Portfolio Guidance for Enhanced, Advanced, and Consultant Clinical Practice in Wales

GIG CYMRU
NHS WALES

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Contents

This Portfolio Guidance replaces the previous NLIAH Advanced Practice - The Portfolio (2014)

The original Advanced Practice - The Portfolio was written following a task and finish group with multi- professional representation   from employers, advanced practitioners, higher education providers and the National Leadership and innovation agency for healthcare. We thank them for their contribution.

Health Education and Improvement Wales (HEIW) would like to acknowledge and thank Cardiff University for the use of photographic images.

Purpose

These guidelines aim to assist enhanced, advanced and consultant practitioners or those aspiring to work at these levels of practice, engaged in research, education, management, leadership and clinical activity, in the development of a portfolio of evidence that demonstrates a level of practice as outlined in the Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (HEIW, 2023). Consultant Practitioners may also wish to adopt it and evidence their work across the fifth strategic pillar.

Introduction

The portfolio is intended to be used as a resource to support the annual appraisal process. In accordance with local governance arrangements, assessment of clinical practice will be undertaken by appropriate clinicians and managers and should be recorded in the portfolio. These individuals will review the portfolio, including an academic peer reviewer if required. The Professional Lead and/or Clinical Lead of the service will need to determine who the lead assessor is, in order to co-ordinate and quality assure the assessment activity.

Enhanced, advanced and consultant practice supports the development of services that better meet the needs of service users in accordance with strategic and regulatory guidance. The portfolio guidance supports practitioner development, whatever the field of practice, both in the post held at present, and as careers progress

As part of the Governance Framework, employing organisations are advised to develop and maintain a database of Advanced Practitioners. Once a practitioner is placed on the Advanced Practice Database, portfolios should be reviewed in accordance with the local Health Boards Governance Framework.

We recognise that some practitioners will have paper portfolios, others will have university portfolios, or other e-portfolios hosted by Royal Colleges.

All advanced and consultant practitioners in Wales have access to an e-portfolio hosted by Health Education and Improvement Wales (HEIW) using the Medical Appraisal and Revalidation System (MARS). Details of how to register and access can be found at https://medical.marswales.org There is further guidance on the MARS website

The following format is offered as guidance to good practice for the development of practitioner portfolios. The content should be easy to read, and any signposting and cross referencing should be easy for the reader / assessor / reviewer to follow. For example, acronyms are not understood by all people and should be given in full.

Section one: personal details

This section captures the following types of information:

- Contact details (name, address, place of work, phone numbers and email address)

- Qualifications (professional and academic). The practitioner may wish to include relevant and current course documents

- Continuing Professional Development undertaken

- Curriculum Vitae

- Narrative context i.e. personal context and observation context

- Current Personal Development Plan or Values Based Appraisal and future plans for role / service

Section two: job description

This section should contain an up-to-date copy of your Job Description, Person Specification and where appropriate Scope of Practice.

It is essential for you to familiarise yourself with both the Job Description, Person Specification and Scope of Practice as part of your preparation for your annual review process.

These documents should be reviewed in accordance with your local governance arrangements; you may have several reviewers, and these could include the identified lead assessor, another professional lead, a clinical lead, and line manager.

In preparation for your portfolio review you will need to undertake a self-assessment of your competency level against the practice level criteria set out by your local clinical governance leads, and in line with the advanced pillars of practice (figure 1) or consultant pillars of practice (figure 2). You need to ensure that your portfolio reflects all the skills and knowledge necessary to fulfil the requirements of the level of practice criteria and Job Description.

Section three: The Pillars of Practice

The Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (2023) sets out the four pillars of Advanced Practice and five pillars of Consultant Practice and articulates the core principle that advanced and consultant practice are levels of practice and demonstrating evidence of the pillars supports this level of practice. It is not exclusively characterised by the clinical domain but includes those working in research, education or managerial / leadership roles. Evidence of advanced practice will be gathered under the following 4 pillars that are shown in Figure1, or the 5 pillars of consultant practice shown in Figure 2.
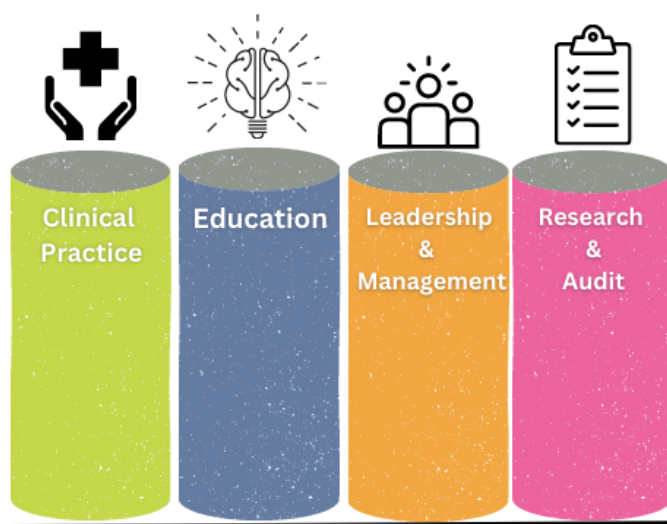

Figure 1 The Four Pillars of Advanced Practice

Figure 2 The five pillars of consultant practice

The prevalence of evidence of advanced and consultant practice for each pillar will vary in accordance with the particulars of an individual's role. Nevertheless, the practitioner should produce evidence for all four or five pillars.

The portfolio should be structured in such a way that there are clearly defined sections that capture the evidence identified within the four or five pillars, and these sections should constitute the main body of the portfolio. The nature and the quantity of evidence in each section may vary depending on the particular role the practitioner is engaged in. The template is a guideline for the presentation of evidence and should not be seen as a constraint on the creative presentation of evidence of advanced or consultant practice. Each section should commence with an overall summary and reflection regarding the evidence submitted.

Clinical

Under the clinical pillar you may wish to evidence and reflect on your clinical skills. This may include; logbooks or consultation numbers. If you have a clinical competency package this could also be included. Case based discussion of common and unusual clinical cases can be used to evidence maintenance and development of clinical skills. Mini-Clinical Examination assessments can also be used to demonstrated maintenance of clinical skills if needed.

Education

This will include both education and training you have received and also that which you have delivered to others.

You should include evidence of continued professional development, courses and training you have attended and how it has influenced your practice. You may wish to include certificates, programmes, and reflections on the learning from attending courses and events.

For education delivered you may wish to include lesson plans, the type of course / training, method of delivery and any evaluations.

Management and Leadership

For this pillar you may wish to include details of your experiences in leadership and management. This may include contributions to local or national forums, writing of policies or guidelines. Evidence of managing others (anonymised) can also be included. Contribution to quality improvement projects and service development is good evidence of practitioner management and leadership skills.

Research

Please include how research has influenced your practice, this may include reflections and/ or literature reviews. Participation in journal clubs is a good way to evidence critical appraisal skills and demonstrate the influence of research on your practice. Many services have regular audits of clinical aspects and contributing or leading on these is another opportunity to demonstrate evidence-based practice. For those who have had the opportunity to carry out or contribute to research please include details.

Strategy

The strategy pillar is the fifth pillar and usually this will be at consultant level, but it is likely that advanced practitioners may have evidence as their career progresses. Evidence may include contributions to local or national policy design, design and implementation of new services, organisational leadership, and influence on aspects of professional or service developments. Participating and influencing national workstreams and recognition as an expert in your field is evidence of consultant level practice under the strategy pillar.

Section four: self-assessment

An adapted version of Benner's (1984) model of skill acquisition and skill development could be useful to use for self-assessment. While originating from nursing it is applicable to clinical practice and thus suitable for many professions. It describes five levels or stages of performance: novice, advanced beginner, competent, proficient and expert. We suggest this model could be used when undertaking a self-assessment of your practice against the pillars of practice. This self-assessment will assist your reviewers in evaluating your competence and development.

Novice	- Beginner with no experience - Taught general rules to help perform tasks - Rules are: context-free, independent of specific cases, and applied universally - Rule-governed behaviour is limited and inflexible
Advanced Beginner	- Demonstrates acceptable performance - Has gained prior experience in actual situations to recognize recurring meaningful components - Principles, based on experiences, begin to be formulated to guide actions
Competent	- Typically a practitioner with 2-3 years' experience on the job in the same area or in similar day-to-day situations - More aware of long-term goals - Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization
Proficient	- Perceives and understands situations as whole parts - More holistic understanding improves decision-making - Learns from experiences what to expect in certain situations and how to modify plans
Expert	- No longer relies on principles, rules, or guidelines to connect situations and determine actions - Background of greater experience - Has intuitive grasp of clinical situations - Performance is now fluid, flexible, and highly proficient

Figure 1: Adapted from P. Benner (1984) Model of Skills Acquisition

It is proposed that Benner's 5 stages of performance can be used to describe your performance at this advanced level.

For example, in the pillar entitled 'Management and Leadership', the first criterion is described as:
'Identifying need for change, leading innovation and managing change, including service development'.
In assessing your current level of performance against this particular criterion consider whether you would assess yourself as functioning at the stage of: Novice, Advanced Beginner, Competent, Proficient or Expert

Here, Benner's (1984) Stages of Skill Acquisition are being used to more finely describe your practice, in terms of advanced level. As such, the practitioner, new to working at this level of practice may be seen as an 'advanced beginner'. Alternatively the practitioner who has been working at this advanced level for some time will have moved from the 'novice' stage to another stage, for example, that of 'proficient'.

Furthermore, you may assess yourself as being at different stages of skill acquisition against different criterion within a Pillar. For example, in the 'Management and Leadership' Pillar, for criterion number 1 in the Pillar you may be at the stage of 'novice', however within criterion number 4 of the Pillar you may see yourself as working at the stage of 'competent'.

The self-assessment tool (table 1) may be useful to assess your competency across the pillars of practice.

Table 1 Portfolio Self-Assessment	Novice (Beginner with no experience)	Advanced beginner (Demonstrates acceptable performance)	Competent (Typically, 2-3 years' experience of role in same area)	Proficient (More holistic understanding with improved decision-making)	Expert (Intuitive grasp of clinical situations, not reliant on principles, rules or guidelines)
Management & Leadership					
Identifying the need for change, leading innovation, and managing change, including service development					
Developing case for change					
Negotiation and influencing skills					
Networking					
Team development					
Education (either within clinical practice or education sector)					
Principles of teaching and learning					

Supporting others to develop knowledge and skills				
Promotion of learning/creation of learning environment				
Service user/carer teaching and information giving				
Developing service user/carer education materials				
Teaching, mentorship and coaching				
Research				
Ability to access research/use information systems				
Critical appraisal/evaluation skills				
Involvement in research				
Involvement in audit and service evaluation				
Ability to implement research findings into practice- including use of and development of				

policies/protocols and guidelines					
Conference presentations					
Publications					
Advanced Clinical Practice					
Decision making/clinical judgement and problem solving					
Critical thinking and analytical skills incorporating critical reflection					
Managing complexity					
Clinical governance					
Equality & diversity					
Ethical decision-making					
Assessment, diagnosis, referral, discharge					
Developing higher levels of autonomy					

Assessing and managing risk				
Non-medical prescribing in line with legislation				
Developing confidence				
Developing therapeutic interventions to improve service user outcomes				
Higher level communication skills				
Service user focus/public involvement				
Promoting and influencing others to incorporate values-based care into practice				
Development of advanced psycho-motor skills				

Section five: evidence to support the self–assessment process

Evidence to support the self –assessment process

This section supports you in collecting robust evidence.

When collating evidence for assessment and review, you should be mindful of the following, so that the portfolio is not seen as a paper gathering exercise.

- Evidence can be presented in a number of different ways. Care must be taken to ensure confidentiality e.g. patient names and any details that might identify a patient must not appear in the portfolio.

- Evidence should be entered into the portfolio to support each of the relevant criteria.

- The evidence presented needs to be verifiable (e.g. documents, testimonials, comments signed and dated).

Your evidence should be measurable against the following criteria:

Quality	A few robust examples of evidence and performance are better than many trivial examples.
Quantity	Make good judgements about how much evidence is needed. There are no benefits in the over collection of information.
Reliability	Reviewers need to be satisfied that the examples are drawn from a suitably wide range of applications of knowledge and skills and not duplication of the same activity.
Validity	Self-reporting of competence needs to be tested. Reviewers need to make sure that the (self) assertions of competence match evidence drawn from other sources, such as their own observations or witness statements.
Currency	Evidence has a shelf-life. Fresh, current exemplars are always better. Usually, examples of competence or knowledge acquisition that are more than three years old need to be refreshed.

Section six: 360-degree feedback

This section explains the benefits of Multidisciplinary Team Feedback

The Benefits

360-degree feedback can be used to support individual, team and organisation development.

360-degree feedback helps you to understand how others interpret the behaviour you are exhibiting and to compare this with your own perception. It also helps you to identify your known and unknown strengths. As a result you can tailor your development to support you to be more effective and successful in your practice, relationships and therefore your role. You may wish to use it to establish a baseline at the start of a period of development and to repeat it at the end to review your progress. It can inform any coaching you are receiving.

The Process

There are different tools for obtaining 360-degree feedback and the selection of the most appropriate one will depend on what you are hoping to learn from the process. They are similar in that the process is confidential and typically involves asking people to complete questionnaires about you and the way that you behave.

Those who contribute may include your line manager/s, peers, direct reports and other stakeholders as appropriate.

On-line tools usually provide guidance on how to prepare for a 360-degree feedback, who to invite to provide feedback and what steps you might take as a result of the information that has been gathered. Most commercially available tools incur a fee and require a feedback facilitator who is accredited to administer the tool. Some universities and Royal Colleges are offering facilities for 360- degree evaluation. You may wish to discuss your options with your line manager, professional lead, or workforce and organisation development colleague.

Section seven: reflective practice

This section supports your reflective practice, which is an important technique for optimising your learning experiences and developing your practice. It should form part of your evidence within this portfolio.

Each main section should be preceded by an overall summary and reflection on the evidence presented. This reflective section is important as it demonstrates the thinking processes of the Practitioner. It allows the reader or assessor of the portfolio to form a judgment as to the level of thinking the practitioner brings to practice. The reflective summary should also highlight how the key principles of advanced practice are applied to the practice of the individual practitioner.

Reflection is therefore a continuing cycle of planning, implementation and reviewing that is mutually beneficial to you and your organisation. It is your responsibility to ensure that all information is correct and up to date.

There are several reflective models and templates readily available, but the table below may be helpful.

Reflective Account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
How did you change or improve your practice as a result?
How does is link with the portfolio?

References

1. Health Education and Improvement Wales (2023) Professional Framework for Enhanced Advanced and Consultant Clinical Practice in Wales

2. P. Benner (1984) Model of Skills Acquisition
   https://nursology.net/nurse-theories/from-novice-to-expert/