

Self-assessment of capabilities across the multi-professional advanced clinical practice to consultant practice pathway for aspiring consultants and consultants

Draft v1.3

INTRODUCTION

A national Delphi study¹ involving participants across the UK has identified the key capabilities² from the Multi-Professional Consultant Capability and Impact Framework (HEE, 2020) most relevant to three transition points in the Advanced Clinical Practice (ACP) to Consultant practice (CP) career progression and development journey:

- transition from ACP to CP
- 1-3 years in consultant practice
- 3-5 years in consultant practice

This document provides a new self-assessment guide for practitioners to support the developmental pathway from ACP to CP to evidence the impact of the role on practice. It recognises that pathways are unique to the learning and development needs of the individual, their practice setting and the needs and priorities of the services in which they work.

Key assumptions

Key assumptions underpinning the self-assessment guide include:

- advanced practice capabilities required to be accredited at the advanced level have already been achieved;
- individuals have different learning and development needs, work in diverse contexts and have varied opportunities to develop capabilities;
- capabilities can be developed flexibly as this is influenced by context, the needs of communities and populations served;
- aspiring and consultant practice may have different routes/pathways when developing capabilities;
- individuals will need to be creative in seeking out and finding opportunities with support to develop their capabilities;
- there is a strong focus on achieving impact informed by the knowledge and skills required to achieve, embed and sustain this;

¹ Manley, K; Crouch R.; Furber, L (2021) *The Development Pathway from Advanced Practice to Consultant Practice Using a Modified Delphi Approach*. Final Report. Health Education England

² Capability is defined as *the attributes (skills, knowledge and behaviours) which individuals bring to the workplace. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with situations which may be complex or unpredictable and continue to improve performance.* Health Education England, NHS England and Skills for Health, 2020 NHS Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice/ Primary Care in England, Royal College of General Practitioners and Skills for Health

- honesty in self-assessing the level³ of impact achieved⁴ and quality evidence⁵ to support assessment for the purpose of portfolio development and accreditation is required.

THE FOCUS OF THE SELF ASSESSMENT

The focus in the self-assessment is on the impact that you have already achieved at any level of the system in your role that you can demonstrate **OR** the impact you would like to focus on at any level of the system in your developmental journey as an aspiring or consultant practitioner. You will need to clearly differentiate between what you have achieved and the focus on development.

The term “impact” describes ‘*any change caused in whole or in part by an action or set of actions, including research actions*’ (Belcher & Halliwell 2021:2)⁶. You may want to use the impact framework at the end of the capability framework to help you identify possible impacts relevant to you and your care group.⁷ Also, the box below (Ref Box 1) may help you to think about impact through the steps you may have taken or plan to take to achieve intermediate and ultimate outcomes of systems leadership. These have been identified from a synthesis from the literature (Solman *et al*, 2021)⁸. It is recognised that not all consultant practitioners will choose to become systems leaders.

Box 1: Intermediate and Ultimate outcomes of Systems Leadership (adapted from Solman *et al*, 2021)

Intermediate Outcomes	Ultimate Outcomes
<ul style="list-style-type: none"> • An ethos of shared ownership, risk, responsibility and accountability across the system • Better information technology to underpin shared partnerships • Committed, high performing teams that are effective and innovative • Integrated systematic learning, improvement and adaptability to meet system need • Workforce aligned with shared vision, purpose and cultures that are person-centred, population focussed with place-based systems • Patients involved in service design • Employees experience high quality support 	<ul style="list-style-type: none"> • Improved patient experience • Timely and appropriate care • Population focussed change • People taking greater responsibility for their own health and wellbeing • Reduced staff turnover

³ Level may be at micro (team), meso (organisation), or macro (system-wide)

⁴ Impact does not need to be purely attributable to an individual as it may have been achieved through collective action and leadership

⁵ Quality evidence is provided from a range of different sources/types/stakeholders to validate the claim made.

⁶ Belcher, B. & Halliwell J. (2021) Conceptualizing the elements of research impact: towards semantic standards. *Humanit Soc Sci Commun* 8, 183 (2021). <https://doi.org/10.1057/s41599-021-00854-2>

⁷ Care group reflects the population of people with specific or generic health and social care needs linked to your professional expertise

⁸ Solman, A; Manley, K, Christie, J (2021) Systems leadership: Enablement of Collaborative Healthcare Practices. Ch 14 in Manley,K. Wilson,V, Oye C. (Eds) International Practice Development in Health and Social care. Wiley Press. Oxford pp. 871-204

The key activities of systems leadership using the mnemonic 'System' synthesised from the literature are aligned with all MPCP domains thus illustrating their integrative nature combined with doctoral level thinking associated with the cognitive outcomes of synthesis and creativity (Blooms Taxonomy)⁹. (Ref Box 2)

Whilst the purpose of the Multi-professional consultant practice is to provide integrated expertise in the four domains necessary for enabling quality¹⁰ care at all levels of the health and social-care system through systems leadership and embedded research, credibility in one's own professional practice is a pre-requisite that enhances these roles ¹¹.

Box 2: The key activities that describe what systems leaders do (Setchfield and Manley 2020, cited by Solman *et al*, 2021)¹²

- **Stimulating and facilitating** high engagement
- **Yielding in practice** co-created values, purpose, goals, vision, principles
- **System Challenge** to navigate complexity towards the future
- **Testing assumptions**, fostering reflection
- **Enabling** system improvement
- **Modelling** and facilitating learning in and about work

HOW TO USE THE SELF ASSESSMENT TOOL

You will require a copy of the Multi-professional Consultant Practice Capability and Impact framework easily accessible because the assessment tool references the capability reference number. This is on the HEE website accessed via the following link:

<https://www.hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf>

Use the template attached to complete the self-assessment process. This template focuses on each domain independently so that you obtain an in-depth view even though we have argued above the domains are interdependent. You will need to demonstrate this interdependence in portfolio development, so it is worth keeping in mind at this stage any that you identify.

⁹ David R. Krathwohl (2002) A Revision of Bloom's Taxonomy: An Overview, *Theory Into Practice*, 41:4, 212-218, DOI: [10.1207/s15430421tip4104_2](https://doi.org/10.1207/s15430421tip4104_2)

¹⁰ Quality is defined as person-centred, safe and effective with continuity

¹¹ Manley, K Crouch, R (2020) Towards Multi-professional Consultant Practice: a potential career pathway for Advanced Practitioners. Health Education England Advanced Practice Conference November

¹² Solman *et al*; 2021

The capabilities relevant to transition from ACP; Years 1-3 and Years 3-5 consultant practice have been identified for you under each domain in the assessment tool. However, you may want to look at what is expected at each level regardless of where you think you might be:

- a) to identify the capabilities, you already possess to inform your portfolio;
- b) to get a sense of which domains you may need to prioritise in your developmental journey; and
- c) to inform the priorities for your personal development plan.

When asked to identify the impacts, you wish to focus on to inform your development plan you are requested to assign its priority from 1-3, with 1 being the most urgent priority and 3 the least urgent priority for yourself. It will be useful to share your insights and analysis with your critical companionship so that they can support you with presenting a verifiable evidence base triangulated across different sources of evidence.

SELF ASSESSMENT TOOL v1.0

Process:

1. Identify the domain you wish to focus on first. The order you do this in does not matter.
2. Identify the lowest level of the three sets of capabilities you wish to start from.
3. Read the capability and decide whether you can either:
 - Provide an example of impact you have achieved in relation to the capability and at what system level, **OR**
 - identify a higher system level you wish to apply the capability to, **OR**
 - Identify an area of impact you would like to focus on and the system level.

Domain: EXPERT PRACTICE

Capability 1.1: ACPs would be expected to have achieved this in their practice and to have demonstrated this as part of the credentialing and accreditation process.

All consultant capabilities identified for the expert practice domain would be expected to be achieved before 3 years of consultant practice, so there is not a self-assessment for consultant practice 3-5years in this expert practice domain.

Transition from ACP to CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
2.1				
3.1.				
3.4				

1-3 Years as a CP

Capability	Achieved (A)/ Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro: Team Meso: Organisation Macro: System	Priority for development plan 1-3 (1=highest)
2.2				
2.3.				
3.2				
3.3				
3.5				

Domain: STRATEGIC AND ENABLING LEADERSHIP

Transition from ACP to CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
4.1				
5.1				
5.2				
6.1				
6.2				

1-3 Years as a CP

Capability	Achieved (A)/ Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro: Team Meso: Organisation Macro: System	Priority for development plan 1-3 (1=highest)
5.3				
7.1				
7.2				
7.3				

3-5 Years as a CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
6.3				
7.4				

Domain: LEARNING, DEVELOPING AND IMPROVING ACROSS THE SYSTEM

Transition from ACP to CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
8.1				
8.2				
9.1				
9.2				

1-3 Years as a CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
10.1				
10.3				

3-5 Years as a CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
9.3				
10.2				

Domain: RESEARCH & INNOVATION

Transition from ACP to CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
11.1				

1-3 Years as a CP

Capability	Achieved (A)/ Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro: Team Meso: Organisation Macro: System	Priority for development plan 1-3 (1=highest)
11.2				
12.1				
12.2				
13.2				

3-5 Years as a CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
11.3				
12.3				
13.1				
13.3				

Domain: CONSULTANCY ACROSS ALL DOMAINS: PRACTICE TO SYSTEMS LEVEL

Transition from ACP to CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
14.1				

1-3 Years as a CP

Capability	Achieved (A)/ Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro: Team Meso: Organisation Macro: System	Priority for development plan 1-3 (1=highest)
14.2				
15.1				
15.2				

3-5 Years as a CP

Capability	Achieved (A) OR Plan to achieve (P)	Example of impact achieved or planned	Level of system Micro (Team) Meso (Organisation) Macro (System)	Priority for development plan 1-3 (1=highest)
14.3				
16.1				
16.2				