



Advanced Clinical Practice

Information and Pre-Application Pack

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| Applicant Name: | Click or tap here to enter text. |



Dear Candidate,

Before you consider starting your journey into advanced clinical practice whether this be as stand-alone or a program of study it is important to consider the impact this will have on you professionally and personally. You must ensure that your current role and future career progress is aligned with the pillars of advanced practice and you are working in an environment that will facilitate your learning as you progress through advanced practice education.

This pre-application pack has been designed to facilitate your thinking and aid in discussions with your line manager, division managers and prospective practice assessors and supervisors to ensure that you are fully aware of the requirements for the program. You should work through this before you begin the formal application process and apply for funding as the forms you complete will be required.

Once you have completed this pack and are ready to proceed, you will need to submit a formal academic application to The Royal Marsden School (or other approved HEI) and an application for funding and study leave. The forms you complete will need to be attached to your applications.

If you have applied for a program of study at the Royal Marsden School you will be invited to attend a face-to-face interview either in person or via virtual platform, alternatively if you have applied for a stand-alone advanced practice module you will be invited to an informal telephone interview with members of the Advanced Practice Academic Team.

The forms in this pack, along with your academic application form, will be used to discuss your current role and how you plan to develop as an advanced practitioner. The questions in this self-assessment are designed to get you thinking about your role in relation to the pillars of advanced practice. Please note that if you are hoping to complete non-medical prescribing module you will also need to complete an additional University of East Anglia application form and have gained approval from your Trust non-medical prescribing committee prior to starting the module.

Please note that places are limited and demand is high. There will be a cut-off date for applications, and a selection process for individuals, departments, clinical priorities and organisations.

If you have any concerns or are unable to attend, please contact: StudentSupportServicesRMS@rmh.nhs.uk

We look forward to meeting you.

Kind Regards

Advanced Clinical Practice Team

The Royal Marsden School

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# Your Self-Assessment and Pre-Application Check List

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Completed** |
| [Minimum Entry Requirements](#_Minimum_Entry_Requirements)  | Outline of entry requirements for the program  | Click or tap here to enter text. |
| [Clinical Environment Audit](#_Form_1_-)  | This section will be used to understand your current role and identify learning opportunities and potential barriers during your development through the program. | Click or tap here to enter text. |
| [Divisional Director or AHP Lead – Advanced Practice Check List](#_Divisional_Director_or)  | This section is evidence of your discussion with your line manager and approval by a relevant senior manager. It confirms their agreement that ACP skills are an essential part of your role. | Click or tap here to enter text. |
| [Practice Assessor / Supervisor Information](#_Guidance_for_Selecting)  | This section will be used to identify a suitable practice assessor that will be able to support you throughout the program alongside the additional support of a practice supervisor.This can be signed as an agreement in principle and can be changed later if required. | Click or tap here to enter text. |
| [Advanced Clinical Practice Agreement](#_Form_3_-) | This section is a signed agreement of support from your line manager, practice assessor, practice supervisor and (if required) designated prescribing practitioner.  | Click or tap here to enter text. |
| [Additional Questions or Notes for Interview](#_Additional_Questions_or)  | Identify any additional questions, concerns to address at interview with the panel.  | Click or tap here to enter text. |

# Application Process for Study at The Royal Marsden School – At a Glance

Expression of Interest to undertake ACP program with your line manager

Ready

Academic decision made regarding application to undertake ACP Education. Subject to confirmation of funding, study leave and Non-Medical Prescribing Committee Approval (if required)

Invitation to interview with ACP Academic Team within RM School or

Discussion with Clinical Academic Advisor for your area regarding future career development and other educational opportunities

Not Yet Ready

Completion of Advanced Clinical Practice self-assessment forms and identified support of Divisional Director or AHP Lead, Practice Assessor and Practice Supervisors

Completion of Applications for:

* Trust Funding & Study Leave (1)
* [Study at The Royal Marsden School](https://www.royalmarsdenschool.ac.uk/courses/pathways/postgraduate-diploma-cancer-care-advanced-practice) (1)
* Employing Trust Non-Medical Prescribing Committee (if completing NMP module)

**Notes:**

1. **Including copies of all three pre-application forms**

# Minimum Entry Requirements

Before you move any further through the application pack it is important to make sure that you meet the minimum entry requirement for the program. Below you will see the academic and clinical experience required before you can be considered for a place on the Advanced Clinical Practice pathway at the Royal Marsden School.

If you do not meet any aspects of the entry requirement, please ensure that you take note of this and consider what you need to do to achieve this. You can contact the clinical academic advisor for your area to discuss your options of studying within the Royal Marsden School.

**Professional requirements**

Current professional registration with the Nursing & Midwifery Council (NMC) or Health Care Professions Council (HCPC) or The General Pharmaceutical Council (GPhC)

**Experience**

A minimum of three years post-registration experience (or equivalent part time experience) on entry to the course

At least one year’s experience in the clinical specialty that you propose to work as an Advanced Clinical Practitioner

**Academic qualifications**

A relevant honors degree – If you do not hold such a qualification please contact the School to discuss.

Competency in written and spoken English (IELTS 7.0 or equivalent)

**Clinical practice requirements**

* Be employed at minimum of Band 6 or equivalent
* Ideally be employed for a minimum of 30 hours per week in one relevant clinical environment, with access to appropriate clinical support and supervision.
* Willingness of employer to release the student to enable them to dedicate the equivalent of 3 hours minimum per week throughout the calendar year (in addition to the study days in university) as protected learning time to enable the student to work in a 'supernumerary capacity' to focus on their clinical/professional development evidenced by completion of the practice based learning activity requirements and the practice based learning records.
* Students must be able to undertake at least 30 hours of direct supervision and 150 hours of indirect supervised clinical practice for specific modules (Physical Assessment / Advanced Clinical Assessment).
* For the Prescribing module, a minimum of 78 hours of supervision in practice is required.
* Students should ideally be employed in a trainee or advanced practice role.
* Student’s job description should include advanced practice skills as essential criteria to perform your role.
* Student’s current role should require you to undertake comprehensive physical examination and formulate diagnoses and treatment plans.
* Students must have the agreement of a doctor/qualified advanced practitioner to act as their designated "Practice Assessor" to supervise and support the applicants overall clinical development. A qualified doctor (GP or registrar level in hospital setting), or an advanced clinical practitioner who has successfully completed a minimum of a Masters level qualification in Advanced Clinical Practice at least 2 years ago in relevant clinical specialty. This can be signed as an agreement in principle and can be changed later if required.
* Provision of day-to-day supervision and support by an experienced clinical team to enable the development of the knowledge, skills, behaviors, competence and confidence commensurate with this level of practice.

# Guidance for Selecting a Practice Assessor and Supervisor(s)

There have been recent changes in the terminology within the ACP pathway; this has been used to reflect the change in terminology used. We have moved away from the term Practice Facilitator and have now adopted the Practice Assessor and Practice Supervisor Role. For those of you undertaking non-medical prescribing you will also come across the term Designated Prescribing Practitioner and Designated Medical Practitioner.

|  |  |
| --- | --- |
| **Practice Assessor**  | Main support for the students through a program of study is responsible for final sign off of student competency in practice. Works with practice supervisors in supporting learning.  |
| **Practice Supervisor**  | Supports students through a program of study and can supervise their practice. Can sign off mid-way (formative) assessments with approval from the practice assessor. |
| **Designated Prescribing Practitioner**  | A healthcare professional that has completed a non-medical prescribing module and will act as final sign off for student competency in prescribing practice.  |
| **Designated Medical Practitioner**  | A medical Doctor registered with the GMC acting as the main support and final sign off for students’ competency in prescribing practice. |

When considering who to approach to be your Practice Assessor and Supervisor it is important to select someone who has the right skills set and will be able to give you the support and guidance you will need to develop as an advanced clinical practitioner.

Assessors will have access to an on-line Assessors Information Hub with full details, practice assessment documents and practice assessors’ handbook once the candidate begins their study.

As a guide we would expect the **Assessor** to meet the following criteria:

* Are health care professionals, employed at Agenda for Change band 7 or above (or equivalent) or medics FY2 and above.
* Have completed Masters level study (Postgraduate Diploma or full MSc) within advanced practice
* Must have at least 2 years’ experience, post qualification, of working at an advanced level
* Are employed within your specialist area of practice
* Are familiar with the module requirements and the use of the Practice Portfolio document
* Have experience or training in teaching and / or supervising in practice.
* Have completed a mentorship course in the past or willing to attend an assessor course.

As a guide we would expect the **Supervisor(s)** to meet the following criteria:

* Are health care professionals, employed at Agenda for Change band 7 or above (or equivalent) or medics FY2 and above.
* Have completed or undergoing Masters level study (Postgraduate Diploma or full MSc) within advanced practice
* Must have at least 1 years’ experience of working at an advanced practice level
* Are employed within your specialist area of practice
* Have an awareness of the module requirements and the assessment documents
* Have experience or training in teaching and / or supervising in practice.
* Have completed a supervisor course or mentorship course.

**Specialist Circumstances:**

**In an ideal setting you should have both a practice assessor and a practice supervisor however this may not always be available. For example, in diagnostic radiology the practice assessor and practice supervisor in breast diagnostics may be the same person.**

# Divisional Director or AHP Lead - Advanced Practice Check List:

This checklist has been designed as a decision tool for managers to prioritise staff working within their clinical areas to undertake advanced practice modules within the Royal Marsden School or within the department or relevant external HEI.

This tool should be used during your discussion with your Divisional Nurse Director or AHP department lead to ensure that your current role meets the requirements for Advanced Clinical Practice. The final score at the end of the checklist will give you both an indication of need for you to undertake these skills at this point in your career. If you have a low score and would like more advice regarding career progression within advanced practice, please contact the clinical academic advisor for your area.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Criteria** | **Yes (1)** | **No (0)** | **N/A (0)** |
| 1 | Does the practitioner currently work in a trainee or advanced clinical practice role?  |[ ] [ ] [ ]
| 2 | Does the practitioners’ current job description include advanced practice skills as essential criteria to perform their role?  |[ ] [ ] [ ]
| 3 | Does the practitioners’ current role require them to undertake comprehensive health history assessments?  |[ ] [ ] [ ]
| 4 | Does the practitioner’s current role require them to undertake comprehensive physical examination and formulate diagnosis and treatment plans?  |[ ] [ ] [ ]
| 5 | Does the practitioner have access to a practice assessor and supervisor who will support them through the programme?  |[ ] [ ] [ ]
| 6 | Has the practitioner read NHSE Multi-professional framework for Advanced clinical practice and their current role is aligned with these standards?  |[ ] [ ] [ ]
| 7 | Has the practitioner previously studied at level 7?  |[ ] [ ] [ ]
| Total |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Medium Priority

4 - 5

High Priority

6 – 7

Low Priority

0 - 3

# Form 1 - Clinical Environment Audit

Practice based learning is an essential component of this course. For most students, the bulk of their clinical development will occur within their workplace setting. It is therefore important that applicants take the opportunity with their Clinical Manager and nominated Practice Assessor to review the learning environment within their clinical workplace to ensure that it will offer the appropriate opportunities for learning. It is also an opportunity to identify actual or potential barriers that could impede your development as an advanced practitioner.

This audit will be broken down into the following sections:

1. Student Self-Assessment
2. Learning Environment Assessment
3. Supervisor / Line Manager Support

Guidance on how to complete this profile:

* Start working through the profile as a joint activity with your Clinical Manager/nominated Practice Assessor as soon as you get it.
* This can either be printed and handwritten or typed directly into.
* The document must be fully signed off.
* Remember to keep a copy for your own records.

## Section A: Student Self-Assessment

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| --- | --- |
| What is your current role? Does your current job description include advanced practice skills? | Click or tap here to enter text. |
| Do you have exposure to patients who require physical examination and history taking or giving bad news? | Click or tap here to enter text. |
| What challenges do you think you will encounter during your course of study?  | Click or tap here to enter text. |
| How will you manage these challenges?  | Click or tap here to enter text. |
| How will you apply the learning from this course of study to your practice and future development? | Click or tap here to enter text. |

## Section B: Learning Environment Assessment

Please provide an outline of your current work environment:

|  |  |
| --- | --- |
| Please outline the clinical setting that you work in. | Click or tap here to enter text. |
| Please outline the patient group within your setting.  | Click or tap here to enter text. |
| Do you have access to other clinical areas in which you can work in? For example, Emergency Care, Acute Oncology etc. | Click or tap here to enter text. |

Please provide a brief explanation for the following questions:

|  |  |
| --- | --- |
| Are you given sufficient time to review patients? | Click or tap here to enter text. |
| Please outline which clinical presentations you are exposed to within your practice? * Cardiac
* Respiratory
* Abdominal
* Neurological
* Other
 | Click or tap here to enter text. |
| Within your area do you have opportunity to:* Undertake comprehensive physical examination and history takings?
* Request / Order and where appropriate interpret results such as lab reports and x-rays?
* Develop and implement management plans?
* Initiate written or verbal referrals to other specialties?
* Make Prescribing decisions? (if completing NMP module)
 | Click or tap here to enter text. |
| Will you have the opportunities to follow-up patients that you have assessed and / or implemented a management plan? | Click or tap here to enter text. |

## Section C: Supervisor / Line Manager Support

|  |  |
| --- | --- |
| Have you discussed the requirements of this course of study with your line manager, practice assessor / supervisor and wider team? Have any challenges been identified during these discussions? If so, what interventions are being used to mitigate these barriers?  | Click or tap here to enter text. |
| Will it be possible to spend a minimum of 3 hours per week working with your assessor / supervisor and be directly supervised assessing patients?  | Click or tap here to enter text. |
| Will you have the support from identified practice supervisors who can provide guidance in the absence of your practice assessor?  | Click or tap here to enter text. |
| Do you have opportunity to attend multi-disciplinary team meetings?  | Click or tap here to enter text. |
| Do you have access to additional meetings within your area that will contribute to your development as an advanced practitioner?  | Click or tap here to enter text. |
| Have you discussed with your line manager the addition of advanced practice skills to your current job description to ensure you are covered by employer indemnity? | Click or tap here to enter text. |

# Form 2 - Practice Assessor / Supervisor Details for - Candidate name: Click or tap here to enter text.

Please ensure that all information is completed, this can be signed as an agreement in principle and can be changed later if required.

For further details on who can be an assessor please refer to the [Guidance for Selecting a Practice Assessor and Supervisor(s)](#_Guidance_for_Selecting).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Role Designation | Department & Full Work Address | Length of time working in specialty | Qualifications(Must be Masters level in Advanced Practice at least 2 years post ) | Teaching Experience | Contact. Email |
| Practice **Assessor**:Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Practice **Supervisor**:Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Practice **Supervisor**:Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| (if completing NMP module) **Designated Prescribing Practitioner:** Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

# Form 3 - Advanced Clinical Practice Clinical Agreement

The agreement MUST be completed and submitted prior to attending the interview stage. Candidates will not be able to enrol on the ACP programme / module if this is not signed and submitted.

You need the support of your manager and have a named practice assessor and practice supervisor.

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate name: | Click or tap here to enter text. | Department: | Click or tap here to enter text. |
| Job title: | Click or tap here to enter text. | Trust: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Programme: | MSc / PG Diploma Cancer Care – Advanced Practice |[ ]
| Stand-Alone Module: | Physical Assessment and Clinical Reasoning |[ ]
|  | Advanced Clinical Assessment |[ ]
|  | Non-Medical Prescribing |[ ]

LINE MANAGER AGREEMENT:

I give my support to the candidate named above to undertake the ACP programme / module and confirm that they are working in a role that requires an advanced level of practice. I confirm that the student will be given protected time to work alongside their practice assessor / supervisor for a minimum of 3 hours per week. I confirm that I have read the [Multi professional framework for advanced clinical practice in England (2017)](https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf).

|  |  |  |  |
| --- | --- | --- | --- |
| Line Managers Signature: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| Line Managers Name: | Click or tap here to enter text. |

PRACTICE ASSESSOR / SUPERVISOR(S) AGREEMENT:

I will act as a clinical practice assessor for the candidate named above. I confirm that I have read the [Multi professional framework for advanced clinical practice in England (2017)](https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf).

I understand that I will have access to an on-line Assessors Information Hub with full details, practice assessment documents and practice assessors’ handbook once the candidate begins their study.

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Assessors Signature: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| NAME: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Practice Supervisors Signature: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| NAME: | Click or tap here to enter text. |

DESIGNATED PRESCRIBING PRACTITIONER

(If required)

|  |  |  |  |
| --- | --- | --- | --- |
| Designated Prescribing PractitionerSignature: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| NAME: | Click or tap here to enter text. |

# Additional Questions or Notes for Interview

Now that you have worked through this application pack this section has been designed for you to capture any additional questions you may have regarding the program that you can ask at interview. This could be issues / concerns that you have identified during your discussions with Practice Assessors / Supervisors / Division Directors / AHP Leads or Line Manager.

|  |
| --- |
| Click or tap here to enter text. |