

**The Association of Advanced Practice Educators (AAPE UK)**

**Minutes of the Committee Meeting held on Friday 17th July 2020**

**Virtual platform: Microsoft Teams**

**10am start**

1. **Welcome**

Annabella welcomed those present to the meeting.

1. **Present**

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| --- | --- | --- | --- |
| Annabella Gloster (Chair) | AG | University of Salford | a.s.gloster@salford.ac.uk  |
| Kathy Haigh(Deputy Chair) | KH | University of Cumbria | Kathryn.haigh@cumbria.ac.uk  |
| Anna Neary(Treasurer) | AN | University of Western England | Anna2.Neary@uwe.ac.uk |
| Katrina Maclaine | KMc | London South Bank University | maclaik@lsbu.ac.uk |
| Helen Orton  | HO | University of Liverpool  | h.p.orton@liverpool.ac.uk  |
| Helen Rushforth | HR | Southampton University | her@soton.ac.uk  |
| Ruth Pearce | RP | University of Nottingham | Ruth.pearce@nottingham.ac.uk  |
| Hilary Walsgrove | HW | Bournemouth University  | hwalsgrove@bournemouth.ac.uk |
| Daniel Monk | DM | Northumbria University | d.monk@northumbria.ac.uk |
| Kerry Mills | KM | Radiographer Advisor | Kerry.Mills@uwe.ac.uk  |
| Collette Henderson | CH | University of Dundee | c.m.j.henderson@dundee.ac.uk |
| Martin Galligan | MG | Royal Marsden NHSFT / University of East Anglia | Martin.Galligan2@rmh.nhs.uk |
| Diane Reid | DR | Manchester Metropolitan University | diane.reid4@nhs.net |
| Chris Inman | CI | Birmingham City University | Chris.inman@bcu.ac.uk  |

**Apologies**

|  |  |  |  |
| --- | --- | --- | --- |
| Donna McConnell | DMc | Ulster University | d.mcconnell@ulster.ac.uk |
| Anna Jones  | AJ | Cardiff University  | Jonesa23@cf.ac.uk. |
| Deborah Slade(Secretary) | DS | Oxford Brookes University | daslade@brookes.ac.uk  |

**Advisors** (not in attendance):

|  |  |  |  |
| --- | --- | --- | --- |
| Rob Harvey | RH | Pharmacist Advisor | rharvey@bournemouth.ac.uk |
| Pippa Clark | PC | Midwife / Neonates Advisor | Pippa.Clark@fhft.nhs.uk |

1. **Approval of minutes from previous meetings**
* Minutes of the meeting held on 21st January were accepted as an accurate record.
* Virtual AGM Report approved.

**Action:** **KMc** to upload documents to the website

1. **Matters arising from the minutes/ actions points:**
* Aim to diversify current membership by targeting new providers of AP education - letters were sent advising existing members of a free year of membership
1. **Chair’s report**
* Hallam Medical’s sponsorship of AAPEUK was explained to new committee members. It was acknowledged by AN, that through her correspondence with Hallam it had transpired that due to the pandemic Hallam would unfortunately not be in a position to pay £5000 to support AAPEUK. AG highlighted that since AAPE’s outgoings had decreased due to no committee meeting travel expenses and no conference expenses, AAPE would maintain its work with Hallam but not expect this year’s sponsorship money.

**Action: AN** to continue liaising with Hallam regarding their support

* **AG** – this year’s HEE Annual ACP Conference will be a three day virtual event, most likely scheduled in Advanced Practice week 8th – 14th November
* **AG** – HEE Operational Group summary had been circulated to committee; there are no dates planned for the next meeting
* **KMc** – HEE Steering Group work is moving to the ‘implementation phase’; as such it was not clear if the group would remain the same, or how often they would meet, or in what format.
* **AG** – Richard Collier (RC) had spoken with AG regarding the launch of the programme accreditation information for the Centre of Advancing Practice. It was considered that no time ‘would be right’. Programme accreditation information has thus been sent, but **AG** said RC assured that accreditation would not initially be attached to any commissions / HEE funding.

 **AG** highlighted that the accreditation process was a huge piece of work for HEIs. Subsequently, documentation would be seen by two independent reviewers and then by a formal panel, including a lay person. **AG** had asked RC whether these people were in place and were reviewers ACP experienced. **KMc** added that it was apparently the responsibility of a Health Sciences Lead to recruit reviewers.

 An email has now been received by HEIs regarding accreditation, which details slots until November.

 **KMc** advised that not all HEIs who submit by November would be successful because it is expected documentation will be processed in batches to differentiate programmes that deliver on all four pillars from those that do not. HEE will judge the initial response before estimating how many applications could be processed at any one time.

 **KMc** - there is a mapping exercise in progress to ascertain whether RCN accredited programmes will be given automatic HEE entry. **KH** would appreciate a decision because RCN accreditation had already been a robust process.

 AAPE has to feel confident in the accreditation process or else it loses its value.

* **HW** – reported that after one meeting to discuss the HEE e-portfolio stream there had been no further communication.

 **AG** – was invited to attend a meeting on the development of e-portfolio documentation; work place assessment documents from the RCS curricula was shared and aligned with the Multiprofessional Framework within the e-portfolio . However, some documents were deemed ‘too medical’, and it was queried whether learners could use already established documentation that meets the wider remit / needs of the HEI.

 Stakeholder feedback of the e-portfolio would be via AAPE, Ian Stechfield – CPD Group, and the e-portfolio.

 Steering Group. It is envisaged that as the student completes the e-portfolio they will be able to

 generate a report for the HEI to read.

**Action: AG –** to feedback committee feedback on the document to the e-portfolio steering group.

* HEE ACP Core Curricula - **AG** has been working with Ollie Phipps and Richard Collier to explore ‘what is core curricula?’ However, it was not clear why this was needed when the Multiprofessional Framework and Standards for Education and Training already exist. It was suggested that if HEIs’ curricula were reviewed this would generate core themes, from which high level learning outcomes could be identified to reflect ‘what is core’. **HR** highlighted that there needed to be inclusivity across all professions. **KMc** stated that the Multiprofessional Framework was considered the standard or common core curricula with HEIs adding specifics accordingly, which lead to HEE using the analogy of ‘Lego blocks’ of credentialing. **KMc** also raised the point that Royal Colleges work with / represent / offer credentialing to a lot of ACPs in specialist practice, so would HEE be the representative for all other ACPs in practice?
* HEE has asked AAPE for a response on the GPN Framework proposals - **KH** discussed the proposed band 2 to ACP progressionary pathway for GPNs, and asked for the committee to review the documents and send her responses to collate before the end of July.

 **Action: Committee** to send comments to KH by 6th August.

* **AG** suggested data on Primary Care needs to be sought, e.g. numbers and provision. Julia Taylor (HEE) is leading on development of Primary Care credential units / ‘Lego blocks’ and had asked for HEI information // intelligence in this area.

 **Action: AG** to feedback to Julia that HEE should have commissioned numbers and specialty information and not all HEI’s collect this data.

* HEE Midwives Stream – no feedback available from Pippa Clark

**Action:** **HW** to contact **PC**

* End of Life Care Stream – Huddersfield University are leading on the development of an End of Life Care curricula and have asked for AAPE representation. This request will be sent out to members to seek someone with expertise. They would subsequently be invited, as a guest, to a committee meeting to share feedback.

 **Action: AG** to send out for expressions of interest.

* Mental Health Stream – **RP** had been involved. Curricula will be launched 29th September 2020.
* Surgical ACP curricula – **AG** and **RP** had been involved with the Royal College of Surgeon’s development of the curricula, but the Reference Group had not met for some months despite a potential launch planned for September 2020. **RP** was concerned that modifications to the curricula had not been seen, which impacts on AAPE’s position of endorsement prior to launch.

 **Action: AG** to contact Clare Sutherland for latest versions

* Royal College of Physicians work stream – **AN** and **HO** are involved. A mapping exercise with the Multiprofessional Framework had been completed and was due to be distributed, but there has been no further communication.

**Action: AN** to follow up

* **KMc** highlighted the ongoing use of AAPE representation / expertise on work streams output, and that it feels like the consultation process is not always valued, and AAPE’s endorsement of final documents / materials was not ensured.
* Paediatric work stream – **HR** had not had any communications recently and wondered whether this stream may be reignited in the future.
1. **Committee membership, roles and responsibilities**
* It was noted that there is now good representation from AHPs on the committee
* **RP** said she would bestepping down from the committee as she is returning to a role in the NHS
	+ It was proposed that another person could be co-opted onto the committee to take Ruth’s place until the next AGM when they could be nominated for committee membership

**Action:** **AG** to check with **KH** regarding who had enough votes at the last AGM to be co-opted

1. **Country updates**

 **Scotland**

 Update from **CH**:

* Developments related back to the Transforming Roles Programme, which commenced in 2015. Developments have been in District Nursing and GPN, with a paper on CNS pending – release date delayed due to Covid-19.
* Funding that was announced in 2017 for 500 ANP roles, had reached the end of the funding stream. When Health Boards were asked where they need core CPD, the response was in advanced practice and non-medical prescribing.
* NHS Education for Scotland will review the evaluation of funding to compile a draft proposal seeking funding support, and this will be put out for tender.
* It has been identified the Advanced Practice Tool Kit competencies lack detail in the non-clinical pillars; work is ongoing to rectify this inequity.
* It is evident that adults with incapacity is not explicitly addressed within curricula; students seek appropriate modules elsewhere. It is proposed to embed this provision in all programmes.

 **Northern Ireland**

 Update from **DMc:**

* ANP continues to be commissioned by Department of Health Northern Ireland.
* A new pathway has been developed at Ulster University, ANP – Mental Health across the Lifespan. Other pathways: Emergency Care, Mental Health, Children’s, and Adult Care and Older People.
* Enquiries into a Palliative Care pathway are being considered.

 **Wales**

Update from **AJ:**

* Welsh Government continue to support AP
* Current budget of £1.5M - request made to increase to £2M for coming academic year
* This increase in budget could include targets around ED and Critical Care as COVID-19 has identified gaps in service needs and staff capabilities to support critical care areas.
* NMP budget increased to £500K – will be a separate budget to the AP budget next year
* Community AP budget remains buoyant, with an additional 100 modules being funded across Wales this year
* Ring-fenced monies to support Radiographic Reporting modules and Certificates has been allocated, to support clinical practice (and AP in Radiography) due to fewer numbers of Radiologists
* Working on developing an All Wales AP Network – did lose momentum due to COVID-19 but will hopefully get back on track shortly.

 **England**

* See point 5 - Chair’s Report.
* HEE Tool Kit – **KMc** and **RP** have been involved to help increase content, with the aim of updating and improving this resource.
* **HR** provided feedback on NMC Specialist Practice work, which started 18 months ago. The initial NMC review consultation aimed to include advanced practice. Work was divided into Phase 1 and Phase 2; with Phase 2 work looking at the revised curriculum for SCPHN / Community Nursing. Advanced practice will be integrated into Phase 2. HR has been invited to join the working group for discussion.
* **DR -** a MSK advanced practice competency for physiotherapists is in development. It may be part of a career pathway: First Contact Practitioner (Band 7) (focus on the clinical pillar only) to ACP (focus on all pillars). A possible ‘Lego block’ for eLearning or HEI programmes.
* **DR** - NHS England and NHS Improvement and the BMA have agreed and jointly published an “Update to the GP contract agreement 2020/21 to 2023/24”. The main features include enhancements to the Additional Roles Reimbursement Scheme to help secure 26,000 Primary Care roles, e.g. physios, OTs, paramedics and pharmacists; with some being ACPs. **KH** said Amanda Hensman Crook (HEE Fellow – Windermere) is leading on First Contact Practitioner (ceiling at Band 7) working alongside Scott (HEE Fellow and Paramedic ACP (no ceiling on Band)).
* **KMc** is on the NMC Steering Group for SPQ; currently discussions about the SCPHN and Specialist Qualification Community Practitioner roles focus on whether these practitioners should be regulated due to the autonomous nature of their roles. This could act as a ‘bridge’ to advanced practice within a community context, which could be a ‘bridge’ to widening advanced practice.
1. **Membership**
* Currently 54 HEI members – it was proposed that the document listing HEI members needs to be ‘live’ so it can be regularly updated, which would mean email contacts remain current. This document would need to be on a ‘Committee Members only’ area of the website.

**Action: AG** to ascertain from Craig the possibility of a ‘Committee Members only’ access

* **AN** - 4 new members had joined this past year, but it is still evident that a number of HEIs providing AP programmes are not members. **KMc** will send a list of HEIs to **AN**. It was proposed that a list of Deans from relevant HEIs would be useful – **HR** suggested seeking such information from a colleague who had worked at the CoDH.

**Action:** when possible**, AN** to send letters explaining ‘what AAPE is’ to the Deans of relevant HEIs

* **KMc** had an enquiry from a Training Hub, not HEI, seeking membership of AAPE. **AN** also provided information from an email she received, which detailed the practice facilitators’ perspective.
* Whilst AAPE aim to diversify current membership, it was decided to focus on HEIs only until the next AGM.
1. **Finance report**



* **AN** highlighted the positive balance of AAPE accounts, which generated a discussion on whether payment could be considered for someone to take on admin work, including updating the website. Currently Craig from Combine Studio receives payment for creating the members only area and general yearly maintenance of the website.

**Action:** **AG** will monitor maintenance of the website

* To decide the way forward it was suggested committee members could consider the details for a job description for consultancy work

**Action:** committee members to provide a job list for an ‘admin’ role

1. **Scholarships**
* An amount up to £500 can be requested for activities promoting AP. Applications can be submitted to cover conference fees and after the event a ‘report of the event’ should be submitted for uploading to the AAPEUK website.
* 4 committee members are planning to attend the September 2021 ICN NP/APN conference in Halifax, Canada, and will be applying for the above funding.
1. **Nottingham Research Study – Ruth Pearce**

Katrine Evans (Associate Professor) and the research team introduced themselves, then shared information on the study, which was commissioned by HEE:

***Characterising the evidence base for ACP in the UK: A scoping Review***

Aim:

* To establish the current evidence base underpinning multiprofessional advanced level practice from workforce, clinical, patient, and service perspective in the UK.

Methodology:

* A scoping review of what exists at present time; period covered 2005 – 2020
* N=191 papers representing 169 studies
* Categories: Primary Care, secondary / tertiary care and critical care, Emergency and Pre-hospital care, and miscellaneous: including Mental Health

Analysis:

* Most evidence was published in the last 5 years in England
* ACP has a wide variety of titles, implying role clarification issues due to no standard nomenclature
* Of the four pillars, mainly clinical patient related outcomes were evident with less on leadership, research, and education.
* Role maturity (established roles) was detailed in 26% of papers; but most evidence reported on new services / roles, which had an impact on making comparisons, e.g. ‘new vs established’
* The majority of papers were quantitative; the Joanna Briggs Institute ‘Levels of evidence for effectiveness’ was used to categorise the studies:
	+ Few studies employed experimental or quasi experimental designs to evaluate outcomes and impact, and most studies were small scale
	+ 64% reported on single site investigations, so generalisability and transferability was limited
* It became evident that roles were mainly introduced in response to:
	+ Increased capacity, staff shortages, demand and pressure on services, and to meet performance targets

Outcomes:

Mapped to PEPPA Plus Framework (Bryant-Lukosius et al 2016)

* Domains identified:
	+ Patient and family outcomes
	+ Quality of care
	+ Health providers and stakeholder outcomes
	+ Healthcare use and cost
	+ Organisation, professional, and workforce issues
* Summary of outcomes:
	+ ACPs are consistently achieving standards of clinical competence to be safe and effective
	+ Improvements in many different types of outcomes are widely reported
	+ There were no adverse events and no negative outcomes reported
	+ There were positive impacts on patient experience, communication, service efficiency, capacity and access
	+ Impacts on cost efficiency and savings were less clear due to fewer economic evaluations

Implementation of ACP roles:

* Papers were coded to identify implementation issues / themes
* Challenges included:
	+ Constraints on autonomy
	+ Rationale for an ACP role was not always strategic / planned
	+ Role definition
	+ Lack of standardisation and professional identity
	+ Lack of funding
	+ Variation in education
	+ CPD and support
	+ Lack of career progression

Discussion points from AAPE committee:

* **DM** concurred outcomes reflected those identified in his ProfD research
* **CH** highlighted that limited professionals were going down the AP route as it is focussed on nursing at present, which is a limitation. The online Tool Kit also focusses on clinical practice / pillar more than other pillars
* **KMc** stated it was amazing there were so many papers / studies on the subject; and that drawing themes from multiple studies adds to the validity of outcomes. Evaluation of multiple layers of impact beyond patients justifies the four pillars.
* **DR** did a scoping exercise of ACPs but found it did not capture dieticians, speech and language therapists, and other specialist role titles, whom it was felt should be included.
* **KMc** – queried whether the study included papers currently in publication, but Katrine Evans confirmed that the cut-off point had been February 2020.
* Those committee members present commended the study
* **RP** thanked AAPE for the stakeholder feedback
* HEE is looking to fund further projects / evaluations
* **AG** asked that any further publishing of the project be circulated to AAPE
1. **HEE ACP Project Work**
* Project lead **HW** – work is ongoing and there is no pressure from HEE, with extensions granted as needed
* **HR** shared information on the work being undertaken in Wessex – a Learning Needs Analysis (phase 3) is looking at practitioners taking the portfolio route to recognition:
	+ 50 multiprofessional individuals who are not on a conventional HEI programme or are in a role not having been robustly / educationally prepared for advanced practice, will be given the opportunity to do a Learning Needs Analysis to evaluate how supportive it is to individuals and organisations
	+ It is anticipated this work will lead to the development of a product that can be made available for a fixed fee

1. **Advanced Practice Apprenticeship**
* Vicky Macarthur (Oxford Brookes University) is hosting an online EPA workshop on Friday 24th July
* **KH** raised the issue of apprentices not being able to take a ‘break in learning’ (except for Covid-19); which resulted in triple delivery of some modules for just three or four students each time. Kathy wanted to seek clarification because some students were going to need to complete the EPA earlier than anticipated.

1. **Advanced Practice Week – 8th – 14th November 2020**
* If any HEIs are staging any events please contact AAPE so that details can be posted on the website. Tools (posters, etc.) are available to use on the website.
* HEE ACP Events will be scheduled during this week
1. **Website**
* The ‘member’s only area’ has been designed – log in details were sent by Craig at Combine Studio but the email may have been delivered to a junk folder so do check
* See first bullet point in section 8
1. **Social Media**
* Volunteers are needed to Tweet on behalf of AAPEUK, which currently has approx. 2585 followers.
1. **International Networking and International Affiliate Membership**
* **RP, CH**, **DS** and **AN** will be attending the ICN Conference in Nova Scotia, Canada next summer 2021. Use of the ‘Scholarship funding’ was reiterated, and a request made to include the AAPEUK logo on presentations. These will also need to be shared on the website after the conference.
* The above conference will be an opportunity to spread the word on AAPEUK and its work
1. **Action Plan**
	* This had been circulated with the minutes of the January meeting. The plan was reviewed with regard to progress made, and the resulting updated plan will be amended and circulated to committee with this meeting’s minutes

**Action: AG**

1. **Conference 2021**
	* **KH** – unfortunately in the current Covid-19 climate University of Cumbria cannot host the conference at their Lancaster campus next spring; the earliest date being September 2021. So **KH** suggested next year’s conference could be staged online via a platform, such Zoom.
* A license would have to be purchased
* It was considered an online conference could attract more people
* It would be cost effective – no travel costs or catering costs, etc.
* **HO** suggested IT support would need to be employed for the day
* Break out rooms may be used for concurrent sessions
* **KH** was happy to lead on conference planning with **HO** and **AJ** support
1. **Any other business:**

Nothing was raised

**Dates of the next meetings**

* Friday 18th September, Microsoft Teams: main agenda item - ***Conference 2021***
* Friday 27th November, platform / venue tbc
* Friday 29th January 2021, platform / venue tbc