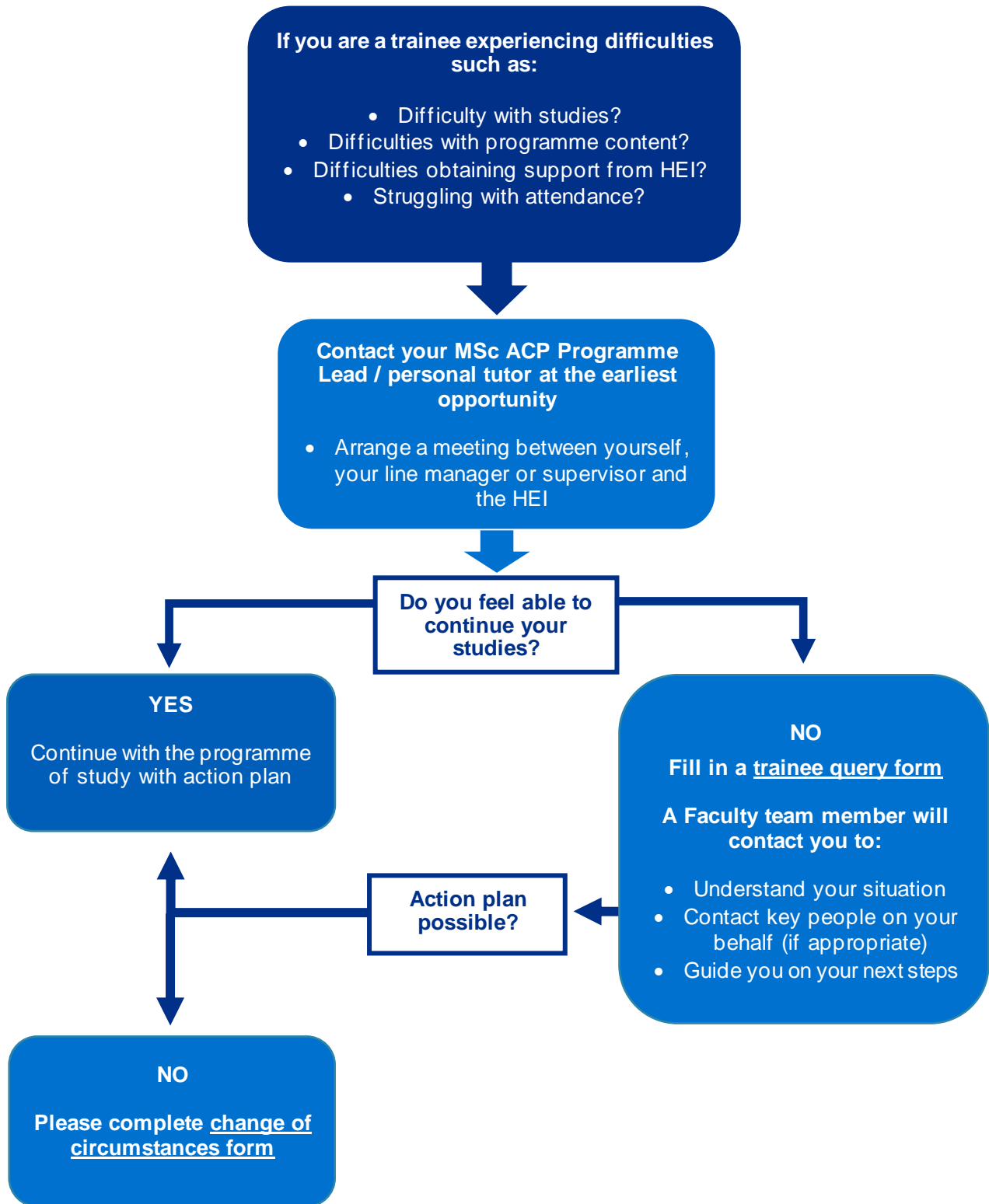


## Differential Attainment

Differential attainment is the unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic, for example, people from different ethnic minority backgrounds, age, gender, sex, and disability. Attainment in this context could refer to progression in training and recruitment. It is a topic that, to date, has been further explored within the context of medical education, but it is recognised that it is prevalent across the wider professions including advanced practice. Measures such as enhanced clinical supervision, study support tools and tailored induction programmes have been shown to help reduce this attainment gap. There is support available to you from both your education provider, and your Training Programme Director. Please contact your education provider and Training Programme Director for further support.



## Flowchart of Escalation: Academic issues



## Your Personal Life

It is perfectly reasonable and realistic to anticipate that significant life events may occur during your programme of learning. They may be unexpected, and you may not initially know where to turn for guidance. Ultimately, the flowcharts and other resources included within this document should offer you some insight into the support you have available to you.

Close communication with your Co-ordinating Educational Supervisor, line manager, and education provider will ensure that the right people support you at the right time depending upon your personal circumstances and the impact they may have on your ability to progress through your training.

This section includes case studies from real trainee advanced clinical practitioners who have faced a significant life event or change in their personal circumstances during their training period and who have shared their experience.

### Case Studies:

- **Maternity Leave**
- **Illness**
- **Bereavement**
- **Career transition**



## Kaley: Maternity Leave

### Trainee advanced clinical practitioner Acute medicine

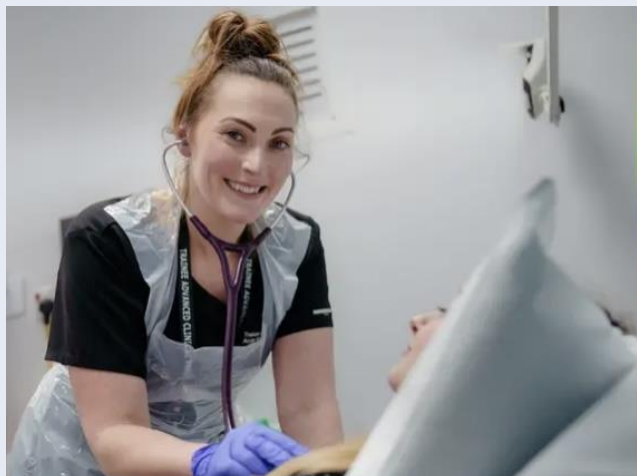
“At present I am based within acute medicine at a small acute teaching hospital within the North West, and I am currently in year 2 of my MSc in advanced clinical practice.

At the time of my maternity leave I was only 5 months into my 1st year of study and was already a Mum of two very young children. Already having young children, being pregnant and just getting started with my studies, it was a very daunting time. I had lots of thoughts and questions that needed answering, and we were still following COVID guidelines with many people still working or studying from home. I had no idea who to turn to, who could answer my questions and help with the next steps for me.

The first step I took was to inform my current module lead at my university of my pregnancy, who was fantastic in advising me of the next steps to take. My course lead and I agreed a period of interruption to my studies, and they liaised with the university records team. I informed my trust education lead who sought advice from NHS England who could arrange to pause funding for the time frame expected. My trust education lead was to contact NHSE a month prior to my return to study, to ensure appropriate funding was reinstated. I was also advised to consult with the course lead in the new academic year to ensure I had all of the information I needed to apply for further modules.

I had some issues during this process communicating with various departments. At the time there was no policies or documents in place that I was informed of that could have directed me in making the process more streamlined. During my maternity leave I kept in touch with the course lead and my next module lead who were excellent in keeping me up to date with next steps regarding applying for my non-medical prescribing timely, to ensure I was not disadvantaged in being allocated a space.

My interruption of studies simply meant I moved back by 6 months assigning me to a new cohort. I am now halfway through my non-medical prescribing, and of course there are challenges with home life now being busier, however the support received from my trust and university has been outstanding, and I am looking forward to progressing towards becoming a qualified advanced clinical practitioner soon.



## Liaquat: Illness and sickness leave

### Trainee Advanced Clinical Practitioner Community Nurse (Learning Disabilities)



I started my MSc in Advanced Clinical Practice immediately after completing a PG Cert in Learning Disabilities and Autism (LD & A), from which I had a resubmission outstanding. Although I was finding the balance of working, studying and family life a constant juggle, I was determined to get through the course. Unfortunately, unexpectedly, I had a heart attack two months into my studies, resulting in emergency surgery. I missed the deadline to my resubmission and required a 3-month period to recover.

As you can imagine, I spent a lot of time reflecting on life in general and convincing myself that my days of studying were over for now. I asked my manager to let the university know about my health circumstances and update them on my situation. As a result, I was supported with an extension for my resubmission outstanding from my PG Cert and was able to interrupt my MSc studies whilst I recovered. My trust educational lead informed NHSE and funding was paused at this point.

The communication between myself and the university was exceptional, and I felt at ease with the well wishes and support that was offered. The module lead remained in contact with welfare checks, updates and support.

I did not envisage undertaking any further studies of this level, however when this opportunity presented itself through NHSE, I was encouraged and supported by the trust to apply as they felt I had the skills to attain a MSc qualification. As a result of the support, feedback and encouragement from my employer, my ACP study journey continued, although I had no one to compare with as I had not yet come across another Learning Disability nurse that had pursued an ACP qualification.

Being one of the very few British Asian male nurses working in the Learning Disabilities field, it was a very daunting feeling. I really did not know what I was letting myself in for, having not engaged in academic study since qualifying as a Learning Disability nurse and social worker in 2013. However, I had the underpinning experience skills and knowledge, and it was about getting the academic skills in order, which was a real struggle, and often remains to be. Moreover, the university have provided support and guidance and acknowledged that this is an area that that I need to overcome. Although I need to resubmit an essay, I felt that I have already achieved a goal that that I was not sure I was capable of.

## Katie: Family illness and bereavement

### Trainee Advanced Clinical Practitioner Colorectal Surgery

At the start of my second year into the programme, my Mum was diagnosed with an advanced gastric cancer. This felt like a massive blow, especially since she was coming up to four years remission after having a stem cell transplant for non-Hodgkin's lymphoma. Unfortunately, her illness progressed rapidly, and she was given a palliative diagnosis. This was especially difficult as she was also caring for my elderly grandad who was also of poor health and telling him was extremely difficult. At this point, I had so many worries and university and work just didn't seem like a priority anymore.



The first steps I took were to discuss my situation with work and university therefore I informed my line manager at the time and programme lead. They were both very supportive in their response and reassured me they could be flexible in relation to time for supporting my Mum. Luckily the module that was currently being delivered at university was being done remotely via Zoom and each lecture was recorded therefore if I couldn't attend, I was able to catch up. I was told I could apply for mitigating circumstances or step off the programme temporarily if I felt I was unable to continue with my studies.

Unfortunately, my Mum was admitted to hospital shortly after, therefore I had to go off from work sooner than expected and she passed away that week. Two weeks following this my grandad also passed away. Life was extremely difficult. The programme lead worked with me on an individual level which took away the stress of the timetable to achieve the success in my modules. They continued to follow the university guidelines, but the support and communication made me feel less pressured.

If I was to give any advice to colleagues who might be experiencing similar situations or any illness that could affect you mentally or physically, it would be to inform somebody as soon as you can. It is such a difficult subject to broach but the reassurance I received allowed me to have one less worry on my mind and nobody can be able to help you if they are not aware of your circumstances. Everyone deals with grief differently and after a period, I felt like I needed to get back to work and get my head into university again as a distraction more than anything. I appreciate this doesn't work for everyone and taking the time you need is just as important. Due to the sensitive nature of my job role at times, I was also reassured that if I needed to not be involved in certain cases I could step away.

I am just about the start my end point assessment which is my final module of the programme, and I will be due to graduate with my original cohort which is something I am very proud of.



## Ligo: Transition from expert to novice, as an international nurse

### Trainee Advanced Clinical Practitioner

#### Acute medicine / Same Day Emergency Care (SDEC)

I am currently in my second year of my Master's programme in advanced clinical practice. At the start of my course, I was already an experienced nurse with over 20 years of experience in a Renal Department. I was excited when I heard about the new ACP job opportunity at Blackpool hospital, as I was waiting for an ACP job opening for many years at my previous trust. Even though the area of practice was different from my area of expertise, I decided to move Trusts and start the new trainee ACP role.



I felt that the role was very challenging. As the environment was new, I found the transition stressful and was apprehensive about my lack of skills and knowledge in a new specialty. From an expert nurse in renal medicine, to a novice position in SDEC, this was a real test, but support from the SDEC staff and my mentors made this transition much smoother. I had the full support of my ACP team and medical consultants who kept reassuring me on abilities. Guidance from university, workshops and webinars helped me to enhance my skills and knowledge in the area. Additionally, continuous reflection on my practice helped me to identify any gaps in my skills and create a proper learning plan.

Studying a Master's qualification with a young family has been challenging. Taking care of 3 young children, helping them with their homework in addition to my own Master's level study and co-ordinating household chores continues to be a real challenge.

As I am an international qualified nurse, my secondary school English and Maths qualifications were not recognised by the University, even though I have passed those exams with good grades. To take the English and Maths functional skills test, I had to attend English and Maths lesson out of office working hours. I had to attend 10 weeks of evening lessons and had to do 5 hours of independent learning each week. This extra workload made my life even more stressful. Even the thought of attending an exam itself was very daunting to me, as I hadn't sat an exam for many years. I cannot explain how relieved and overjoyed I was when I got the result. Upon reflection, I understand that taking care of myself and relaxing are crucial to good study routines and academic excellence. Techniques like planning ahead and pacing myself helped me to reduce my stress.

Amid of all these difficulties I was very fortunate, that I am having a supportive husband who is helping me to alleviate this stress. I constantly remind myself of the famous quote by Jesse Owens - "We all have dreams. But in order to make dreams come into reality, it takes an awful lot of determination, dedication, self-discipline, and effort."



## Additional Learning Resources

### Websites

#### Acute Care / Critical Care / Emergency Medicine / Generic

- [FICMLearning](#)
- [e-ICM](#)
- [Life in the Fast Lane](#)
- [The Bottom Line](#)
- [OnePagerICU](#)
- [Skin Deep](#)
- [Mind the Gap](#)
- [Elsevier SurviveMed](#)
- [St Emlyn's Medical School](#)
- [BMJ Learning](#)

#### Paediatrics

- [Healthier Together: Improving the Health of Children & Young People](#)
- [Don't Forget the Bubbles](#)
- [Paediatric Sepsis E-Learning for Healthcare](#)
- [Spotting the Sick Child](#)
- [PEM Infographics](#)
- [GP Paeds Tips](#)

#### Websites for Academic Study

[Manchester Academic Phrasebank](#)  
[Evernote](#)  
[Connected Papers](#)

### Podcasts

#### Surgery

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- School of Surgery
- Behind the Knife
- Surgery 101
- Surgery Talks
- RCSEd

#### Critical Care, Emergency & Urgent Care

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- The Curious Clinicians – a Medical Podcast that Asks “Why?”
- The Resus Room
- Dr Matt & Dr Mike
- The Medical Take
- FICMLearning
- EMCrit
- Take Aurally
- Society of Acute Medicine (SAM) Acute Medicine Podcast
- Royal College of Physicians Medicine Podcast
- The Reading Room (by Radiopaedia)

#### Primary Care

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- Primary Care Knowledge Boost Podcast
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- Greater Manchester Primary Care Provider Board: Health and Wellbeing Podcast

### **Mental Health**

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- Maudsley Learning Podcast
- Back from the Abyss: Psychiatry in Stories
- PsychED

### **Paediatrics**

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- Don't Forget the Bubbles
- Two Paeds in a Pod
- Paediatric Emergency Playbook
- Paediatric Emergencies
- Paediatric Commuter

### **Frailty & Ageing**

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- MDTea Podcast

## **Communities of Practice & Networks**

### **North West / Leeds Surgical ACP Forum**

Twitter: @NWACPSurg or @NWACPsurgLeeds

Facebook Group: Surgical Advanced Clinical Practitioners North West and Yorkshire

### **NAACCP**

Twitter: @accpuk

### **North West ACCP Network**

Twitter: @NWACCP

Facebook: NWACCP

Email: [nwaccp@yahoo.com](mailto:nwaccp@yahoo.com)

### **Advanced Practice Mental Health Network**

Registration form to join – [here](#). Please see the resource section within the platform.

### **Advanced Practice Learning Disability and / or Autism Network**

Registration form to join – [here](#). Please see the resource section within the platform.

## Useful 'Follows'

**HEE North West**  
@NHSHEE\_NWest

**BMJ Learning**  
@BMJLearning

**ICU OnePager**  
@OnePagerICU

**The Calgary Guide**  
@thecalgaryguide

**St Emlyn's Medical School**  
@stemlynsmedsch

**Primary Care Knowledge Boost Podcast**  
@PCKBpodcast

**Zero to Finals**  
@zerotofinals  
Youtube: [Zero To Finals - YouTube](#)

**Royal College of Emergency Medicine E-Learning**  
@RCEMLearning

**DermNet**  
@dermnetnz

**Dr Matt and Dr Mike**  
@drmattanddrmike

**Take Aurally**  
@TakeAurally

**MDTea Podcast**  
@MDTea\_podcast

**Radiopaedia**  
@radiopaedia

If you wish to submit a useful resource for publication in this guide that is not mentioned above, please contact the Faculty via [acp.nw@hee.nhs.uk](mailto:acp.nw@hee.nhs.uk)