

# Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales



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## Foreword

The Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales replaces the NLIHAH (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales. Health Education and Improvement Wales (HEIW) and the Task and Finish Group would like to thank all those who contributed to the previous document.

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The Professional Framework for Enhanced, Advanced and Consultant Clinical practice in Wales draws on the previous Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (NLIHAH 2010), and the Guidance for Appointing Nurses, Midwives and Allied Health Care Professionals to Consultant Posts document (Welsh Government, 2014). This new extended framework was written following national engagement events, and through a task and finish group representing employers, Higher Education Institutions (HEIs), advanced and consultant practitioners. A national consultation was conducted with a broad range of professions and stakeholders prior to finalisation and publication. We would like to thank all those who attended the engagement events and contributed to this framework, including Cardiff University, Swansea University, University of South Wales, Bangor University, the Welsh Advanced Practice Educator Network (WAPEN), and the Welsh Advisory Group for Advanced Clinical Practice (WAGACP). This Framework also draws upon previous work on the development of enhanced, advanced and consultant practice and we would also like to thank all who have contributed.

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## Purpose

This framework recognises that the workforce is changing, roles are evolving and thus can be utilised by all settings including, primary, secondary, and tertiary care. The framework is intended for use by all professions excluding medical, dental and pharmacy as they do not follow the Skills for Health Framework (2020), recognising that practitioners now work across previous professional boundaries. This framework therefore includes a broader scope than previous Welsh Government frameworks. The Professional Framework for Enhanced, Advanced and Consultant Clinical Practice can be used alone or in combination with other professional frameworks or Royal College Guidelines (see Appendix 1,2&3). It is important to recognise that this framework supports levels of practice and not specific roles, thus can be utilised across a broad range of professions and future changes in workforce. While titled as 'clinical' practitioners, this term aims to include all and any involvement in patient pathways including diagnostic testing. Additionally, many of the descriptors and recommendations could also be applied to professional practitioners in other areas of practice.

Providing professionals with enhanced, advanced and consultant career pathways allows them to continue to develop and progress in their career. This is likely to keep them engaged and aid retention. It also allows organisations to benefit from their expertise and knowledge and allows the practitioner to contribute to the employing organisations strategic goals. Ultimately these roles support the multi-professional team and help to provide safe, accessible and high-quality care for patients.

We fully recognise that this framework will apply to some professions more than others, due to differences in education and academic level at point of registration. Some professions have existing frameworks and pathways for advanced and consultant practice, and this document does not replace them. Examples include clinical psychologists who register with level 8 education and so not use the advanced title. Healthcare scientists have a clear consultant clinical scientist route and biomedical scientist advanced and consultant qualifications; however, operating department practitioners (ODPs) and radiographers are also included within Welsh government health science professional responsibilities and this framework will be of relevance to them. It will also be relevant to healthcare scientists that do not access the clinical scientist route, and to clinical physiologists and technologists prior to clinical scientist registration. This framework could also support practitioners who differ in their career pathway from a traditional profession route.

The Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales draws upon the previous NLIAH (2010) Framework and work carried out across the four nations (HEE, 2017; NES, 201; NIPI; 2016), and is intended to provide support for employers, Higher Education Institutions (HEIs), enhanced, advanced and consultant clinical practitioners or those aspiring to practice at these levels. While consultant and advanced clinical practitioners have been recognised as part of the defined Welsh workforce since 2000 and 2007 respectively, with consultant practitioners utilised within healthcare science for over 40 years, this framework will provide further clarification on these roles, as well as defining enhanced practice, thus articulating and supporting all three levels of practice. This framework will support the Health and Social Care Workforce Strategy (HEIW 2020) to ensure a motivated, engaged, and valued health and social care workforce with the capacity, competence, and confidence to meet the needs of the people of Wales.

It is intended that through the use of a shared language, ambiguity can be removed, and that these levels of practice can be recognised by service users and professionals. Whilst this framework is written primarily for use in NHS Wales, adoption by charities or the independent sector will support standardised development of these levels of practice as well as improved governance and service user safety.

The benefits of integrating advanced and consultant clinical practitioners into services are now well established. This framework provides further role definition and clarity around governance, education, and support for practice. The term 'enhanced' is newly defined in Wales but will support the level of practice post registration, and the consolidation that comes before advanced practice. Implementation of this framework will enable practitioners to utilise their skills to their full potential, optimising their contribution to meeting the population's health needs, contributing to the support and leadership of the healthcare team, whilst offering strategic support to their employers.

This document draws on and consolidates existing frameworks relating to enhanced, advanced and consultant clinical practice from across the UK and provides guidance and principles for current and future professionals working at the level of enhanced, advanced and consultant clinical practitioners, and those who educate and employ them.

## Key messages within the Framework are:

- Implementation by organisations will ensure a more consistent approach across Wales to the development, education, and management of current and future enhanced, advanced and consultant clinical practitioner roles.
- Enhanced, advanced and consultant clinical practice should be viewed as ‘levels of practice’. Practitioners are supported within a role to achieve and maintain these levels of practice.
- The integrated workforce planning process will enable organisations to identify the need for workforce at enhanced, advanced and consultant clinical practice levels and the roles that are required.
- Advanced and consultant clinical practitioner roles are applicable across all areas of practice and include staff working in clinical, education, research, management, leadership, and strategic roles. Advanced and consultant clinical practitioners will meet all pillars but recognising that the amount of time / proportions in each pillar may vary depending on role.
- Masters education at Credit and Qualification for Wales (CQFW) level 7 must underpin all advanced clinical practitioner development. Level 7 and extensive post graduate education will support consultant practitioner development. Level 8 education may support consultant practitioner roles where appropriate but is not a prerequisite to appointment. (An exception to this is for consultant clinical scientist appointment in NHS Wales, which requires level 8 education or equivalent before first appointment).
- Enhanced, advanced and consultant practitioners will have job plans and scopes of practice to maximise the use of their skills and knowledge.
- Advanced and consultant practitioners represent a senior resource within the workforce, they should be supported and utilised within employing organisations, and allowed to develop strategic input.
- Robust governance arrangements for all levels of practice must be in place to ensure service user safety and to protect all practitioners

- Advanced and consultant clinical practitioners require support and job planning to allow them to meet the pillars of practice. Successful job planning will aid retention of these highly skilled practitioners. Protected time for portfolio development across all pillars must be incorporated
- Employing organisations and individual advanced and consultant clinical practitioners must ensure appropriate evaluation of roles.
- Employing Organisations must keep accurate records via Electronic Staff Record - ESR (or equivalent) of profession, level of practice and job role. Personal details must also precisely match that used for professional registration. This will allow for accurate data collection to evaluate numbers, roles and professions across Wales and identify areas that need support or development.
- All employing organisations should develop advanced and consultant practice forums. These will allow for collaboration, networking and sharing of good practice.
- All employing organisations should appoint leads for advanced practice with reporting routes to executive board level.

It is the workforce, and how responsive the workforce is to service user and community needs, that will determine whether the NHS is meeting the needs of the communities it serves. This framework promotes increased understanding of enhanced, advanced and consultant practitioner roles as an essential part of the workforce and enables organisations and individual practitioners to achieve workforce and service priorities to improve the quality of care for the population of Wales.

## Background and Driving Policies

Enhanced, advanced, and consultant clinical practice is core to the transformation of service delivery and better meeting local population health needs by providing increased capacity and effectiveness within multi-professional teams. Consultant practitioners have been utilised in healthcare science for over 40 years, with Modernising Scientific Careers formalising the career framework in 2010. The Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales was also first published in 2010 and the guidance for the development of nursing and therapist consultant practitioner posts in 2014. Since then, multi-professional working, clinical practice, service demand for clinical services and service user demographics have changed and developed. Now is an opportune time to review and refresh these resources bringing them together to demonstrate the potential career path available to practitioners.

Enhanced, advanced and consultant clinical practitioners are at the frontline of delivering services and care to service users. This framework is therefore an essential enabling tool to support current and future role development.

Policy drivers which have an impact on the demand for the development of enhanced, advanced and consultant clinical practice roles include the following:

- A Healthier Wales: our plan for Health and Social Care (2018)
- The Health and Social Care Workforce Strategy (2020)
- The National Clinical Framework (2021a)
- The NHS Quality and Safety Framework (2021b)

## Defining Levels of Clinical Practice

The Skills for Health Career Pathway (2020) career framework was developed to meet the needs of registered clinical practitioners (Figure 1). This framework aligns the following levels to enhanced, advanced and consultant clinical practitioners.

- Level 6: Enhanced Clinical Practitioner
- Level 7: Advanced Clinical Practitioner
- Level 8: Consultant Clinical Practitioner

Figure 1. Career Framework Levels (Skills for Health 2020).



Working within the current and fast paced health arena, across an array of multi-disciplinary health and (social) care settings require healthcare practitioners who offer a range of skills to deliver treatment and care that is of high standard and quality. Practitioners, from a broad spectrum of professions will offer different levels of practice, based on different levels of education and experience. It is important to offer definitions of such levels of practice, and how these levels correspond with educational attainment and experience.

This framework defines and supports the levels of enhanced, advanced and consultant clinical practice. Table 1 describes the components of these levels of practice.

Table 1 Career Framework Level descriptors for Enhanced, Advanced and Consultant levels of Practice

Enhanced Practitioner	Advanced Practitioner	Consultant Practitioner
<ul style="list-style-type: none"> <li>• Demonstrates an enhanced knowledge base, complex decision-making skills, clinical competence, and judgement in their area of specialist practice</li> <li>• Will exercise broad autonomy and judgement in their specialist area</li> <li>• Is able to use research and develop evidence to inform their practice</li> <li>• Is able to critically analyse, interpret and evaluate complex information</li> <li>• Will initiate and lead tasks and processes, taking responsibility, where relevant, for the work and roles of others</li> <li>• Has a critical understanding of theoretical and practical knowledge</li> <li>• Will be working at CQFW level 6</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates an advanced knowledge base, highly complex decision-making skills, clinical competence, and judgement in their area of specialist practice</li> <li>• Will exercise broad autonomy and judgement across a significant area of work</li> <li>• Can design and manage research to inform area of practice</li> <li>• Can critically analyse, interpret and evaluate complex information</li> <li>• Will initiate and provide leadership for complex tasks and processes within their own area of work and specialism</li> <li>• Can develop innovative practice and identify where service and quality improvements can be achieved</li> <li>• Will integrate clinical, education, and research findings in practice</li> <li>• Will be working at CQFW level 7</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates an expert knowledge base, highly complex decision-making skills, clinical competence, and judgement in their area of specialist practice</li> <li>• Will exercise broad autonomy and judgement and leadership as a leading practitioner or academic</li> <li>• Can initiate, design, and undertake research to extend the field of practice resulting in significant change</li> <li>• Can critically analyse, interpret, and evaluate complex information</li> <li>• Will influence at a strategic level and is pivotal in the integration of clinical, education, and research findings in practice</li> <li>• Is an expert in clinical practice, bringing innovation and influence on clinical leadership</li> <li>• Has the ability to innovate, motivate and influence local and national agendas and has the expertise and responsibility for planning and delivery of services</li> <li>• Has a high level of political and emotional intelligence</li> <li>• Will be working at CQFW level 8</li> </ul>

## Workforce Planning for Enhanced Advanced and Consultant Practitioners

Enhanced, advanced and consultant clinical practice roles will not function in isolation and the nature and number of such roles will be influenced by the availability of other support roles and senior/junior professional roles. How and where enhanced, advanced and consultant clinical practice roles are developed will also depend on the pattern of staffing required and service need.

Effective workforce planning will help to identify the types of practice roles that need to be developed to create a sustainable workforce, prepare for future changes, identify and plan for any workforce gaps, whilst managing risk and exploring new innovative workforce opportunities including enhanced, advanced and consultant practice.

The approach to health workforce planning in Wales is based on the [Skills for Health Six Steps Framework](#)<sup>®</sup>. The framework (skills for Health 2022) is based on the following which support effective workforce planning:

- Sustainable – plans should be realistic and affordable
- Encourages innovative thinking
- A focus on what skills and competencies are needed rather than what we currently have
- Based on evidence and information
- Integrated planning across finance, service and workforce
- Iterative process
- Requires effective leadership
- Promotes collaboration and shared solutions

### The Six Steps Methodology to integrated workplace planning



(For a clearer image please follow the Skills for Health Link above)

Active Workforce planning across the system has many benefits which can include:

- Ensuring the supply of a workforce with the skills and competence to meet the health needs of the population.
- Developing enhanced working relations within the organisation and with other partners.
- Providing a focus for potential joint approaches to workforce including the development of cross professional and cross boundary working.
- Improving staff retention and recruitment.
- Making the best use out of existing staff skills and identifying future skill requirements
- Contributing to the delivery of effective and efficient services across pathways.

A range of useful tools and resource are available to support workforce planning and can be found here:- [Toolkit & Resources to support workforce planning](#) (HEIW 2023).

## Succession Planning

As part of effective workforce planning, organisations need to ensure that they are developing a pipeline of talent to replace and/ or build their supply of people with enhanced, advanced and consultant level skills and knowledge, both to replace any practitioners who leave practice and to have a supply of talent where and when organisations need to introduce roles to address the needs of service users. This is referred to as succession planning and should be undertaken as part of an organisation's workforce planning activity when identifying future workforce needs and how to achieve these. Succession planning considerations are also important to enable organisations to identify postgraduate and doctoral education that they may wish to include with their education commission requests to HEIW.

## Decision Making Process and Infrastructure

This framework sets out to support greater governance regarding the implementation and support of enhanced, advanced and consultant roles within Wales, but does not seek to create additional bureaucracy or parallel human resources processes. It is acknowledged that a commitment to robust development reviews, continued professional development and job planning for all existing and aspirant advanced and consultant clinical practitioners will require significant engagement. All health boards and organisations will be required to ensure that they have leads for advanced and consultant clinical practice. In most organisations this is likely to be a group of multi-disciplinary professionals to allow for representation; nursing, midwifery, allied health professionals and healthcare scientists should all be included if within the workforce in the organisation. We recognise that in the Welsh Ambulance Service the workforce representative is likely to be a paramedic (or person within the organisation with the knowledge and skills to represent enhanced, advanced and consultant clinical practice). It is vital that the leads are able to represent issues around enhanced, advanced and consultant practice for all staff groups and will have clear communication routes to executive level in the health board or organisation.

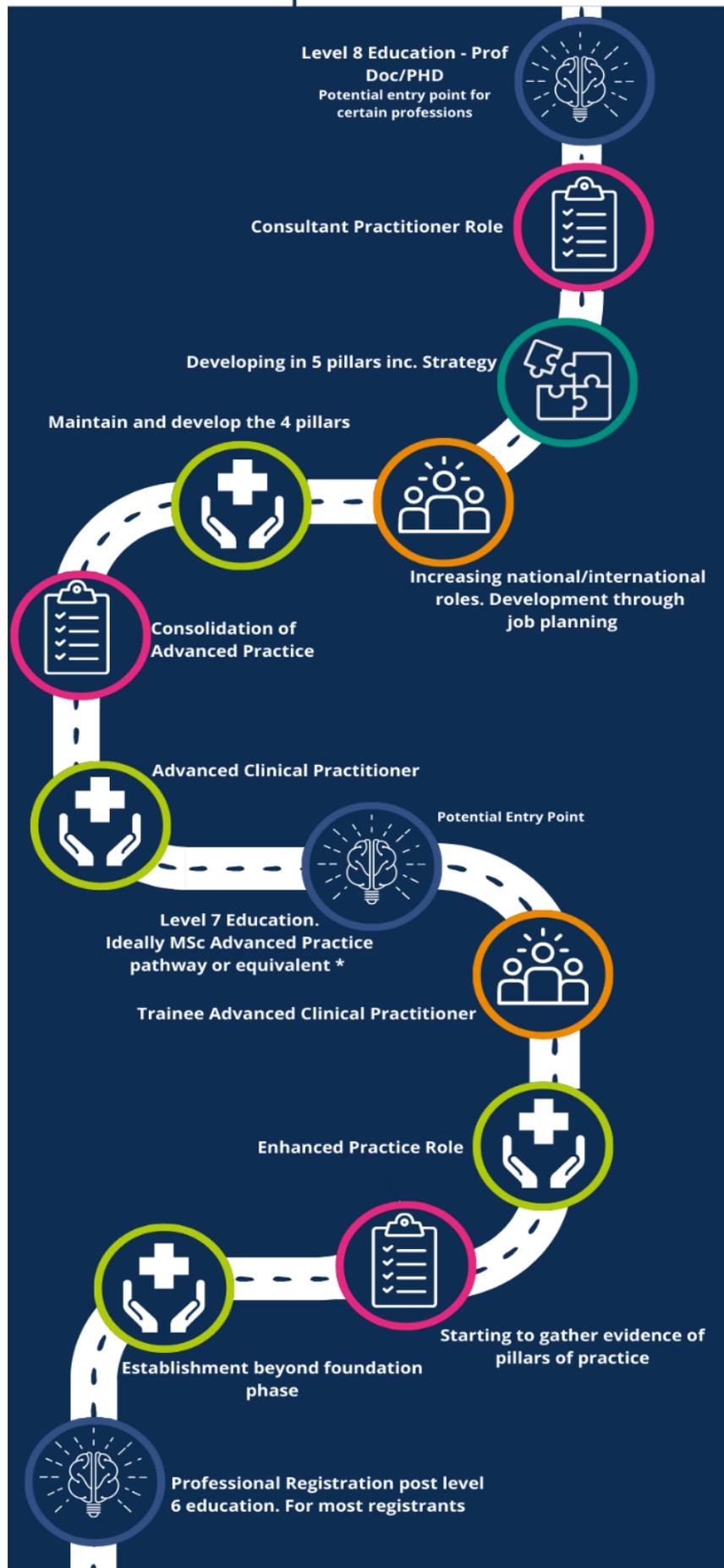
It must be clear that enhanced, advanced and consultant levels of practice reflect a set of responsibilities, competencies and capabilities which act as an indicator of a particular stage on the career development ladder, and that such practitioners are always accountable to their regulatory body whatever the level or context of practice.

## The Enhanced, Advanced and Consultant Clinical Practice career journey

Figure 2 shows a potential career journey through the levels of practice described within this framework. Like all journeys there will be different paths to take, and different options to join and exit along the way. A career in healthcare is no exception, practitioners may spend different times in roles and at different levels of practice. There may be occasions when practitioners stop at any point and choose to remain at this level, or through circumstances need to pause. Some professions will enter at different points along the journey due to education levels at point of professional registration. It must be noted that, in addition to academic achievement, there will be processes by employers and/or regulatory bodies to ensure clinical competence at that level of practice.

Figure 2 A Potential Enhanced, Advanced and Consultant Career Journey.

# ROAD MAP TO ENHANCED, ADVANCED & CONSULTANT CLINICAL PRACTICE



## **Educational development of Enhanced, Advanced and Consultant levels of Practice.**

The development of enhanced, advanced and consultant clinical practitioner roles require significant educational support to enable provision of safe and high-quality care. Consistency is the key to confidence in the capability and competence of the resulting clinical practitioners. Enabling clinical practitioners to work collaboratively with their employers, to identify individual educational needs and solutions to support their development, is a crucial step.

Educational provision supports the development and recognition of competency and capability in a practitioner. This process prepares a practitioner with the ability to fulfil the requirements and expectations of such a level of practice but does not in itself grant the practitioner an enhanced, advanced or consultant practitioner status. The primary driver for the development and maintenance of any practitioner post/role must be the demonstration of meeting service user needs for such a role.

The education developed must underpin and support the clinical nature of the roles developed through this framework. It is essential that education providers develop courses with learning outcomes that enable the practitioner to meet the population health needs within their service, progress in their career and build skills for ongoing improvement of the service through leadership, education and teaching, research, and strategic thinking. HEIs and education providers will need to respond flexibly to changing practitioner requirements and service/clinical/scientific innovation. This will require high levels of partnership working between employing organisations, education providers and other stakeholders.

It is also necessary to ensure that the development of education to underpin the research elements of practitioner roles is additionally supported by the development of clinical academic roles.

Without current regulation of roles and titles by Professional Statutory and Regulatory Bodies (PSRBs), other than for consultant clinical scientists on the Higher Specialist Scientist Register, role definition is key to preparing practitioners for their role, ensuring they are working at the intended level of practice and to safeguard service users. This will support organisations to consistently recruit to new posts/roles and undertake succession planning and allow clinical governance to be maintained. The definition of roles will support and provide clarity for employers, colleagues, and

supports safeguarding service users, so that role titles are used appropriately and within the constraints of the role (HCPC 2021).

In Wales, there are several frameworks that must be considered in relation to enhanced, advanced and consultant practice in relation to professional development, roles and education (see Appendix 1,2&3). Many professions and Royal Colleges are developing their own competency frameworks e.g. The Royal College of Emergency Medicine (RCEM 2022) for Advanced Clinical Practitioners, Faculty of Intensive Care Medicine (FICM 2008) for Advanced Critical Care Practitioners (ACCPs), and Royal College of General Practitioners (RCGP 2015) for General Practice Advanced Nurse Practitioners. These competencies and further guidance and support from organisations and Royal Colleges should be used alongside frameworks, to support the education of practitioners and governance of roles (see Appendices 1,2&3).

The requirement for robust systems to enable Recognition of Prior Learning (RPL) will be central to ensuring that the full advantages of flexible learning available via the Credit and Qualification for Wales CQFW (WG 2018) are realised. The CQFW allows for RPL, and credit transfer between universities. Universities across Wales will follow their own procedures relating to the process of RPL.

## **Establishing Academic Requirements and Level**

To ensure that the levels at which the clinical practitioners function, and meet the academic level that is needed to be attributed to their expertise, the CQFW is utilised within this framework.

- The CQFW clearly defines the level at which learning is required.
- In Wales, all academic expectation of learning is underpinned by the CQFW, with the CQFW being used by all Welsh learning institutes (Universities, Private Training Providers and Awarding Bodies).
- Using the CQFW defined levels provides a robust underpinning framework to support learner development and enable the differentiation between the levels of academia and practice required at each stage of the practitioner's clinical career and academic achievement.

This framework establishes the principle that:

- Enhanced practice is supported by a minimum of level 6 education (recognising that many enhanced practitioners will have some level 7 education).
- Advanced practice is supported by level 7 education.
- Consultant practice is supported by level 7 education and extensive post graduate education. Level 8 level education (PhD/Professional Doctorate) may support the role but is not a prerequisite for appointment. An exception to this is for consultant clinical scientist appointment in NHS Wales

## **Demonstrating Academic Achievement**

Achievement at the described education level may be demonstrated by academic award, credit, work based learning or through mapping portfolio outcomes against the level. Agreement on this level must match any requirements of PSRBs, as regulatory requirements continue to develop.

The aim is to move towards the position where capability at enhanced, advanced and consultant clinical practice level can be demonstrated through a portfolio of learning and competence assessment. This portfolio of learning should evidence the key elements of the level of practice consistently, but also reflects the breadth of clinical and professional settings within which this can be demonstrated. This portfolio approach is in place through Academy of Healthcare Science for both advanced level practice (Scientist Training Programme Equivalence) and consultant practice (Higher Specialist Scientist Equivalence).

## **Assessment in Practice**

A key element of the educational preparation of enhanced, advanced and consultant practitioners will be a formal assessment of achievement of the appropriate level skills, knowledge, competencies, and attributes of the different practitioners, both at a core level and specific to the context in which they practice.

Whilst there are formal assessments available for many healthcare scientists, for nursing, midwifery and AHPs this process has, until recently, been taken forward at a local level within services; however, it is currently under review by the Nursing and Midwifery Council (NMC) in 2022 following the Health and Care Professionals Council (HCPC) Advanced Practice Final Independent Research Report in 2021.

The mechanism by which service leads can be assured of the competence of all their enhanced, advanced and consultant level staff is crucial to enabling staff to work autonomously such staff to use their skills, knowledge, competencies, and attributes to maximum effect. It is also essential in supporting education commissioners and providers in planning, structuring, and delivering programmes.

At the time of publishing there are no clear universal standards for practice assessment across all professions, and some differences between PSRB guidance regarding assessors for specific qualifications (e.g. NMC and HCPC Independent prescribing).. Employers and practitioners must ensure they are meeting the PSRB requirements for assessment and recording of qualifications.

Current practice assessment is undertaken via a variety of ways, with differing PSRBs issuing differing validity requirements. This may impact on standardisation of enhanced, advanced and consultant clinical practice assessment and the workload on assessors in practice, ultimately impacting service delivery.

A guiding principle is that the health professional assessing the practice components of the education must be sufficiently experienced in their roles. They must also be recognised as such by the organisation and the education provider. Enhanced, advanced, and consultant clinical practice roles may cover a variety of activities previously undertaken by several different practitioners, this means there may need to have several occupationally experienced assessors. In this situation, the academic provider in conjunction with the PSRB regulatory requirements will need to determine who the lead assessor is, in order to co-ordinate and quality assure assessment activities.

A portfolio of evidence provides a structure for local governance processes for monitoring enhanced, advanced and consultant clinical practitioners, both in their initial education and in on-going skills, knowledge, competences, and attributes, to ensure standardisation across employing organisations. This will include common portfolio templates, with a move to digitalisation, agreement and thus standardisation of skills required for each level of practice, and how these skills will be maintained and assessed, and guidance for portfolio implementation and benchmarking, linked to PSRB requirements where relevant. This will increase the workload for educators and assessors in practice, which will need to be reflected in workforce plans and activity analysis.

Organisations will be expected to develop processes to ensure that practitioners can present their portfolios and that organisations ensure that practitioners are meeting all of the pillars of the applicable level of practice.

The role of the experienced assessor will be crucial in supporting good governance confirming the skills, knowledge, competences, and attributes of the enhanced, advanced or consultant level clinical practitioner. The establishment of robust and appropriate practice assessment roles for education programmes has often relied upon the ad-hoc recruitment of senior professionals within practice. Whilst there are examples of excellent practice between service and HEIs in assuring the consistent availability of such supervisory and assessment roles and the preparation and support of the assessors, there are genuine issues in securing, maintaining and quality assuring this process.

For organisations to develop enhanced, advanced and consultant clinical practitioners, it will be necessary to invest in, and support staff to ensure assessment in practice can take place. Organisations should identify mentors, supervisors and assessors to support all elements of practice across the pillars.

## **Inter-Professional Practice and Competence Assessment**

Inter-professional learning and working will contribute to learning and assessment in practice. Organisations may wish to consider the use of colleagues from other organisations where occupational experience, level of practice, and the ability to assess practice in-house is limited. Traditionally education, assessment, and support of enhanced, advanced and consultant clinical practice has relied heavily on input from medicine. While this may still be appropriate in some instances, it is important to recognise the growth of skills and expertise among the advanced and consultant clinical practitioners across Wales and utilise them in teaching and assessing across all professions.

As there are a limited number of assessors at advanced and consultant practice levels, systems of peer review will need to be developed by employers, particularly in relation to on-going assessment of competence, with clear mechanisms of governance. This, where appropriate, may be cross-professions encouraging inter- professional learning and education.

## Enhanced Clinical Practice

### Defining Enhanced Practice

An enhanced level of clinical practice relates to a level of practice that is beyond initial professional registration with Statutory Healthcare Regulatory Bodies (where this is at a graduate level) and sits before advanced practice (Leary 2022). Following post registration consolidation, professionals will acquire competencies through education and/ or work-based learning and assessment at level 6 or 7 but do not meet a level of advanced practice across all four pillars of advanced practice (clinical, management and leadership, research and audit, and education, see page.24) in the professional's role at this stage.

It is a level of practice that is recognised as being within the individuals' scope of practice at this post registration stage. This enhanced level of clinical practice complements the skills, knowledge, experience, and high standards of treatment and care delivered by professionals and practitioners within the multi-disciplinary teams, with service users and their families. Enhanced clinical practitioners will normally contribute to episodes of care within their individual sphere of (specialist) practice.

It is important to note that traditionally these roles may have been termed specialist or highly specialist; however, there is an acknowledgment that all professions and specialties have specialist knowledge and thus this term is not helpful in defining a level of practice.

### Recognising Enhanced Practitioners

Many practitioners will consolidate skills post registration and are likely to take on new clinical skills as well as becoming involved in workplace projects and volunteer for further courses and training. Through Performance Appraisal Development Review (PADR) processes, practitioners can be guided and funded to undertake post registration qualifications. It is likely that in time these clinical practitioners will start to collect evidence aligned to the four pillars of advanced practice, but normally not at the same practice or educational level to be at an advanced practitioner level. Many will acquire the skills to be able to provide mentoring and supervision to new registrants, taking on new clinical skills and contributing to work-based projects. Through amended scopes of practice and/ or appointment to new posts they will work at an enhanced level.

Through developing enhanced level practice, service users will have access to skilled, knowledgeable practitioners to address health and social needs in a timely fashion, with these skills and knowledge being at a higher level than at the point of registration. It may also retain staff through engagement and progression.

## Education

To demonstrate post registration education (BSc level or equivalent applicable to area of practice), this can be achieved through:

- Undertaking level 6 Education, Postgraduate diploma or level 7 (MSc) relevant to the area of clinical practice.
- Where mechanisms are in place and requirements of PSRBs allow, this may also be demonstrated through academic award, credit, work based learning or through mapping portfolio outcomes against the level”

For those wishing to work toward advanced practice, they may work towards either full MSc or M Level Modules relevant to their area of practice. They will be expected to maintain a live portfolio of evidence aligned to the four pillars of practice to demonstrate level.

## Supporting Enhanced Practice

A large component of enhanced practice will remain clinically focused. Opportunities to develop should be offered and supported according to service demands and through an appraisal process with time and money to support development within budgetary constraints.

Enhanced clinical practice level roles should be supported with scopes of practice and working patterns to allow for development and utilisation of skills. Appointment to posts with titles, roles and appropriate banding will allow organisations to identify and celebrate this level of practice. For those in enhanced roles an annual PADR will be required to support development. Developing staff from being a new registrant through to enhanced clinical practice level should keep staff engaged and progression through a supportive structure may aid retention. Allowing staff opportunity and support in terms of time and funding should be encouraged, to allow for development and support of organisational aims.

## Governance

To facilitate higher levels of working, enhanced clinical practitioners must be allowed to practice clinically and utilise skills. Organisations must ensure clear lines of reporting and accountability. Job descriptions and scopes of practice should be defined to allow practice, and to protect service users and the practitioners.

Enhanced clinical practitioners should be encouraged to develop and maintain a portfolio of evidence to demonstrate their achievements. They should be encouraged to align it to the four pillars of practice to prepare for working towards advanced practice. Portfolio Guidance (HEIW 2023) should be adopted to support the development of the portfolio.

Enhanced Clinical Practice may lead to further development to advanced clinical practice level or may be the level of practice that individuals choose to practice at. The individuals who occupy enhanced clinical practice roles will typically have undertaken relevant post-registration education up to and including elements of level 7 study (but may not have completed a full level 7 MSc or equivalent for advanced practice).

## Demonstrating Competency

**Enhanced level of practice:** the primary method of assessment of competence will be through an annual professional development review. The practitioner will be encouraged to maintain a portfolio of evidence aligned to the four pillars of practice.

## Organisational support for Enhanced Clinical Practitioners

- Identify registrants with the potential to work at enhanced practice level.
- Support staff to develop with leadership, coaching, funding, and protected time.
- Recognise that enhanced practice contributes to an organisation and respect those who wish to maintain this level of practice.
- Identify those with the desire and potential to work towards the level of advanced clinical practice and provide Clinical Mentorship to support role development.
- Funding to support development to level 7/ Masters level education.
  
- Study time to attend University courses.

- Opportunities to attend in house education programs.
- Continued Professional Development (CPD) time to support the development of a live portfolio which will show case education and in on-going skills, knowledge, competencies, and attributes.

# Advanced Clinical Practice

## Defining Advanced Clinical Practice

Within Wales, Advanced Clinical Practice is defined as:

“A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills, and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant Masters level education is recommended for entry level”. NLIAH (2010)

In Wales it is also recognised that there are many practitioners who are advancing their practice but may not be working in a specifically clinical role. A core principle of this framework is recognising that advanced practice, whilst predominantly defined by a role, is also a term for a level of practice and individuals should be supported by relevant education and governance principles detailed in this framework when planning their development. In these instances, roles may not exclusively be characterised by clinical practice, and there will be occasions where an individual may be working at an advanced level in other domains of practice, to which many of the principles in this framework will still apply. Importantly, all practitioners advancing in their roles should have developed their skills and theoretical knowledge to the same standards and should be empowered to make high-level decisions of similar complexity and responsibility. All posts that are advancing their practice will contain some elements of practice, articulated as pillars of advanced practice, and in these instances the composition of individual roles will be determined locally through job planning.

## The 4 Pillars of Advanced Clinical Practice



Figures 3 and 4 indicate how time may be applied differently to the four pillars within individual roles, but reinforce that, for the advanced practice clinical roles relating to this framework, the clinical pillar will always be the most prominent. It is also reminded that clinical practice here relates to all practice that contributes to patient pathways, including diagnostic testing. Figure 3 shows an Advanced Practitioner with a standard job plan; advanced practitioners should have a minimum of 20% of their time dedicated to supporting education, leadership and research, the further 80% is clinical practice. Figure 4 shows an Advanced Practitioner who is likely to be more experienced and has developed in the education, leadership and research pillars and thus spends less time in a clinical role.

Figure 3 Standard Advanced Practitioner

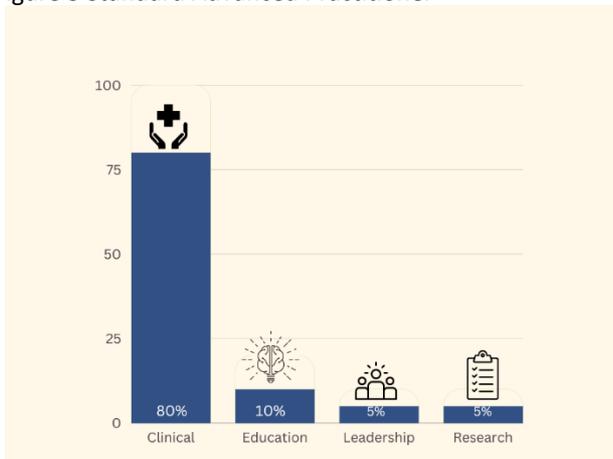
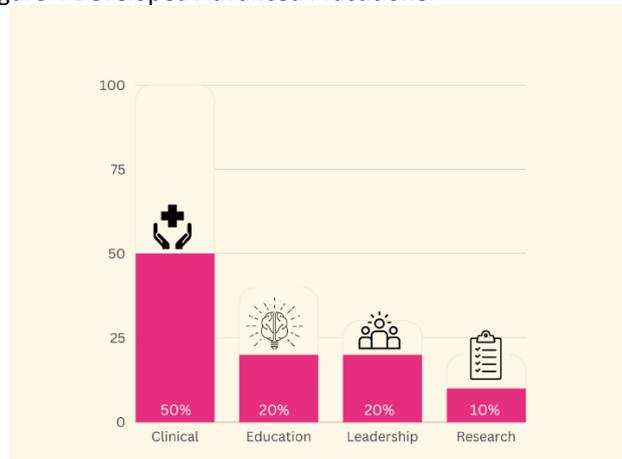


Figure 4 Developed Advanced Practitioner



It is important to recognise that practitioners will work across the four pillars but are likely to change focus and percentage time allocation to individual pillars over time. More experienced practitioners are likely to increase their time providing education to others or may have increasing roles in the leadership and management of others.

## Recognising Advanced Practice

Advanced clinical practitioners may develop from enhanced clinical practice roles. Ideally advanced practitioners will enter training roles for specific specialist advanced practitioner posts which may be supported by Royal Colleges, for example the Royal College of Emergency Medicine (RCEM) or Faculty of Intensive Care Medicine (FICM). Through level 7 education relevant in the clinical speciality and the development of portfolios to support the pillars of advanced practice, practitioners will develop towards an advanced level of practice.

Employing organisations will be expected to recognise all those employed at an advanced level of practice. This will be attained through ratification of Job descriptions, educational achievement and portfolio presentation to the employing organisation.

## Education

Ideally practitioners will be recognised through a PADR process and supported to enroll on an advanced clinical practice MSc programme. The practitioner will demonstrate Level 7 Education (MSc level or equivalent) and achievement through completion of an MSc in Advanced Clinical Practice in their area of practice and maintenance of a portfolio of evidence to support the four pillars of advanced practice.

An example of this;

- Practitioners are recruited to a trainee Advanced Critical Care Practitioner (ACCP) role. They undertook a full MSc pathway in Advanced Clinical Practice, whilst completing the Faculty of Intensive Care Medicine's (FICM) ACCP competencies. On successful completion the practitioner credentials with FICM and are appointed to an ACCP role, with the health board recognising their advanced clinical practice role and recording this on ESR.

However, employers must recognise that practitioners' careers span decades and they may change their career journey. It is therefore recognised that an equivalence is required.

Some examples of equivalence are given below;

- A practitioner commenced a career in education, started a MSc programme and left achieving a postgraduate diploma. The practitioner successfully completed another Postgraduate Diploma in Clinical Practice. The health board recognised that both the academic learning and portfolio were equivalent to the preferred MSc pathway and the practitioner was appointed into an advanced clinical practitioner role.
- A practitioner completed a BSc Nurse Practitioner programme, as well as completing and maintaining national competencies for primary care practitioners, they have since completed a MSc in professional practice, thus demonstrating evidence in the four pillars of advanced practice.

Ultimately it is the responsibility of the employing organisation to ensure that those using the advanced title can demonstrate evidence of working at this level across the pillars of advanced practice.

## Governance

To facilitate higher levels of working, advanced clinical practitioners must be allowed to practice clinically and utilise skills. Organisations must ensure clear lines of reporting and accountability. Job descriptions and scopes of practice should be defined to allow practice, and to protect service users and the practitioners.

Advanced clinical practitioners must maintain a portfolio of evidence to demonstrate their achievements. HEIW Portfolio Guidance (2023) should be adopted to support the development of the portfolio or electronic format. Organisations will be expected to ensure that portfolios are evidencing the four pillars of practice through annual PADRs by an appropriate line manager and formal review is recommended every three years.

Advanced clinical practice may lead to further development to consultant level or may be the boundary/ threshold of the level of practice that individuals choose to practice at.

## Demonstrating Competency

**Advanced level of practice:** the primary method of assessment of competence will be through maintenance of a portfolio to demonstrate activities in all four pillars of advanced practice. Logbooks or recording of cases and/or consultations could also be used to demonstrate activity and competence.

## Organisational Support for Advanced Clinical Practice

To facilitate higher levels of working, advanced clinical practitioners must be supported to practice at these levels.

- All Wales Job Descriptions for advanced clinical practitioners should to be adopted by organisations to support standardisation of roles across Wales.
- A clear job plan should be developed and agreed between the practitioner and their employing organisation. The job plan should include time to facilitate work to support the 4 pillars of advanced practice to support the research, leadership and education requirements of the role (Initially 20% is suggested).
- Clinical practitioners will work within a defined scope of practice that should grow through education and establishment of competence.

- Advanced clinical practitioners must develop and maintain a portfolio of evidence to demonstrate that they continue to maintain the pillars of practice at an advanced level. employing organisations may develop portfolio workshops to support practitioners in the development of their portfolio.
- Processes of assessment of the advanced practice portfolio will need to be developed by employing organisations to ensure recognition and standardisation of those in advanced clinical practice roles.
- Health boards, primary and community care academies, and other organisations should create forums to allow for sharing of expertise, networking, and to give a voice to advanced clinical practitioners.
- Advanced clinical practitioners will require support in terms of infrastructure to complete the non-clinical pillars. Access to office space and IT facilities should be provided.
- It must be noted that practitioners at these levels of practice will often have years of experience and proficiency in clinical skills. Logbooks of clinical skills or encounters can be useful to demonstrate ongoing competence; however, employers should be mindful that these practitioners may be evidencing many skills and this takes time and effort, that can negatively impact on a practitioner's use of time.
- Advanced practitioners are likely to seek new challenges. To reach this level of practice it is understood that a lot of time and money has been invested by practitioner and organisation. By continuing to support practitioner development and wellbeing, retention can be improved. To provide longevity to roles, career opportunities should be offered to develop specialist interests, for example, opportunities to deliver education within a Higher Education Institution setting.
- This framework will support organisations to adopt consistent approaches to local governance regarding the use of 'Advanced Practice' in role titles and support local and national workforce planning. NHS organisations should maintain appropriate records for audit and planning purposes. To support a nationally consistent, but locally governed

process of approval for the development of advanced practice posts, it is proposed that the following process is introduced to ensure that the core criteria for an advanced practitioner role are consistently applied across NHS Wales.

The following section outlines the process for establishing advanced practitioner roles.

## **Approval Process for Advanced Practitioners in NHS Wales**

This framework seeks not to limit organisations in the development of specific posts, but to provide a benchmark for this important level of practice. However, it is important to note that;

- No posts below band 7 should be permitted to use 'Advanced Practice' in their title since the post would not meet the level of knowledge, training and experience to be able to undertake the role (with the exception of those training to be advanced clinical practitioners).
- There may be posts, in specific contexts, where the 'advanced practice' criteria apply but where particular additional responsibilities are also included in the job description and thus the role may be matched to a higher banding.
- Some roles may be defined within a Royal College, and National Banding guidance already exists. To employ them below this band will likely adversely affect recruitment and retention of staff.

NHS organisations will need to determine whether new posts are required at advanced practice level by considering the requirements of this national Framework and completion of the following:

- Service needs analysis and the submission of a case for establishment of the new post.
- Ensuring early engagement with key stakeholders, including clinical teams at the inception of the role.
- Identification of the effective contribution of the role to ongoing service delivery/development and of robust evaluation of service impact to be delivered through the role.

Since 2015 it has been mandated in NHS Wales (WG 2015) that all advanced and consultant titles are recorded on the ESR. Health boards are expected to ratify all clinical practitioners using the advanced title. This allows for data to be extracted to examine which professional and

geographical areas are developing and employing advanced and consultant practitioners. It also aids health boards and employing organisations in planning education and supporting professions or areas where there are fewer numbers and roles.

Employing organisations must ensure clear lines of reporting and accountability and others in the team need to understand and support the role. Each health board, trust and organisation is expected to identify a corporate and clinical lead for advanced practice. The leads will be required to support multi-professional advanced practice role development and governance.

### Defining Consultant Clinical Practice

Consultant clinical practitioner posts were initially developed in the 1980s in healthcare science, and in the 1990s taken up in nursing following a widespread consultation exercise which recognised the career structure at the time was leading to experienced staff leaving direct service user care for careers in management or teaching. This consultation also highlighted the new and innovative roles developed by nurses and that nurse-led initiatives resulted in improved services and quality of care (Health Service Circular, 1999). The challenge was to retain these experienced staff in the clinical setting and the post of the nurse consultant was announced. Since then, consultant clinical practitioner roles have developed across a range of professions, for example, paramedics, physiotherapists and increasing numbers of health care scientists. Many professions have guidance for consultant posts (see appendices 1&2).

While the title has inevitable comparison with that of a medical consultant, it is important to recognise that consultant is a title used in many fields to represent a person who provides professional or expert advice in a particular field of science or business to either an organisation or individual. In this case, expert and professional opinion in an area of healthcare, from their unique experience, are usually formed over an extensive career.

Consultant clinical practitioners will continue to work clinically in relation to the patient pathway, but also work across the other pillars, educating, managing, leading and contributing to audit and research while offering strategic advice to organisations.

The consultant clinical practitioner is an expert in clinical practice, bringing innovation and influence clinical leadership as well as strategic direction in a particular field for the benefit of service users. consultant practitioners would not normally be undertaking day to day operational management of services. A consultant practitioner will exercise the highest degree of professional autonomy and decision making.

The consultant practitioner will play a pivotal role in the integration of research evidence into clinical practice. Exceptional skills and expert levels of clinical judgment, knowledge and experience will underpin their expertise and ability to promote delivery of the clinical governance

agenda. They will do so by enhancing quality in all areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for service users and extending the parameters of their field of practice.

Consultant practitioners will work strategically across a range of models of service delivery and are expected to influence policy and decision making where the impact is on service user outcomes.

Whilst consultant practitioners are autonomous professionals, they must work within ethical, legal and professional frameworks and remain liable for their actions and omissions as registered practitioners. It is vital that the boundaries of responsibility, autonomy, authority and accountability of the post are clearly defined.

The expectation in advanced practice is that the practitioner is a fully realised expert in clinical practice, with potentially lower levels of expertise and practice in education, leadership, and research. Consultant roles, however, operate at high/expert levels across all these pillars and including the addition of a fifth pillar, that of strategy/strategic service development.

### **The Five Pillars of Consultant Clinical Practice.**



## Recognising Consultant Clinical Practitioners

It is likely that over time advanced clinical practitioners will develop in the four pillars of practice and are likely to take on more national and international roles, and support strategy in health boards and organisations.

Many consultant practitioners will come from advanced clinical practitioner roles, but not exclusively. Depending on the profession there may be different routes to consultant practice. An example of this may be seen in clinical psychologists who register with their professional statutory and regulatory bodies post level 8 doctorate degree, and throughout their studies will have taken a role in education, research and audit. With increased exposure to leadership and management, and with a contribution to health board and/ or national strategy, they will obtain a consultant post without ever using the advanced title, despite clearly working at this level of practice. Similarly, clinical scientists may enter the profession at an advanced practice level through the level 7 training programme and so may not use an advanced title as the protected title of clinical scientist is recognised to be at this level.

While the prime purpose of establishing a consultant clinical practitioner post is to improve healthcare outcomes, the posts will also provide career opportunities at a high level. This in turn will help retain experienced and expert practitioners in clinical practice, strengthen leadership within the professions, facilitate strong partnerships between education and service and encourage cross-boundary working.

Practitioners with potential to develop to consultant level should be identified, supported and developed. Organisations may consider development programmes that could be utilised to aid the development and workforce planning. These practitioners need mentoring from existing consultant practitioners (this could be within their speciality or profession but not necessarily) or senior members of the team such as executives or directors to build experience and knowledge in areas such as finance or planning to allow them to develop the strategy pillar.

## Education

Consultant clinical practice will be underpinned by level 7 education as per the requirements of advanced practice, as well as extensive post graduate education. Level 8 education may aid consultant practice where appropriate but is not a prerequisite for appointment, other than for first appointment of consultant clinical scientists.

## Consultant Clinical Practitioner Job Plans

When planning roles, it must be considered that the primary function of expert advanced practice will be central to the role of the consultant practitioner and should involve an appropriate percentage of time focused on clinical care (including all direct practice relating to patient pathways). If the consultant practitioner is to fulfill all of the other pillars, it is unlikely that more than 50% of a job plan can be dedicated to the clinical pillar.

Achievement of the five pillars is essential to the success of the role but may be weighted within the job description according to the purpose of the post as demonstrated below.

### Examples of Job Plans

The consultant practitioner below (figure 5), fulfils the five pillars of consultant practice, maintaining 30% clinical but with a large time percentage in leadership and strategy. This practitioner is likely to be working closely with executive teams and contributing to health board or organisation goals. While the consultant practitioner in figure 6 has a shared role with a HEI and therefore has a higher percentage in education and research. To ensure all the pillars of practice are met, employers must ensure sufficient time is allocated in job planning. It is unlikely that a consultant clinical practitioner will be able to work clinically for more than 50% of the time but recognising that work in the other pillars does support clinical practice.

Figure 5

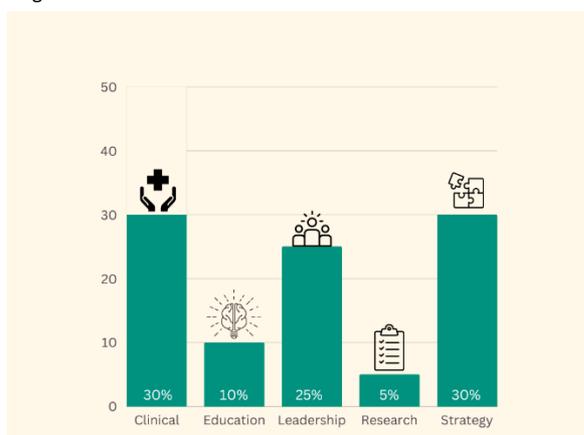
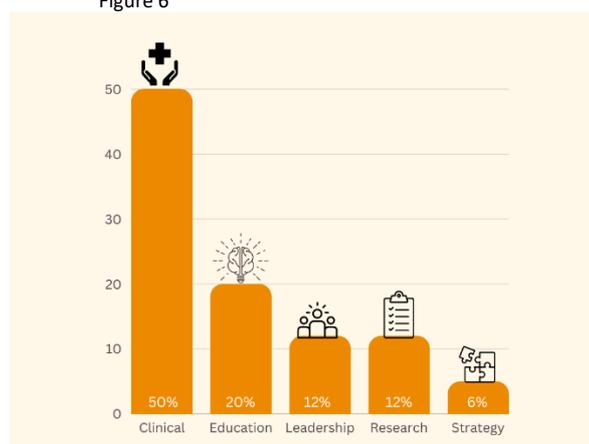


Figure 6



## Principles for Establishing Consultant Practitioner Posts

The prime purpose for establishing a consultant practitioner post should be to improve outcomes for service users and/or communities by enhancing services and quality of care.

Posts may be established in any service or area of practice where it is clear that in doing so would contribute to the development of service/s in line with current health policies and strategies.

All posts must have a requirement for professional registration e.g., NMC, HCPC, General Optical Council (GOC), Academy for Health Care Science (AHCS).

The proforma for appointing to Consultant Nursing and Therapist posts issued by Welsh Government in 2014 (Appendix 4) may be useful for employing organisations.

## Development of Posts

It is for employing organisations to determine where these posts should be established in light of service needs and to develop detailed job descriptions and person specifications appropriate to the competencies required to fulfil the role.

Organisations should look at all aspects of service development, delivery and governance in the process. This means that, when reviewing or considering the development of a consultant roles, directors must consider:

- Service needs assessment, including local and national drivers.
- How anticipated impact can be articulated, including key deliverables and how they will be delivered.
- Evidence of support of key stakeholders.
- Sustainability.
- Robust governance and accountability arrangements.

## Organisational Support for Consultant Practice

In establishing a consultant practitioner post, account must be taken of the support infrastructure required. This will include funding and resources to ensure there is access to local, regional and national peer support networks and mentorship as well as continuing professional development (CPD). Consultants will need to be able to access professional advisory structures.

Employers will need to ensure that appropriate mentoring and supervisory structures are in place to support the levels of responsibility, autonomy and accountability appropriate to the grade of the post. Consideration should be given to strategic level coaching and networking for individuals.

Consultant clinical practitioners will require both office and clinical accommodation in appropriate locations as well as administrative and clerical support and full IT resources. Specific roles may also require funding to support research, clinical equipment and/or travel.

Job plans must reflect the breadth of activity from the consultant post and these should be reviewed regularly in line with the employing organisation's policies. Job plans must include time for continued professional development (CPD) and supporting professional activities (SPA).

Consultant practitioners must have access to clinical supervision in order to develop. Supervisors should be agreed with the practitioner once appointed and a schedule of supervision agreed. The minimum frequency of supervision will be agreed but there must be a recognition that this is not prescriptive and either supervisor or supervisee can suggest an increase to this frequency when required.

Organisations should ensure opportunities at the strategic level, there may be a need for mentorship or use of cross professional working to develop practitioners in this area.

Opportunities to deliver tertiary education within a university setting should be offered and, where part of a joint appointment then signatures of support for the proposal/post from senior personnel within any collaborating organizations must be included.

## **Governance**

To facilitate higher levels of working, consultant practitioners must be allowed to practice clinically and utilise skills. Organisations must ensure clear lines of reporting and accountability. Job descriptions and scopes of practice should be defined to allow practice, and to protect service users and the practitioners.

Consultant practitioners must maintain a portfolio of evidence to demonstrate their achievements. HEIW Portfolio Guidance (2023) should be adopted to support the development of the portfolio or electronic format. Annual PADRs by appropriate line manager will be required and formal review is recommended every three years.

## **Demonstrating Competency**

**Consultant Level:** The primary method of assessment will be through a formal portfolio review process. Organisations will be expected to develop processes to ensure that consultant practitioners can present their portfolios and that organisations assess that practitioners are meeting all of the five pillars of consultant practice. An annual review will highlight issues or ensure that the consultant practitioner is maintaining the five pillars of practice.

## **Role impact Analysis of Enhanced, Advanced and Consultant Clinical Practitioners**

This section provides some practical steps for evaluating the impact of enhanced, advanced and consultant clinical practitioner roles and provides a methodology for evaluation. The approach provides the basis for prospective evaluation and continued development and improvement of practice and the delivery of improved quality of healthcare.

It is essential that organisations demonstrate achievements in a quantifiable and transparent way. To ensure continuous improvement in the quality of care to service users it is necessary to measure the impact of the activities and interventions made by all staff including those roles at Enhanced and beyond. The development and utilisation of robust evaluation methods is therefore essential.

There is an increasing evidence base that developing advanced clinical practitioner roles keeps clinical staff in the workforce, and engaged in patient facing or other direct clinical pathway responsibilities. While there is criticism that training advanced practitioners can deny doctors in training practical opportunities, there is also evidence that more experienced advanced practitioners teach and supervise skill acquisition among the medical workforce.

Organisations have a responsibility to ensure that enhanced, advanced and consultant clinical practitioners and managers are collating evidence to demonstrate the benefits and impact of the role and systems to evaluate overall added value in terms of cost, quality and effectiveness. Local impact assessment summaries drawn from clinical specialties or directorates, depending on the organisation's structure, should be presented as an annual impact assessment report through the appropriate organisational governance structures.

### **Planning for Evaluation**

There is a wealth of information available on establishing advanced practice roles, and likely that information and advice can be shared from other areas of the United Kingdom, further help may be available from national forums, regulatory bodies and Royal College documents. The impact of such roles has also been previously evaluated, but we should still seek to evaluate these levels of practice. Establishing enhanced, advanced and consultant clinical practitioner roles is a major commitment for an organisation, both in terms of time and money. It is important therefore that

organisations are clear about the purpose of these roles and careful planning should be undertaken to determine how the impact of the role will be measured. Organisations must develop a set of robust metrics to capture the impact and benefits of all enhanced, advanced and consultant clinical practitioner posts.

- Failure to measure the impact of roles will result in the non-recognition of the benefits and improvements attributable to these Clinical Practitioner roles.
- Evaluation of roles should focus on outcomes related to safety, effectiveness, being service user centred, timely, efficiency, and being equitable (WG 2021b).

Key questions to address are:

- What objective outcomes are expected from the enhanced, advanced and consultant clinical Practitioner roles?
- When will these outcomes be achieved?
- What are the enablers and barriers to enhanced, advanced and consultant clinical practitioner roles?
- What strategies are required to maximise role facilitators and minimise role barriers?
- What resources and support are required for role development?

## What to Measure

Once the need for the enhanced, advanced and consultant clinical practice roles has been established, clearly defined outcomes which reflect organisational objectives need to be agreed by the individual and their line manager. This should be undertaken in a collaborative, systematic way and utilise a robust evidence base for the specific role. The outcomes for individual roles will vary due to the specific contribution each practitioner makes.

## Arrangements for Data Collection

Information governance processes will need to be in places with data sharing arrangements. Practitioners and managers will need to agree which measures are to be used for evaluation of the role. Organisations need to understand what impact these posts are having and have a responsibility to facilitate monitoring and evaluation of service user care and service delivery.

## Referral Pathways

Enhanced, advanced and consultant clinical practitioners often practice in roles previously or still performed by doctors. Thus, it is essential for equity of service user care, that they have the same access to referral pathways or diagnostic testing as their medical colleagues. Studies have concluded that their referrals are equivalent in quality, and they do not rely any more than their medical colleagues on testing or imaging.

There are very few legal restrictions on what activities registered clinical practitioners can undertake; where these do exist in highly regulated areas such as Radiology and Nuclear Medicine, practitioners are well aware of the requirements and work with regulatory bodies to comply appropriately in their advanced and consultant practice roles. Health boards and organisations must put in procedures to allow registered clinical practitioners the same rights; policy and guidelines must reflect a changing culture of the alternative delivery of clinical care by non GMC registered practitioners. It is important to remember that the practitioner is making a referral or request, it is usually up to the professional accepting the referral or request to decide if it is appropriate based on the information provided. If training is required for practitioners to make requests this should be provided and not used as a barrier to prevent clinical practitioners having access to the referral pathways or diagnostic testing or imaging.

## Temporary Staff Usage

Enhanced, advanced and consultant clinical practitioners can be employed on a temporary bank or agency basis, this has grown recently particularly in primary care or within college ratified roles such as RCEM ACPs or FICM ACCPs, where it is easier to define skill sets and likely competence. There are also practitioners around Wales who have previously worked for organisations and are known and respected but seeking flexible working for work life balance. Partially due to this and staffing shortage, the use of advanced practitioners in bank/ locum type roles is growing. It is important to recognise that while there may be many core skills among similar advanced practice roles, unless there is a defined syllabus, there may also be differences. It is vital for governance and service user safety that employers and practitioners working in non-substantive roles recognise the need for practitioners to only work within their scope of practice. Organisations employing bank or agency staff in enhanced/ advanced/ consultant roles must be clear of the scope of practice they work under. Practitioners must be able to demonstrate ongoing competence through logbooks, and portfolio evidence if called upon.

The strong governance assurance when utilising practitioners in 'bank' or overtime shifts in an organisation where they already employed should not be overlooked. Failure to utilise experienced practitioners may result in use of locum medical staff who may be unfamiliar with the environment and local protocol, and this has potential financial and governance issues. The use of clinical practitioners in flexible working patterns should be encouraged and practitioners be remunerated appropriately.

## **Promoting Enhanced, Advanced and Consultant Practice Roles in the Organisation**

It is important that enhanced, advanced and consultant practice level roles are accepted and understood within the organisation and amongst key partners externally, in order to have an impact on service delivery and service user care. Whilst promoting the enhanced, advanced, and consultant practice level role generally within the organisation is important, it is also essential to secure the support of senior managers and clinicians. They play a vital role in ensuring systems and processes needed are in place and also in ensuring that the roles are accepted and supported. Organisations should appoint leads for advanced practice with direct communication routes to executive level. It is essential that organisations make a real commitment to actively promoting appropriate enhanced, advanced and consultant practice level posts.

## **Record Keeping**

In accordance with the management of agenda for change (AfC) and as part of established processes, the following documents should be held by NHS organisations to provide an audit trail of local decision-making:

- Job description and rationale/business case for the post.
- Practitioner Job Plan
- Matching or locally evaluated summary report for the post with computer assisted job evaluation (CAJE) number.
- Personal development plan/ values-based appraisals for the individual in the post.
- Scope of Practice for the post and/or individual.
- Local record of those posts for which the use of an advanced practice or Advanced Practitioner title is approved by the Health Board or organisation.
- Nature and number of advanced practice posts to be reflected in the Health Board or organisations workforce plan.

## Key Recommendations

### For Practitioners

- Maintain an up-to-date portfolio aligned to the pillars of practice.
- Engage with local and national forums.
- Ensure scopes of practice, job descriptions, and job plans are reviewed and up to date, to maximise your potential and support the organisation.

### For Employers

- Ensure ESR (or equivalent) data shows level of practice and professions as per latest guidance.
- Create forums for levels of practice within the organization.
- Appoint leads for developing advanced and consultant clinical practitioners, with clear communication to executive level within NHS organisations.
- Ensure that systems within the organisation support enhanced, advanced and consultant roles.
- Support roles with infrastructure and utilise practitioners to support the organisation.

## Conclusion

Developing higher levels of practice is an enabler for meeting the population's healthcare needs and the development of the multiprofessional team, while improving recruitment, retention and workforce wellbeing through attractive rewarding career pathways. This framework reinforces previous documents from the four nations of the UK, Royal Colleges and Professional bodies and continues to provide clarity regarding the development, education, support, and governance of enhanced, advanced and consultant levels of practice. The implementation of recommendations will ensure a consistent approach is taken across Wales and education standards and governance are in place to support current and future developments of enhanced, advanced and consultant levels of practice across Wales.

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Welsh Government. 2021a. National Clinical Framework: A Learning Health and Care System. [National Clinical Framework 8.0 \(gov.wales\)](#)

Welsh Government. 2021b. Quality and Safety Framework: Learning and Improving [Quality and Safety Framework: Learning and Improving \(gov.wales\)](#)

## APPENDIX 1.

Many professional bodies offer credentialing or accreditation for registered professionals practicing at advanced and consultant level.

Body	Background	Hyperlink
Academy of Healthcare Science (AHCS)	Equivalence portfolio routes are available to advanced practice level clinical scientist registration with the HCPC, and for the consultant practice register (Higher Specialist Scientist Register) held by the Academy.	<a href="https://www.ahcs.ac.uk/equivalence/">https://www.ahcs.ac.uk/equivalence/</a>
Association of Clinical Scientists (ACS)	A Certificate of Attainment to enable advanced practice level clinical scientist registration is available via two routes, dependent upon the training completed. "Route 2" is the most commonly accessed, including a cross referenced portfolio of evidence, and (if approved) an interview.	<a href="https://assclinsci.org/applicants/my-route-to-registration/">https://assclinsci.org/applicants/my-route-to-registration/</a>
College of Paramedics (CoP)	To acknowledge paramedics who practice and work at consultancy level. Individuals can apply if they meet the specified entry criteria, which includes consultant level activity in all five pillars - <ol style="list-style-type: none"> <li>1. Expert practice</li> <li>2. Strategic enabling leadership</li> <li>3. Systems learning and developing</li> <li>4. Research and innovation</li> <li>5. Consultancy across all pillars from practice to systems levels.</li> </ol>	<a href="https://collegeofparamedics.co.uk/COP/Professional_development/Consultant_Paramedic_Register/COP/ProfessionalDevelopment/Consultant_Paramedic_Register.aspx">https://collegeofparamedics.co.uk/COP/Professional_development/Consultant_Paramedic_Register/COP/ProfessionalDevelopment/Consultant_Paramedic_Register.aspx</a>
College of Radiographers (CoR)	Applicants must demonstrate that they practice in all four domains of higher-level practice at advanced practitioner level - <ol style="list-style-type: none"> <li>1. Expert clinical practice</li> <li>2. Professional leadership and consultancy</li> <li>3. Education, training and development</li> <li>4. Practice and service development, research and evaluation</li> </ol>	<a href="https://www.collegeofradiographers.ac.uk/education/accreditation/advanced-practitioner-accreditation">https://www.collegeofradiographers.ac.uk/education/accreditation/advanced-practitioner-accreditation</a>
The Royal College of Surgeons of Edinburgh. Faculty of Pre Hospital Care.	The Faculty of Pre Hospital Care offers appropriately experienced and qualified	<a href="https://www.rcsed.ac.uk/Accreditation_Application_-_The_Faculty_of_Pre-Hospital_Care">Accreditation Application - The Faculty of Pre-Hospital Care (rcsed.ac.uk)</a>

	practitioners from paramedic, nursing and medical backgrounds to appear on the Faculty of Pre-Hospital Care Register of Consultant (Level 8) Practitioners in Pre-hospital Emergency Medicine (PHEM).	
Institute of Biomedical Scientists (IBMS)	Profession-specific qualifications are provided for Specialist Diplomas (enhanced level) and Higher, Expert and Advanced Qualifications (advanced level).	<a href="https://www.ibms.org/education/">https://www.ibms.org/education/</a>
Royal College of Nursing (RCN)	Assess the background and legitimacy of nurses to practice at an advanced level through assessing their qualifications, experience and competence. To be eligible, nurses need to hold a relevant master's qualification, non-medical prescribing rights and an active NMC membership.	<a href="https://www.rcn.org.uk/Professional-Development/Professional-services/Credentialing">https://www.rcn.org.uk/Professional-Development/Professional-services/Credentialing</a>
Royal College of Pathology (RCPATH)	Biomedical scientists and clinical scientists in pathology disciplines may undertake the consultant level RCPATH examinations. This is a requirement for those wishing to join the Higher Specialist Scientist Register in these disciplines.	<a href="https://www.rcpath.org/trainees/examinations/examinations-by-specialty.html">https://www.rcpath.org/trainees/examinations/examinations-by-specialty.html</a>
Royal Pharmaceutical Society (RPS). While Pharmacy have opted out of this framework, this is included for information.	A Consultant Pharmacist credentialing process. Applicants must demonstrate consultant level practice in all five domains of the Consultant Pharmacist curriculum – <ol style="list-style-type: none"> <li>1. Person-centred care and collaboration</li> <li>2. Professional practice</li> <li>3. Leadership and management</li> <li>4. Education</li> <li>5. Research</li> </ol>	<a href="https://www.rpharms.com/development/credentialing/consultant/consultant-pharmacist-credentialing#how">https://www.rpharms.com/development/credentialing/consultant/consultant-pharmacist-credentialing#how</a>

## APPENDIX 2.

Professional bodies have developed profession-specific frameworks and guidelines related to enhanced, advanced and consultant level practice.

Body	Background	Hyperlink
Academy for Healthcare Science (AHCS)	Good Scientific Practice (GSP) sets out the professional standards on which safe and good working practice is founded for all those in the healthcare science workforce. The Higher Standards of Proficiency additionally provide a framework for the consultant level register for clinical scientists, held by the AHCS.	<a href="https://www.ahcs.ac.uk/standards/">https://www.ahcs.ac.uk/standards/</a>
College of Paramedics	The Post Registration Paramedic Career Framework (4th ed.) outlines the career pathway for paramedics underpinned by the four pillars. They refer to three levels of practice - specialist, advanced and consultant.	<a href="https://collegeofparamedics.co.uk/COP/ProfessionalDevelopment/post_reg_career_framework.aspx">https://collegeofparamedics.co.uk/COP/ProfessionalDevelopment/post_reg_career_framework.aspx</a>
College of Radiographers (CoR)	The Education and Career Framework for the Radiography Workforce (2022) provides guidance for the education and career development of the radiography profession. They provide a definition of enhanced, advanced and consultant level roles.	<a href="https://www.sor.org/getmedia/b2f6bf07-668f-4155-950a-b9d96c48eae1/12604-CoR-ECF-Interactive-v9a">https://www.sor.org/getmedia/b2f6bf07-668f-4155-950a-b9d96c48eae1/12604-CoR-ECF-Interactive-v9a</a>
Health and Care Professions Council (HCPC)	The HCPC Advanced Practice Research Report (2021) highlighted the variation in the qualifications of HCPC registrants using the advanced practice title, with only 50% with a full master's degree or higher. Despite nearly 80% of registrants surveyed believing that advanced practitioners should be regulated, there is no conclusive evidence that regulation would improve patient safety.	<a href="https://www.hcpc-uk.org/globalassets/resources/policy/independent-research-report-advanced-practice-27th-january-2021.pdf?v=637483937140000000">https://www.hcpc-uk.org/globalassets/resources/policy/independent-research-report-advanced-practice-27th-january-2021.pdf?v=637483937140000000</a>
UK government (developed and countersigned by the 4 nations)	Modernising Scientific Careers (2010) describes a career framework for the healthcare science workforce.	<a href="https://www.gov.uk/government/publications/an-overview-of-modernising-scientific-careers">https://www.gov.uk/government/publications/an-overview-of-modernising-scientific-careers</a> And <a href="https://nshcs.hee.nhs.uk/publications/modernising-scientific-careers-the-uk-way-forward-2010/">https://nshcs.hee.nhs.uk/publications/modernising-scientific-careers-the-uk-way-forward-2010/</a>

Royal Pharmaceutical Society (RPS). (While Pharmacy have opted out of this framework, this is included for information).	The Advanced Pharmacy Framework (2013) provides guidance for pharmacists developing through different levels post qualification. Rather than enhanced, advanced and consultant level, the RPS use the terms advanced stage I, advanced stage II, and mastery.	<a href="https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Frameworks/RPS%20Advanced%20Pharmacy%20Framework.pdf">https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Frameworks/RPS%20Advanced%20Pharmacy%20Framework.pdf</a>
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## APPENDIX 3

Some Royal Colleges and Faculties have developed their own competencies specific to their field.

Body	Background	Hyperlink
Faculty of Intensive Care Medicine (FICM)	FICM is the professional and statutory body for the specialty of intensive care medicine, and the professionals who work within the specialty. Currently, one HEI is accredited an Advanced Critical Care Practitioner programme in the UK	<a href="https://www.ficm.ac.uk/careers/workforceaccps/accp-training">https://www.ficm.ac.uk/careers/workforceaccps/accp-training</a>
Royal College of Emergency Medicine (RCEM)	RCEM offer credentialing for Emergency Care Advanced Clinical Practitioners (EC-ACP) through assessment of a portfolio of evidence.	<a href="https://rcem.ac.uk/emergency-care-advanced-clinical-practitioners/">https://rcem.ac.uk/emergency-care-advanced-clinical-practitioners/</a>

## APPENDIX 4

### Proforma for a Nurse, Midwife, and Therapist Consultant Practitioner post (Issued by Welsh Government in 2014 but no longer available)

Employers must provide all the information referred to in this proforma when submitting proposals for approval to the local scrutiny panel.

<p><b>1. Title of Post:</b> <b>Guidance Note: -</b> Insert here the proposed title of the post. State whether this is a new post or one that has developed from an existing role.</p>
<p><b>2. Work Base</b> <b>Guidance Note: -</b> Insert here the proposed accommodation arrangements and work base(s)/location(s) for the post, referring to collaborative arrangements where relevant.</p>
<p><b>3. Outline of Post</b> <b>Guidance Note: -</b> The Consultant Practitioner will be an expert in their clinical field. They will bring clinical leadership and strategic direction to their particular area of expertise by expanding and developing practice and delivering improved outcomes for patients/clients. The expert advanced practice function of the post must comprise the most significant part of their role (minimum 50%) with the remaining functions varying from post to post, dependent on the service or specialty in which they are established.</p> <p>The Outline of Post should be specific to the intended area of practice and should comprise a concise statement of no more than 100 words.</p>
<p><b>4. Details of Lines of Accountability</b> <b>Guidance Note: -</b> Include information on:</p> <ul style="list-style-type: none"><li>• Levels of responsibility</li><li>• Supervisory arrangements</li><li>• Risk management and monitoring arrangements.</li><li>• Describe how the post links with other consultant networks</li><li>• Clear lines of accountability should be stated.</li></ul>
<p><b>5. Description of links to Higher Education Institution(s)/Professional Bodies</b> <b>Guidance Note: -</b> Include here information on how the post links with healthcare providers/ Higher Education Institutions and /or Professional Bodies to promote Continuous Professional <b>Development</b> and to meet the research/teaching components of the post.</p>
<p><b>6. Description of infrastructure and staffing report</b> <b>Guidance Note: -</b> Include here where appropriate, information on:</p> <ul style="list-style-type: none"><li>• Administration and clerical support</li><li>• Information technology support</li><li>• Continuous Professional Development support</li><li>• Description of infrastructure and staffing</li></ul>
<p><b>7. Anticipated Pay Band/Range</b> <b>Guidance Note: -</b></p>

Include here the proposed pay range/band - for example, Agenda for Change (NHS posts).
<p><b>8. Details of funding for the post and all support</b></p> <p><b>Guidance Note: -</b>          Include here details of funding for the post and all support costs appropriate to the job description. Examples of inclusion of support costs might include:</p> <ul style="list-style-type: none"> <li>• Continuing Professional Development</li> <li>• Information Technology</li> <li>• Research Assistant</li> <li>• Administration and clerical</li> <li>• Equipment</li> <li>• Accommodation and travel expenses (the latter will depend on whether the post involves regional, national or international travel).</li> </ul>
<p><b>Links to Corporate/National Agenda</b></p>
<p><b>9. Details of how the need for this post has been assessed</b></p> <p><b>Guidance note: -</b></p> <ul style="list-style-type: none"> <li>• Background and rationale for the creation/development</li> <li>• Link to priorities - to include National and Local, Professional and Policy.</li> <li>• Added value to patient/client/community outcomes over and above what is currently available.</li> <li>• Role differentiation &amp; collaboration - how will this post differ from other current roles such as advanced practitioners, and its multi-professional working arrangements?</li> </ul> <p>Include here the background to the <b>post and the rationale for its development/creation.</b></p>
<p><b>10. Key Objectives of the Post</b></p> <p><b>Guidance Note: -</b>          Include here the key objectives of the post.</p>
<p><b>11. Evaluation of Objectives</b></p> <p><b>Guidance Note: -</b>          Indicate here how achievement of the objectives will be evaluated and when this evaluation will take place. This might include reference to audit/outcome tools/performance management.</p>
<p><b>12. Role Differentiation</b></p> <p><b>Guidance Note: -</b>          Indicate here how this post will differ in terms of duties, responsibilities and anticipated contribution to service need/priorities from any other current roles (e.g. extended scope practitioner, specialist practitioner, advanced practitioner).</p>
<p><b>13. Job Description</b></p> <p><b>Guidance Note: -</b>          Ensure the Job Description includes a statement of internal relationships and levels of accountability, both managerially and professionally. The functions of the post should be listed under these headings:-</p> <ol style="list-style-type: none"> <li>1. Expert advanced practice</li> <li>2. Leadership and Consultancy</li> <li>3. Education Training and Development</li> <li>4. Strategic Service Development</li> <li>5. Research and Evaluation</li> </ol>
<p><b>14. Person Specification</b></p> <p><b>Guidance Note: -</b>          The person specification should refer to specific expectations for example: -</p> <ul style="list-style-type: none"> <li>• A reputation for professional excellence and a track record of practice development</li> </ul>

- Recognition as an expert and innovator in the field of practice concerned
- A requirement to contribute to the national and/or international evidence base of the practice area and to the development of new knowledge
- Information Technology skills

The position requires evidence of a portfolio of career - long learning, experience, and formal education, understanding of research or research experience. These job requirements should be reflected in the person specifications.

#### **15. Organisational Chart**

**Guidance Note: -**

An Organisational Chart should be attached to this submission. This should clearly show the Organisational structures of the employing organisation, collaborating organisations where **appropriate**, and lines of accountability.

#### **16. Appointment Process and Timetable**

**Guidance Note: -**

Information on the proposed appointment process, including panel membership and an **appointment** timetable, should be included here.

#### **17. Signatures of Support**

**Guidance Note: -**

Signatures of support should be included here and include all collaborative arrangements. These will include a signature from the appropriate Chief Executive NHS Organisations in Wales, Senior Service Manager/Director and a Senior Representative from HEI/Head of School and where appropriate, signatures of Senior Representative from AHP Higher Education Institute/ collaborating organisation(s).

End