



ADVANCED AHP

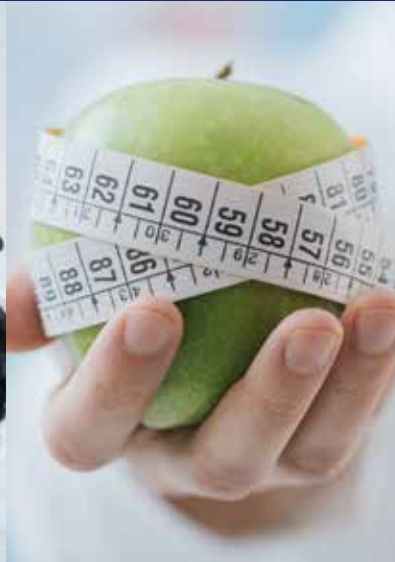
PRACTICE FRAMEWORK

Guidance for Supporting
Advanced Allied Health
Professions Practice in
Health and Social Care



Department of
Health

An Roinn Sláinte
Máinystrie O Poustie
www.health-ni.gov.uk





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Foreword by the Department of Health Permanent Secretary

The Department of Health (DoH) document Health and Wellbeing 2026: Delivering Together sets out the commitment to develop, design and deliver healthcare that will enable sustained improvement.

Demand for health and social care in Northern Ireland (NI) has never been higher, and will only increase as our population is growing and ageing. Thanks to healthier lifestyles, and advances in medical science and technology, people are living longer. However, these improvements also mean that, in many cases, people are living with more than one health condition that is often becoming more complex. The system as currently structured, cannot keep pace with this growth in demand, and is thus unsustainable in its current form. There is no option but to transform how we deliver health and social care.

Our staff will of course be central to the transformation agenda. The development of a Health and Social Care (HSC) Workforce Strategy, focusing on the recruitment, retention, and ongoing development of all staff, including undergraduate and master's training, is a key component for successful transformation.

The collective expertise of Allied Health Professions (AHPs) within the workforce makes a significant contribution to improving the health and well-being of the population of NI. AHPs have a crucial role to play in driving innovation, helping to develop creative solutions to current and future health challenges.

I am delighted that in support of the HSC Workforce Strategy Policy, the DoH AHP Lead Officer along with professional colleagues have developed an Advanced AHP Practice Framework to underpin this work.

The move to a standardised use of titles, bands and competencies across the diverse range of AHPs will provide clarity for the public, service users, partner agencies and HSC colleagues.

I am pleased to endorse this framework and the recommendations to ensure that AHP skills are fully utilised to release greater capacity in certain specialty practice areas.



Richard Pengelly

Foreword by the DoH AHP Lead Officer

The need for transformation of services across health and social care in NI has been clearly articulated in the recent Bengoa Report, Systems Not Structures, and current policy document, Health and Wellbeing 2026: Delivering Together. The DoH response to the Bengoa Report stresses the need to deliver person-centred care, focused on prevention, early intervention, supporting independence and well-being, and delivered in the most appropriate setting in people's communities and at home. AHPs locally and nationally are extending their roles and skills in response to new strategic directions.

This NI Advanced AHP Practice Framework has been developed to provide clarity about the Advanced AHP Practitioner role and to underpin the DoH AHP workforce reviews. It provides a regional approach to addressing the needs of advanced AHP practice within the HSC in NI for application by Trusts, commissioners, education providers, workforce planners and Advanced Practitioners.

The framework outlines the knowledge, skills and competency level for each of the Advanced Practitioner roles within the 13 AHP disciplines.

It defines what advanced practice is, and clarifies formal educational pathways and clinical practice progression. Progress from newly qualified to expert is a developmental pathway and includes advanced practice. Nationally, Advanced Practitioner practice for AHP starts at Band 7 level and extends onwards to 8a and Consultant roles. The framework adopts the national directive and uses the two levels for Advanced Practitioners as are in Wales, England and Scotland.

The framework is solely applicable to AHPs, and is not a tool to challenge grading of current posts. Its key purpose is to inform knowledge, skills and competencies required for advanced practice roles within HSC AHP services.



Hazel Winning

Acknowledgements

I would like to acknowledge the excellent work of Paul Rafferty, Head of AHP Services, Western HSC Trust who led the working and the writing group facilitated by Maxine Williamson, Principal Consultant, HSC Leadership Centre for the commitment and dedication to undertaking this work supported by the Steering Board initially chaired in late 2016 by Carmel Harney, Assistant Director Southern HSC Trust.

I would also like to recognise the valuable contribution and dedication of those AHP staff and service users who contributed to the framework and consequently, the development of this document. The timely publication of this framework will help inform the roles and education and training needs for AHPs across NI.



Definition of Allied Health Professionals

The Allied Health Professional (AHP) workforce in Northern Ireland (NI) consists of 13 distinct and unique disciplines. These are: Dietitians, Occupational Therapists, Orthoptists, Paramedics, Physiotherapists, Podiatrists, Speech and Language Therapists, Radiographers, Art Therapists, Drama Therapists, Music Therapists, Orthotists and Prosthetists.

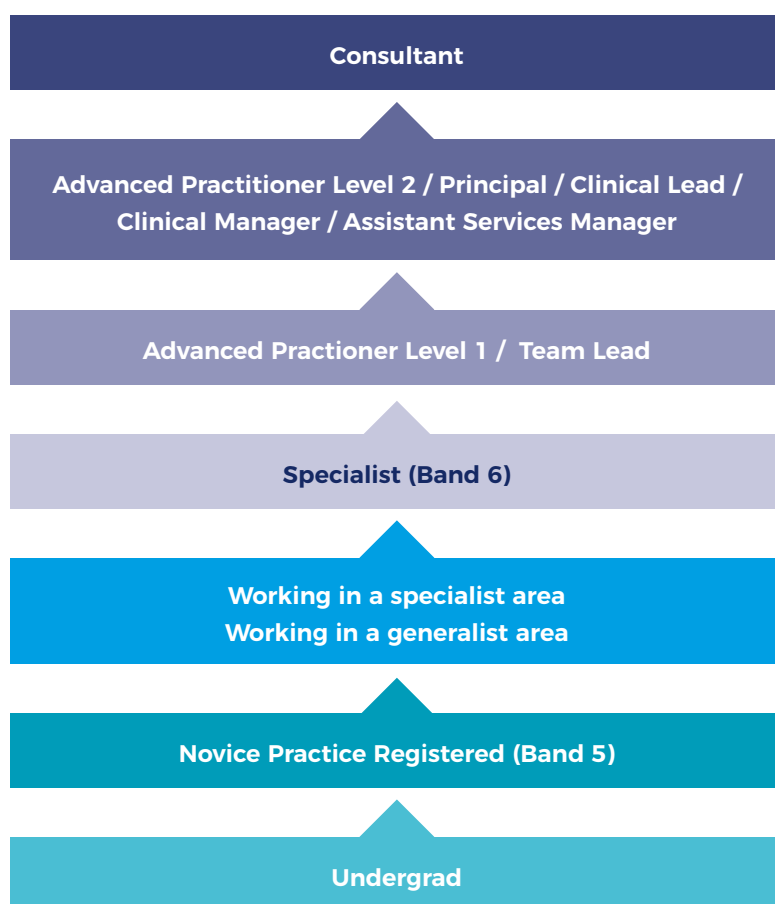
AHPs play a key role and add critical value across the full range of primary and secondary prevention, assessment, diagnosing, treatment and care. Working as integral parts of multidisciplinary teams and focusing on people's personal outcomes, they provide preventative interventions in areas such as self-management, diagnostic, therapeutic, rehabilitation and enablement services.



Current Clinical Career Progression

After completing undergraduate training AHPs enter the work environment at Band 5 level. It is anticipated that AHPs, having acquired the agreed level of experience and competency, will move in line with national job profiles into Band 6 level posts (i.e. Specialist), before progressing into Advanced Practitioner roles. All 13 AHP titles are protected and regulated through the Health and Care Professions Council (HCPC). This framework focuses on Advanced Clinical Practitioners (ACP) (Level 1 and Level 2), which are at Band 7 and Band 8a (see Figure 1 below). No posts below Band 7 (Level 1) 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 this role.

Figure 1 - Clinical career progression



Note: As part of the assurance framework for professional accountability for HSC employed staff there will be a designated Head of Service in every Trust (DHSSPS, 2012).



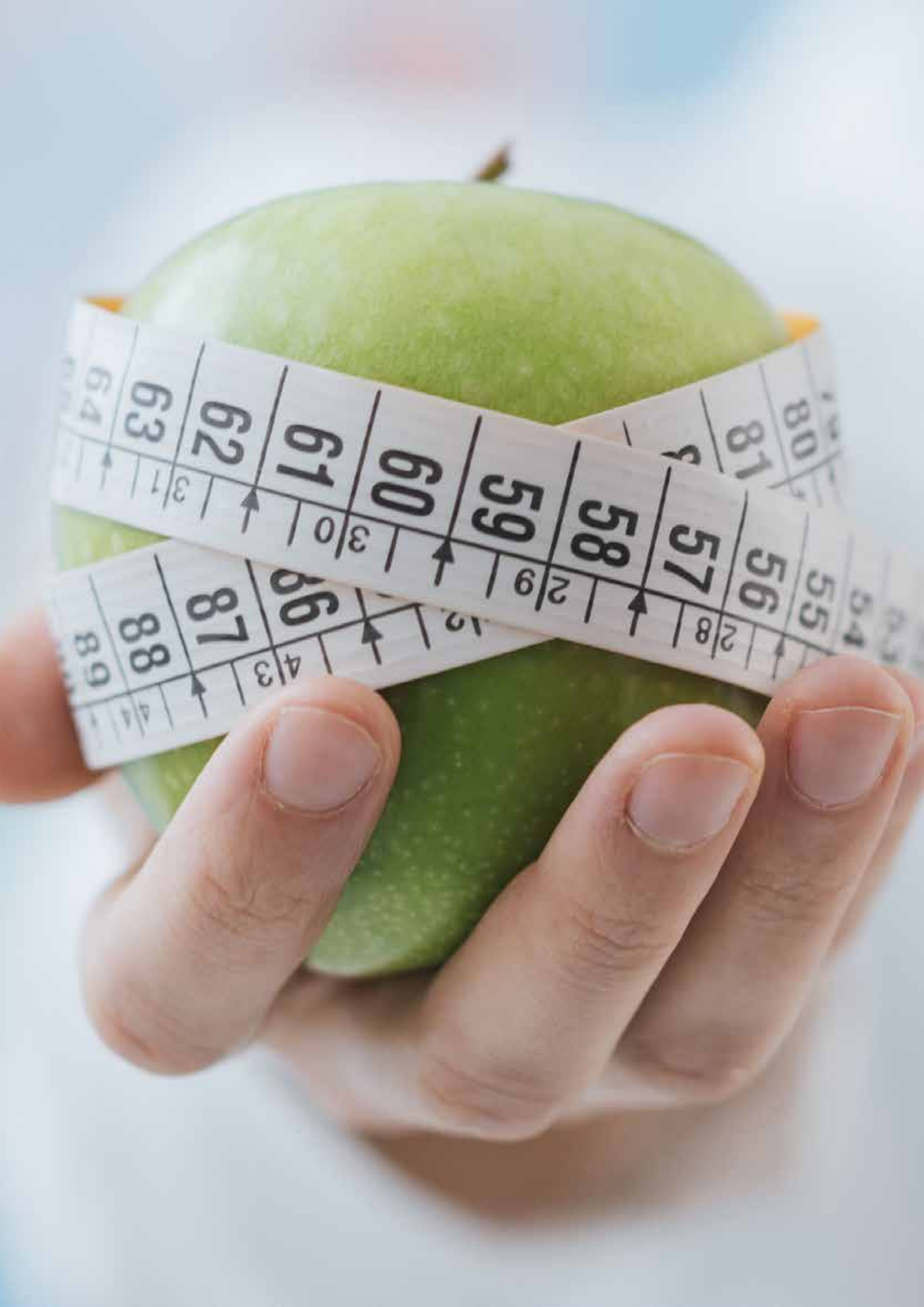
Development of this Framework

The concept of advanced AHP practice is not new as clinicians continue to develop clinical expertise, advancing and extending their scope of practice to maximum effect.

The lack of clarity or universal understanding regarding the precise nature of an Advanced Practitioner role within the AHPs leads to misunderstanding between specialist and advanced practice. This framework will provide clarity for the public, service users, clinicians, partner agencies and HSC colleagues. Moving to a standardised use of titles, bands and competencies across the diverse range of AHP disciplines will provide a more informed, consistent understanding of the roles and skills of AHPs.

This framework was co-produced and designed with AHPs across all disciplines, with input from service users. A stakeholder event was held which captured feedback and key themes; these included the definition of advanced practice, role and application of core competencies, career pathways and postgraduate education and training programmes. Any changes to agreed job titles and essential criteria will start with the launch of the framework. This will mean the guidance outlined in the framework will be applied 'going forward' and should have no regrading implications. The key purpose of agreed 'working titles' is to have less confusion in the system particularly for service users. The titles suggested are an umbrella term, which would cover the job profiles and will not affect Agenda for Change (AfC) (NHS Employers, 2018/2019).

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



Purpose of the Advanced AHP Practice Framework

NI's Advanced AHP Practice Framework has been developed to provide clarity about the Advanced AHP Practitioner role. It provides a regional approach to addressing the needs of advanced AHP practice within the HSC in NI for application by Trusts, commissioners, education providers, workforce planners and Advanced Practitioners.

The framework outlines the knowledge, skills and competency level for each of the Advanced Practitioner roles within the 13 AHP disciplines. It will:

- provide support to all regional organisations in the recruitment and development of AHPs;
- improve consistency across the HSC in the recruitment and development of AHPs and support advanced AHP practice;
- assure organisations that AHPs are aligned with the right skills in the right place at the right time to maximise health and well-being outcomes for patients, clients, service users and carers;
- provide AHPs across all disciplines with clearly defined career pathways and development opportunities;
- support and inform the ongoing or future regional workforce review.

The Advanced AHP Practitioner is a clinically focused role. As it is continually evolving, the elements contained within this framework will require periodic review.

What is Specialist Practice?

A Specialist has developed skills in an area that requires further education, training and practice beyond that of a newly qualified AHP. It is usually undertaken at Band 6 level and is often supported by a recognised postgraduate level qualification, where one is available, and is on the development continuum from 'novice' to 'expert'.

This should be differentiated from AHPs working in a specialist area, which is particular to a specific clinical context, be it a client group, a skill set or an organisational context. AHPs can work in a specialist area at all levels, from newly qualified registrant under supervision to Consultant level.





What is Advanced AHP Practice?

Advanced AHP practice is not new. For some time clinicians have been developing clinical expertise, advancing and extending scope of practice, often working beyond the boundaries of professional training. In recent years the designation of an 'advanced practice' title within the AHP disciplines has become more developed. This has been brought about through the establishment of new and extended roles to ensure that AHP skills are fully exploited and to release greater capacity for some specialty practice areas within the medical profession, facilitating doctors to focus on even more complex case work.

There is, however, a lack of clarity or universal understanding regarding the precise nature of an Advanced Practitioner role within the AHPs. There has also been a blurring between specialist and advanced practice. Defining what advanced practice is clarifies this and allows for formal educational and clinical practice progression. Advanced practice, it is argued, is a particular stage on a continuum between 'novice' and 'expert' practice. The 'advanced' role profile is characterised by high levels of clinical skill, competence and autonomous decision making. Progress from newly qualified to expert is a developmental pathway and includes advanced practice.

There are a number of definitions of an Advanced Practitioner as well as differing academic requirements. The following are definitions of advanced practice (sometimes also referred to as Advanced Clinical Practitioner (ACP) in England, Scotland and Wales):

'ACP is delivered by experienced registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy and complex decision-making. This is underpinned by a Masters' level award or equivalent that encompasses the four pillars of clinical practice, management and leadership, education and research, with demonstration of core and area specific clinical competence.

ACP embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.' (NHS Health Education England)
'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.' (National Leadership and Innovation Agency for Health Care, 2010)

'Experienced clinical practitioners with a high level of skill and theoretical knowledge. Will make high level clinical decisions and manage their own workload.' (NHS Education for Scotland, 2012)

A master's level qualification would be desirable, if available, for the AHPs in NI. However, the diverse and complex skills required of Advanced Practitioners in the 13 disciplines make a universal master's qualification impossible to deliver. A master's level qualification or equivalent could therefore include a number of postgraduate short courses, focused mentorship over a prolonged period and/or extensive experience in an area of advanced practice.

An agreed definition of Advanced Practitioner for NI is as follows:

'A role, requiring a registered experienced practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competences for expanded/extended scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant education is recommended for entry level to the advanced practice role which is to be at master's level or equivalent and which meets the education, training and Continuous Professional Development (CPD) requirements for ACP as identified within the framework.' (Adapted from National Leadership and Innovation Agency for Healthcare, 2010 and NHS England, 2015)

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Due to the diverse nature of AHP working, profession-specific requirements will be detailed in individual job specifications. Reference to 'master's level' in the definition consists of master's level (or equivalent) education which may include individual modules or a complete master's degree.

An agreed definition, therefore, of an Advanced Practitioner role is one which is characterised by a high level of autonomy and complex decision making underpinned by master's level education (or equivalent) that encompasses the four pillars of advanced clinical practice; leadership and management; education of self and others; and research.

In Northern Ireland AHP Advanced practitioners now have the opportunity to complete an AHP Post Graduate Certificate in Education (PGCE) course to develop a more educational role specific to their clinical speciality.

This will create a network of identified clinicians who are competent to deliver education and training within their clinical specialities.



Relationship between Specialist and Advanced Practitioner

In order to promote and support advanced practice within an AHP framework, it is useful to define what is typically the difference between a Specialist and Advanced Practitioner. A number of differences have been identified and although most of these are generic, there will be some very specific differences identified within each profession. Practitioners within each of the professions will be able to identify some which are applicable to their area of work. Table 1 lists some examples.

Table 1 - Differences Between Specialists and Advanced Practitioners

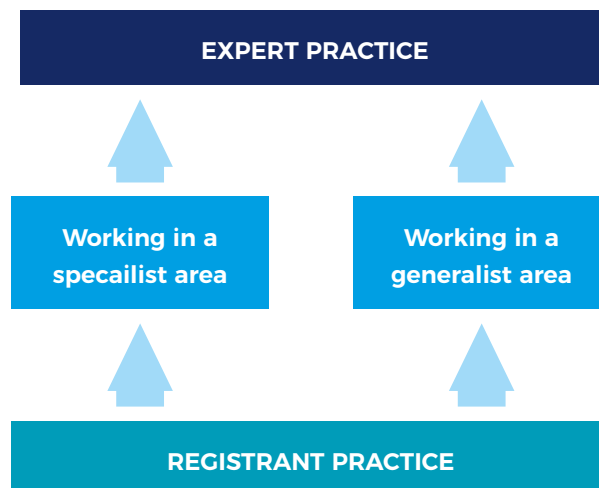
SPECIALIST	ADVANCED PRACTITIONER
Typically works at Band 6 level.	Typically works at Band 7 and above.
Will have additional qualifications or experience over and above that expected of a Band 5 practitioner.	Will have significant clinical expertise in a defined area of work (e.g. imaging modality, system, disease, treatment etc.) and is regarded by his/her peers as an expert in this field.
Will have ready access to a more senior practitioner for advice.	Would be expected, as the expert in the field, to be available to other less experienced staff and peers to offer support and advice in relation to their specialist area of advanced practice.
Would follow agreed procedures and protocols and make suggestions or amendments to them.	Would be responsible for drafting and oversight of the implementation of specialist work practices in their area of expertise.

SPECIALIST	ADVANCED PRACTITIONER
<p>May have postgraduate level qualification, e.g. postgraduate modules, a postgraduate certificate or diploma or have attended a number of short courses aimed at a well-defined area of specialist work.</p> <p>It is acknowledged that not all professions have ready access to postgraduate level qualifications.</p>	<p>Would be expected to have completed a relevant master's level (or equivalent) education qualification, e.g. postgraduate modules, a postgraduate certificate or diploma or MSc.</p> <p>They are likely to have attended a number of short courses aimed at a well-defined area of specialist work and have developed significant expertise (clinical, managerial or in an education arena) which will allow them to define and introduce new practices and ways of working.</p>

Advanced practice is a point on a continuum between 'registrant' and 'expert' practice. The Advanced Practitioner role profile is defined by high levels of clinical skill, competence and autonomous decision making.

Both Specialist and Advanced Practitioner roles are on the development (vertical) continuum from registrant to expert practice (Figure 1). The developmental pathway towards advanced practice is varied with some following a specialist clinical route, (focusing on a particular client group or clinical context), whilst others will develop a portfolio with a breadth of practice (Figure 2).

Figure 2 - Relationship between working in specialist/generalist clinical areas and advanced practice



The light blue arrows in Figure 2 illustrate that individual practitioners can progress to expert practice anywhere along the specialist or generalist areas of clinical work providing they develop and meet the required core competencies as described in Appendix 1.

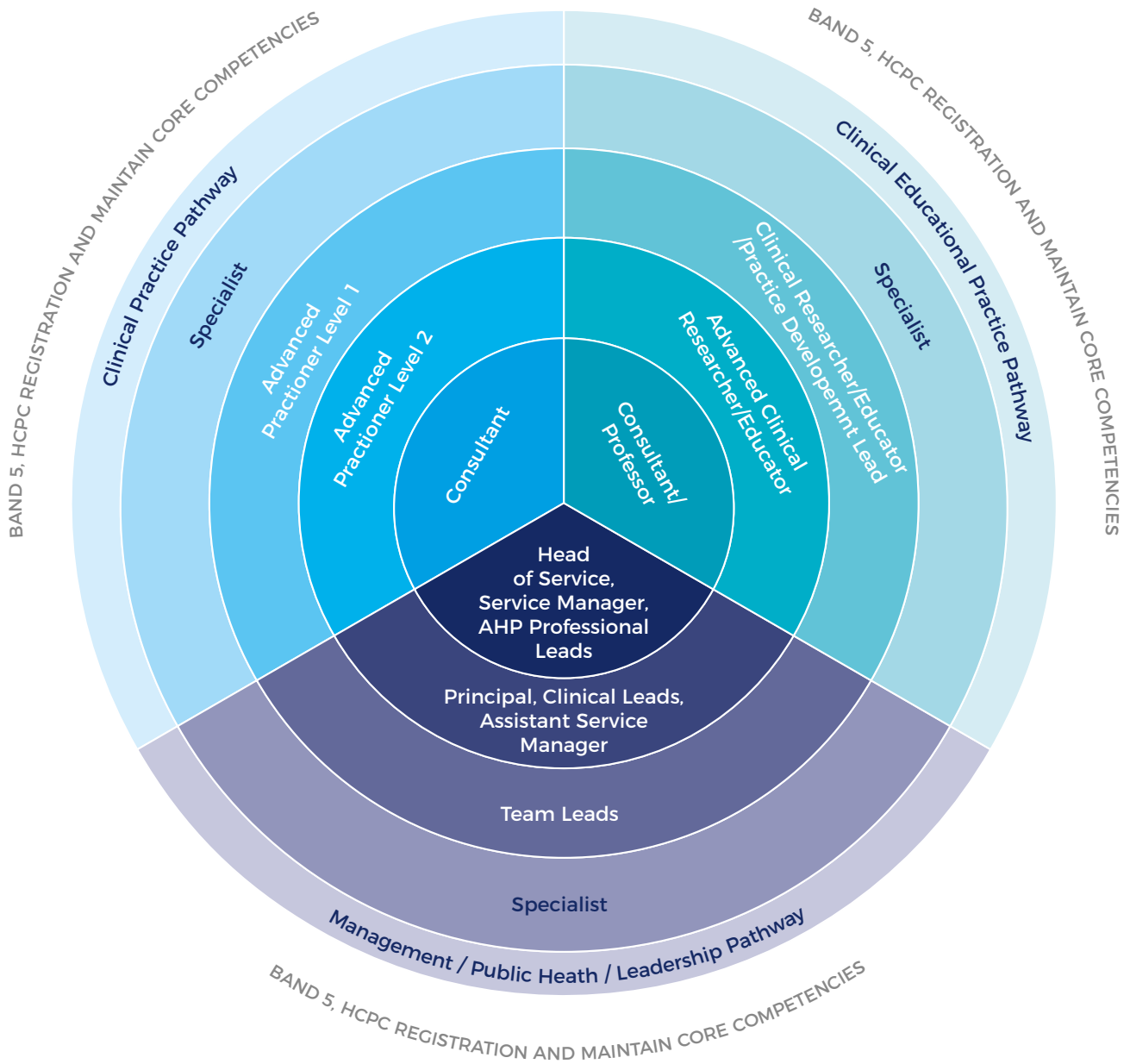
By defining specialist and advanced practice and the relationship with working in specialist or generalist clinical areas, we can then define career progression as an expert practitioner in figures 1 and 3. Nationally, Advanced Practitioner practice for AHPs starts at Band 7 level and extends onwards to Band 8a and Consultant roles (Figure 1). The Advanced Practitioner roles at Level 1 and Level 2 adopted are recognised nationally in Wales, England and Scotland. Level 1 sits at Band 7 and Level 2 at Band 8a on the AfC pay scales (section 4.0). Guidance on core competencies and core learning outcomes for Advanced AHP Practitioner Level 1, Advanced AHP Practitioner Level 2 and Consultant roles is given in Appendix 1.

Figure 3 (AHP clinical career progression pathways) describes potential career development pathways for all AHPs. There is an acknowledgement that AHPs may move between the various pathways at different points during their professional career and this practice is to be encouraged. For clarity, however, the shifts between the three pathways have not been included in the diagram.

Managerial accountability for individual staff rests with the various employers who are separate legal entities, i.e. AHPs may be employed by HSC Trusts, Public Health Agency (PHA), Health and Social Care Board (HSCB), universities, Clinical Education Centre (CEC), The Regulation and Quality Improvement Authority (RQIA) or others. The managerial and governance arrangements are described in local documents.

Figure 3 - AHP clinical career progression pathways

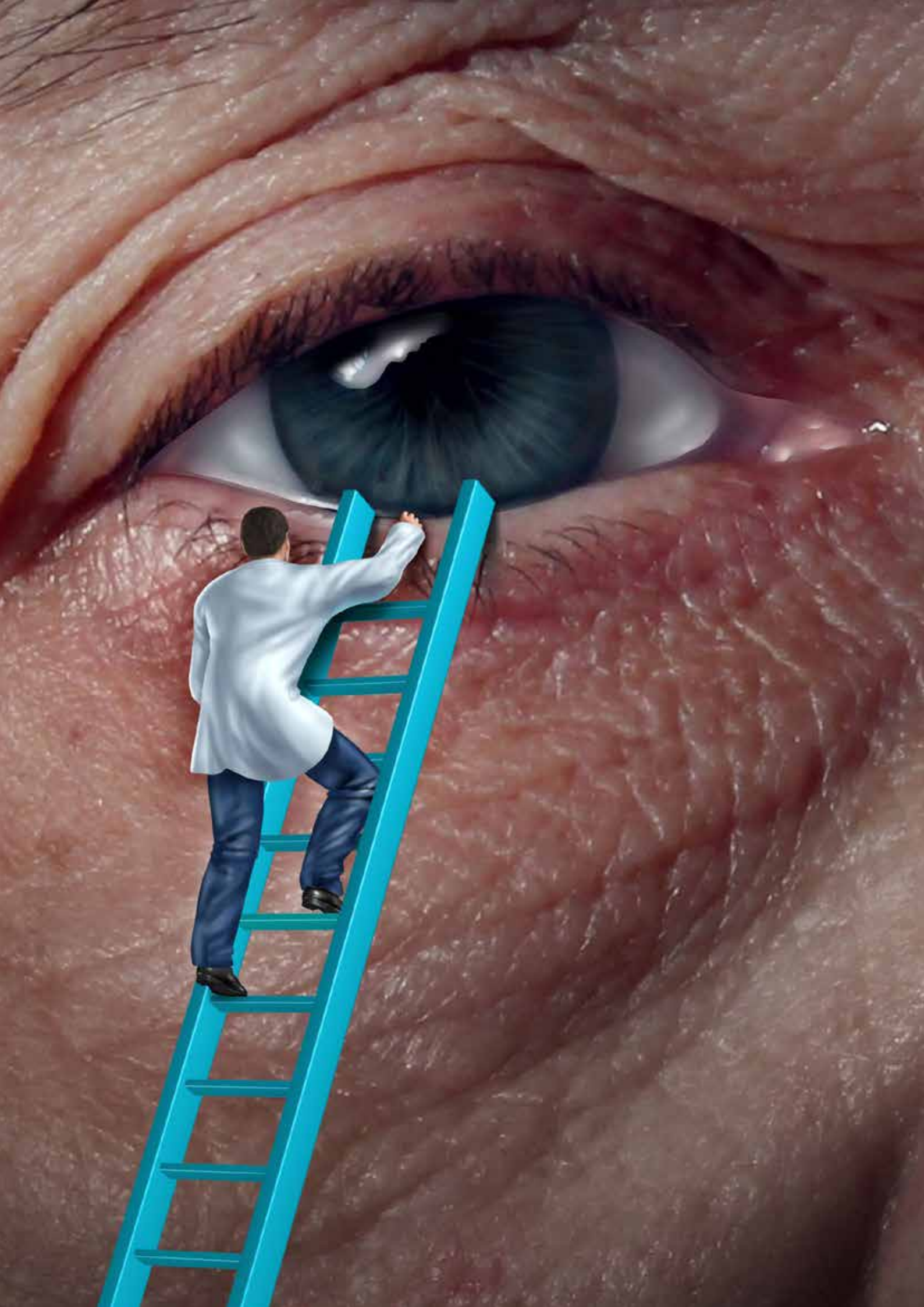
AHP Clinical Career Progression Pathways



There are three pathways to progress and staff may move between pathways throughout their careers for skills development and career needs.

To move between pathways refer to Personal Specification for requirements

Other AHP roles also exist in Department of Health, Public Health Agency, Clinical Education Centre and Regulation and Quality Improvement Authority for career progression.

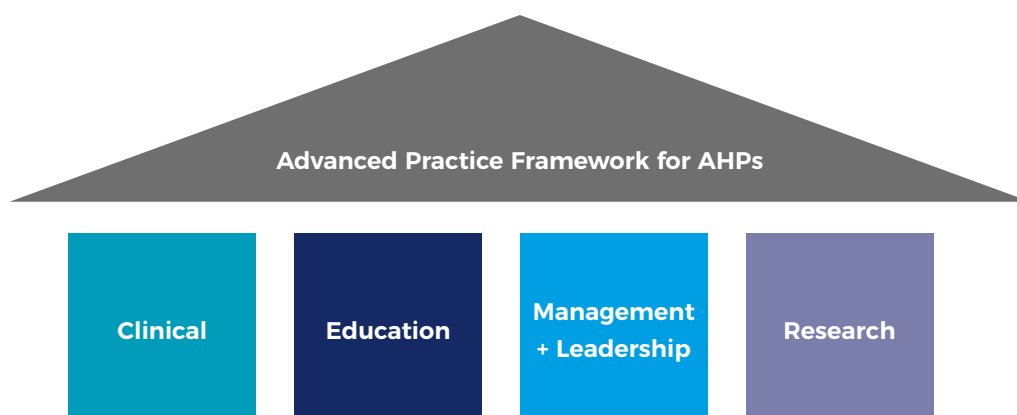


Core Competencies for Advanced AHP Practice

NI, in line with the other UK countries, England, Scotland and Wales, recognises that clinicians identified as Advanced Practitioners should be expected to work, practice and function to the same standard and will be supported and empowered by their organisations to make high level decisions of similar complexity and responsibility.

Within this framework, a core principle is for advanced practice to be defined as a level of practice rather than a specific role. The required level of practice is characterised by functions set out within the clinical, research, education and managerial/leadership domains. These functions are articulated as pillars of advanced practice (Figure 4). These will define the competencies for advanced AHP practice. These pillars were developed from National Executive Scotland (2007; see Appendix 2).

Figure 4 - Core competencies for advanced AHP practice



Whilst the specific composition of individual roles will be determined locally, every advanced practice post will require evidence of skills in each of the four key functions (pillars) in order to be deemed competent. The split between the functions will be determined by the requirements of the post, e.g. a teaching post will have a higher proportion of education skills required.

Other opportunities for advanced practice roles can be offered by other agencies/bodies e.g. posts may be available in the PHA in both specialist projects and strategic development or AHP leadership and policy at the DoH, or in the Housing Executive.

APPLICATION OF CORE COMPETENCIES

The four core competencies relevant to the Advanced AHP Practitioner's role have specific core learning outcomes and are presented in Appendix 3.

The learning outcomes have been developed to guide:
curriculum development of the MSc level educational and training programmes (commissioned by the DoH);
development of job descriptions for Advanced AHP Practitioners;
ongoing learning and development of the individual employed in the role.

The core competencies and core learning outcomes will complement other generic competency frameworks which are relevant to the Advanced AHP Practitioner's role, such as Knowledge and Skills Framework (DH, 2004); Healthcare Leadership Model (NHS Leadership Academy, 2013); Attributes Framework (DHSSPS, 2014).



The Advanced AHP Practitioner Role

There are many instances in which AHPs have been pivotal to service redesign and the achievement of performance targets. This is particularly evident where Advanced AHP Practitioners have become integral to the development of sustainable and affordable multidisciplinary teams. AHPs also play an integral role in the public health workforce in designing and delivering improvements to health and well-being and reducing health inequalities. The Advanced Practitioner promotes and protects health and well-being, prevents ill health and prolongs life using their unique skills, knowledge and experience to deliver public health improvement. They also play a key role in the education of others, including those in multidisciplinary teams. Appendix 4 gives examples of AHPs working in advanced practice roles.

The Advanced AHP Practitioner:

- practices autonomously, whilst being accountable and self-directed in line with the relevant code of professional conduct;
- provides highly specialised, high quality, person-centred care which always considers people's safety, privacy and dignity using advanced clinical knowledge that is evidence based;
- plans and manages complete episodes of care; undertakes independent comprehensive assessment and management of service users to incorporate, for example, pharmacological considerations; makes complex clinical decisions regarding service user management and clinical outcomes;
- leads as a driver for change, to monitor and improve standards through supervision, evidence-based practice, clinical audit, research and education;
- contributes to and undertakes activities, including research, that monitor and improve the quality of healthcare and the effectiveness of practice;
- provides expert clinical advice, leadership and support ensuring the needs of the service are met by exercising and demonstrating high levels of clinical judgment, critical analysis and advanced decision-making skills, promoting and demonstrating best practice by integrating evidence into practice;

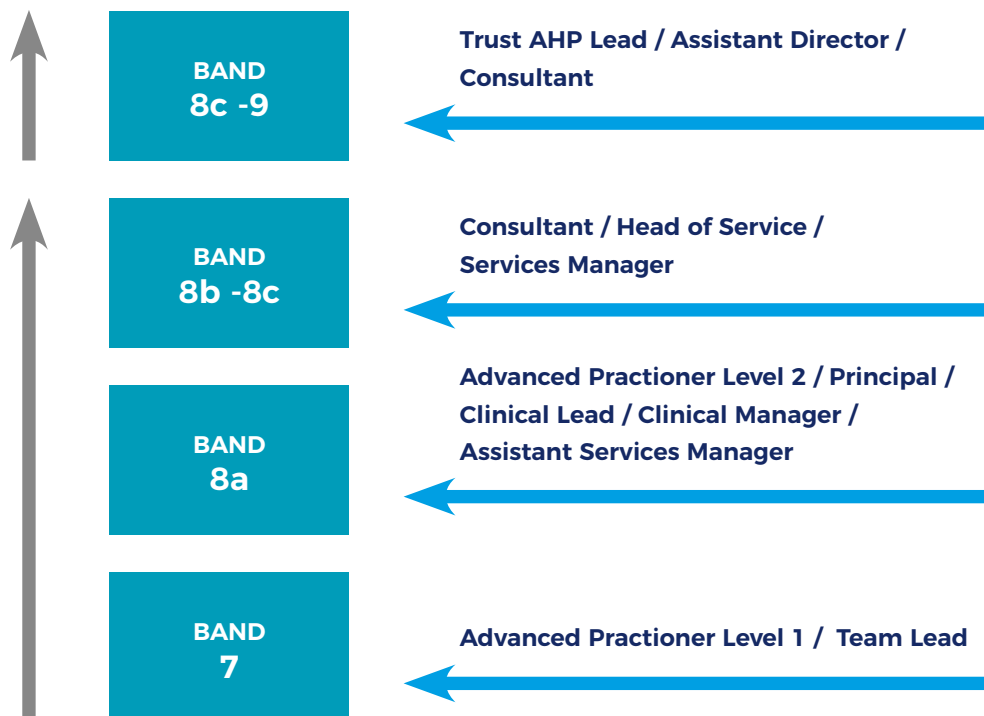
- works strategically contributing to the planning and development of integrated services;
- is accountable for the direct delivery of autonomous service user care.

(Source: Extracts from Dorset Healthcare University – NHS Foundation Trust)

Going forward in recruitment it must be noted that only those who meet the requirements of the role and who are employed as Advanced AHP Practitioners, will be able to use the title.

The regional scoping exercise undertaken as part of the development of the framework highlighted a great deal of inconsistency in the grading and titles of extended scope practice that this document defines as advanced practice (Appendix 3). Following extensive discussions within both the steering and working groups (Appendices 5 and 6), which is representative of managers, staff side and education providers, it is recognised that a clear framework underpinned by the principles within AfC is important to reflect the requirements for development of these posts. Whilst it is recognised that clinical competencies are not directly correlated to pay bands, Figure 5 provides some guidance (but should not be applied rigidly) in mapping to job roles. The Advanced Practitioner roles at levels 1 and 2 are recognised nationally.

Figure 5 - Guidance on job roles and pay bands





Academic and Clinical Preparation for Advanced AHP Practitioners

In addition to experiential learning, progressing to the Advanced AHP Practitioner role requires significant educational support to enable provision of enhanced service user care.

Educational provision combined with experience and practice, supports the development and recognition of advanced practice 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 Advanced Practitioner status.

It is essential that AHP clinical leaders and education providers develop education that is relevant to clinical practice and service user needs. Higher education institutions and in-service education will need to respond flexibly to changing requirements and service transformation. This will require high levels of partnership and collaborative working between HSC organisations and education providers.

Advanced Practitioners will be supported in their job role as outlined in the AHP support and supervision policy and underpinned by the governance principles as outlined in the current AHP strategy (DHSSPS, 2012) and any future AHP strategies.



Advanced AHP Practice Postgraduate Education and Training Programmes

In order to effectively deliver an Advanced AHP Practice Framework, robust and ongoing commitment to postgraduate education and funding is essential. Postgraduate modules/certificate/diploma/MSc in advancing practice offer AHPs the opportunity to engage in CPD. As the role of Advanced Practitioner develops, future programmes should be designed with both uni-professional and inter-professional modules to allow AHPs to move through career pathways. Some modules may only be applicable to one profession and will have been developed accordingly. Interdisciplinary working should be encouraged so that modules are shared across programmes where educationally appropriate. Some of the inter-professional modules may include a number of professions; however, depending on the provider there may be compulsory modules and modules which are suitable for all the AHPs. This will enhance an understanding of the contribution other professions make to the service user's journey.

In line with the previous definition of master's level qualification, and taking into account 'equivalency', providers in the future must evidence that they can provide sustainable modules which use a flexible but clear module structure that enables practitioners to engage with a single module (short course) or to work towards an award of PgCert/Dip/MSc advancing practice in (AHP specialism). These programmes must be able to demonstrate academic and practical aspects using learning methods which allow for reflection on current theory, the available evidence base, current practice and practical translations into enhancement of practice. Modules will have been developed in partnership with clinical colleagues and professional experts.

As a result, graduates from these programmes will demonstrate a high level of critical thinking and cognitive skill in respect of analysis, synthesis and objective evaluation of complex issues. This will enable them to demonstrate creativity in identifying and solving situations and problems, with the outcome of advancing their practice. The key skills developed would transfer to other situations and work environments. The skills developed will allow Advanced Practitioners to focus on solution finding, leadership, organisation of time and task, ability to use and conduct research and effective use of information technology. They will have enhanced interpersonal qualities, most notably in respect of leadership roles, critical reflection on one's own practice and being an agent of change in their work environment, and develop expert practice in their field.

Core Competencies and Core Learning Outcomes

Guidance in relation to core competencies required for staff are attached in Appendix 3. This shows what clinical, leadership, education and research competencies staff must attain in order to move through their career pathway. This will help staff through their supervision and appraisal process to develop their knowledge and skills in order to apply for advanced practice posts.





Application of the Advanced AHP Practice Framework

The implementation of this framework will ensure a more consistent approach across NI to the development and management of future Advanced Practitioner roles. It will ensure a consistent approach is taken to the use of job titles and that appropriate governance arrangements are in place to support advanced level practice. Changes to agreed job titles and essential criteria will start at a point in time – this would apply in a ‘going forward’ approach and should have no regrading implications. The key purpose of an agreed ‘working title’ is to have less confusion in the system and with service users. The titles suggested would be an umbrella term which would cover the job profiles and will be linked to the national matching profiles, therefore not affecting AfC processes/outcomes. Once finalised, the framework will be issued by DoH Workforce Planning Directorate to all Chief Executives of HSC Trusts to implement. Trusts will be directed to comply with the titles, bandings and competencies set out in the framework.

It is recognised that there are funding and resource implications in developing Advanced Practitioners, and this will be addressed via the Regional AHP Education Commissioning Group and Trust Managers, who will also consider the findings from the AHP workforce reviews. It is also envisaged that a framework document of AHP associates will be developed in the future, to enable current local HSC AHP Advanced Practitioners with clinical expertise, to contribute to education and training provision. This work will be taken forward through the AHP Lead Officer at the DoH.



Appendix 1

CORE COMPETENCIES AND CORE LEARNING OUTCOMES – GUIDANCE

All job descriptions must be based on AfC national profiles. This is not an exhaustive list of competencies at each level and should be used for guidance. It is recognised that some competencies may overlap across some of the levels. To progress from Level 1 to Level 2 it is expected that staff will evidence the competencies at Level 2. When staff are promoted to Level 2 they will be expected to ensure they have met the competencies at Level 1. Each AHP Head of Service is responsible for ensuring the competencies of each post match their service model requirements.

CORE COMPETENCY 1 – DIRECT CLINICAL PRACTICE

The Advanced AHP Practitioner Level 1 will:

1	Practice autonomously, providing high quality innovative clinical practice
2	Be proactive in clinical decision making underpinned by an advanced level of theoretical and practical knowledge
3	Undertake comprehensive specialist holistic assessment of, or perform diagnostic tests or interventions on service users, in collaboration with their carers where needs are highly complex
4	Use advanced clinical skills in assessment, diagnoses, treatment and discharge of service users
5	Demonstrate a high level of knowledge in relation to pattern of disease or disorder, markers of condition progression and range of treatment available at each stage of disorder or condition
6	Where appropriate to profession, act as an independent non-medical/supplementary prescriber, able to take a history, assess, examine, diagnose and prescribe, and develop a management plan including medication and monitor response to medication.

The Advanced AHP Practitioner Level 2 will:

1	Develop and implement the highest quality innovative clinical practice
2	Be proactive in clinical decision making underpinned by the highest level of theoretical and practical knowledge and be able to demonstrate improved service users outcomes
3	Undertake comprehensive specialist holistic assessment of service users and carers where needs are highly complex. This will involve planning, implementing and evaluating the care delivery according to changing healthcare needs
4	Work autonomously using advanced levels of history taking and examination skills within multidisciplinary team, guidelines and protocols
5	Use advanced clinical skills in assessment, diagnoses, treatment and discharge of service users
6	Demonstrate a high level of knowledge in relation to pattern of disease or disorder, markers of condition progression and range of treatment available at each stage of disorder or condition
7	Where appropriate to profession, act as an independent non-medical/supplementary prescriber, able to take a history, assess, examine, diagnose and prescribe, and develop a management plan including medication and monitor response to medication
8	Advise and communicate as appropriate with acute hospitals, primary and social care and community teams thus ensuring seamless continuity and transfer of care for service users between other relevant health, social and third sector agencies, professionals and other care settings
9	Establish, maintain and effectively manage barriers to advanced, highly skilled and effective communication with service users, carers and professionals across health and social care, in order to develop a therapeutic relationship within which highly sensitive, distressing health conditions and highly complex issues are often addressed. This includes imparting information regarding diagnosis, prognosis and treatment and referring to other teams as appropriate to promote integrated working and to improve service user outcomes.

The Consultant will:

1	Have a highly visible clinical profile, spending at least 50% of time in clinical practice, providing both advisory and clinical input into patient/client care
2	Develop and implement the highest quality innovative clinical practice. Be proactive in clinical decision making, underpinned by the highest level of theoretical and practical knowledge
3	Undertake comprehensive specialist holistic assessment of service users and carers where needs are highly complex. This will involve planning, implementing and evaluating the care delivery according to changing healthcare needs
4	Authorise the decision to admit service users and/or proactively initiate discharge
5	Work autonomously using advanced levels of history taking and examination skills within multidisciplinary team, guidelines and protocols
6	Utilise expert clinical skills in assessment and/or formulate a diagnosis and/or treatment plan.

CORE COMPETENCY 2 – LEADERSHIP AND MANAGEMENT

The Advanced AHP Practitioner Level 1 will:

1	Inspire and demonstrate leadership qualities through delivery of specialist advice, working with others, demonstration of personal qualities, continuous service improvement, and setting direction
2	Manage change through strategic thinking, use of negotiating skills, self-awareness and effective communication
3	Act as a role model, provide professional leadership to the team and promote the Trust/organisation behaviours of being proactive, positive, respectful, supportive, reliable and trustworthy.

The Advanced AHP Practitioner Level 2 will:

1	Undertake clinical supervision and systematic peer review of colleagues on an individual or group basis
2	Contribute to investigation of incidents and complaints when required; participate in identifying lessons learnt and the sharing of learning across the organisation.

The Consultant will:

1	Provide leadership by setting a clear direction on service planning and delivery, leading discussions regarding requirements of the service, ensuring an innovative and high quality service is delivered
2	Act as a national leader in own specific field, creating opportunities to represent the organisation and also ensuring the organisation is aware of national changes to healthcare
3	Provide highly specialist advice and support to other professionals in the multidisciplinary team.

CORE COMPETENCY 3 – RESEARCH AND DEVELOPMENT

The Advanced AHP Practitioner Level 1 will:

1	Regularly undertake audit and service evaluation to inform service improvement
2	When necessary support and facilitate colleagues in research, clinical audit and clinical trials in order to improve effectiveness and quality of patient care
3	Critically analyse research findings and their implications for practice
4	Disseminate evidence-based practice and audit findings through local and/or regional presentation to professional groups
5	Review recent publications and research to ensure practice is evidence based and up to date.

The Advanced AHP Practitioner Level 2 will:

1	Facilitate learning for service users and their carers in relation to their identified health needs
2	In collaboration with other senior staff, ensure that clinical practice is patient centred and research based in accordance with professional practice, guidelines and national and local benchmarks
3	Regularly undertake audit and service evaluation to inform service improvement using an evidence-based approach to draw on best practice. When necessary support and facilitate colleagues in research, clinical audit and clinical trials in order to improve effectiveness and quality of service users' care
4	Critically analyse research findings and their implications for practice
5	Disseminate evidence-based practice and audit findings through local and/or regional presentation to professional groups.

The Consultant will:

1	Provide an environment that encourages client-centred involvement, where clients are facilitated to ask for help, advice and education
2	In collaboration with other staff ensure that clinical practice is patient centred and research based in accordance with professional practice, guidelines and national and local benchmarks
3	Act as a research champion; regularly initiate and undertake audit and service evaluation to inform service improvement using an evidence-based approach to draw on best practice. When necessary support and facilitate colleagues in research and clinical audit in order to improve effectiveness and quality of patient care. Participate in surveys as required.
4	Critically analyse research findings and their implications for practice, advising on the impact on practice and implementation
5	Encourage critical appraisal of research findings amongst colleagues, teaching these skills where appropriate.

CORE COMPETENCY 4 – EDUCATION

The Advanced AHP Practitioner Level 1 will:

1	Maintain up-to-date skills and knowledge relevant to their profession and specialist area by engaging in a range of relevant learning and development activities
2	Educate and supervise AHP colleagues and others in the healthcare team
3	Take advantage of education and training opportunities in line with their Personal Development Plan
4	Undertake self-reflection in line with CPD principles
5	Advocate and contribute to continuous learning and development, evidence-based practice and succession planning
6	Lead and contribute to a range of audit and evaluation strategies which informs education and learning.

The Advanced AHP Practitioner Level 2 will:

1	Develop and maintain high level advanced skills and identify learning and development needs for both self and others
2	Educate and develop others in advanced practice by supporting and facilitating colleagues
3	Actively support multidisciplinary learning and education where possible to promote their specialty and advance practice
4	Identify gaps in learning and have a role in exploring evidence-based education programmes for both themselves and other staff
5	Assist in the design and or delivery of programmes as part of a partnership approach with education providers.

The Consultant will:

1	Actively share learning and expertise with members of their own profession and other members of the multidisciplinary teams on both a local and regional basis
2	Support educational institutions in provision of clinical teaching or training
3	Promote advance practice and other service improvements at regional and national level at various fora including national and international conferences, specialist interest groups, national professional bodies etc. when developing guidelines
4	Work collaboratively with various professional bodies ensuring the AHP Advance Practice programme in NI is seen as an exemplar of best practice.

Appendix 2

ADVANCED PRACTICE PILLARS (ADAPTED FROM NATIONAL EXECUTIVE SCOTLAND (2007))

In 2007, National Executive Scotland developed the four advanced practice pillars and defined the characteristics of each. These have been adapted for the HSCNI in Table 1 below.

Table 1 - Advanced Practice Pillars

1. MANAGEMENT AND LEADERSHIP

- Identifying need for change, leading innovation and managing change, including service development
- Developing case for change
- Negotiation and influencing skills
- Networking
- Team development

2. EDUCATION (WITHIN EITHER CLINICAL PRACTICE OR EDUCATION SECTOR)

- Principles of teaching and learning
- Supporting others to develop knowledge and skills
- Promotion of learning/creation of learning environment
- Service user/carer teaching and information giving
- Developing service user/carer education materials
- Teaching, mentorship and coaching

3. RESEARCH

- Ability to access research/use information systems
- Critical appraisal/evaluation skills
- Involvement in research
- Involvement in audit and service evaluation
- Ability to implement research findings into practice, including use of and development of policies/protocols and guidelines
- Conference presentations
- Publications

4. ADVANCED CLINICAL PRACTICE

- Decision making/clinical judgment and problem solving
- Critical thinking and analytical skills incorporating critical reflection
- Managing complexity
- Clinical governance
- Equality and diversity
- Ethical decision making
- Assessment, diagnosis referral, discharge
- Developing higher levels of autonomy
- Assessing and managing risk
- Non-medical prescribing in line with registration
- Developing confidence
- Developing therapeutic interventions to improve service user outcomes
- Higher level communication skills
- Service user focus/public involvement
- Promoting and influencing others to incorporate values based care into practice
- Development of advanced psycho-motor skills

These pillars are further supported by the underpinning principles set out in Table 2, which demonstrate how the role fulfils the requirements of advanced practice.

Table 2 - Underpinning Principles of Advanced Practice

AUTONOMOUS PRACTICE

Advanced Practitioners practise autonomously, have the freedom to exercise judgment about actions, in turn accepting responsibility and being held to account for them.

CRITICAL THINKING

Practising autonomously requires 'self-regulatory judgment that results in demonstrating the ability to interpret, analyse, evaluate and infer' (Mantzoukas et al, 2007; 33). Critical thinking allows Advanced Practitioners to explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgment and decision making.

HIGH LEVELS OF DECISION MAKING AND PROBLEM SOLVING

It would be expected that an Advanced Practitioner can demonstrate expertise in complex decision making in relation to their current role. This includes determining what to include in the decision-making process, and making a decision based on judgment and critical thinking/problem solving. This in turn affects the ability to practise autonomously.

VALUES BASED CARE

At this level of practice, individuals are required to have a high level of awareness of their own values and beliefs. Care is negotiated with service user/carers as an equal partner. 'Working in a positive and constructive way with difference and diversity. Putting the values, views and understanding of individual service users and carers at the centre of everything we do'.

IMPROVING PRACTICE

It is important that Advanced Practitioners deliver advanced practice which is evidence based within service, whilst acting as a positive role model that enables change regardless of their job title.



Appendix 3

SUMMARY OF SCOPING EXERCISE

It was agreed as part of the development of the framework to conduct a scoping exercise across NI to capture the various job titles, experience required, qualifications/competencies and all essential criteria that exist across all AHPs from Bands 6 to 8b. An online questionnaire was drafted to capture this data by profession. This was issued to members of the Working Group to circulate to their regional colleagues for completion.

All responses were captured and following a review of the information collated from the scoping exercise the Advanced AHP Practice Framework Working Group made initial proposals for consideration by the Steering Board and respective profession regional colleagues across all Trusts.

ADVANCED PRACTICE

It should be noted that advanced practice is a level of practice rather than a role and is not exclusively characterised by the clinical domain, but includes working in research, education or managerial/leadership roles (recognised as pillars of practice). All advanced practice posts will contain some elements of each pillar. These are outlined in the framework.

Level of competency	Outputs – what the job will deliver
<p>Minimum 3 years' postgraduate experience at Band 6 relevant to the post</p> <p>Master's education / modules (or equivalent) or willingness to complete education and training within 12-18 months</p>	<p>Highly developed specialist knowledge underpinned by theory and experience</p> <p>Making high level clinical decisions dealing with complex facts and situations requiring analysis and interpretation</p> <p>Provides day-to-day management of a team of staff – manages and develops staff including participation in recruitment, appraisal, and performance</p>
<p>Minimum 2 years at Band 7 level relevant to the post OR, in exceptional circumstances where appropriate, 7 years' postgraduate experience to include minimum of 5 years at a specialist grade or above in the specialist field</p> <p>Master's education / modules (or equivalent) or a requirement to complete education and training within 12-18 months</p>	<p>Working at a high level of clinical expertise and/or have responsibility for planning services</p> <p>Lead on implementation of professional clinical governance frameworks and support others in its use</p>
<p>Dependent on post requirements, responsibility and accountability</p>	<p>Practise autonomously guided by expert understanding of policies, procedures and guidelines</p> <p>Anticipate and predict risks/benefits through application and analysis of data, evidence and strategic awareness</p> <p>Staff working at a very high level of clinical expertise and/or have responsibility for planning services</p>

Band	Current range of working titles in AHPs	Agreed working title/s going forward	
8c +	Managerial/Strategic The Nominated Trust AHP Lead Assistant Director for AHPs Assistant Director for Operational area Co-Director	Trust AHP Lead Assistant Director	
Senior mgt scale (not AfC)	Director	Director	
Other relevant AHP posts (some outside of HSC)			
	Lead AHP Officer (DoH) Assistant Head of CEC (Band 8a) AHP Training Consultant – Supervision Training (Band 7 temporary)		

**Band 6 – not recognised as advanced practice

Proposed working title for Band 6 – ‘Specialist’ (noting recognised profession i.e. Specialist Physiotherapist)

Would have a higher degree of autonomy than Level 5 in the clinical environment. Working autonomously with freedom to exercise judgment about actions guided by professional accountability and responsibility. Minimum 2 years’ experience required with relevant postgraduate experience, education and training equivalent to postgraduate certificate level

Level of competency		Outputs – what the job will deliver
Dependent on post requirements, responsibility and accountability	<p>Lead professional development and quality improvement planning across a Trust reflecting the importance of values based approaches</p> <p>Act as a champion and role model for AHPs</p> <p>Demonstrate knowledge of health improvement programmes, planning of services through implementation and evaluation</p>	

**Band 5 – not recognised as advanced practice

Proposed working title – HCPC registered title (Physiotherapist, Radiographer etc.)

Additional notes


If a profession is unable to recruit at a particular band they may re-advertise at a lower band and note that the post holder will remain at the lower band until they meet the required postgraduate experience and demonstrate the competencies for the next level at the higher band.

Clinical or strategic reasons may affect the number of years’ experience or qualifications required.

Any changes to agreed job titles and essential criteria will start after the framework is formally launched – this would apply in a ‘going forward’ approach and should have no regrading implications. The key purpose of an agreed ‘working title’ is to have less confusion in the system and with service users. The titles suggested would be an umbrella term which would cover the job profiles and will not affect AfC.

Appendix 4

ADVANCED PRACTITIONER PROFILES

	<p>ADVANCED PRACTITIONER LEVEL 1</p> <p>Jane Beggs BSc (Hons) Podiatry</p> <p>Podiatrist Band 7</p> <p>Current Title: Advanced Clinical Specialist, Diabetes</p> <p>Northern Health and Social Care Trust</p>
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Context

Diabetes and diabetic foot disease is an increasingly urgent health issue. The Quality Outcomes Framework identifies that 84,836 people in Northern Ireland have diabetes and approximately 15% of people with diabetes will develop a diabetic foot ulcer within their lifetime.

Diabetic foot disease is one of the most distressing and disabling complications of diabetes. Every week there are four leg, foot or toe amputations carried out on people in Northern Ireland. It's the aim of regional podiatry services to develop and implement agreed guidelines to address this and reduce the rate of ulceration and amputations.

Role

The Advanced Clinical Specialist ensures the provision of a professionally competent podiatry service to patients with diabetes. This role is becoming increasingly specialised with emphasis on wound management and the prevention of serious foot pathologies.

The Advanced Podiatrist uses his/her initiative to develop and interface with the multidisciplinary team members. In conjunction with colleagues and podiatry management the Podiatrist will contribute to the development of diabetes services Trust-wide and will provide a mentoring role for staff in the management of foot pathologies associated with diabetes.

How it has helped

This role has played an integral part in the establishment of an Enhanced Foot Protection Team (EFPT) in Causeway Hospital.

The objectives are to streamline and enhance foot care pathways and establish a multidisciplinary team to manage active foot disease and cardiovascular risk, to ensure early intervention within 48 hours, as per Nice Guideline 19.

The EFPT reduces emergency admissions and visits to ED and supports service users to self-manage.

At the end of year two of the project, results showed:

- 493 referrals were received for active wounds to the EFPT;
- 85% were seen within 48 hours;
- 70% reduction rate in amputations;
- an approximate saving of £98,000 through avoiding 504 bed days by using the hospital diversion team and therefore keeping the patient in their own home.



ADVANCED PRACTITIONER LEVEL 1

Audrey Browne

BSc (Hons) Radiography

Band 7

Current Title:

Clinical Specialist Ultrasonographer

PGD Ultrasound

MSc Radiation Science (US Ultrasound)

Western Health and Social Care Trust

Context

Ultrasound is a key primary diagnostic tool. It is used largely for imaging of soft tissue structures e.g. liver, kidney, obstetrics etc.

Increasingly patients referred to the radiology service for ultrasound are usually scanned by a sonographer who produces an independent report.

Prior to the roll out of clinical specialist sonographers the scan would have been undertaken by a sonographer, who provided a descriptive report and this would have been reviewed and signed off by a Radiologist. This practice still continues for specific or complex cases.

In radiology departments the ultrasonographers are qualified state registered Radiographers who will hold a BSc in Radiography (or equivalent) as well as a postgraduate certificate or diploma in medical ultrasound.

In order to practise as an ultrasonographer, a practitioner will have extensive knowledge of the physics of ultrasound, anatomy, physiology and disease processes as well as several years' training and mentorship. Within ultrasound there is a range of subspecialty areas of scanning which include musculoskeletal, vascular and obstetrics.

The term sonographer is not a 'protected title' but The College of Radiographers administers a Voluntary Register of Sonographers.

Role

The ultrasonographer provides a high level of clinical expertise in the performance of ultrasound scans as well as the issue of an independent report.

Often, particularly in subspecialty areas, the sonographer will have a clearly defined scope of practice which is subject to reflection, audit and peer review to ensure maintenance of the highest possible standards of care.

The majority of sonographer-led ultrasound scanning takes place in the acute setting, i.e. hospital based, although there is interest in providing these services in non-acute settings e.g. GP practices or community settings. The role involves close partnership working with Radiologists and other health care professionals to ensure maximum benefit for patients.

How it has helped

Radiographer-led ultrasound services are well established in all of the acute sites in NI.

In WHSCT there is a Radiographer-led, seven-day ultrasound service, which has allowed a complete redesign of the delivery of ultrasound.

By increasing the number of Advanced Practitioners, the service revised the appointment schedules and moved routine scanning to Saturday and Sunday. This freed up space during the week for unscheduled and emergency scanning and allowed inpatient scanning to continue on a seven-day basis.

Feedback from patients has been very positive and the workflow during the week has become much more balanced. There was also a reduction in the lengths of stay for inpatients. Staff also saw benefit as they were able to deliver timely care, under more controlled conditions.



ADVANCED PRACTITIONER LEVEL 1

Jenny Kirkwood

Band 7

Current Title:
Music Therapy Manager

Context

In Northern Ireland Music Therapy services are currently provided by contractors external to the HSC Trusts.

One such organisation is a charity with a team of 10 therapists, including two Music Therapy Managers. Music Therapists are employed at Band 6 equivalent and are managed by the two Music Therapy Managers in Band 7 equivalent posts.

They therefore work at an advanced practice level supporting a team of therapists in delivering effective Music Therapy practice across Northern Ireland.

Role

In this organisation, the Music Therapy Managers' role encompasses clinical, managerial and research areas to ensure the efficient running of therapy services provided to service users, both in HSC Trusts and in private contracts. This includes overseeing therapists' caseloads, providing training, monitoring therapy processes, and quality assurance.

They use their own up-to-date knowledge of current practice and evidence, and advanced practice experience to provide guidelines, policies and procedures as well as supervision to guide and support staff in continuously improving their therapy practice.

They also engage in ongoing research projects liaising with universities and partner organisations and overseeing the therapists involved, thus contributing to the evidence base for their profession. As part of quality assurance, they have developed and implemented the organisation's outcomes-based accountability procedures.

How it has helped

The main impact of this role in recent times has been the development and improvement of existing quality assurance processes in the organisation – including audits, appraisal system, clinical guidelines and procedures, risk assessments, and outcomes-based accountability incorporated into the therapy process.

There is a benefit for all staff in the increased effectiveness of their own working practices, with clear benefit then passed on to service users as they are receiving high quality, best-practice therapy at all times. This continuous improvement approach has been reflected in consistently positive outcomes measured and positive feedback in customer service evaluations.



ADVANCED PRACTITIONER LEVEL 1

Catherine Page

Band 7

Current Title:

Specialist Paediatric Orthoptist Band 7

Southern Health and Social Care Trust

Context

This role was created to provide a specialist Orthoptic service for children with special educational needs and disability throughout SHSCT. There was need to provide a source of expertise on the management of children with special needs and provide an advisory, education and consultative service to parents, teachers and other health professionals and appropriate stakeholders that could not be accommodated within the constraints of a core service.

The post holder is responsible for planning and delivering the Orthoptic service within the existing multidisciplinary teams.

Role

The Specialist Paediatric Orthoptist provides a high level of clinical expertise in the assessment, diagnosis and management of children with special educational needs and disabilities.

This includes children with physical disability, learning difficulties/disability, sensory dysfunction and other long-term conditions.

Many of these children will present with very challenging behaviour.

This post is mainly school-based allowing the Orthoptist to assess the functional needs of each individual child and recommend specific treatment or strategies tailored to the needs of the individual within their academic environment, allowing them fuller access to the education curriculum. The Orthoptist plays a pivotal role in providing advice and support to parents, AHPs and educators.

How it has helped

Attendance at core Orthoptic clinics by this specific client group was recorded at 50% due to high levels of sickness and a prioritisation of other appointments by parents.

Catherine is able to assess, treat and manage children within the school setting thereby offering a specialised assessment without the need for additional clinic/hospital appointments.

Catherine is also able to give practical support to the multidisciplinary team within the school setting.

Parent satisfaction questionnaires recorded that 100% of parents felt that it was more beneficial for their child to access the Orthoptic service within the school setting rather than in the hospital setting. Some 83% of parents recorded that the report sent home following assessment was either helpful or extremely helpful and increased parental understanding of their child's visual needs.

Teacher questionnaires recorded similar high levels of satisfaction both with the benefits and outcomes of having a specialist Orthoptic school service.



ADVANCED PRACTITIONER LEVEL 1

Joy Whelan

BSc (Hons) Nutrition & Dietetics

Band 7

Current Title:

Advanced Coeliac Specialist Dietitian, Band 7

Western Health and Social Care Trust

Context

Coeliac disease affects up to 1% of the population.

Current national diagnosis rates are estimated to be 0.25% in the UK resulting in an estimated half a million people remaining undiagnosed. Figures in the WHSCT calculate a diagnosis rate of 0.63% with the current register having 2,100 patients.

Approximately 75 patients are newly diagnosed per year. Guidelines recommend long-term follow-up of all patients with coeliac disease. In 2012, lengthy coeliac review waiting lists existed for the Consultant Gastroenterologist in the WHSCT with nearly 400 patients overdue their Consultant appointment.

Role

The Advanced Coeliac Specialist Dietitian now works at an advanced practice level, acting as an expert nutrition and dietetic resource facilitating learning in coeliac disease.

Dietetic-led coeliac clinics were set up which allows patients to have just one holistic appointment rather than separate doctor and dietitian appointments. The appointment includes assessing symptoms, obtaining and assessing relevant blood measurements, ordering and reading relevant bone scans, as well as providing updated advice on the gluten-free diet and products, prescription information, Coeliac UK membership advice etc.

Skills required for undertaking the post included having extensive experience and knowledge of coeliac disease and gastroenterology, shadowing of the Consultant Gastroenterologist and completion of the BDA/ Coeliac UK Coeliac Update course. An understanding of current guidance on pneumococcal vaccination, medical imaging referral guidelines and bone scan interpretation was also needed. Training and competence were also achieved in venepuncture techniques.

How it has helped

An audit of the service shows it is an efficient and cost-effective method of review for this patient group with clinics costing 50% less than Consultant clinics and patient satisfaction of more than 90%.

Any patient who needs a Consultant Gastroenterologist review can also then be seen without delay. In addition to this, approximately 70% of newly diagnosed patients, those aged under 50, are booked directly to the clinic in place of a new patient slot being needed in the gastroenterology clinic. There is a potential improvement to adherence to the gluten-free diet and reduction of complications compared to those not reviewed e.g. all adult patients receive an initial bone scan when newly diagnosed and audit shows 47% of these patients were diagnosed with osteopenia/osteoporosis. In a separate audit 45% of patients tested had a low vitamin D status and would risk bone complications unless supplemented.

As a result of this role, improvements have been achieved in terms of timely review of patients, release of Consultant time and increased patient satisfaction, alongside long-term cost savings.

It was also found that 35% of patients with coeliac disease had been lost to follow-up in the northern sector of the WHSCT. They are being invited back to re-engage with the service, which will provide support to this patient group as well as reducing their risk of complications and ultimately the cost to the NHS.



ADVANCED PRACTITIONER LEVEL 2

Mary McGrath

MPhil, Dip COT, RCOT, MAOTI

Band 8A

Current Title:

Advanced Clinical Specialist Occupational Therapist, Memory Clinic

**Belfast Health and Social Care Trust
Advisor to Alzheimer Scotland**

Context

Following receiving ethical approval from Queen's University Belfast, Mary won a research bursary (MPhil) to carry out a randomised, single-blind controlled trial at Ulster University. The Home-based Memory Rehabilitation Programme (HBMRP) was launched in January 2007 providing memory rehabilitation to service users with early-stage Alzheimer's disease and other dementias.

The aims of the programme are to teach people to compensate for their everyday memory difficulties, support independence and human occupations, increase resilience and reduce caregiver burden.

In 2013, the British Medical Journal commissioned an article on safety in the home for people with dementia.

Mary presented at many dementia conferences and meetings training colleagues all over Ireland and at the Royal College of Occupational Therapists and was invited to deliver another Master Class in the Royal College in October 2018. She will also deliver it on Shetland Island for all the senior Occupational Therapists involved in the early treatment of dementia in the Scottish Islands.

Following the completion of her MPhil, she undertook Chief Investigator training and now is the AHP representative on the Northern Ireland Dementia Research Network where she will have a vote for the approval and adoption process of all dementia research carried out in Northern Ireland.

In 2016 and 2017, she presented papers to the Royal College of Dentists in Belfast and Edinburgh on the management of the dementia patient in the dental surgery.

She currently teaches on the undergraduate Occupational Therapy course in Ulster University and the undergraduate/postgraduate medical course in Queen's University Belfast.

Role

The Occupational Therapy-led MRP was, therefore, developed to address these functional and behavioural issues. This programme, which was adapted from cognitive rehabilitation principles for brain injury, teaches people, most of whom have a primary diagnosis of mild cognitive impairment or dementia, strategies to compensate for their everyday memory difficulties whilst adapting the home environment to support these strategies. It is a six-week, customised, home-based programme involving the primary caregiver, where possible. Regular review takes place following the programme to ensure that the compensatory strategies are still being used and to provide caregiver support.

How it has helped

Various aides-memoires are used to support orientation for time and place, episodic memory, medication management, route finding, home safety, scheduling, self-confidence and the reduction of behaviours that cause agitation with a subsequent rise in caregiver burden.

The role of the Occupational Therapist has expanded into facilitating both the early diagnosis of dementia and differential diagnosis by identifying those who present with dementia-like symptoms but who have memory problems for different reasons. The functional and cognitive assessments form part of the triangulation approach to diagnosis, which also includes medical assessment and specialist brain scanning, including PET-CT. A comparison of the results of the main outcome measure the Rivermead behavioural memory test-11 (RBMT-11) was compared by this therapist and a Consultant Neuro-radiologist with PET-CT scan results. This demonstrated that results of the RBMT-11 corroborated the PET-CT scan results, thus further validating the use of this outcome measure for the diagnosis of Alzheimer's disease and other dementias and strengthening the role of the Occupational Therapist in the diagnostic process. As a result of this clinical audit, this Occupational Therapist attends and contributes to the monthly, Trust-wide PET-CT Consultant's meeting for dementia diagnosis and treatment planning.



ADVANCED PRACTITIONER LEVEL 2

Fionnula Mann

MSc, BSc (Hons) Speech and
Language Therapist MRCSLT

Band 8A

Current Title:

Advanced Clinical Specialist Speech and
Language Therapist, Videofluoroscopy Clinic,
Ulster Hospital,

South Eastern Health and Social Care Trust

Context

Videofluoroscopy (VFS) is the modification of the standard barium swallow examination used in the assessment and management of oropharyngeal swallowing disorders.

Speech and Language Therapists play a key part in delivering VFS services for adults in a multidisciplinary context.

Traditionally VFS clinics were Radiologist led, however, the clinic based in the Ulster Hospital progressed to practitioner-led clinics approximately 15 years ago. In consultation with the Radiology department and Trust management and acknowledging IR(ME)R guidelines, clear roles and responsibilities within the confines of the VFS clinic were established.

The establishment of a practitioner-led clinic has greatly improved patient access to this vital examination, with approximately 150% increase in access to this clinic. While waiting times for inpatients has decreased considerably, outpatient waiting times have remained static but this correlates to the increased demand for this service.

Role

The Speech and Language Therapy adult service within the South Eastern Trust delivers care to adult clients presenting with communication and swallowing disorders providing a comprehensive service in terms of assessment, diagnosis and treatment.

All Speech and Language Therapists working in the area of dysphagia have background training in the interpretation of VFS studies to inform their clinical assessment and management. Fionnula Mann has completed a

number of postgraduate training courses which has equipped her to lead the VFS clinic.

Specific VFS training was undertaken in the Adelaide and Meath Hospital between 2009 and 2010. This master's level course specifically focused on the VFS analysis in adult dysphagia and it consolidated her skills in recognising the indicators for VFS, understanding the procedure itself, identifying the anatomical and dynamic abnormalities in the swallow function, the reporting of findings and finally the development of an appropriate therapeutic intervention/rehabilitation programme. In addition, and in line with Trust requirements, Fionnula has undertaken IR(ME)R training, specifically in the areas of the biological effects of ionising radiation and the risks and benefits to its use, patient dosage and measurement, and roles and responsibilities of key personnel.

Fionnula also completed her master's in Advanced Clinical Practice with Special Study in Speech and Language Therapy in 2014.

How it has helped

Dysphagia has been identified as a significant risk for increasing numbers of adult clients living within Trusts. The need to deliver services to address the growing demands is essential and advanced dysphagia training for Speech and Language Therapists allows the profession to ensure that clients receive the best targeted interventions as early as possible. In accessing specialist Speech and Language Therapy input, clients are managed much more safely with fewer complications.

The development of a practitioner-led VFS clinic is part of a much wider service aimed at delivering quality, timely services to clients presenting with swallowing difficulties. The rise in dysphagia related critical incidents has resulted in the need to review all aspects of the continuum of care delivered to this client group from frontline MDT management, to access objective assessment to quickly diagnose issues, through to management both within and outside the Speech and Language Therapy profession.



ADVANCED PRACTITIONER LEVEL 2

Helen Vennard

MSc Medical Science,
BSc (Hons) Radiography

Band 8A

Current Title:

Principle Clinical Specialist Radiographer
Breast and Gynae Cancer (CSSR)

Belfast Health and Social Care Trust

Context

The scope of practice for an individual does not remain static but continually evolves and is defined and evidenced by the competencies they achieve. Radiographers have been successfully expanding and diversifying their roles within Radiotherapy and adapting to the ever-changing technological demands.

The report from the National Radiotherapy Advisory Group states that redesign of the workforce should be based on skills rather than job titles and 80% of practice could be managed by non-medical Advanced/ Consultant Practitioners.

Role

The CSSR role was initially designed to help streamline the co-ordination of planning and treatment pathways. Role development and development of radiotherapeutic practice was also a key component.

Helen has developed expert theoretical knowledge of breast and gynaecological cancers (including aetiology, treatment rationale and a detailed knowledge in therapeutic technique). Currently Helen is competent to undertake new patient consultations, including history taking, discussion pertaining to multi-modality treatment options, and explanations of the treatment management plan to the patient and their family. These skills are completely transferrable and interchangeable between both the breast and gynae site specialties. As expert knowledge and experience has developed, this role has further progressed.

In 2010, the Department of Health commissioned places for non-medical prescribing (NMP) for Radiographers. Having attained the NMP qualification has allowed Helen to set up a weekly treatment review clinic to manage treatment related toxicity and subsequently prescribe for both these groups of patients within the hospital setting or in communication with primary care. Helen also coordinates a weekly review meeting to ensure discussion of patients, their management and to ensure continuity of care with the multidisciplinary team.

Radiotherapy for breast cancer accounts for approximately 30% of all Radiotherapy treatments delivered. At the Cancer Centre in Belfast, 80-100 patients with breast cancer are planned for Radiotherapy each month.

Helen is currently piloting a quality improvement prototype (CSSR-led breast planning). Helen successfully completed a distance learning MSc module in expert practice in breast planning, through Sheffield Hallam University. Completion of this course of study allows her to plan breast cancer treatments and make the transition from a medically led model of care, to a non-medically led and supported model.

How it has helped

An audit of NMP of 51 reviews demonstrated 74.5% were carried out by the CSSR, 1.9% was joint review and 23.5% were clinician review. This equates to approximately six hours of time per week for patients reviewed by the CSSR.

When the quality improvement prototype is rolled out the benefits will include increased time for clinicians to manage complex cases, an opportunity for the CSSR to drive changes in service delivery, equipment optimisation and improved equity and access for all patients.



CONSULTANT AHPs

Vicki Quinn

BSc (Hons) Physiotherapy

Band 8B

Current Title:

Consultant Physiotherapist

Western Health and Social Care Trust

Context

An estimated 29% of the total UK population live with a musculoskeletal (MSK) condition.

It is suggested that one in five people attend their GP every year with a MSK problem, accounting for up to 30% of a GP's caseload.

In parallel with changes in the MSK health of the population, are the acknowledged workforce issues within general practice. The training, recruitment and retention of GPs is recognised as a significant challenge to effective general practice provision and to maintaining sustainable workload.

In the Western Trust, the implementation of Orthopaedic ICATS and the integrated MSK Pathway model has already significantly changed MSK management towards secondary care over the last 10 years. The pilot of First Contact Physiotherapy (FCP) posts, which are already operational in England, Scotland and Wales, was implemented in January 2018 to test FCP in the local context.

Role

The expectation of the FCP role in primary care is that patients (> age 16) presenting with undiagnosed MSK conditions will be assessed, diagnosed, offered initial treatment/management advice, including self-management, and discharged or referred onwards, if required. This may include referral for investigations such as x-ray, MRI or blood tests.

The FCP works at an advanced level within a bio-psycho-social model, to manage complexity, multi-factorial health conditions and risk. Training enables recognition of, and response to, the possibility of serious pathology, differential diagnosis, and consideration of the impact of individuals' clinical status on their overall health and well-being.

Vicki has extensive experience having completed a wide range of postgraduate physiotherapy training, including Society of Orthopaedic Medicine, Maitland and McKenzie concepts, and in management of persistent pain. She has completed a master's programme in First Contact Care/Advanced Practice, and a postgraduate Certificate in Rheumatology. Vicki is also a non-medical independent prescriber. For future FCP posts, it will also be desirable to be trained in injection therapy. Other training includes referral for imaging and blood tests and shadowing orthopaedic consultants and GPs.

How it has helped

Evaluation of the FCP project has shown that a Physiotherapist working at an advanced level in a GP practice can reduce attendances to GP appointments by patients with MSK conditions.

Many people with MSK conditions (48%) simply need expert assessment, reassurance, advice on exercise or activity, self-management strategies and perhaps social prescribing, to set them on the road to recovery, without the need for onward referral.

For patients who are referred for physiotherapy management or to orthopaedics for surgical opinion, advice is given to continue with active management while waiting to be seen. FCP also streamlines pathways, which reduces unnecessary costs.

Satisfaction surveys showed that patients placed significant value on seeing an MSK specialist, and that FCP is acceptable to GPs as an addition to the practice team and expertise.

The vision for primary care in Northern Ireland supports an integrated approach to service delivery, based on multidisciplinary teams embedded in primary care.



CONSULTANT AHPs

Donna Kerlin,
BSc (Hons) Radiography

Band 8B

Current Title:

Consultant Radiographer (Breast Services)

Western Health and Social Care Trust

Context

This is a new role designed to support breast services. Radiology is a key element of a multidisciplinary team delivering breast care for patients. The service has two major elements: breast screening, which sees women invited for triennial mammography between the ages of 50 and 70, and symptomatic services, which are provided for patients presenting with potential breast cancer following referral by their GP or hospital Consultant.

The Consultant Radiographer role was developed in WHSCT as a result of a chronic radiology staffing issue (national and regional) and a desire to complete the introduction of a four tier Radiography service in line with Department of Health, HSCB and College of Radiographers proposals.

The Breast Consultant is a state registered Radiographer who holds a BSc in Radiography, a postgraduate Certificate in Mammography, and years of experience at Advanced Practitioner (Clinical Specialist) level. In addition, the Breast Consultant will hold a master's level qualification in image interpretation and reporting, Master's level qualification in breast biopsy and a master's level qualification in breast ultrasound.

Role

The Consultant Radiographer is required to provide a wide range of radiological expertise to the service including:

- mammogram interpretation and reporting;
- performance of vacuum assisted core biopsies; and
- ultrasound of the breast including fine needle aspiration, wide bore needle biopsies and breast cyst aspiration.

In addition there is a requirement for participation in research, audit and multidisciplinary meetings, as well as mentorship and training of other Level 1 Advanced Breast Clinical Specialist Radiographers.

How it has helped

Although this is a new role the Consultant has already made significant progress in supporting the breast service in WHSCT. On completion of training and an extended period of mentorship, the Consultant Radiographer will be responsible for providing Consultant Radiologist level support for identified aspects of the breast service.

This will result in:

- 25% of post screening clinics and 40% of symptomatic clinics being supported by the Consultant Radiographer; and
- a reduction in the number of additional waiting list clinics being held in WHSCT.

Once established it is proposed that the Breast Consultant Radiographer would be instrumental in supporting other advanced breast practitioners in training as well as looking at service redesign with a view to a reduction in overall waiting times for patients identified as routine. All other cases are potentially cancer and are seen within the 14 day target

Appendix 5

Membership of Steering Group

Hazel Winning (Chair)	AHP Lead Officer DoH
Carmel Harney (Chair 2016)	Assistant Director of AHP Governance, WFD and Training SHSCT
Maxine Williamson	Project Lead Leadership Centre
Paul Rafferty	Trust AHP Lead WHSCT
Paula Cahalan	Trust AHP Lead BHSCT HSCT
Jill Bradley	Trust AHP Lead NHSCT
Eamon Farrell	Acting Assistant Director of AHP Governance, WFD and Training SHSCT
Margaret Moorehead	Assistant Director of AHP, SEHSCT
Michelle Tennyson	Assistant Director AHP Public Health Agency
Maura Mallon	Directors of Human Resources Forum
Peter Barbour	WPD DoH
Pauline McMullan	Clinical Education Centre
Jane Hanley	AHPFNI
Patricia McClure	Ulster University
Patrick Convery	RQIA
Sara Lappin	Service User Rep

Appendix 6

Membership of Working Group

Paul Rafferty (Chair)*	Head of AHP Services, Western Trust
Peter McAuley	AHP Deputy Principal DoH
Maxine Williamson*	Project Lead, HSC Leadership Centre
Kevin McAdam	Staff Side Representative UNITE
Ruth Watkins	Staff Side Representative UNISON
Jenny Kirkwood	Music Therapy
Dan McLaughlin*	Radiology
Lorraine Coulter	Speech and Language Therapy
Alison Campbell-Smyth*	Podiatry
Shane Elliott	Occupational Therapy
Paddy McCance	Orthoptists
Elaine McConnell	Physiotherapy
Jonathan Bull	Prosthetists and Orthotists
Mandy Gilmore	Dietetics
Patricia McClure	AHP School UU

Co-produced across all AHP/Hos professions

* Members of the sub-group which developed the content of the Advanced AHP Practice Framework.

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