

The lower-limb advanced clinical practice framework



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Advanced clinical practice has been heralded as a solution to the many service delivery challenges faced by the NHS workforce across the UK. Across nursing and the allied health professions, a significant amount of work has been done in defining and describing Advance Practice, in order to provide a consistent framework to inform workforce planning and development at national, organisational and individual service levels.

One frequently used approach is the development of competency frameworks. Over the past decade, a plethora of these have been developed by clinical professions, professional bodies and NHS organisations. However, it is increasingly apparent that single professional and organisational competency frameworks may not provide the flexibility required to address the future need of an ageing population with complex and multi-comorbidities requiring multidisciplinary and multi-agency interventions. This is particularly true in the area of lower-limb disease.

Historically, the delivery of care in the area of the lower limb has been fragmented into a number of disparate service areas, each with its own territorial boundaries. Sometimes, these have been driven by professional practice, culture and disease specific commissioning. By focussing on professional and disease-defined boundaries, an optimal patient-centred approach may not have been as central as it is ought to have been.

In September 2018, Health Education England (HEE) commissioned Skills for Health, to work alongside key stakeholders, to develop a multiprofessional advanced capability framework for lower-limb viability that embraced all high-risk, chronic wounds, circulatory and wound combinations. It focuses on the capabilities required by advanced practitioners working with high risk and chronic wounds, where healing is difficult and individuals are at risk of losing a

foot or lower limb, as a result of their underlying conditions, including venous, arterial and neuropathic comorbidities.

It is hoped that this framework will support the workforce development aims of HEE to engender consistency and ensure improved focus and partnership working in the delivery of training across the healthcare sector, thereby avoiding silo-driven duplication. There is a close correlation between this framework and the capability framework for integrated diabetic lower-limb care, however, this HEE-commissioned framework is intended for multi-disease environment, not condition specific and focusses more widely on lower-limb and high-risk foot protection.

It is also intended that the framework will enable commissioners of services to specify minimum clinical standards expected from the workforce commissioned to deliver care in lower-limb services. Central to this will be its role in supporting a consistent approach in the development and planning of the workforce to meet local population needs by providing a common understanding of the capabilities required to work at advanced practice level.

If used in conjunction with an appropriate audit tool, it will also enable service providers to put into place individual and service wide learning and education plans congruent with a nationally recognised framework. It will also underpin continual professional development for individual practitioners, enabling them to benchmark against high-quality, clinically safe practice, and support quality assurance to ensure the safety and effectiveness of advanced clinical practice roles.

There is also the opportunity for service providers to use this framework to support service transformation, by reviewing current arrangements for advanced clinical practice in the lower limb and to use the capabilities in developing individual and team roles. The framework will also help inform the design and delivery of undergraduate and postgraduate

educational curricula, as well as bespoke training and development programmes. This will support organisational and system-wide effectiveness and efficiency via a shared understanding of core capabilities, thereby optimising opportunities for inter-professional learning. This will increase consistency in developing the knowledge and skills necessary to inform a robust skill mix within the workforce, as well as multidisciplinary team working.

The framework sets out clear expectations for the capabilities required for practitioners to work at the level of advanced clinical practice. It also provides a structure for career progression and development in this new and challenging clinical environment. Service users will be able to use the framework to understand the capabilities possessed by the workforce delivering care for the lower limb. It may also enable them to effectively evaluate the standard of their own current and future care, potentially enabling

them to make an informed choice about their care and being assured that services are being delivered safely and effectively in partnership with their healthcare practitioners.

By moving to a capability, rather than a competency-based model, this multiprofessional framework shifts the focus from the competencies required for specific tasks, to the capabilities required to achieve particular outcomes. This provides greater opportunity for clinicians to develop their own scope of practice to deliver better patient outcomes, developing not only themselves, but the services within which they work.

It is hoped that this framework will support the vision of delivering transformation in the workforce and in the frontline delivery of care across an ever evolving and rapidly changing healthcare landscape. The framework can be accessed here: www.skillsforhealth.org.uk/LowerLimb-framework ■

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