

The Association of Advanced Practice Educators (AAPE UK)

Minutes of the Committee Meeting held on Thursday 28th June 2018

Venue: Glasgow Caledonian University

3.00 – 5.00pm

1. Welcome

Katrina welcomed all to the meeting.

2. Present

Katrina Maclaine (Chair)	London South Bank University	maclaik@lsbu.ac.uk
Annabella Gloster (Deputy Chair)	University of Salford	a.s.gloster@salford.ac.uk
Helen Orton (Secretary)	University of Liverpool	h.p.orton@liverpool.ac.uk
Anna Neary	University of West of England	Anna2.Neary@uwe.ac.uk
Evelyn McElhinney	Glasgow Caledonian University	Evelyn.Mcehinney@gcu.ac.uk
Claire Tubbritt	Coventry University	Claire.tubbritt@gmail.com
Lucy Tomlins	University of Salford	l.a.tomlins@salford.ac.uk
Kathy Haigh	University of Cumbria	Kathryn.haigh@cumbria.ac.uk
Ruth Pearce	University of Nottingham	Ruth.pearce@nottingham.ac.uk
Donna McConnell	Ulster University	d.mcconnell@ulster.ac.uk
Chris Inman	Birmingham City University	Chris.inman@bcu.ac.uk
Deborah Slade	Oxford Brookes University	daslade@brookes.ac.uk
Sally Gosling	CSP policy Lead: Chair HCEL group	goslings@csp.org.uk

3. Apologies

Jacky Price	University of Hertfordshire
Anna Jones	Cardiff University
Mark Edwards	University of Swansea
Hilary Walsgrove	Bournemouth University

4. Approval of minutes from previous meetings

- a. Minutes of the meeting held on 26th January 2018 were accepted as a true and accurate record.

5. Matters arising from the minutes/ actions points – some picked up during meeting:

- a. **Committee biographies:** All biographies are now up on the website.
- b. **Surgical ACP:** AAPE - asked to participate in curriculum development under Bev Harden (Physiotherapist). HW and AG contacted to see if they would be interested in writing the curriculum but AG taken this forward with RP who have met with Royal College of Surgeons. Timeframe for completion is January 2019. Will involve development of generic and specialty module, dependent upon specialism. HEI commitment to this development has been acknowledged by the RCS. RCS will “own” the curriculum and HEE is receiving monies for development and AG and RP will be paid accordingly. Master’s education required by RCS and curriculum will dovetail into other with the portfolio being taken alongside the Master’s. Bev Harden is having discussions with Moorfields Eye Hospital for the ophthalmic aspect.
- c. **Credentialing and involvement of Royal Colleges:** HEE has stated quite explicitly that they want HEIs to work with Royal Colleges (and Academies) to credential AP practice – very much welcomed by the RCs.

Royal College of Physicians and others are using the Royal College of Emergency Medicine (RCEM) model of good practices and KM reported that RCEM are rejecting applications for practitioner accreditation with RCEM due to having the wrong title but senior medics at RCEM need more information on curricula. For example, the exclusion of words such as “diagnostics” in module titles is an issue here, rather than looking at curricula content.

In light of the challenges around credentialing, KM proposed that the onus for mapping should be placed on the individual or the University maps against particular standards. According to HEE mapping should identify where “skill/competency” is taught; developed and assessed.

- d. **Frailty:** presently Frailty Framework does not cover AP practice – lower level with three tiers and only one third relates to clinical practice. Curriculum review and development of Management of Older People by Geriatric Society who will define the capability framework.

- e. **Frailty project and further developments:** Mark Radford (NMS Improvement) keen to develop Fast-track cohorts – 2 of which have been identified from emergency departments. One cohort in London has funding for 3 ACPs in frailty.
- f. **To note:** Colchester NHS Trust have written their own curriculum which is being accredited by Middlesex University. This practice is becoming quite common. Under apprenticeship rules, HEIs do not need to run the programmes.

In the absence of adherence to the agenda, the following discussions took place:

6. Four countries update:

a. Chair's Report – England

- Health Professions Leads meeting – some discussions had taken place with regard to apprenticeships. SG reported that the links were proving very valuable.
- Council of Deans (CoDs) have been asked by HEE to take on some of the challenges associated with the apprenticeship ACP and to try and implement the framework and take on in its broad sense. There are challenges with employers and universities: it is important to consider what is realistic and proportionate. Universities would like more specialised pathways but recognise potential low numbers on modules could be low would not be cost-effective, thus recognising the need for increased APEL. Letter sent to Trusts re: strong evidence based for a more generic ACP as opposed to specialist. It is clear though that there needs to be a collaborative approach to facilitate a more bespoke approach. Without doubt, there needs to be some “management” of generalist and specialist pathways. A Consultation Framework will be required in due course.
- ACP – RP and KM have contributed to the website information (practitioners; employers and commissioners) and should be available later in the summer.
- HEE conference in AP (15th/16th November) for approximately 500 people – all are encouraged to attend.
- KM – led workshop on education at ANP forum organised by RCN and part of Q and A. Within this, KM requested updates on RCN credentialing.
- KM requesting information on number of professions taking ACP study (email request).

b. Northern Ireland (DM)

- DM gave a brief overview of the journey of the Nurse Practitioner education, commencing in 1985 with routes for primary, secondary and emergency care NPs.
- Development of ACP has been ad hoc with ANP framework being introduced in 2014 which identified core competencies with protected title (provided core competencies were met). Training commissioned on the proviso of appropriate job title at the end of training and a promotion to a band 8.
- Specialist practice now sits under AP with emergency care; paediatrics and general practice being commissioned with adults/ older people coming later.
- Self-funding students are not permitted and accreditation for prior learning is not recognised.
- Many NPs are undertaking additional training: transformation monies are facilitating the development of specialist nurse practitioner roles and they will be employed at a band 6 or 7.
- NMP is a prerequisite for entry onto AP programmes
- Throughout NI, DM reported that there is a great appetite for upskilling and expanding roles.

c. Scotland (EM)

- Health Boards (Government) allocated monies for AP training (consistent with Agenda for Change). Challenges for some nurses who are working at a higher grade with appropriate remuneration and cannot afford to drop down a band. Commissioning for ANP is thus new and positive but there is now a knock on effect on CPD as Trusts are not supporting staff financially. However, Government will only fund to PG Diploma.
- Some GPs misunderstand roles, thinking that a nurse practitioner with non-medical prescribing qualification equates to an ANP.
- RPL is getting easier – has to be within 6 years and have practised in those areas.

- EM – recently appointed chair of West of Scotland Advanced Practice Academy Research Sub-group. Covers a range of professions including radiographers and paramedics.
- d. **Wales – report to be provided at the AGM. For completion of updates, the report is included:**
- Welsh framework for AP and AP Portfolio established (through the National Leadership and Innovation Agency for Health Care).
 - Aim is to focus on a more consistent approach and level.
 - Health Boards and Trusts are responsible for governance arrangements for AP workforce. Also ensuring consistency across organisations through mentors. Audits should support APs to develop metrics, evaluate and report clinical practice outcomes.
 - Financial support has been consistent over the past few years but increase in funding with a focus on Primary Care (increased to £1.25 million as part of £95 million package on investment to train health care professionals in Wales. However, difficulties in releasing practitioners from practice persist.
 - Further funding (£0.5m) is being made available to support community health care such as AP; education; extending skills training to support primary care clusters. Significant increase in practice and district nurse education as well as audiology training places within primary and community.
 - In essence, Wales is seeing an increase in advanced practitioners.

7. Conference

- Responsibilities on the day: KH and LT – registration desk (and to hand out voting slips for collection by lunchtime); AN and JP – posters; HO – roving microphone; EM – speakers; AG and CT – stands/ reps. All to encourage delegates to view posters.
- Numbers registered: 64 (4 cancellations); speakers not registered. KM thanked AG and EM for their input to the conference.
- Stands and income: RCN (£400); Lippincott (£400); Hallam Medical and GCU (free of charge);

- A number of prizes secured for the poster winners.
- Good varied programme;

8. Elections

- Committee members for re-election are: Claire Tubbritt; Evelyn McElhinney; Mark Edwards; Donna McConnell; Anna Neary.
- Mark Edwards and Lucy Tomlins stepping down from the committee.
- Due to conference being postponed in March, it was proposed there would be a postal election but this proved unsuccessful with only committee members voting.
- Agreed to re-run at the conference.
- No new AAPE members came forward for consideration onto AAPE committee but agreed that the committee would be happy to ascertain at the conference whether anyone would be interested with a view to being co-opted.
- To note: a diagnostic radiographer (Kerry Mills from UWE)) would be interested and we already have Rob Harvey as a co-opted member.

9. International Affiliate Membership

- Constitution amended and membership to be promoted at the ICN conference in August.
- Noted that there are international delegates at the conference (Poland – Anna Bartosiewicz; Norway – Guro-Marie; West Bengali -)

10. Finance

- Membership status: 41 institutions are fully paid up @£150. Some institutions are paying late and part annual membership fee pro rata continue to be offered (50%);
- Travel and accommodation are main expenses.

11. Website and social media

Little to report but EM stated that she was trying to be neutral with her comments with AAPE.

12. Cross course dialogue

- The paper on the survey of AP courses 2015 comparing four pillars of AP practice and levels of education submitted to Nurse Education Today (3000 words only; some concern over currency).
- CI reported that she has written two chapters for an Advanced Practice textbook.

13. ICN NP/APN Conference and other matters

- A number of AAPE committee members have had abstracts accepted (Ruth (presenting); Katrina (presenting plus workshop); Evelyn; Anna N (poster); Lucy). AG reported that there are 3 presentations from Salford).
- Agreed that Ruth, Katrina Evelyn and Lucy would receive £500 from AAPE towards their attendance so £2000 in total.
- Noted that numbers from UK are low (26) – universities are not funding academics to attend.
- ICN definition of AP is being reviewed as part of the practice group.

14. Roles and responsibilities

- Anna Neary has agreed to be treasurer.

15. Advanced Practice week

- HEE is hosting a national event.
- #tag and flyers to be updated (AG)
- Let KM know of any local events;

16. Action Plan progress review

Reviewed and updated – see attached.

17. Any Other Business

- **Quarterly updates on all 4 countries:** agreed that Donna would take responsibilities for updating slides on websites on AP developments in each of the 4 countries.
- **Conference reflections:** agreed that JP would write a reflective account on observations from the conference.

- **Advanced Practice Awards:** encourage nominations
- **Rules for association:** need to register with HMRC
- **GDPR:** need to check re: issues around consent and information.

18. 2019 AAPE conference

Date – Friday 29th March – theme to be confirmed but possibly “Promoting Advanced Practice” or “Celebrating the Impact of Advanced Practice”.

Venue confirmed – Ulster University.

19. Dates of the next meetings

- a. Friday 30th November 2018 – London
- b. Friday 25th January 2019 – London (TBC)
- c. Thursday 28th March – Committee meeting (3.00-5.00pm) – Ulster University
- d. Friday 29th March – AAPE Conference – Ulster University