

Multi-professional Advanced Care Practitioners Competency Framework – Primary and community care

INTRODUCTION

HEIW (Health Education and Improvement Wales), in partnership with professionals from all health boards, is leading the development of a co-produced national, **multi-professional competency framework for clinicians providing advanced care in primary and community settings**. *For the purposes of this framework, primary care may include, but is not limited to: general practice, urgent primary care, community services and outpatient departments.*

The framework standardises the competencies required to provide advanced care in these settings. This will give employees a clear understanding of the skills and knowledge required to work in these settings and improve career line of sight, help workforce planning, and inform training and education requirements. It will ensure that advanced care provision meets the Health and Care Quality Standards (Duty of Quality Statutory Guidance (gov.wales))

The framework was developed by mapping current relevant local, national and international capability and competency frameworks including [Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales](#), [Multi-professional framework for advanced clinical practice in England](#), [Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales](#), [Portfolio Guidance for Enhanced, Advanced and Consultant Clinical Practice in Wales](#).

The framework includes competencies for the 4 pillars of practice (clinical practice, education, leadership and management, research).

Each competency will need to be evidenced to be validated by a direct line manager.

COMPETENCIES

1. Underpinning principles

Underpinning Principles <i>(evidenced through the different sections/pillars)</i>	Autonomous practice
	Critical thinking skills
	High levels of decision making & problem solving
	Practice improvement
	Prudent Healthcare – collaborative care

2. Communication

Competency	Description
Communication	1) Demonstrates a broad range of effective (verbal and non-verbal) communication skills, and is able to modify these to meet highly complex communication and information needs, to gain and share relevant and meaningful information, address concerns and beliefs, and to support people in making decisions, planning and delivering care.

	2) Reflect on communication skills & styles and skilfully adapt those employed to ensure communication fosters an environment of person empowerment.
	3) Autonomously adapt verbal and non-verbal communication styles in ways that are empathetic and responsive to people's communication and language needs, preferences and abilities (including levels of spoken English and health literacy).
	4) Discuss relevant information with appropriate colleague or service in a concise and systematic way, for highly complex situations
	5) Communicate effectively with individuals who require additional assistance to ensure an effective interface with a practitioner, including the use of accessible information.
	6) Communicate in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.
	7) Evaluate and remedy situations, circumstances or places which make it difficult to communicate effectively (e.g. noisy, distressing environments which may occur during home visits, care home visits or in emergency situations), and have strategies in place to overcome these barriers.
	8) Elicit psychosocial history to provide some context for people's problems.
	9) Enable effective communication approaches to non-face to face situational environments e.g. phone, video, email or remote consultation.
	10) Deliver information and address issues in ways that avoid jargon and assumptions; respond appropriately to questions and concerns to promote understanding, including use of verbal, written and digital information.
	11) Manage communication with people effectively, respectfully and professionally (including where applicable, carers and families) especially at times of conflicting priorities and opinions.

3. Clinical practice

Competency	Description
1. Clinical Assessment-Consultation	1) Recognise when the person and their family/carer may have competing agendas and be able to facilitate shared agenda setting using a triadic consultation approach.

	<p>2) Gather information from a wide variety of sources (e.g. person and health records, documentation). Consult in a highly organised and structured way, with professional curiosity as required, whilst understanding the constraints of the time limited nature of primary care settings (of general practice/primary care consultations) and ensure communication is safe and effective.</p> <p>3) Structure consultations so that the person and/or their carer/family (where applicable) is encouraged to express their ideas, concerns, expectations and understanding.</p> <p>4) Explore and appraise people's ideas, concerns and expectations about their symptoms and condition and whether these may act as a driver or form a barrier.</p> <p>5) Understand and apply a range of consultation models appropriate to the clinical situation and appropriately across physical, mental and psychological presentations.</p> <p>6) Be able to undertake general history-taking, and focused history-taking to elicit and assess 'red flags'.</p> <p>7) Synthesise information, taking account of factors which may include the presenting complaint, existing complaints, past medical history, genetic predisposition, medications, allergies, risk factors and other determinants of health to establish differential diagnoses.</p> <p>8) Incorporate information on the nature of the person's needs preferences and priorities from various other appropriate sources e.g. third parties, previous histories and investigations.</p> <p>9) Critically appraise complex, incomplete, ambiguous and conflicting information gathered from history-taking and/or examination, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further.</p> <p>10) Deliver diagnosis and test/investigation results, (including bad news) sensitively and appropriately in line with local or national guidance, using a range of mediums including spoken word and diagrams for example to ensure the person has understanding about what has been communicated.</p> <p>11) Record all pertinent information gathered concisely and accurately for clinical management, and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance.</p>
<p>2. Clinical Assessment- Physical Examination</p>	<p>1) Ensure the person understands the purpose of any physical examination (including intimate examinations), and/or mental health assessment, describe what will happen and the role of the chaperone where applicable.</p> <p>2) Obtain consent and arrange the place of examination to give the person privacy and to respect their dignity (and comfort as far as practicable).</p> <p>3) Ensure inspection and palpation is appropriate and clinically effective.</p>

	<p>4) Adapt practice to meet the needs of different groups and individuals, including adults, children and those with particular needs (such as cognitive impairment, sensory impairment or learning disability).</p>
	<p>5) Apply a range of physical assessment and clinical examination techniques appropriately, systematically and effectively.</p>
	<p>6) Perform a mental health assessment appropriate to the needs of the person, their presenting problem and manage any risk factors such as suicidal ideation promptly and appropriately.</p>
	<p>7) Use nationally and locally recognised tools where appropriate to assess each person's condition.</p>
	<p>8) Recognise the need for a systematic approach to clinical examination, identify and interpret signs accurately.</p>
	<p>9) Record the information gathered through assessments concisely and accurately, for clinical management and in compliance with local guidance, legal and professional requirements for confidentiality, data protection and information governance. SEE APPENDIX FOR CORE CLINICAL SKILLS AND INDICATIVE LIST FOR KEY PRESENTATIONS IN PRIMARY CARE/GENERAL PRACTICE.</p>
3. Diagnosis	<p>1) Make a diagnosis in a structured way using a problem-solving method informed by an understanding of probability based on prevalence, incidence and natural history of illness to aid decision making.</p>
	<p>2) Target further investigations appropriately and efficiently following due process with an understanding of respective validity, reliability, specificity and sensitivity and the implications of these limitations.</p>
	<p>3) Understand the importance of, and implications of findings and results and take appropriate action. This may be urgent referral/escalation as in life threatening situations, or further investigation, treatment or referral.</p>
	<p>4) Synthesise the expertise of multi-professional teams to aid in diagnosis where needed.</p>
	<p>5) Formulate a differential diagnosis based on subjective and where available, objective data.</p>
	<p>6) Exercise clinical judgement and select the most likely diagnosis in relation to all information obtained.</p>
	<p>7) Revise hypotheses in the light of additional information and think flexibly around problems, generating functional and safe solutions.</p>
	<p>8) Recognise when information/data may be incomplete and take mitigating actions to manage risk appropriately.</p>
	<p>9) Be confident in and take responsibility for own decisions whilst being able to recognise when a clinical situation is beyond own capability or competence and escalate appropriately.</p>
4. Investigations	<p>1) Has the freedom and authority to request, where indicated and using judgement and clinical reasoning, appropriate diagnostic tests/investigations based on differential diagnoses</p>

	<p>2) Interpret and analyse previously requested test/investigation results and works collaboratively with other healthcare professionals when needed</p>
	<p>3) Acting on the results to confirm diagnosis and thereby optimise treatment and management outcomes. SEE APPENDIX FOR A RANGE OF LIKELY DIAGNOSTIC INVESTIGATIONS.</p>
5. Clinical Management	<p>1) Management options and responses vary according to the circumstances, priorities, needs, preferences, risks and benefits for those involved with an understanding of local service availability and relevant guidelines and resources.</p>
	<p>2) Consider a 'wait and see' approach where appropriate.</p>
	<p>3) Safely prioritise problems in situations using shared agenda setting where the person presents with multiple issues.</p>
	<p>4) Implement shared management/personalised care/support plans in collaboration with people, and where appropriate carers, families and other healthcare professionals.</p>
	<p>5) Arrange appropriate follow up that is safe and timely to monitor changes in the person's condition in response to treatment and advice, recognising the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate.</p>
	<p>6) Evaluate outcomes of care against existing standards and patient outcomes and manage/adjust plans appropriately in line with best available evidence.</p>
	<p>7) Identify when interventions have been successful and complete episodes of care with the person, offering appropriate follow-on advice to ensure people understand what to do if situations/circumstances change.</p>
	<p>8) Provide a wealth of self- care and safety netting information, where appropriate, enhancing the person's autonomy.</p>
	<p>9) Ensure safety netting advice is appropriate and the person understands when to seek urgent or routine review.</p>
	<p>10) Support people who might be classed as frail and work with them utilising best practice.</p>
	<p>11) Recognise, support and proactively manage people who require palliative care and those in their last year of life, extending the support to carers and families as appropriate.</p>
6. Clinical Complexity	<p>1) Understand the complexities of working with people who have multiple health conditions - physical, mental and psychosocial.</p>
	<p>2) Simultaneously manage acute and chronic problems, including for people with multiple morbidities and those who are living with frailty.</p>
	<p>3) Recognise the inevitable conflicts that arise when supporting people with multiple problems and take steps to adjust care appropriately.</p>
	<p>4) Communicate risk effectively to people and involve them appropriately in management strategies.</p>

	5) Consistently encourage improvement and rehabilitation and, where appropriate, recovery.
	6) Manage situations where care is needed out of hours and understand how to enable the necessary arrangements. Signpost to out of hours services, palliative care services etc.
	7) Support people appropriately and with regard for other care providers involved in their care (residential homes, care homes, relative carer's etc.).
7. Independent and Supplementary Prescriber	1) Safely prescribe and/or administer therapeutic medications, relevant and appropriate to scope of practice, including an applied understanding of pharmacology which considers relevant physiological and/or pathophysiological changes and allergies.
	2) Promote person-centred shared decision making to support adherence leading to concordance.
	3) Critically analyse polypharmacy, evaluating pharmacological interactions and the impact upon physical and mental well-being and healthcare provision.
	4) Keep up-to-date and apply the principles of evidence-based practice, including clinical and cost-effectiveness and associated legal frameworks for prescribing. (Royal Pharmaceutical Framework guidelines, British National Formulary, National and Local policy). Maintain Continuous Professional Development and scope of practice in line with HB policy
	5) Practice in line with the principles of antibiotic stewardship and antimicrobial resistance using available national resources.
	6) Appropriately review response to medication, recognising the balance of risks and benefits which may occur.
	7) Take account of context including what matters to the person and their experience and impact for them and preferences in the context of their life as well as polypharmacy, multimorbidity, frailty, existing medical issues such as kidney or liver issues and cognitive impairment.
	8) Be able to confidently explain and discuss risk and benefit of medication with people using appropriate tools to assist as necessary.
	9) Advise people on medicines management, including compliance and the expected benefits and limitations and inform them impartially on the advantages and disadvantages in the context of other management options.
	10) Understand a range of options available other than drug prescribing (e.g. not prescribing, promoting self-care, advising on the purchase of over-the-counter medicines).
11) Facilitate and/or prescribe non-medicinal therapies such as psychotherapy, lifestyle changes and social prescribing. (In line with personal scope of practice).	
12) Support people to only take medications they require and deprescribe where appropriate.	

	13) Maintain accurate, legible and contemporaneous records of medication prescribed and/or administered and advice given in relation to medicine.
8. Admission, discharge and referral	1) Having the freedom and authority to admit and discharge from identified clinical areas, dependent on patient need at the time of review: this includes the freedom and authority to refer to all appropriate healthcare professional groups and agencies, working collaboratively with them.

4. Education

Competency	Description
1. Learning need - Self assessment	1) Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.
	2) Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.
	3) Maintain professional CPD and revalidation.
2. Learning needs - others	4) Identify further developmental needs for the individual and the wider team and supporting them to address these.
	5) Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice
3. Role model	6) Act as a role model, educator, supervisor, coach and mentor, seeking to install and develop the confidence of others.
4. Culture of organisational learning	7) Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.
5. Collaboration	8) Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being
	9) Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.
	10) <i>Collaborate with outside agencies (HEIW, HEIs...)</i>

5. Research

Competency	Description
1. Engagement	Critically engage and participate in (lead or support) research activity.
2. Governance	1) Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.

	2) Ensuring adhesion to good research practice guidance: development of evidence based strategies, quality, safety, productivity and value for money .
	3) Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications).
3. Development of research	1) Actively identify potential need for further research to strengthen evidence for best practice. <i>(This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.)</i>
	2) Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way
4. Collaboration	Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers
5. Evaluation	Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.
6. Critics/Appraisal	Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.

6. Leadership & Management

Competency		Description
1. Leadership	1.1 Compassion	Demonstrate compassionate leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.
		Takes personal responsibility for own performance, can work independently to plan, organise and prioritise own and others' work, objectives, and development, accounting for regional and national needs and priorities
	1.2 Relationships	Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.
	1.3 Values	Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.
	1.4 Development	Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges).

		Develops and inspires shared goals, direction, purpose and vision at local to organisational level, with collaboration with relevant stakeholders
		Development of workforce capability required for local and organisational services , with consideration of future needs
	1.5 Evaluation of own leadership practice	Evaluate own leadership practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).
	1.6 Improvement of own leadership practice	Actively engage in peer review to inform own and other's leadership practice, formulating and implementing strategies to act on learning and make improvements.
		Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.
		Transparently reflect and respond to feedback.
	1.7. Advice and influence	Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.
		Promote and practice ethically with Equality, Inclusion and Diversity in your clinical practice and team
	1.8 Service improvement	Participate continuous practice and service improvement solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.
	1.9 Governance	Understanding of General Medical Services Contracting including Enhanced Services
		Understanding of GP Clusters and local collaboratives within the local area
		Understanding the Clinical Governance within your scope of practice and professional body
		Understand Patient Safety and risks management in line with quality assurance framework
2.Challenges		Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals', families', carers', communities' and colleagues' safety and well-being when necessary.
3. Negotiation		Negotiate your clinical progression plan within legal, ethical, professional and organisational policies, governance and procedures.

4. Knowing Self & Relating to Others	Appreciates duty of candour and applies this when responding appropriately to complaints
	Cognisant of the factors which influence our professional performance
	Comprehends how to give and receive constructive feedback
	Comprehensive awareness of own values, biases and prejudices
	Cultivates professional curiosity within self and colleagues
	Demonstrates principles of 'Introspection' and 'Reflective Practice'
	Detailed conscious awareness – utilising 'Johari's Window' or similar traits assessment tool
	Detailed understanding of the importance of 'self' as a crucial component of the therapeutic relationship
	Distinguish healthy professional boundaries and describe strategies to establish these
	Exhibits healthy behaviours and care of self
	Supports and manages the health and wellbeing of colleagues, team and students by explaining how and where to access support services e.g. Staff wellbeing and Support (SWSS)
	Recognise and keep documented feedback on how you interact with your patients, colleagues and wider MDT