ECIST Conference

An alternative clinician workforce model – introduction of the Advanced Clinical Practitioner (ACP) role within emergency and urgent care

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What is an ACP?

- An Advanced Clinical Practitioner is a clinician who is trained to see and autonomously treat any patient of any age across the complete acuity spectrum. This includes those patients attending with minor problems, through to those presenting with major injuries and illnesses, and on to those requiring life-saving interventions.
- Once trained – they can work at MG level and above.
Development of the ACP Role at HEFT

• Introduced in January 2006 because of current and anticipated shortfall in medical staffing (from nursing; paramedical, physiotherapy & pharmacy backgrounds)
• Needed to determine whether they could work at a senior decision maker level
• Not seen as a ‘quick fix’ and not introduced to compete with other MG clinicians. They complement existing workforce profiles
• Long term investment required (additional financial, educational, teaching, mentorship, & supervisory commitment)
• Educational and supervisory commitment not initially factored into our senior clinician workforce planning and is an ongoing issue for the senior team
Benefits

• Permanent workforce – more likely to sustain innovations and momentum
• A complementary workforce who are highly skilled
• Additional opportunities regarding workforce planning
• Reduces the need for ‘system relearning’
• Less reliance on external locums (variability)
• Demonstrated to make fewer clinical mistakes, see more patients and prescribe more safely than a transient workforce or MG equivalents
• Retention and progression of talented non medical workforce
• Able to treat patients across the whole age and acuity spectrum
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Advanced Clinical Practitioner Development

Phases 1 - 2

**tACP Phase 1a: 0-2 months (no service contribution)**
- Introduction to EM approach
- Understanding of EM processes and exposure to all areas
- How to ‘take a history’ and how to ‘examine’
- Opportunity for the ACP Faculty to determine knowledge, skills & competency
- Shadow seniors and focus on clinical examination
- Undertake junior medical training course
- Clinical supervised practice by ED senior clinicians
- Supported by Consultant Educational Supervisor and Senior ACP Clinical Mentor
- Repeated opportunity to practice history taking and examination skills

**tACP Phase 1b: 2-14 months Limited service provision**
- Clinical examination skills (CES) & clinical diagnostics and interpretation (CDI)
- Clinical supervised practice by senior clinicians
- Supported by Consultant Educational Supervisor
- End of module assessments:
  - CES - 59 Patient entries in clinical portfolio/ OSCEs/ Assignment
  - CDI - 12 Patient entries in clinical portfolio/ OSCEs/ Assignment
- Standard - MSF 360° peer appraisal to highlight suitability of tACP to the EM environment

**ASSESSMENT**
- Acute Care Assessment Tool ACAT(a) – 5 unseen patients across the age and acuity spectrum (must include at least 1 child, 1 Resuscitation case)
- On successful completion of all elements the Educational and Clinical Supervisor’s Report is submitted to the ED based ACP Faculty for consideration to full junior ACP status
- Clinical - MSF 360° peer appraisal that focuses on clinical knowledge, skills & competences

**Phase 2 - Transition to junior ACP 15-24 months**
- FY1 level
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Advanced Clinical Practitioner Development
Phases 3 – 6

Phase 3: 15-40 months
- Significant service contribution – F2 GPVTs ACCS
- Consolidation of ACP training - needs senior review for complex cases only
- NMP
- medicALS
- Mandatory completion of Adult clinical portfolio
- Specialist module(s) in clinical practice e.g. Minor Injury Course, Elderly Care
- Mandatory completion of Child clinical portfolio
- Advanced Life Support Training ALS, APLS TMC
- Research Methods module – develop research proposal
- Competent to work in ALL clinical areas
- Clinical - MSF 360⁰ peer appraisal that focuses on clinical knowledge, skills & competences
- Completion of Adult clinical portfolio
- Specialist module(s) in clinical practice e.g. Minor Injury Course, Elderly Care
- Mandatory completion of Child clinical portfolio
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- Research Methods module – develop research proposal
- Competent to work in ALL clinical areas
- Clinical - MSF 360⁰ peer appraisal that focuses on clinical knowledge, skills & competences
- Completion of NMP

Phase 4: 40-60 months
- Completion of Dissertation/ Professional Project
- Demonstrating leadership by giving “senior” clinical opinion, mentor and appraise tACPs’
- Competent to lead in ALL clinical areas
- Competent to provide MG support within the ED and Clinical Adjacencies
- Completion of additional skill-set incl. USS
- Clinical - MSF 360⁰ peer appraisal that focuses on clinical knowledge, skills & competences and maps to ACAT(b) – MCEM equivalent

Phase 5: 60-72 months
- Completion of NHS Leadership Programme
- Developing Senior MG Management competency and completion of a clinical management portfolio
- Evidence of structured training report
- Mastery of procedural competences
- See >2000 cases annually (10% are cases in the resuscitation room)
- Submission of comprehensive Clinical, Educational and Professional Portfolio to ACP Faculty
- Clinical - MSF 360⁰ peer appraisal that focuses on clinical knowledge, skills & competences and maps across to ST6
- ACAT(c) – FCEM equivalent

Phase 6: 72 months onwards
- Consideration of Senior ACP for full Consultant ACP status
- Annual Clinical & managerial - MSF 360⁰ peer appraisal
- CPD requirements
- Clinical component
- Research & audit component
- Service and practice development with significant contribution of tENP and tACPs through phases 4-6
- Submission of comprehensive Clinical, Educational and Professional Portfolio to ACP Faculty
- Clinical - MSF 360⁰ peer appraisal that focuses on clinical knowledge, skills & competences and maps across to ST6
- ACAT(c) – FCEM equivalent
Future

• Need to **THINK OF THE WORKFORCE AS A WHOLE** and design a structured developmental pathway across disciplines and throughout the region – Health Education West Midlands (HEWM) – *‘We have a plan’*
  
  - Dr/Nurse/Paramedic/Physio/physician assistant (PA) ➔ Junior level decision maker
  - Emergency Nurse Practitioner /Foundation Year two (F2)/jPA/jACP ➔ Intermediate level decision maker
  - sENP/MG/ACP/PA ➔ Senior level decision maker
  - sTrainees/MG/sACP (manage areas/Emergency Departments/Staffing etc)

• Why?
  
  - A well trained complementary workforce is safer at every level
  - Better coordination (Educational support & supervision)
  - Confidence in the role from other disciplines
  - Controlled expansion as opposed to uncontrolled proliferation of ‘advanced’ roles
  - Standardised education, supervision and support across specialities and disciplines
  - We can begin to consider different workforce solutions in different localities, explore new options, and to consider region wide commissioning of training.
Future

• Expansion initially across all assessment adjacencies and potentially to base wards
• 75 hospitals have visited HEFT
• Introduction of ACP Consultants soon
• Introduction of a trust wide CD role to manage and grow the ACP workforce
• Full integration into Consultant rota (in time)