

# End Point Assessment Plan

## **Integrated Degree Apprenticeship for Advanced Clinical Practitioner at Level 7**

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## Overview

This end point assessment (EPA) plan is designed to accompany the Integrated Degree Apprenticeship for Advanced Clinical Practitioner at Level 7. Advanced Clinical Practitioners are experienced clinicians who demonstrate expertise within a scope of practice, combining expert clinical skills with research, education and clinical leadership. Advanced Clinical Practitioners work innovatively as part of a wider health and social care team and across traditional professional boundaries in health and social care.

On successful completion of their apprenticeship, an Advanced Clinical Practitioner will be able to manage defined episodes of clinical care independently, from beginning to end, providing care and treatment from the time an individual<sup>1</sup> first presents through to the end of the episode, which may include admission, referral or discharge or care at home. They will carry out their full range of duties in relation to individuals' physical and mental healthcare and in acute, primary, urgent and emergency settings (including hospitals, general practice, individuals' homes, schools and prisons, and in the public, independent, private and charity sectors). The knowledge, skills and behavior required by this role are encompassed by the Advanced Clinical Practitioner apprenticeship standard. The qualification requirement for the Advanced Clinical Practitioner apprenticeship is a Master's degree in Advanced Clinical Practice. Apprentices without level 2 English and maths will also need to achieve this level prior to taking the end-point assessment.

This EPA plan forms the final part of an Integrated Degree Apprenticeship for Advanced Clinical Practitioner at level 7. The apprenticeship will be delivered by University degree apprenticeship providers listed on the Register of Apprentice Training Providers (RoATP) and the Register of End Point Assessment Organisations (RoEPAO). The degree will combine on-programme academic and work based learning and assessment together with an EPA that provides synoptic assessment of the achievement of knowledge, skills and behaviours outlined in the standard. This plan details on-programme and EPA requirements of the apprenticeship and will be of interest to apprentices, employers, Universities on RoATP and RoEPAO and health and social care service users.

<sup>1</sup> Individuals includes patients, service users, clients and customers

## Apprenticeship structure

The integrated degree apprenticeship will comprise 180 credits\*, a minimum of 140 must be completed at level 7. 160 credits will be derived from on-programme learning and assessment. Completion of the EPA will contribute the final 20 level 7 credits to the Master's degree. The apprentice will typically complete learning and assessment to the value of 60 credits in a 12 month period with the overall degree apprenticeship taking 36 months to complete (Table 1 provides an example structure). The minimum apprenticeship completion period is 12 months.

Universities will design on-programme learning and assessment that facilitates and measures the apprentice's achievement of the knowledge, skills and behaviours as outlined in the Degree Apprenticeship standard for Advanced Clinical Practitioner. The programme will be developed in close partnership between health and social care employers and Universities and informed by relevant medical and health care practitioners, service users and policy standards. As part of this partnership, it is recommended that the employer and University formally agree the requirements of the learning environment and infrastructure, and identify the named supervisor(s) and assessor(s) who will support the apprentice in applying, reinforcing and demonstrating the required knowledge, skills and behaviours within the workplace. On-programme and supervised work place learning should normally be structured to enable increasing independence and autonomy as an Advanced Clinical Practitioner as the apprenticeship progresses. It is highly recommended that the apprentice's progress, both academic and in the workplace is monitored at regular intervals prior to gateway progression.

\*Academic credit in Higher Education in England (Quality Assurance Agency 2009)

**Table 1: An example of an Integrated Degree Apprenticeship for Advanced Clinical Practitioner Apprenticeship at Level 7 programme**

<b>Study Year (months)</b>	<b>Autumn (Sept- Dec)</b>	<b>Spring (Jan – May )</b>	<b>Summer (June -August)</b>	
1 (1-12)	Semester 1 University and work based learning	Semester 2 University and work based learning	Semester 3 University and/or work based learning <b>Progress review</b>	60 cr*.
2 (13-24)	Semester 4 University and work based learning	Semester 5 University and work based learning <b>Progress review</b>	1 2 0 C r * Semester 6 University and work based learning	
3 (25-36)	Semester 7 and 8 University and work based learning. <b>Progress review</b> 160cr*		<b>GATEWAY</b> Semester 9 End Point Assessment (20 credits)	180 cr*.

\*Cr = Academic credit in Higher Education in England (Quality Assurance Agency 2009)

### Gateway to End Point Assessment

The apprentice's employer, in conjunction with the University will confirm that the apprentice is eligible to progress to the EPA. Eligibility is confirmed once the apprentice has met the criteria for progression to EPA.

## Criteria for progression to EPA

**Table 2: Gateway Criteria for the Integrated Degree Apprenticeship for Advanced Clinical Practitioner at Level 7**

- Registered with a statutory health and/or social care regulator with proof of current registration.
- Achievement of English and mathematics qualification at a minimum of level 2 as per general apprenticeship requirements
- 160 credits of an integrated Master's degree in Advanced Clinical Practice from the on-programme apprenticeship formally confirmed prior to the gateway progression.
- Confirmation from the employer that the requirements of the apprentice agreement and knowledge, skills and behaviours from the standard has been met within the apprentice's workplace
- Confirmation by the employer of the apprentice's readiness to progress to the EPA.

In order to progress to end point assessment, an apprentice must meet the gateway criteria in Table 2. The employer with the support of the University will decide whether the apprentice is ready to progress only when they have completed these and are considered ready to undertake EPA. A system of remedial support will need to be agreed between the employer and University when apprentices are unable to meet the gateway criteria. In the circumstance that apprentices do not meet the academic requirements of the apprenticeship programme it is recommended that apprentices may gain agreed exit awards at either Postgraduate Certificate or Postgraduate Diploma.

## End Point Assessment

The EPA will provide independent synoptic assessment of the knowledge, skills and behaviours of the apprenticeship standard. The assessment will deliver a valid, reliable and independent judgement that the apprentice has achieved the standard required in order to be awarded the Integrated Degree Apprenticeship for Advanced Clinical Practitioner at Level 7. The University must uphold all requirements for independent assessment in the EPA as identified in this plan.

The EPA will be completed in a maximum three month period. The three month period includes the time needed for the apprentice to prepare for and undertake the EPA but does not include the period required to conclude subsequent academic confirmation of results and degree award processes.

### **End-point Assessment Organisation: Roles and Responsibilities**

As this is an integrated degree apprenticeship, the EPA is delivered by the University which awards the Master's degree in Advanced Clinical Practice. They will be on the RoEPAO, will deliver the EPA for this standard as defined in this plan and are termed the end point assessment organisation (EPAO).

The EPAO will demonstrate an independent assessment process. An independent assessor who has had no involvement with on-programme learning and assessment must be appointed to conduct the EPA. Table 3 outlines the roles and responsibilities of individuals and organisations involved in preparing for and conducting the independent end point assessment for the Advanced Clinical Practitioner standard.

**Table 3: Roles and responsibilities in EPA**

Role	Responsibilities
Apprentice	<ul style="list-style-type: none"> <li>• Participates fully in their education, training and development</li> <li>• Takes responsibility for learning independently and preparing for the EPA</li> <li>• Contributes to the decision on the timing of their end-point assessment</li> </ul>
Employer	<ul style="list-style-type: none"> <li>• Supports the apprentice to complete the requirements of the EPA.</li> <li>• Determines when the apprentice is competent and ready to attempt the end-point assessment</li> <li>• Ensures apprentice is able to apply their learning in the workplace</li> <li>• Ensures the apprentice has a supervisor</li> </ul>
University	<ul style="list-style-type: none"> <li>• Delivers the knowledge based learning for the apprentice</li> <li>• Provides on going assessment through the on programme learning</li> <li>• Advises the employer when the apprentice has achieved the on programme requirements and is ready to undertake the end-point assessment.</li> <li>• Is Registered in the Education and Skills Register of Apprentice Training Providers and Register of End Point Assessment Organisations</li> </ul>
End Point Assessment Organisation	<ul style="list-style-type: none"> <li>• Recruits and trains independent assessor(s) to conduct the EPA</li> <li>• Develops the end point assessment materials and administers the end-point assessment</li> <li>• Ensures that independent assessor(s) is occupationally competent and able to assess the performance of the apprentice using the end-point assessment method</li> <li>• Undertakes bi annual standardisation and moderation activities</li> <li>• Actively participates in the quality assurance procedures described in this assessment plan</li> <li>• Sets the open book examination paper</li> <li>• Identifies independent internal academic member for the presentation of practice panel</li> <li>• Appoints an external examiner for the EPA.</li> </ul>
Independent Assessor	<ul style="list-style-type: none"> <li>• Invigilates, assesses and grades the completed examination paper</li> <li>• Chairs the presentation panel</li> <li>• Determines the presentation grade</li> <li>• Determines the final apprenticeship grade</li> </ul>

## End Point Assessment Methods

The EPAO must use the assessment methods detailed below. The assessments can be taken in any order.

**Table 4: Overview of end point assessment methods**

Method	Area Assessed	Contribution to final grade	Duration/length	Assessed by	Grading
Open Book Examination	<ul style="list-style-type: none"> <li>Advanced Clinical Practice</li> </ul>	50%	2 hours	End-point Assessment Organisation independent assessor	Pass Merit Distinction Fail
Presentation of practice	<ul style="list-style-type: none"> <li>Advanced Clinical Practice</li> <li>Education</li> <li>Clinical Leadership</li> <li>Research</li> </ul>	50%	1,500 word (+/- 10%) clinical practice change report  35 minutes presentation (+/- 10%)	Independent assessment panel comprising <ul style="list-style-type: none"> <li>independent assessor</li> <li>independent university representative</li> </ul>	Pass Merit Distinction Fail

### Open Book Examination

Apprentices will sit an unseen open book examination of 2 hours duration under invigilated examination conditions. The examination will assess the knowledge, skills and behaviours for Advanced Clinical Practice identified for assessment in the examination in Annexe A, Table 1 (1- 1.8).

The 'open book' examination is defined as an examination in which the apprentice brings resources into the examination room in order to support their completion of examination answers. The resources allowed for the open book examination are three referenced written case studies built from the Advanced Clinical Practitioner apprentice's own practice. No other resources are permissible. Case studies will be a maximum of 1500 words (+/- 10%) each excluding references and will be presented in the template in Annex C. The cases can be drawn from any point during the apprenticeship but must not have previously been used or assessed during on-programme accredited learning. Case studies must respect confidentiality, should be clearly labelled and submitted with the examination paper at the end of the examination. No marks are awarded directly to the case studies.

The open book examination paper will comprise eight examination questions selected by the EPAO from the EPAO's bank of questions. The question bank will be developed by the EPAO

in consultation with a representative employer organisation and an independent external examiner. The question bank will comprise a minimum of twenty four questions which must be reviewed annually to assure ongoing validity for EPA. Where valid, questions may be selected from the bank for up to three years but should then be discarded. Questions will assess the knowledge, skills and behaviours for Advanced Clinical Practice as described in Annexe A, Examination: table 1. The EPAO will ensure that the examination paper is set in line with the regulations of the organisation assuring that the paper is valid and reliable. A sample question paper is provided as an exemplar in Annexe B. The EPAO is responsible for setting and marking the examination paper and construction of the answer marking guide. The examination paper will be marked using the answer marking guide and the criteria for the examination in Table 7. On-programme marking criteria must not be used. Prior to administering the examination, the examination paper and answer guide must be reviewed by an external examiner appointed to the EPAO in order to assure external benchmarking and consistency. The examination will be marked by the independent assessor who will provide the initial grade. Examination papers will be moderated by an internal moderator of the University who has not been involved in the on-programme Advanced Clinical Practitioner apprenticeship. The external examiner will review a sample of examination papers as part of quality assurance.

### **Presentation of practice**

This is a synoptic assessment with two elements that demonstrates the apprentice's integration of the knowledge, skills and behaviours across the Advanced Clinical Practitioner standard. The presentation of practice assessment is focused on a 1500 word (+/- 10%) clinical practice change report (Element 1). Using the template provided in Annexe A the apprentice will write a clinical practice change report during the EPA period. This written report will outline an evidence based background and proposed clinical practice change related to the apprentices area of clinical practice. In developing their clinical practice change report, the apprentice should refer to the knowledge, skills and behaviours indicated for assessment in Annexe A, Table 2.

Element 2 will comprise a 25 minute (+/- 10%) presentation and 10 minutes (+/- 10%) for the panel to gain clarification on any aspect of the presentation or the clinical practice change report. The purpose of the presentation is to draw upon the clinical practice change report and to discuss the implementation of the development in practice. In preparing their presentation, the apprentice should refer to the knowledge, skills and behaviours indicated for assessment in Annexe A, Table 3.

The clinical practice change report and presentation are assessed using the grading criteria in table 6.

The clinical practice change report and presentation must be submitted to the EPAO independent assessor in electronic format 5 working days prior to the date of the presentation in order to enable the panel to familiarise themselves with the material.

The panel will comprise the independent assessor appointed by the EPAO and an internal moderator from the university who has not been involved in the on-programme Advanced Clinical Practitioner apprenticeship. The independent assessor should hold the occupational competence to make a reliable and valid assessment judgement of the Advanced Clinical Practitioner. Both panel members will be independent of the apprentice's on-programme learning and assessment. Video conferencing facilities can be used where necessary to enable attendance of the assessment panel members. In the case where all assessment panel members are remote, the EPAO will be responsible for authentication of the apprentice's identity prior to commencement of the presentation.

The independent assessor appointed by the end point assessment organisation to conduct the EPA has responsibility for determining the grade awarded to the presentation of practice. A sample of presentations of practice will be reviewed by an external examiner as part of quality assurance. Apprentices must be informed if the external examiner will be present or if the presentation is to be recorded as part of the external quality assurance process.

### **Re-sits/re- takes**

One further opportunity for retaking one or both of the end point assessment components is allowed. Re-sit opportunities should be offered following formal confirmation of the failed assessment component(s) by the EPAO. The employer must also confirm to the EPAO that they support the apprentice in retaking the EPA. Any EPA component must be taken within three months of formal confirmation of the failed EPA. A re-sit of either component will limit the overall EPA grade to pass except where an application for extenuating circumstances has been upheld by the EPAO. Apprentices are only required to re-sit the failed component of the EPA. A further attempt at EPA cannot be used to improve a pass/merit result.

## Grading

### Degree classification

The Integrated Master's degree\* will be classified in line with the University degree regulations. The EPA will represent 20 credits towards the final degree classification. When an apprentice fails the EPA, they will not be awarded the integrated Master's Degree in Advanced Clinical Practice.

### Apprenticeship grade

The independent assessor will make the judgement and overall grade for the end-point assessment. The aggregated mark of the EPA will provide the apprenticeship grade. Each assessment will be graded as Pass, Merit, Distinction or Fail. Grading is awarded based on the the achievement of the knowledge,skills and behaviours of the Integrated Degree Apprenticeship for Advanced Clinical Practitioner as identified in Table 6 and Annexe A.

Both assessment components must achieve a pass in order to pass the apprenticeship. The open book examination and presentation of practice carry an equal weighting in contributing to the overall apprenticeship grade. Both assessments must be achieved in the same grade for the higher grade to be awarded. Please see examples in Table 5. An external examiner appointed by the EPAO will contribute to the validity, reliability and internal quality assurance of EPA grading.

**Table 5: Examples of overall apprenticeship grading**

Open book examination	Presentation of practice	Apprenticeship grade
Distinction	Distinction	<b>Distinction</b>
Distinction	Merit	<b>Merit</b>
Merit	Distinction	<b>Merit</b>
Merit	Merit	<b>Merit</b>
Merit	Pass	<b>Pass</b>
Pass	Merit	<b>Pass</b>
Pass	Pass	<b>Pass</b>
Fail	Pass	<b>Fail</b>
Pass	Fail	<b>Fail</b>
Fail	Fail	<b>Fail</b>

\* The 20 Level 7 credits awarded to the End Point Assessment must be integrated into the Masters in Advanced Clinical Practice qualification.

**Table 6: Grading Criteria****OPEN BOOK EXAMINATION**

<b>Distinction Criteria</b>	<b>Merit Criteria</b>	<b>Pass Criteria</b>	<b>Fail criteria</b>
Using Annexe A, Table 1 the apprentice demonstrates the knowledge, skills and behaviours in bold, plus a minimum of 4 further outcomes not in bold	Using Annexe A, Table 1 the apprentice demonstrates the knowledge, skills and behaviours in bold, plus a minimum of 2 further outcomes not in bold	Using Annexe A, Table 1 the apprentice demonstrates the knowledge, skills and behaviours in bold	Using Annexe A, Table 1 the apprentice fails to provide sufficient systematic evidence of the knowledge, skills and behaviours in bold  Unsafe practice will result in an automatic FAIL

**PRESENTATION OF PRACTICE**

<b>Distinction Criteria</b>	<b>Merit Criteria</b>	<b>Pass Criteria</b>	<b>Fail criteria</b>
Using Annexe A , Tables 2 and 3 the apprentice demonstrates the knowledge, skills and behaviours in bold, plus a minimum of 4 other outcomes not in bold	Using Annexe A , Tables 2 and 3 the apprentice demonstrates the knowledge, skills and behaviours in bold, plus a minimum of 2 other outcomes not in bold	Using Annexe A , Tables 2 and 3 the apprentice demonstrates the knowledge, skills and behaviours in bold	Using Annexe A, Tables 2 and 3 the apprentice fails to provide sufficient systematic evidence of the knowledge, skills and behaviours in bold  Unsafe practice will result in an automatic FAIL

## End Point Assessment Organisation – Internal Quality Assurance

End point assessment organisations must ensure robust internal quality assurance processes in line with the requirements of this assessment plan.

### Internal Quality Assurance: Roles and Responsibilities of the EPAO

The EPAO must:

- accredit the EPA to the value of 20 level 7 academic credits.
- publish EPA guidance to apprentices, employers and training providers in relation to the requirements of the open book examination and presentation of practice as set out in this plan
- ensure that there is consistency and comparability in terms of the breadth and depth of each assessment, to ensure assessments are reliable, robust and valid
- develop a bank of examination questions in consultation with representative employers to reviewed annually and to be refreshed every three years
- publish assessment criteria for the open book examination and the presentation of practice using annexe A and Table 7.
- ensure that EPA dates and schedules are clearly published to apprentices and their employers
- appoint and approve independent assessors to conduct marking and initial grading of the EPA. Appointment of independent assessors will be based on a check of occupational knowledge including current professional registration and participation in ongoing continuing professional development for Advanced Clinical Practitioner. Minimum occupational knowledge will include a i) a Masters degree, ii) current professional healthcare registration iii) a minimum of three years experience working in the field of Advanced Clinical Practice in a clinical and/or educational setting iv) a minimum of three years experience in making assessment judgements at Masters level.
- provide training for independent assessors in the requirements for the operation, marking and initial grading of the examination and presentation
- provide training for independent assessors to enable them to undertake fair and impartial assessment, making judgements about the application of knowledge, skills and behaviours to the workplace setting.
- ensure internal moderators and external examiners are trained in EPA assessment and assurance processes and undertake regular continuing professional development.
- develop compensatory assessment for learners with special requirements to allow reasonable adjustments to be made to assess the knowledge, skills and behaviours of the apprentice through alternative assessment techniques. They must be designed to ensure judgements are not compromised
- provide guidance in relation to the EPA i.e. making reasonable adjustment, eligibility to enter EPA and conflict of interest.
- consider evidence in relation to reasons for failing an EPA and confirm whether a grade higher than pass will be allowed for a re-take/re-sit, where the learner may have failed and there are extenuating circumstances
- develop and manage a complaints and appeals procedure
- hold bi annual standardisation meetings for independent assessors to ensure consistent application of the guidance.
- prepare an annual evaluation report for the University and employers, acting on recommendations for improvement

- collaborate with at least one other EPAO delivering Advanced Clinical Practitioner EPA to ensure consistency across assessors and assessments.
- participate with an EPAO network to share and discuss areas of improvement and to report on best practice

## External Quality Assurance

External Quality Assurance is currently to be provided by the Institute for Apprenticeships.

## Regulation

The Advanced Clinical Practitioner apprenticeship standard requires that apprentices have current registration with their statutory health and social care regulator.

## Implementation

### Affordability

Indications show the likely costs to deliver the end-point assessment will not exceed 20% of the overall on-programme costs. To ensure affordability, the assessment will take place on university premises. The approach presented offers an affordable solution to assessment for this apprenticeship. The approach is robust and will ensure the end point assessment will meet the needs of all employers including those from public and private sectors.

It is believed that the approach is manageable and feasible as the necessary expertise already exists within the sector. Utilising existing expertise will ensure a sufficiency of qualified assessors with a good geographical spread. Under these conditions the anticipated uptake of the apprenticeship in the first year within England is approximately 200 starts.

This approach to independent assessment is evidenced based and sector specific and has been tested with employers who have confirmed that it is the preferred approach. Cost analysis verified that this approach was the most cost-effective method of all.

### Volumes

Once the apprenticeship reaches steady state it is anticipated that there will be in the region of 1000 new starts a year.

## Annexe A: Knowledge, skills and behaviours attributed to End Point Assessment for the Advanced Clinical Practitioner.

### Open Book Examination

The EPAO will select eight examination questions from its question bank that enable the apprentice to demonstrate their knowledge, skills and behaviours from the Advanced Clinical Practice domain of the standard. Apprentices will draw on three previously prepared case studies as resources to support their examination answers. In constructing their case studies apprentices should therefore be guided by the knowledge, skills and behaviours in Table 1. Please also see the grading criteria.

**Table 1: Advanced Clinical Practice**

<b>Behaviours</b>	
As illustrated in Annexe B, examination answers will demonstrate the following behaviours: You will <b>treat people with dignity, respecting people's diversity, beliefs, culture, needs, values, privacy and preferences, show respect and empathy for those you work with</b> , have the courage to challenge areas of concern and <b>work to best practice</b> , be adaptable, reliable and consistent, show discretion, resilience and <b>self-awareness</b>	
<b>What you will be able to do</b>	<b>What you will know and understand</b>
<b>1.1 Practise with a high level of autonomy and be accountable for your decisions and omissions; work in line with your code of professional conduct, professional standards and scope of practice</b>	<b>1.1 Local, national policies and procedures within your scope of practice, the professional and regulatory codes of conduct relevant to your advanced clinical practice; the importance of working within boundaries of practice;</b> the range of physical, psychological, pharmacological, diagnostic and therapeutic interventions within your scope of practice
<b>1.2 Assess individuals and families using person-centred approaches and a range of assessment methods</b> , for example including history taking, holistic examination, requesting and interpreting diagnostic tests or conducting health and care needs assessments	1.2 The range of physical, psychological and population based assessment methods used within your area of practice and the application of pathophysiology to underpin assessment and diagnosis
<b>1.3 Use multi-agency and inter-professional resources, critical thinking, independent decision-making skills, problem solving skills and professional judgement to formulate and act on potential diagnoses</b>	<b>1.3 The causes, signs, symptoms and impact of physical and mental health conditions within your scope of practice; how to draw on a diverse range of knowledge and critical thinking in your decision-making to determine evidence- based therapeutic interventions</b>

<p><b>1.4 Assess individuals for risk factors and their impact on health and wellbeing;</b> facilitate and encourage individuals to manage their own health and make informed choices; support individuals with an ongoing plan for preventative and rehabilitative measures</p>	<p>1.4 How to assess risk in relation to health and wellbeing; the principles of health promotion and prevention; strategies to engage and influence people; the range of health promotion tools available including the importance of therapeutic communication and behavioural change</p>
<p><b>1.5 Use expertise in clinical reasoning to plan and manage day to day, complex and unpredictable episodes of care; evaluate events to improve future care and service delivery; discharge or refer appropriately to other services</b></p>	<p><b>1.5 How to plan and manage a defined episode of care within your area of clinical practice, which may include admission, referral or discharge, to other services; methods and techniques to evaluate interventions</b> and how to use the outcomes to instigate service development</p>
<p><b>1.6 Initiate and evaluate a range of interventions which may include prescribing of medicines, therapies and care</b></p>	<p>1.6 Local and national policies, regulatory frameworks and guidelines for prescribing where appropriate; knowledge of pharmaco-therapeutics relative to your scope of practice</p>
<p><b>1.7 Ensure safety of individuals and families through the appropriate management of risk</b></p>	<p>1.7 Strategies to mitigate risk</p>
<p>1.8 Seek out and apply contemporary, high-quality evidence-based resources and existing and emerging technology as appropriate</p>	<p>1.8 The importance of evidence-based practice and technology, such as genomics, to underpin and inform decisions made about care and treatment</p>

## 2. Presentation of Practice

The presentation of practice is synoptic and will encompass knowledge, skills and behaviours across the Advanced Clinical Practice, Research, Clinical Leadership and Education domains of the standard. The presentation comprises two elements; the knowledge, skills and behaviours from the the Advanced Clinical Practice, Research, Clinical Leadership and Education domains of the standard to be assessed by each element are shown in columns 2 and 3. Both elements contribute to overall achievement and one grade is awarded.

**Element one:** The production of a 1500 word (+/- 10%) clinical practice change report using the template guide provided in Table 2. In preparing this apprentices should take particular note of the knowledge, skills and behaviours that are assessed in each element. Please also see grading criteria.

**Table 2 : Clinical Practice Change Report (1500 words+/- 10%).** ( This will be written in report format. Tables and references are not included in the word count)

<b>ASSESSMENT GUIDELINES.</b> The clinical practice change report will have three components:	<b>What you will be able to do</b>	<b>What you will know and understand</b>
<p><b>1. Background and Context for Practice Development in Advanced Clinical Practice (guide 500- 600 words)</b></p> <p>In this part of the proposal you will:</p> <p>1.1 Introduce the panel to the potential area for practice development related to your scope of Advanced Clinical Practice. (B: <b>Work to best practice</b>, challenge areas of concern, be adaptable)</p> <p>1.2 Provide a background to your proposed clinical practice change drawing upon relevant policy (KU: ACP 1.1), applying appropriate trends (KU: CL3.2) and any previous audit data, policy, legal, professional or clinical guidelines, (KU: CL 3.1, KU: CL3.2, KU: CL 3.6, KU: R4.1, KUR4.2) to provide an initial rationale (A: ACP1.5,</p>	<p>ACP 1.5 Use expertise in clinical reasoning to plan and manage day to day, complex and unpredictable episodes of care; <b>Evaluate events to improve future care and service delivery</b>; discharge or refer appropriately to other services</p> <p>R4.2 <b>Evaluate and audit your own and others' clinical practice and act on the findings</b></p> <p>R4.3 <b>Alert individuals and organisations to gaps in evidence; initiate and/or lead evidence-based activity that aims to enhance clinical practice and contribute to the evidence base;</b></p>	<p>ACP 1.1 <b>Local, national policies and procedures within your scope of practice, the professional and regulatory codes of conduct relevant to your advanced clinical practice</b>; the importance of working within boundaries of practice; the range of physical, psychological, pharmacological, diagnostic and therapeutic interventions within your scope of practice</p> <p>CL 3.1 Methods and systems to measure impact of advanced clinical practice</p> <p>CL 3.2 <b>The implications and applications of epidemiological, demographic, social, political and professional trends and developments appropriate to your clinical practice</b></p>

<p>A:R4.2,A:R4.4 ), alerting the panel to evidence of gaps and/or practice development needs (A:R4.3 B: <b>Work to best practice</b>, challenge areas of concern)</p>	<p>support others to develop their research capability</p> <p><b>R4.4 Critically appraise and synthesise the outcomes of research, evaluation and audit; apply this within your own and others' practice;</b> act as a bridge between clinical and research practice; promote the use of evidence-based standards, policies and clinical guidelines</p>	<p><b>CL 3.6 The range of legal, ethical, professional and organisational policies, procedures and codes of conduct that apply to your practice</b></p> <p>R4.1 <b>National</b> and international <b>quality standards;</b> the effect of policy on health and social care</p> <p>R4.2 The range of <b>valid and reliable evaluation and audit methods used in clinical practice</b></p>
<p><b>2. Review of Research Literature (guide 400-500 words)</b> In this section you will critically evaluate evidence from the research literature to provide the panel with:</p> <p>1.1 A brief synopsis of available research literature related to your proposed clinical practice change with justification of search strategy and limitations (A: R4.1, B: <b>Work to best practice</b>)</p> <p>1.2 A critical appraisal of the research as part of the evidence base for the proposed clinical practice change (KU ACP 1.8, A: R4.1, A:R4.4, KU:R4.3, KU:R4.4, B: <b>Work to best practice</b>)</p> <p>1.3 Any implications or recommendations that have arisen from the research literature that need to be considered as part of the proposed clinical practice change (A:R4.3, KU: ACP 1.8, KU R4.4,</p>	<p>ACP 1.8 Seek out and apply contemporary, high-quality evidence-based resources and existing and emerging technology as appropriate</p> <p>R 4.1 Engage in research activity; develop and <b>apply evidence-based strategies that are evaluated to enhance the quality, safety,</b> productivity and value for money of health and care</p> <p>R4.3 Alert individuals and organisations to gaps in evidence; initiate and/or lead evidence-based activity that aims to enhance clinical</p>	<p>ACP 1.8 <b>The importance of evidence-based practice and technology,</b> such as genomics, <b>to underpin and inform decisions made about care and treatment</b></p> <p>R4.3 <b>The range of quantitative and qualitative research methodologies relevant for use in health and social care;</b> the roles and responsibilities of those involved in research; the range of legal, ethical, professional, financial and organisational policies and procedures that will apply to your research activities; <b>the importance and impact of research on advancing clinical practices</b></p> <p>R4.4 <b>Critical appraisal techniques and how to apply new knowledge</b></p>

<p>B: <b>Work to best practice</b>, challenge areas of concern)</p>	<p>practice and contribute to the evidence base; support others to develop their research capability</p> <p>R4.4 <b>Critically appraise and synthesise the outcomes of research, evaluation and audit; apply this within your own and other's practice</b>; act as a bridge between clinical and research practice; promote the use of evidence-based standards, policies and clinical guidelines</p>	<p><b>effectively to own</b> and others' clinical practice; <b>the importance of integrating research into clinical practice; the range of evidence-based standards, policies and clinical guidelines which apply to own and others' practice</b></p>
<p><b>3. Clinical Practice Change Outline (guide 500 words)</b></p> <p>In this section you will:</p> <p>3.1 synthesise the evidence from research, policy and practice to justify the need for a people centred change in clinical practice(A: ACP 1.3, A: CL 3.5, KU: ACP1.3, B: <b>Recognise need to treat people with dignity, respecting diversity, beliefs, culture, needs, values, privacy, preferences, Work to best practice</b>, challenge areas of concern)</p> <p><b>3.2</b> Detail the overall aims and intended outcomes (A CL 3.5,B: <b>Work to best practice</b>)</p> <p>3.3 Recognise your individual scope of practice and where you will need to involve others (A: ACP 1.3, KU: ACP 1.7, A: CL3.6, B: <b>Self-</b></p>	<p><b>ACP 1.3 Use multi-agency and inter-professional resources, critical thinking, independent decision-making skills, problem solving skills and professional judgement to formulate and act on potential diagnoses</b></p> <p>CL 3.5 <b>Identify the need for change</b>; generate practice innovations; act as a role model; lead new practice and service redesign solutions in response to individuals' feedback and service need</p> <p>CL3.6 <b>Establish and exercise your individual scope of practice within legal, ethical, professional and organisational policies, procedures and codes</b></p>	<p>ACP 1.3 The causes, signs, symptoms and impact of physical and mental health conditions within your scope of practice; <b>How to draw on a diverse range of knowledge and critical thinking in your decision-making to determine evidence- based therapeutic interventions</b></p> <p>ACP 1.7 Strategies to mitigate risk</p> <p>R 4.2 The range of <b>valid and reliable evaluation and audit methods used in clinical practice</b></p>

<p><b>awareness, Show respect for people work with,</b> be adaptable, show discretion)</p> <p><b>3.4</b> Outline the resources required, including multi-agency and inter-professional resources as needed (A: ACP 1.3, B: <b>Show respect for people work with, Work to best practice</b>)</p> <p>3.5 Identify how intended outcomes will be measured (A: R 4.2, KU: R4.2, B: <b>Self-awareness, Work to best practice,</b> reliable and consistent)</p>	<p><b>of conduct to manage risk and enhance the care experience</b></p> <p>R 4.2 <b>Evaluate and audit your own</b> and others' <b>clinical practice and act on the findings</b></p>	
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## Element 2: PRESENTATION

Element 2 is a 25 minute presentation (+/-10%) with ten minutes questions from the panel (+/-10%) which is focused on leading the implementation of the clinical practice change outlined in element 1 (clinical practice change report). In preparing the presentation, apprentices should pay particular attention to the knowledge, skills and behaviours outlined in table 3 and to the grading criteria.

**Table 3: Presentation**

<p><b>Assessment Guide:</b> Your presentation to the panel which will discuss your plans for the implementation and evaluation phase of your clinical practice change (element 1). Your presentation is particularly focused on your leadership and your role in enabling the education and development of others. In your presentation you will</p> <ol style="list-style-type: none"> <li>1) Drawing on section 3 of your report (element 1) you will provide the panel with a succinct summary of the proposed change and indicate selected key challenges for implementation (guide 5 mins) (A: ACP 1.5, A: R 4.6, KU:ACP1.8, KU: R 4.6, B: <b>Work to best practice</b>)</li> <li>2) Considering one of the challenges you have raised, provide the panel with a justification of your proposed approach to leadership, articulating any models or theories that would systematically address the challenge and support change and innovation (guide 7-8 mins) (A: CL 3.1, A: CL 3.2, A: CL 3.3, A:CL 3.5, A CL 3.7, KU CL 3.3, KU: CL 3.5, KU:CL, 3.7, B: <b>Respecting peoples diversity, beliefs,</b></li> </ol>
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<p><b>culture, needs, values and preferences, Show respect and empathy for those you work with, Work to best practice</b>, be reliable and consistent, show discretion, resilience)</p> <p>3) Considering one of the challenges you have raised (element 1) present the panel with your evidence based strategy for educating and developing others to address the challenge and enhance the implementation (7-8 mins). (A: R4.3, A: R4.5, A: R4.6, KU: R4.5, KU: R4.6, A: CL 3.2, A:CL 3.4, A: E 2.1, A:E2.3, A: E 2.4, KU: CL3.4, KU:E2.1, KU: E2.3, KU: E2.4, B: <b>Respecting people's diversity, beliefs, culture, needs, values, preferences, Show respect and empathy for those you work with, Work to best practice</b>, show discretion)</p> <p>4) Present the panel with your critique of the strengths and limitations of your overall presentation of practice ( elements 1 and 2), evaluating personal development achieved through undertaking this process (5 minutes) (KU: E2.2, A: E2.2, B: <b>Self-awareness</b>, be adaptable, have the courage to challenge areas of concern, resilience)</p> <p>5) Respond to any questions or defend any challenges posed by the panel (10minutes) ( A: ACP 1.1, A:CL: 3.4, B: <b>Self-awareness</b>, be adaptable, resilience)</p> <p>BEHAVIOURS: Throughout your presentation and during your interaction with the panel you will demonstrate the behaviours of an Advanced Clinical Practitioner: You will <b>treat people with dignity, respecting people's diversity, beliefs, culture, needs, values, privacy and preferences, show respect and empathy for those you work with</b>, have the courage to challenge areas of concern and <b>work to best practice</b>, be adaptable, reliable and consistent, show discretion, resilience and <b>self-awareness</b>.</p>	
<b>ADVANCED CLINICAL PRACTICE (ACP)</b>	
<b>What you will be able to do:</b>	<b>What you will know and understand:</b>
<p><b>1.1 Practise with a high level of autonomy and be accountable for your decisions and omissions; work in line with your code of professional conduct, professional standards and scope of practice</b></p> <p><b>1.5 Use expertise in clinical reasoning to plan and manage day to day, complex and unpredictable episodes of care; evaluate events to improve future care and service delivery; discharge or refer appropriately to other services</b></p>	<p>1.8 The importance of evidence-based practice and technology, such as genomics, to underpin and inform decisions made about care and treatment</p>
<b>RESEARCH(R)</b>	
<b>What you will be able to do:</b>	<b>What you will know and understand:</b>
<p>4.3 Alert individuals and organisations to gaps in evidence; initiate and/or lead evidence-based activity that aims to enhance clinical practice and contribute to the evidence base; Support others to develop their research capability</p>	<p>4.5 The importance of effective governance systems and methods that can be used to ensure systematic documentation is in place</p> <p><b>4.6 The value of disseminating research to advance clinical practice, enhancing the quality, safety, productivity and value</b></p>

<p>4.5 Develop and implement robust governance systems and systematic documentation processes</p> <p>4.6 Disseminate your work through appropriate media to further advance clinical practices</p>	<p><b>for money of health and care</b>; how to select and use media appropriately to optimise research impact</p>
<p><b>CLINICAL LEADERSHIP (CL)</b></p>	
<p><b>What you will be able to do:</b></p>	<p><b>What you will know and understand:</b></p>
<p>3.1 <b>Demonstrate the impact of advanced clinical practice within your scope of practice</b> and the wider community</p> <p>3.2 <b>Use your advanced clinical expertise to</b> provide consultancy across professional and service boundaries; drive service development and <b>influence clinical practices to enhance quality</b> productivity and value</p> <p>3.3 <b>Provide professional leadership</b> and supervision in situations that are complex and unpredictable; instill confidence and clinical credibility in others; <b>work across boundaries to promote person-centred care</b></p> <p>3.4 Actively seek and participate in peer review of your own and others' practice across traditional health and social care boundaries</p> <p>3.5 <b>Identify the need for change</b>; generate practice innovations; act as a role model; lead new practice and service redesign solutions in response to individuals' feedback and service need</p> <p>3.7 <b>Identify and manage risk in own</b> and others' clinical practice; <b>be receptive to challenge</b> and demonstrate the ability to challenge others</p>	<p>3.3 <b>Theories, techniques and models of leadership and teamwork and how these can be applied</b> across professional boundaries in health and social care</p> <p>3.4 <b>The importance and impact of peer review and evaluation in advanced clinical practice</b></p> <p>3.5 <b>Theories, models and techniques</b> which can be deployed across health and social care systems <b>to affect change at individual, team</b> and organisational level</p> <p>3.7 <b>The range of evidence-based strategies to manage risk in clinical practice</b></p>
<p><b>EDUCATION (E)</b></p>	
<p>2.1 <b>Recognise and respond to individuals' motivation, development stage and capacity; work in partnership to empower individuals to participate in decisions about care designed to maximise their health and wellbeing</b></p> <p>2.2 <b>Assess own learning needs and engage in self-directed learning to maximise potential to lead and transform care and services</b></p>	<p>2.1 Motivational theory and how to apply it to participation in health and social care; the value of empowerment and co-design</p> <p>2.2 <b>Your role, responsibility and motivation to manage your own learning; the range of tools and techniques that can be used to direct own learning, set goals and evaluate learning</b></p>

<p>2.3 Work collaboratively to identify and meet the learning and development needs of health or care professionals; <b>support practice education</b>; act as a role model and mentor</p> <p>2.4 Advocate and contribute to the development of an organisational culture that supports life-long learning and development, evidence-based practice and succession planning</p>	<p><b>2.3 The application of teaching and learning theories and models in health and care; how to identify learning needs;</b> organisational and professional roles and responsibilities in relation to life-long learning</p> <p>2.4 The importance and impact of organisational culture in learning and development; techniques to influence organisational culture</p>
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## Annexe B: Example open book examination question paper

### Integrated degree apprenticeship for Advanced Clinical Practitioner at Level 7.

#### OPEN BOOK EXAMINATION

Use examples from your three 1500 word written case studies to support your answers. All case studies and their references must be submitted with your completed examination paper at the end of the examination period. You do not need to include referencing within your examination answers.

ANSWER **ALL EIGHT QUESTIONS**

TIME ALLOWED: 2 hours

1. Select two of your three scenarios and compare and contrast the different approaches to decision making which you took in these two cases  
(Annexe A, Table 1: 1.1, 1.3, 1.5, 1.6, B: **Self-awareness, Work to best practice**, Reliable and consistent)
2. From one of your scenarios select and explore an aspect of your management of the case which evidences your understanding of the scope and boundaries of your autonomy as an advanced clinical practitioner.  
(Annexe A, Table 1: 1.1; 1.4, 1.7, B: **Self-awareness, Work to best practice**, Reliable and consistent, show discretion, courage of challenge areas of concern, resilience)
3. Selecting one of your cases, explore and justify the differential diagnoses that you considered and explain why you reached your final diagnosis or working hypothesis (Annexe A, Table 1: 1.3, B: **Self-awareness, Work to best practice**)
4. Identify and explore an example from one of your three cases where you worked with the individual (and/or their family) to involve them in decision making surrounding their current and/or future health and wellbeing  
(Annexe A, Table 1: 1.4, 1.2, B: **Self-awareness, Work to best practice Treat people with dignity, respecting people's diversity, beliefs, culture, needs, values, privacy and preferences**, show discretion).
5. Drawing on examples from at least one of your three cases, discuss and justify how you have worked with and/or made referral to other members of the multi-disciplinary team in your planning and managing of care delivery.  
(Annexe A, Table 1: 1.5, B: **Self-awareness, Work to best practice Show respect and empathy for those you work with**, reliable and consistent)
6. Considering the therapeutic interventions in one of your clinical scenarios, evaluate how your pharmaco-therapeutic knowledge and understanding impacted on you decision making regarding the treatment and/or management plan.  
(Annexe A, Table 1: 1.4, 1.5, 1.6, B: **Self-awareness, Work to best practice**)
7. With reference to the management of risk, critically explore this concept in relation to at least once incident drawn from one or more of your clinical scenarios  
(Annexe A, Table 1: 1.4, 1.7, B: **Self-awareness**, courage to challenge areas of concern, resilience)
8. Select one of your three cases, and critically evaluate relevant underpinning evidence and/or policy that influenced your decision making in relation to this case  
(Annexe A, Table 1: 1.1, 1.3, 1.8, B: **Self-awareness, Work to best practice**, be adaptable)

## Annexe C: Open Book Examination Case Study Template

### Instructions for Apprentices and Signatories

Apprentices are required to have prepared three case studies which have taken from their own advanced clinical practice during the apprenticeship period. Apprentices will use the case studies as their resource for the open book examination which takes place as part of the end point assessment.

Each case study must be verified by an approved employer signatory as the apprentice's own practice. Case studies will be a maximum of 1500 words (+/- 10%) each, excluding tables and references and presented on the template below. The cases can be drawn from any point during the apprenticeship but must not have previously been used or assessed during on-programme accredited learning. Case studies must respect anonymity and confidentiality. No marks will be awarded directly to the case studies. Each case study should be able to demonstrate that some or all of the knowledge, skills and behaviours from the **Advanced Clinical Practitioner standard** have been achieved. Apprentices should therefore map each case study to the **Advanced Clinical Practitioner standard** so that they are satisfied that, together, the three case studies will provide a breadth and depth of evidence to support their examination answers.

The approved signatory must be able to confirm that each case study is an authentic example of the apprentice's practice. In addition, each verifier should have had an episode of direct observation\* of the apprentices advanced clinical practice during the case study. Each case study can have a different verifier but all verifiers should be an approved employer signatory. An approved employer signatory will either be i) the apprentice's named designated medical practitioner (DMP) or ii) the apprentice's named Advanced Clinical Practitioner supervisor or iii) one of a list of approved signatories provided to the EPAO by the employer partner. An approved signatory list will normally be a list of Supervisors of Advanced Clinical Practitioners or Designated Medical Practitioners deemed eligible by the organisation to assess Advanced Clinical Practitioner apprentices.

\*Direct observation

The episode of direct observation in each case study must be for a minimum of one hour. The episode can be undertaken as one direct observation or as several smaller direct observations undertaken during the period of the case study to verify the case study as an authentic example of the apprentices practice and mapped to the Advanced Clinical Practitioner knowledge, skills and behaviours.

**INTEGRATED DEGREE APPRENTICESHIP FOR ADVANCED CLINICAL PRACTITIONER  
CASE STUDY TEMPLATE TO SUPPORT END POINT ASSESSMENT: OPEN BOOK EXAMINATION**

<b>APPRENTICE NAME/REFERENCE NUMBER:</b>	
<b>Date of Completion :</b>	
<b>CASE STUDY (1500 words)</b>	
<b>REFERENCES</b>	
<b>MAPPING TO ADVANCED CLINICAL PRACTITIONER KNOWLEDGE, SKILLS AND BEHAVIOURS</b>	
<b>VERIFICATION :</b>	
<p>1. I confirm that this is an authentic case study and has been drawn from my own clinical practice.</p>	
<b>APPRENTICE NAME or REFERENCE NUMBER:</b>	
<p>2. From the case study and through observation of related practice I confirm that the Advanced Clinical Practitioner knowledge, skills and behaviours indicated above have been completed and achieved by the apprentice.</p>	
<b>SIGNATORY NAME:</b>	<b>SIGNATURE:</b>
<b>DATE:</b>	
<b>Position in employing organisation :</b>	
<b>Designation as signatory: ( Please delete as appropriate)</b>	
<b>Designated Medical Practitioner / Named Advanced Clinical Practitioner Supervisor / Approved employer signatory</b>	