**ADVANCED CLINICAL PRACTITIONER *EMPLOYER* APPLICATION FORM 2021/22**

Health Education England has made significant investments in supporting the development of Advanced Clinical Practitioners (ACPs). Given workforce transformation requirements within our Healthcare Partnership it is expected that there will be further growth for the demand of ACP development.

HEE North East and Yorkshire is now inviting applications for potential ACP funding for the academic year 2021/22. ACP support will be considered for those developments which align with HEEs mandate priority areas which are:

* Urgent and Emergency Care
* Cancer
* Mental Health
* Learning Disabilities
* Primary Care
* Diagnostics

Applications will be considered for other areas including Ophthalmology at University College London. Please note that incomplete applications will not be accepted.

In addition, we are keen that the relevant strategic and clinical leaders of the ICS in North East and Yorkshire (NEY) shape and direct the demand for these places to ensure that they are aligned with both clinical and workforce priorities.

HEE’s ICS facing teams will work with their ICS teams to maximise engagement and joint planning for the development of ACPs aligned with local priorities.

HEE requires a single lead contact from each employer to take ownership of the ACP process, sign off applications from service areas and act as a key liaison for all enquiries relating to ACPs. All applications therefore must be submitted by the designated organisations ACP Lead (in the case of Primary Care this is the hub lead). The names have already been provided to HEE WY - please contact HEE’s ACP Administrator (email address is on page 3 of this application) if you need confirmation of who this is.

Please note and make yourself familiar with the Onboarding Timeline for the Programme (document attached) and organisational responsibilities related to this application process.

Application Routes

**ACP Apprenticeship Route**

The ACP Apprenticeship pathway is now available at most of the universities across NEY. HEE will support ACPs training via this route and provide access to an Employer Training Grant with the same value as the fees funded route.

The Employer Training Grant (ETG) will be paid over 3 years, the current annual rate is not yet confirmed. In 2020/21 this was £11k per standard academic year over 3 years, total therefore of £33k. The ETG is subject to the employer continuing to meet the outlined requirements and their Trainee ACP (TACP) being appropriately supported to undertake the programme through their employment and submitting the required reporting requirements.

Where Non-Medical Prescribing isn’t already attained by the trainee this must be undertaken at no extra cost to HEE as part of the ACP programme.

**ICS Regional Contact**

|  |  |
| --- | --- |
| West Yorkshire  | Kay ButterfieldEmail: kay.butterfield@hee.nhs.uk |

**Application Deadline and Requirements**

**Application Deadline is: 23 February 2021, 5pm.**

**Applications must be submitted to the relevant ICS ACP administrator:**

|  |  |
| --- | --- |
| West Yorkshire  | Ann ButlerEmail: a.butler3@hud.ac.uk |

In order for this application to be considered please:

1. Ensure that all information within Section 1 and 2 are completed as applications will not be accepted if incomplete
2. If the Declaration isn’t signed applications will not be accepted.
3. All applications must be submitted by the designated ACP Lead that is registered with WY HEE

**Section 1**

**Please Complete and Submit the following for ALL Application Routes**:

Q1. Registered Name of the Applying Health Organisation

|  |
| --- |
|  |

Q2. ACP Designated Lead Details (Name; Job Title; Work Email; Work Contact Number)

For Primary Care applications please provide these details for both the Primary Care Hub ACP Lead and the applying Employer ACP Lead – these will also be the signatories on the final page of the application.

|  |
| --- |
|  |

**Please complete Q3 to Q9 for each Service Area and Type of Role (Pathway)**:

Q3. Please outline a plan of the how; where and Team Name of who will mentor and supervise the Trainee in respect to the Clinical Capabilities of the framework. This must include their experience in providing mentoring support and supervision (as a minimum they must have undertaken HEE Clinical Supervision training or equivalent (<https://www.hee.nhs.uk/our-work/advanced-practice/reports-publications/workplace-supervision-advanced-clinical-practice> and <https://www.hee.nhs.uk/sites/default/files/documents/Workplace%20Supervision%20for%20ACPs.pdf> ) this must include but not exclusively:

|  |  |
| --- | --- |
| Service Area: |  |
| Type of Role (Pathway): |  |
|  | **How** | **Where** | **Team Name** |
| Mental Health Assessments |  |  |  |
| Identifying Diagnostic Tests |  |  |  |
| Conducting Health Needs Assessments |  |  |  |
| History Taking |  |  |  |
| Holistic Assessment |  |  |  |
| Identifying Risk Factors |  |  |  |

Q4. Outline once qualified what role the ACP will undertake within the applying employers’ organisation. Please provide a brief summary of each of the proposed new roles(s), including examples of some of the day-to-day key activities. Please include any elements of cross-boundary and multi-professional working.

|  |  |
| --- | --- |
| Service Area: |  |
| Type of Role (Pathway): |  |
| **New Role Deployment/Work Plan:** |
|  |

Q5. Are you able to provide assurances that the Final Year Project(s) would be agreed with the appointed Trainee and that this would be beneficial to the applicant organisation and that this would be shared once this is finalised with the exam board, with other organisations within WY ICS including attending the HEE arranged event where this is requested?

|  |  |
| --- | --- |
| Service Area: |  |
| Type of Role (Pathway): |  |
| Please indicate your response by inserting X: |
| Yes  |  | No |  |

Q6. Please detail for each Service Area where proposed Trainee Advanced Clinical Practitioner will be employed how they will be trained and deployed. Please avoid using abbreviations.

|  |  |
| --- | --- |
| Service Area: |  |
| Type of Role (Pathway): |  |
| **Training/Deployment:** |
|  |

Q7. Please detail the service need for this role include the overall objectives in terms of benefits for service users and any current gaps in service, what redesign process has identified this need eg skill mix review, workforce planning for each Service Area (please do not use abbreviations).

|  |  |
| --- | --- |
| Service Area: |  |
| Type of Role (Pathway): |  |
| **Service Need:** |
|  |

Q8. Please outline how you intend to use the employer training grant. Organisations will be asked to report back on their use of the training grant each year.

|  |  |
| --- | --- |
| Service Area: |  |
| Type of Role (Pathway): |  |
| **Proposed use for annual employer training grant:** |
|  |

Q9. Will the trainee to expected to commence specialism credentialing or undertake any further recognised examinations?

|  |  |
| --- | --- |
| YES/NO (please delete the one that isn’t appropriate for each Service Area): |  |
| Type of Role (Pathway): |  |
| Where the response to Q9 is **Yes** please outline below:**How the Employer will Support This?** |
|  |

Q10. Please outline in brief what provision there is for teaching, education and supervision in your organisation for qualified trainees (ie how are they supported to attain continuing professional development?)

|  |
| --- |
|  |

**Please Remember to respond to Questions 3 to 9 for each Service Area and Type of Role (Pathway) by copying the boxes above.** Incomplete applications will not be considered.

**Section 2**

**Application: Apprenticeship Route**

Q1. Does your organisation pay the apprenticeship levy and will be accessing this to fund the training?

(please indicate the correct response by inserting ‘X’ and only select 1 answer)

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

If No then will the applicant organisation will need to apply for an apprenticeship Reservation. (The relevant Primary Care Hub will provide support to do this).

Would your organisation need co-investment funding (currently 5% of the costs)?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

If answered Yes:

How are you intending to fund the co-investment?

|  |
| --- |
|  |

Q2. Which Service Area?

(please indicate the numbers for each service area, if applicable)

|  |  |
| --- | --- |
| **Service Area** | **Number** |
| Primary Care |  |
| Urgent and Emergency Care |  |
| Mental Health |  |
| Cancer |  |
| Learning Disability |  |
| Diagnostics |  |
| Other – please specify below |  |

If ‘Other’ was selected please specify:

|  |  |
| --- | --- |
| **Service Area** | **Number** |
|  |  |

Q3. Type of role required (pathway)

|  |  |
| --- | --- |
| **Type of Role (pathway)** | **Number** |
| Advanced Clinical Practitioner |  |
| Advanced Paediatric Nurse Practitioner |  |
| Advanced Neonatal Practitioner |  |
| Advanced Critical Care Practitioner |  |
| Advanced Clinical Practitioner in Ophthalmology (available only at UCL) |  |
| ACP Specialist Pathway\* |  |

\* Please state the specialist pathway within the box below and the number:

|  |  |
| --- | --- |
| **Type of Role (pathway)** | **Number** |
|  |  |

Q4. Total Number of roles required for 2021/22

|  |
| --- |
|  |

Q5. First Choice University

(please indicate the correct response by inserting Type of Role and Number for each of the Universities below)

|  |  |  |
| --- | --- | --- |
| **University Name** | **Type of Role (pathway)** | **Number**  |
| Leeds Beckett University |  |  |
| University of Bradford |  |  |
| University of Huddersfield |  |  |
| University of Leeds |  |  |

Where selecting a pathway which isn’t being delivered by one of the WY Universities and training is being undertaken using apprenticeship funding please indicate name of first choice University in the box below (please consider how any additional costs eg travel etc will be funded as these aren’t covered by HEE):

|  |  |  |
| --- | --- | --- |
| **University Name** | **Type of Role (pathway)** | **Number**  |
|  |  |  |

Q6. Intended Start Date

(Ensure confirmed with first choice university that the provision will be available to commence in Spring if this is required. Please indicate the number of starts for Autumn or Spring or both if splitting starts)

|  |  |  |
| --- | --- | --- |
| **University Name** | **Starts Autumn 2021** | **Starts Spring 2022** |
|  |  |  |
|  |  |  |

Q7. If you are aware that the candidate you are selecting will not be eligible to undertake this programme via the apprenticeship route or that the type of role (pathway) required isn’t available through the apprenticeship route please outline the situation below for HEE to consider funding the training fees if there are exceptional circumstances.

|  |
| --- |
|  |

**Section 3**

**Application: Fast Track Route**

Complete this section ONLY if the potential Trainee has a **maximum** of 12 months remaining to complete a Full ACP programme.

Q1.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Area** | **Title of Remaining Module(s)** | **Credit Value** | **Number Required** |
| Primary Care |  |  |  |
| Urgent and Emergency Care |  |  |  |
| Mental Health |  |  |  |
| Cancer |  |  |  |
| Learning Disability |  |  |  |
| Diagnostics |  |  |  |
| Other – please specify below |  |  |  |

If ‘Other’ was selected please specify:

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Area** | **Title of Remaining Module(s)** | **Credit Value** | **Number Required** |
|  |  |  |  |

Q2. Type of role required (pathway)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Role (pathway)** | **Title of Remaining Module(s)** | **Credit Value** | **Number Required** |
| Advanced Clinical Practitioner |  |  |  |
| Advanced Paediatric Nurse Practitioner |  |  |  |
| Advanced Neonatal Practitioner |  |  |  |
| Advanced Critical Care Practitioner |  |  |  |
| Advanced Clinical Practitioner in Ophthalmology (available only at UCL) |  |  |  |
| ACP Specialist Pathway\* |  |  |  |

\* Please state the specialist pathway within the box below and the number

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Role** | **Title of Remaining Module(s)** | **Credit Value** | **Number Required** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Q3. First Choice University

(please indicate the correct response by inserting Type of Role and Number for each of the Universities below)

|  |  |  |  |
| --- | --- | --- | --- |
| **University Name** | **Title of Remaining Module(s)** | **Credit Value** | **Number Required** |
| Leeds Beckett University |  |  |  |
| University of Bradford |  |  |  |
| University of Huddersfield |  |  |  |
| University of Leeds |  |  |  |

Q4. Intended Start Date

Ensure confirmed with first choice university that the provision will be available to commence in Spring if this is required. Please indicate the number of module(s) starts for Autumn or Spring or both if splitting starts for each of the module(s)

|  |  |  |  |
| --- | --- | --- | --- |
| **University Name** | **Title of Remaining Module(s)** | **Module Starts Autumn 2021** | **Module Starts Spring 2022** |
|  |  |  |  |
|  |  |  |  |

**Declaration**

As the ACP Designated Lead, I confirm that I have understood and agree to the following (for submissions via Primary Care Hubs both the Hub and the Employer must sign):

1. This application represents planned service area(s) developments and has directorate (for Trusts) and organisation (for all applications) level support.
2. You are familiar with the education programme in question, its entry requirements and its requirements of practice in relation to work-based learning opportunities.
3. The successful trainee(s) will have a contract of employment for a minimum of 30 hours per week, (potential 37.5 hours per week if the University approved programme requires this), with an appropriate **Job Description and Person Specification (must attach to this application)** for a Trainee Advanced Clinical Practitioner and in the case of an apprenticeship will have an Apprenticeship Agreement in place as required by ESFA Funding Rules.
4. Ensure that each candidate has been interviewed by the employing organisation completing this application before they are put forward for interview at the University (except if joint interviews are arranged). This is to ensure that the potential Trainee fully understands the requirements of the Trainee ACP programme and how the 4 pillars will be achieved within their specific work setting.
5. Agree with the Trainee what the Final Year Project that is outlined within Question 5 of Section 1 will be ensuring that this is beneficial to the applicant organisation and will be shared within WY and attend the HEE arranged event where requested.
6. Obtain copies of each Trainees maths and English Certificates which must be at Level 2 as a minimum (this is regardless of funding route for the training) as a condition of employment as a TACP and prior to interview by the University.
7. The successful trainee(s) will be released from practice to attend University as specified by each education programme.
8. Clinical Supervisor will be identified and will provide support to each trainee in practice to enable the trainee to complete the programme by providing support, guidance, assessment and feedback to the trainee(s) in practice.
9. A substantive ACP post will be made available for the trainee(s) on successful completion of the programme.
10. The applicant can provide assurances that the organisation has complied with Public Contracts Regulations 2015 in respect to procuring the apprenticeship provision.
11. Where applicant names are not provided by the employer to HEE WYH ACP Lead by the 29 June 2021 HEE reserve the right to withdraw any offer of funding for the Employer Training Grant and if any funding to cover training costs had been agreed by exception.
12. All applicants must comply with HEE reporting requirements for any HEE funding to continue.
13. Where applicant organisation doesn’t pay the levy and the funding route for the training is via an apprenticeship the approval of a training grant is subject to the employer securing an apprenticeship Reservation for the training costs or a levy transfer.
14. The employer has met requirements in regards to DBS.

**I confirm that I have read the above and agree:**

(Please insert signature in box below. If this isn’t signed then the application isn’t able to be considered for HEE funding):

**Designated ACP Lead** (only for submissions directly to HEE):

|  |  |  |
| --- | --- | --- |
| **Print Name:** | **Signature:** | **Date:** |
|  |  |  |

**Designated Employer** **ACP Lead** (only where submissions are via the Primary Care Hubs and the Primary Care Hub ACP Lead also must sign and submit the application):

|  |  |  |
| --- | --- | --- |
| **Print Name:** | **Signature:** | **Date:** |
|  |  |  |

 **Primary Care Hub ACP Lead** (only where submissions are via the Primary Care Hubs):

|  |  |  |
| --- | --- | --- |
| **Print Name:** | **Signature:** | **Date:** |
|  |  |  |