Minimum Standards for Supervising Trainee Advanced Clinical Practitioners and Physician Associates in Humber Coast And Vale.

Best Practice Guidelines

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March 2019

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SUMMARY OF KEY RECOMMENDATIONS

SUPERVISION

- Trainee ACP's need to be enrolled onto an MSc Advanced Practice Course
- ACPs and PAs should have a clinical supervisor for each shift and an overall educational supervisor
- Clinical supervisors can be consultants, GPs, Registrars or SAS Grades, Qualified ACPs or Allied health professions working at level 7 with occupational competence.
- Educational Supervisors can be doctors at consultant, GP, Registrar or SAS level or Qualified ACPs with a minimum of 2 years experience in the same field and with mentor qualification.

LEARNING TIME IN PRACTICE

- It is recommended to have a minimum of 8 supernumerary hours each week for in depth discussions, joint working, direct supervision and teaching or to attend additional training events.
- In addition the trainee will be released one day each week for academic study.
- Best Practice would be to meet with the educational supervisor for a minimum of 1 hour each week or 4 hours each month.
- A minimum of one hour each week or 4 hours each month should be spent with an allocated educational supervisor. This can be direct clinical work or indirect

ASSESSMENT

- The trainee should keep a portfolio of all their training events, reflections, self- directed learning and assessments in a portfolio or electronic learning log or e-portfolio.
- Assessments as a minimum in a 12 month period should include; DOPS x9 ,MiniCEX x9, CBS x9 , 1 MSF, 1 written reflection

1. BACKGROUND

The continued pressures and challenges in healthcare provision have led to an evolution of roles including the development of Advanced Clinical Practitioners (ACP) and Physician Associates (PAs). These practitioners have become a crucial layer in the workforce transformation allowing healthcare provision to be better equipped to meet the changing demands in a more flexible and innovative way.

The preparation of ACPs and PAs must include work based learning and with a workforce stretching beyond traditional professional boundaries, it is imperative that appropriate training and governance is in place with effective supervision. Without this there is a danger that students will not develop the competence to ensure safe practice and will not reach the level of capability expected. In addition to the impact on the quality of care provision, this can also result in problems with retention with ACPs and PAs feeling unsupported and undervalued.

This document provides best practice guidance for HCV with the aim to improve consistency and standards for trainee ACP and PAs in practice and provide clarity as to the responsibilities and expectation of the trainee, supervisor and employer.

2. DEFINING THE ROLES

2.1 ACPs

Health Education England (2017) define advanced clinical practice as;

> *"A level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by 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 includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance peoples experience and improve outcomes."*

As yet, Advanced Practice has no specific regulation but each practitioner is governed by the professional body from the discipline the ACP is registered to. There continues to be some inconsistencies in titles and this has resulted in a lack of clarity as to what an ACP can do and at what level of autonomy. It is agreed that advanced practice defines a level of practice rather than a role with ACPs being autonomous practitioners working with self -direction at a level

beyond registration using expert knowledge to manage complex decisions in unpredictable situations through complete episodes of care (The Royal College of General Practitioners, 2015)

2.2 PAs

The faculty of Physician Associates at the Royal College of Physicians define PAs as;

> *"A new healthcare professional, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.*

PAs work as dependent practitioners with some autonomy but under the supervision of a doctor who takes overall responsibility for the caseload. The level of dependency reduces as they gain experience in their field. PAs are trained to Masters level or post graduate diploma and after graduating have to pass national certification examinations to gain access to their licence to practice from the PA managed voluntary register (PAMVR) held by the Faculty of Physician Associates at the Royal College of Physicians. There is an intention for PAs to be statutory regulated but until this time PAs are not able to prescribe medicines or radiological tests.

3. THE NEED FOR BEST PRACTICE GUIDANCE

3.1 ACPs

ACPs represent a senior and growing resource within the workforce. ACPs stem from a range of professional backgrounds and are now working beyond the scope of their original disciplines, for example physiotherapists, nurses and paramedics are working as ACPs on hospital wards or in general practice seeing a broad range of conditions in different environments and scope from their registered professions. The Nursing and Midwifery Council and Health and Care Professional council give clear guidance in relation to practice supervision and assessment at pre-registration level but there is no professional guideline for supervision in practice beyond this with the exception of non-medical prescribing.

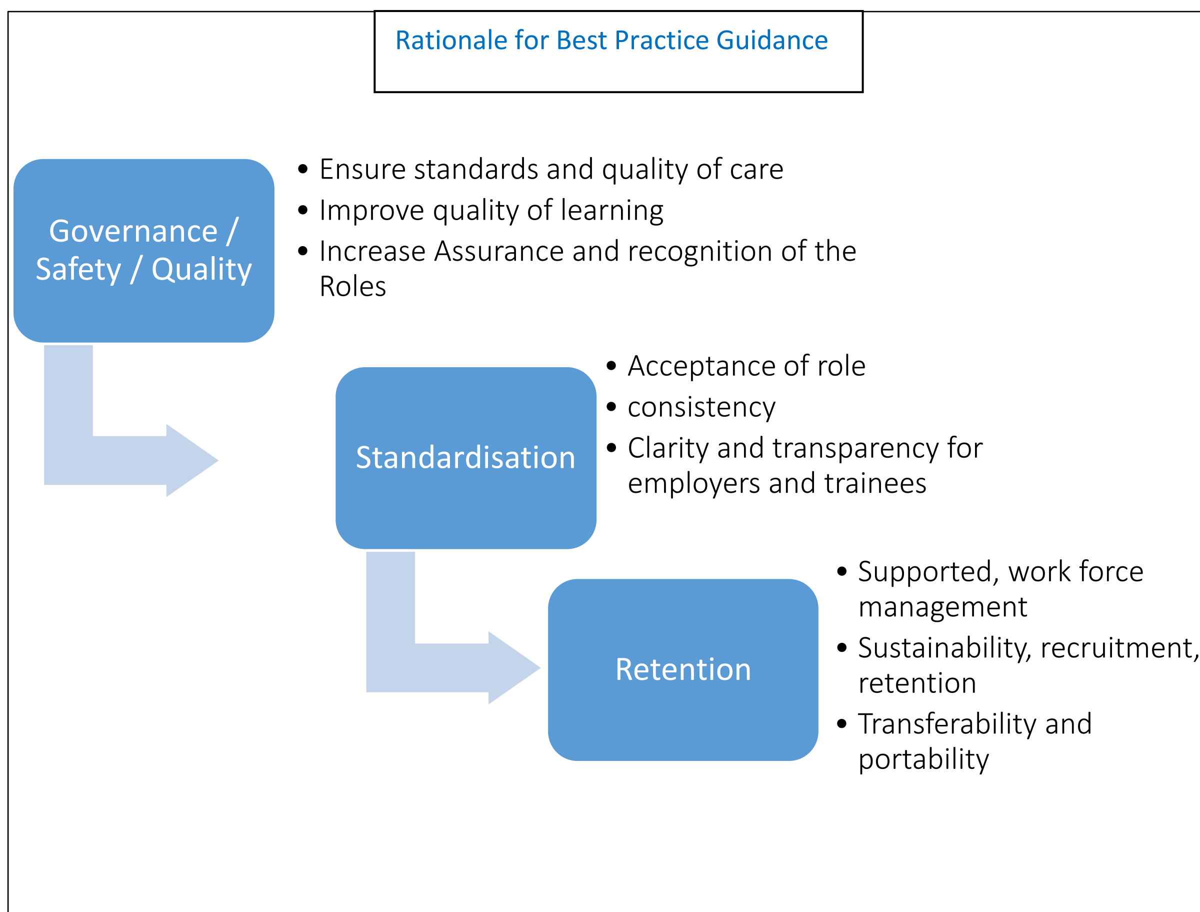
Training, education and preparation as an ACP involves a substantial commitment on the part of the individual and the organisation, with work based learning and supervision being fundamental. Engagement with trainee and qualified ACPs across HCV revealed there to be a wide variation in practice based learning and supervision and although many experiences were positive, some reported no supervision or training outside of their HEI. Others had allocated learning time in practice but felt that a lack of facilitation meant this time was not valuable. Some indicated they would not stay with their current employer as they felt unsupported and undervalued. There is a need for professional support arrangements to be explicit for both the trainee and the supervisors and this is particularly pertinent when considering cross professional working and blurred traditional boundaries of practice.

3.2 PAs

PAs work under the Royal College of Physicians with training aligned to the national Competence and Curriculum Framework for the Physician Associate. The training adopts a medical model with regular scheduled structured reviews with a clinical educator and clinical supervisor with assessment via an e-portfolio. The scope of practice is more clearly defined within the framework which allows expectations of practice and limitations to be more explicit. Feedback from PAs across HCV is predominantly positive with regards to supervision and learning in practice. The quality and constituents of supervision remain crucial to the role and the PA model can be used to influence the training of other groups. Although the focus of this document will concentrate more on standardisation of training for ACPs in practice, the guidance is applicable to all health professional groups.

3.3 Rationale

The rational for best practice guidance is illustrated below;



4. DEVELOPING BEST PRACTICE GUIDANCE FOR HCV

4.1 Methodology

In addition to the exploration of existing guidance in other regions and disciplines, these recommendations have been developed based on collaborative work with HCV stakeholders, faculty members and from engagement with ACPs and PAs. The established HCV faculty group with representatives from all areas across HCV including primary, secondary, mental health trusts, pharmacists and HEIs allowed time in the scheduled meetings for workshops to discuss best practice requirements and inclusions at regular intervals over a 6 month period.

Engagement with ACPs, PAs and supervisors was obtained from an electronic survey and from workshops at ACP and PA events including a HCV conference. The main themes and concerns arising from this feedback have been influential in the development of the guideline and have been summarised in Appendix 1. Feedback on the document drafts were also sought from ACPs in practice.

The following are collectively considered important inclusions in best practice guidelines;

- The characteristics and preparation of the supervisor
- The time allocated for work based supervision
- The constituents of supervised practice
- Assessing work based learning
- Responsibilities and expectations of the trainee and supervisor – training contracts.

4.2 The Supervisor

It is recommended that each trainee has a clinical supervisor each shift and an overall educational supervisor. The definitions of these can be found in the glossary.

<table>
<tr><th>Responsibilities of the Clinical Supervisor</th><th>Responsibilities of the educational supervisor</th></tr>
<tr><td colspan="2">Provide Ad Hoc support when needed</td></tr>
<tr><td colspan="2">Provide constructive feedback on activities and progress</td></tr>
<tr><td colspan="2">Oversee, assist and support the trainee with procedures, skills and decision making</td></tr>
<tr><td colspan="2">Provide pastoral support</td></tr>
<tr><td colspan="2">Assist the trainee with preparation of portfolio and assessment documents</td></tr>
<tr><td colspan="2">Liaise with other supervisors, clinical assessors and line managers and HEI’s as appropriate</td></tr>
<tr><td>Supervise the trainee daily at a level of autonomy appropriate to the level of experience and learning</td><td>Provide continuity for assessment and supervision throughout the training period</td></tr>
<tr><td></td><td>Prepare action plans where necessary for areas requiring further development</td></tr>
<tr><td></td><td>Formal review of portfolio and progress at agreed intervals including appraisals in conjunction with the line manager.</td></tr>
<tr><td></td><td>Manage any problems, concerns and significant events</td></tr>
</table>

Having both a clinical and educational supervisor allows greater flexibility and objectivity and distributes the time burden from supporting trainees. It is recommended that the clinical and educational supervisors are responsible for no more than 2 trainees at any given time. The clinical supervisor and educational supervisor may be the same person but ideally there should be more than one supervisor with at least one being internal to the organisation where

the trainee is based. Traditionally, the supervisors have been a doctor, often at consultant level but this would not be sustainable as the PA and ACP workforce expands. The following recommendations are therefore made regarding the supervisors for ACPs and PAs;

	Clinical Supervisor for ACP or PA	Educational supervisor for ACP or PA
Doctor; Consultant or GP	✓	✓
Doctor; Registrar, SAS	✓	✓
Qualified* ACP <2 years with occupational competence with mentor/ supervisor qualification.	✓	✗
Qualified* ACP >2 years post qualifying in same specialism with supervisory training.	✓	✓
Other allied health professionals or consultant/ specialist practitioners working at level 7 with >2 years experience with occupational competence and supervisory qualification.	✓	✗
PAs with mentor/supervising/teaching qualification with 5 years post qualifying experience and occupational competence	Some supervisor and teaching responsibility alongside own supervisor	✗

* *Qualified ACP who has completed their own supervised training and assessment alongside a completed Masters level qualification in Advanced Practice*

Supervisors for ACPs and PAs have no current formal training requirements but it is recognised that training is crucially important. This is currently being addressed with the development of an online training package which will be available and essential for all supervisors later this year from HYMS/HEE. In addition, development of face to face, half-day training for supervisors specifically of ACPs or PAs is in progress and information on this will be posted on the Faculty website once available.

4.3 Time for work based learning

HEIs advanced practice courses have varying recommendations with regards to time spent with supervisors from no specific requirements to two full days each week or more. Despite HEE funding for trainee ACPs, the time allocated for supervision continues to be very variable. It is apparent from the engagement work in HCV that trainees do not consider time allocation to be a crucial consideration but the quality of the interactions with their supervisor is more important. It is therefore difficult to specify the time requirements for work based learning and some of this has to be individualised to the trainee and the setting.

Supervisors did express that time was their biggest barrier to providing adequate teaching and supervision. By having both clinical and educational supervisors and by providing sustainable support from within the professions, it is hoped that this will help to ease the burden. To further support both trainees and supervisors, an initiative is being developed to allow trainee ACPs to access teaching alongside the foundation and medical schools. This will be in the form of access to appropriate seminars specific to the ACPs specialism or from the foundation school. This will add speciality focused training and help to provide some breadth of learning outside the ACPs own clinical environment. It will also allow collaborative relationships to develop within the multi-professional workforce as well as providing quality learning time avoiding supervisory fatigue. This will also be of benefit and accessible to PAs post qualifying to maintain their wider knowledge for their reassessment every 6 years. Details of the training will be published on the HVC website once available. Details of how to access foundation training events is included in Appendix 5.

- Best practice is to have an allocated clinical supervisor every shift for direct or indirect supervision to reflect needs and stage of learning.
- A trainee may have more than one clinical supervisor
- It is recommended to have a minimum of 8 supernumerary hours each week for in depth discussions, joint working, direct supervision and teaching or to attend additional training events.
- In addition the trainee will be released one day each week for academic study.
- A minimum of one hour each week or 4 hours each month should be spent with an allocated educational supervisor. This can be direct clinical work or indirect for example reviewing the portfolio assessments

4.4 Constituents of supervision

Consensus is that structure to supervised practice is desired from both trainees and supervisors to guide the learning experience.

Clinical Supervisor

This should consist of day to day support and supervision of practice, discussing decisions and cases daily with constructive feedback. Discussion of cases can be for each patient or in retrospect after each clinic/half shift depending on experience and stage of learning.

Supervisory activities should consist of;

- Joint working, shadowing supervisor and supervisor shadowing trainee with time for discussion.
- Clinical meetings or ward rounds
- Shadowing other members of the team with feedback to supervisor and trainee
- Direct observation of a skill
- Indirect supervision with supervisor available at the same site for questions and to discuss cases at the time or at the end of the session/shift or case
- De-Brief at the end of each session
- More formalised teaching such as tutorials on agreed topics or cases
- Support the trainee to lead teaching sessions to other trainees or groups
- Cased based discussions, Reflective practice ,Significant event analysis
- Support with Audit
- Support and access to external experiences and training resources
- Review of complaints and complements
- Facilitation of independent learning and e-learning.
- Support to enable HEI outcomes to be met
- Raising of concerns regarding outcomes or professional conduct.

Educational supervisor;

Best Practice would be to meet with the educational supervisor for a minimum of 1 hour each week or 4 hours each month. This time should consist of joint work or review of the work undertaken with the clinical supervisor in the portfolio.

4.5 Work based assessment and the Role of the educational supervisor

The educational supervisor takes overall responsibility for the progress of the trainee in their work based learning. They need to take time to periodically assess and observe the trainee in practice and to coordinate feedback from supervisors.

The trainee should keep a portfolio of all their training events, reflections, self- directed learning and assessments in a portfolio or electronic learning log or e-portfolio. Where agreed competency documents are in place, these should also be completed in addition, according to the area of work. For PAs please refer to the Competence and Curriculum Framework for the Physician Assistant (2012).

It is recommended that clinical assessment should include as a minimum;

Timing	Actions	Work Based Assessment
Induction	Local Induction Induction appraisal 1 month PDP and goals and expectations set Plan learning activities Statutory and mandatory training	DOPs as required E-learning Start Training log /portfolio
3 months	Progress Review/ appraisal Review of developing portfolio	DOPS x3 3x MiniCEX 3 x CBD
6 months	Progression review and appraisal Revise PDP	DOPS x3 3 x MiniCEX 3 x CBD 1 Reflection
12 months	Annual Appraisal Review of Portfolio PDP and Plan of learning needs	DOPS x3 or as required (9 in 12 month period) 3 x MiniCEX (9 in total) 3 x CBD (9 in total) 1 x MSF (Colleagues and Patients) (1 in total plus 1 refection)
18 months	Progress and portfolio review	Continue DOPS as required. 3x MiniCEX and 3 x CBD in 6 month period. 1 x reflection
24 months	Annual Appraisal Review PDP Review portfolio	As per 18 months with 1 x MSF

	Plan learning needs	
30 months	Review PDP Review portfolio Plan learning needs	As per 18 months. Preparation and presentation of a teaching episode to others. Could be a subject, case, research or audit findings
36 months	Annual Appraisal Review PDP and portfolio Plan learning needs into qualifying role and speciality	Refer to HCV guidance “Advanced Clinical Practitoner Local Preceptorship guidance “ and “Governance Framework of PAs working in HCV sustainability & Transformation Partnership” documents

4 FUTURE WORK

- Development of an ACP governance and competency framework for HCV
- Development of a generic and speciality specific e-portfolio
- There is a need to develop a community group for supervisors and assessors for support and sharing of best practice ideas and problem management.
- Promote multi-professional learning and enable shared learning activties
- To Develop more formalised training for supervisors of PA’s and ACP’s in practice
- Development of career structures for PA’s and ACP’s post qualifying

GLOSSARY

CbD (case based discussion). The management of a patient to assess clinical reasoning, decision making and knowledge. This should include an evaluation of documented patient notes.

CLINICAL EDUCATOR; A practitioner with responsibility for the overall work based learning experience and assessment of the trainee.

CLINICAL SUPERVISOR ; A suitably qualified and experienced practitioner who will work jointly or oversee the daily work of the trainee according to their experience and competence.

DOPS; The assessment of a practical procedure or skill against a checklist.

MINI-CEX Evaluation of a clinical encounter between the trainee and patient. A good way to assess competence in skills such as history taking, examination and decision making with immediate feedback from the supervisor.

HEE – Health Education England

HEI – Higher Education Institutions

HYMS- Hull York Medical Schools

SAS – Associate Specialist and Specialty Doctors

KEY DOCUMENTS AND REFERENCES

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Royal College of General Practitioners. 2015. General Practice. Advanced Nurse Practitioner Competencies [Online]. Available at; https://sybwg.files.wordpress.com/2017/02/rcgp-np-competencies.pdf [Accessed 15th October 2018]

The Faculty of Physician Associates at the Royal College of Physicians http://www.fparcp.co.uk

The Gold Guide (2017) A Reference Guide for Postgraduate Specialty Training in the UK, definition of the educational supervisor clinical supervisor .

APPENDIX 1

Summarised feedback from trainee ACP's PA's at HCV conference event

"*What does good/effective mentorship and supervision look like? What are the key elements/ingredients you would like to see in best practice guidance for employers/trainers? Do you have examples of good practice or not so good? What can we learn from those examples, what are the key points. It's never going to be utopia, services are stretched and under pressure, but how can we strive for best practice whilst being realistic?"*

Requirements of Supervisors	Requirements of needs of Trainee
Need guidance on the support they need to provide	Clearer goals and objectives from their practice based learning. Not too prescriptive but some structure. Not task /conclusion based.
Need quality mentors who are engaged / realistic and invested.	Understanding of their role as a trainee ACP within their existing work environment. Transparency with regard to expectations
Mentors need to know what is expected of them and their responibilities	Induction phase of 1-2 weeks with clear expectations and outcomes of training. More support at the earlier stages
Mentors need to know what to expect from the trainee and different levels	Supernumerary time and some rotational experience for both primary and secondary care Facilitate time for external education events
The need to know how to deal with problems	Linking educational modules to practice learning.
Improved sharing of information ie with supervisors and with HEI's and a familiarity with courses and assessments	Protected time with mentor and access to mentors – suggest associate mentors in addition. Also availability including ad hoc support and de-breifing
An awareness of sign- off requirements and able to assess competency. Adopt a medical model for assessment	Suggest 4 hours minimum with mentor protected time each week. 4 weekly reviews/goals Dops 3 weekly
Assessors should be consultant level doctors	e-portfolio development

APPENDIX 2 – An example of how Supervision may work. Primary Care, Year 1

Day	Activity/Supervisor		Assessment
	am	pm	
Monday	Clinic working alongside supervisor or with supervisor. Discuss each case or some cases at the end depending on level of experience. Supervisor will need some blocks for support until autonomy increases. Ultimately by year 2 of training, aiming for independent clinics with 15 minute debrief at the end	Shadow supervisor for 1 hour. Supervisor to shadow trainee for 1 hour. Allow opportunity for skill based assessment with supervisor eg taking a history, examination skill in accordance with curriculum from HEI. 2 hours self -directed learning to expand or develop knowledge from a case today.	MiniCEX or CBD to be included in portfolio. Verbal feedback from clinics with key learning points or further learning to consider documented in electronic learning log Documented DOPS
Tuesday	Supervised Practice (indirect if appropriate) with ad hoc support available. Brief for every case or at the end of each session depending on stage of training.	Supervised Practice (indirect if appropriate) with ad hoc support available. Brief for every case or at the end of each session depending on stage of training.	Verbal feedback from clinics with key learning points or further learning to consider documented in training log.
Wednesday	External training event with Hull/York medical School	External learning experience or clinic as above	Short reflection /notes in learning log to include in portfolio.
Thursday	University day		
Friday	Supervised Practice (indirect if appropriate) with ad hoc support available. Brief for every case or at the end of each session depending on stage of training.	1 hour lunch time meeting with peers/supervisor. Clinical discussion of topic or cases or presentation Meet with educational supervisor. 1 hour protected time. Random Case analysis or tutorial and discussion of progress /cases this week Supervised practice or tutorial.	Portfolio review. Random case analysis/case based review documentation Electronic log of all training discussions and tutorials.

APPENDIX 3 ; LEARNING CONTRACTS

Expectations of the trainee

As an ACP or PA student I will take responsibility for my learning . I will attend and complete the academic requirement of the MSc course and understand that this is an extensive commitment involving work in my own time.

As part of my work based learning, I will be proactive and will explore and utilise all learning opportunities available making the best use of the learning time allocated. It is my responsibility to identify areas where more support or learning is required and I will discuss with my supervisors to ensure my learning needs are addressed. A record of all learning activities in a training log and portfolio including internal and external training and self - directed learning will be kept uptodate for regular review with my educational supervisor.

I will arrange external experiences that are relevant and appropriate to compliment my own practice setting or extend learning and I will obtain some written feedback from these experiences for my portfolio in the form or a reflection or notes from the supervisor. I will reflect on practice independently and collaboratively with peers and with my supervisors. I will engage with other ACP and PAs and other members of the Multi-professional workforce.

Name of Trainee;

Signature of Trainee

Date

Expectations of the Employer

The trainee will have a designated clinical supervisor for every shift and a clinical educator to oversee their training. Supervision should be in line with Best practice guidance for HVC for supervision of trainee ACPs and PAs. This includes daily supervision, a minimum of one day per week spent on learning activities specified in the guidance and one day to attend university including study days allocated during breaks in the university calendar.

The trainee will be given time for self-directed study and portfolio development as part of this time or in addition.

The educational supervisor will have scheduled meetings with the trainee which should be for a minimum of 1 hour every week or equivalent. The trainee will be expected to assist with

planning of and implementing development needs allowing them to experience relevant external learning opportunities and will liaise with clinical supervisors and HEI as appropriate.

Name of Clinical educator:

Signature:

Date:

APPENDIX 4 – SAMPLE ASSESSMENT TEMPLATES

Template Direct Observation of Procedures form (DOPs)

Please use black ink and CAPITAL LETTERS

ACP's OR PA surname		
forename(s)		
NMC/ HCPC/GPhC number		

Please complete the question

Observation	
Description of Procedure	

Observed by		
GMC/NMC/HPCP number		
Date		

Assessment:

	Practice was satisfactory	Assessor's Signature
	Practice was unsatisfactory	Assessors Signature
If the performance was judged to be unsatisfactory, you must tick the boxes on the reverse of this form to indicate which areas of performance you judged to be unsatisfactory.		

Example of good practice were: **Areas of practice requiring improvement were:** **Further learning and experience should focus on:**		

If you have rated the performance unsatisfactory please indicate which elements were unsatisfactory:		
Did not understand the indications and contraindications to the procedure.		
Did not properly explain the procedure to the patient.		
Does not understand the relevant anatomy.		
Failed to prepare properly for the procedure.		
Did not communicate appropriately with the patient or staff.		
Aseptic precautions were inadequate.		
Did not perform the technical aspects of the procedure correctly.		

Failed to adapt to unexpected problems in the procedure		
Failed to demonstrate adequate skill and practical fluency		
Was unable to properly complete the procedure		
Did not properly complete relevant documentation		
Did not issue clear post-procedure instructions to patient and/or staff		
Did not maintain an appropriate professional demeanor		

Template Mini-clinical exercise form (Mini-Cex)

Please complete this form in BLOCK CAPITALS and BLACK ink

Trainee's Surname		
Trainee's Forename(s)		
NMC/ HCPC/ GPhC Number		
Observation		
Description of case		
Observed by		
GMC/NMC/HCPC Number		
Date		
Signature of supervising doctor/Clinician		

Clinical Setting:

ICU HDU ED Ward Transfer GP
Community Other

Assessment:

	Practice was satisfactory	Tick one	Assessor's signature
	Practice was unsatisfactory	Tick one	Assessor's signature
Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.			
Examples of good practice were: **Areas of practice requiring improvement were:** **Further learning and experience should focus on:**			

Please grade the following areas:		**Satisfactory**	**Unsatisfactory**
1.	History taking and information gathering	Tick	Tick

2.	Assessment and differential diagnosis	Tick	Tick
3.	Immediate management and stabilisation	Tick	Tick
4.	Further management and clinical judgement	Tick	Tick
5.	Identification of potential problems and difficulties	Tick	Tick
6.	Maintain safe practice for patient, trainee & staff	Tick	Tick
7.	Communication with patient, staff and colleagues	Tick	Tick
8.	Record keeping	Tick	Tick
9.	Overall clinical care	Tick	Tick

Template Case-based Discussion Form (CBD)

Please complete this form in BLOCK CAPITALS and BLACK ink

Trainee's Surname		
Trainee's Forename(s)		
NMC/HCPC GPhC Number		
Description of Case		
Observed by		
GMC/NMC/HCPC Number		
Date		
Signature of supervising doctor/Clinician		

Clinical Setting:

ICU HDU ED Ward Transfer GP Community Other

Assessment:

	Practice was satisfactory	Tick one	Assessor's signature
	Practice was unsatisfactory	Tick one	Assessor's signature
Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.			

Examples of good practice were: **Areas of practice requiring improvement were:** **Further learning and experience should focus on:**			

Special focus of discussion:

Template Multi-source Feedback Form (MSF)

Please use a CROSS (X) for each question and complete this form in BLOCK CAPITALS and BLACK ink.

ACP surname		
ACP forename(s)		
NMC/ HCPC/ GPhC Number		

Observed by		
Signature		
GMC/NMC/HCPC/GPhc Number		
Date		

Which clinical setting have you primarily observed the ACP in?

ICU HDU ED Ward Transfer GP
Community Other

How do you rate this ACP in their:	Good	Satisfactory	Needs to improve	Unacceptabl e	Unable to comment
Knowledge, skills, performance					
Is able to diagnose patient problems					
Is able to plan patient care					
Responds to pain and distress in patients appropriately					
Keeps up to date with knowledge and skills					
Technical skills (appropriate to grade)					
Keeps clear, accurate legible records contemporaneously					
Is able to cope under stress					
Is able to manage time effectively / prioritise					
Can multi-task and work effectively in a complex environment					
Can take on a leadership role when needed					
Is aware of their own limitations					
Is willing and effective when teaching / training colleagues					

Safety and quality					
Responds constructively to audit, appraisal and clinical governance					
Safeguards and protects patients wellbeing					
Responds promptly to risks posed by patients					
Communication, partnership and teamwork					
Communication with patients					
Communication with carers and / or family					
Communication with colleagues					
Ability to recognise and value the contribution of others					
Maintaining trust					
Respect for patients' privacy, right for confidentiality					
Polite, considerate and honest to patients					
Treats patients fairly and without discrimination					
Treats colleagues fairly and without discrimination					
Honest and objective when appraising and assessing colleagues					

Do you have any concerns about this ACPs probity or health?	Yes	No

If you have marked any domains unacceptable please explain why below / If you have any comments to make please write below:

Template continuing professional development record

Activity description	Date	CPD hours	Pillar of practice this activity relates to

Template Personal Development Plan

	Short term objectives	Medium Term Objectives	Long term Objectives
Clinical Practice			
Leadership & Management			

	Short term objectives	Medium Term Objectives	Long term Objectives
Research			

	Short term objectives	Medium Term Objectives	Long term Objectives
Education			

Action plan template	
S - What specific actions will be undertaken?	

Action plan template	
M - How will this be measured?	
A - what is the evidence this has been achieved?	
R - Is this realistic and relevant?	
T - What is the timeframe for completion?	

APPENDIX 5 – MULTI-PROFESSIONAL LEARNING OPPORTUNITIES

Resources	Contact details for booking
Foundation School (Postgraduate medical education)	Hull and East Yorkshire Hospitals NHS Trust. Pam Lewis - pam.lewis@hey.nhs.uk Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Beverley Thomas (Grimsby) beverley.thomas10@nhs.net Tracey Wilson (Grimsby) tracey.wilson8@nhs.net Shabana Farooq (Scunthorpe) shabana.farooq@nhs.net Louise Waller (Scunthorpe) louise.waller1@nhs.net Sarah Bagley (Scunthorpe) sarah.bagley1@nhs.net York Teaching Hospitals NHS Foundation Trust Victoria Smith (York) - victoria.smith@york.nhs.uk Beth Taylor (Scarborough) - beth.taylor@york.nhs.uk
GP Training scheme (Postgraduate medical education)	TBC
Others	TBC