Evaluation of the East of England Multiprofessional Aspiring and Consultant Practitioner Programme

Cohort 1 September 2022-May 2023

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Acknowledgements

Our thanks go to:

1. Introduction

This report provides a summary evaluation of the impact of the collaboratively delivered Multiprofessional Aspiring and Consultant Level Practitioner programme for the East of England piloted for the first cohort of participants between September 2022 and May 2023.

2. Background

This programme has been made possible thanks to continuing professional development (CPD) funding from East Suffolk and North Essex NHS Foundation Trust (ESNEFT). The overarching purpose of the funding was to:

1. Enable a cohort of aspiring consultant practitioners and multiprofessional consultant practitioners (MPCPs) to undertake a bespoke CPD programme that will enable them to develop an impact framework and portfolio of evidence to support them on their journey to becoming future clinical systems leaders.
2. Deliver a series of integrated workshops that will enable aspiring consultant practitioners to focus on evidencing impact through the research pillar of the advanced practice framework, share case studies of best practice, co-create an implementation, and impact framework and explore how to maximise career development opportunities for a pipeline from aspiring to Consultant Practitioner workforce roles.
3. Support the growth of a critical mass of aspiring and consultant clinical practitioners through a Community of Practice for Systems Leaders co-facilitated by colleagues working at the University of East Anglia (UEA) initially badged under the ImpACT Research Group's Collaborative Workforce Transformation Academy and later rolled in the Norfolk Initiative for Coastal and Rural Health Equalities (NICHE) and Anchor Institute investment for Norfolk and Waveney ICS.

The timing of this funding enabled us to capitalise on the national work completed by Prof Kim Manley OBE, Prof Rob Crouch CBE and Dr Bev Harden MBE NHS England that has produced the Multiprofessional Career Capability and Impact (MPCP) Framework for Consultant Practice (HEE 2020). This work provides a development pathway from Advanced to Consultant level practice. In recognition of the potential for

this first programme to provide an important case study of impact across the East of England, the programme has been offered across the region to practitioners working in a range of practice settings across all key provider organisations. It is co-facilitated by Renee Ward at ESNEFT and Carrie Jackson at UEA (Appendix 1) with input from a range of experts from around the world sharing their expertise as critical companions. Professor Kim Manley CBE helped with the design and introduction of the programme given her national role to set the context and coordinated the Critical Companion component of the programme with an international network of colleagues.

The programme ended with a regional celebration conference on the 4th of July to which 86 participants signed up to hear about the impact of the programme on the professional development of the participants. Continuity of support across the nine-month programme has been offered through a Community of Practice which meets monthly.

The work of Health Education England has merged with NHS England and the new multiprofessional consultant practitioner framework was launched on the 30th of June 2023 and the cohort contributions from East of England acknowledged on the website with attribution to ESNEFT, and the School of Health Sciences at UEA. The NHS Long Term Workforce Plan was also released in the same week and makes a commitment to developing the consultant practitioner workforce providing a career development opportunity for advanced practitioners operating at the top of their licence to progress into consultant level roles in the future.

Funding for a second programme is secured to commence in November 2023 and there is already a waiting list.

3.Aims of the programme

The aims of the programme are to:

1. Appreciate the diverse and flexible Multiprofessional Consultant Practitioner (MPCP) role, its capabilities and impact as a systems leader and construct a developmental plan based on self-assessment and impacts prioritised relevant to own personal journey and locality.

2. Build, refine and evidence the facilitation skills required for enabling others across complex contexts, embracing the development of learning cultures and integrated approaches to workforce transformation using the workplace as the main resource for leaning, developing and improving.

3. Build and develop leadership approaches and insights as a systems leader to include relationship based, enabling transformational leadership, strategic and political leadership approaches.

4. Explore the concepts of co-production, its models and approaches for different purposes and evaluation and its relationship with the global movement 'what matters to you'.

5. Recognise good workplace (micro), organisational (meso) and system wide (macro) cultures that are people centred, safe and effective, and how to develop, evaluate, embed and sustain them.

6. Use the concepts of knowledge transfer and knowledge mobilisation at all levels of the system and actively support the implementation of their enabling factors.

7. Explore the concept of the embedded researcher and how this MPCP pillar supports context- based research that embraces quality, safety, transformation and complexity.

8. Develop insights into different consultancy approaches for supporting embedded transformation at different levels of the system from micro to macro.

9. Complete a reflective review to capture outcomes and impact and prepare for a celebration event with sponsors and stakeholders.

4.Purpose of the Multiprofessional Consultant Practitioner role

The purpose of the MPCP role, is to provide integrated expertise as a systems leader for enabling quality care at all levels of the health and care system[1] (Box 1) where credibility in one's own professional practice is a pre-requisite (Manley, 2016 et al). The four domains are underpinned by a consultancy foundation which focuses on enabling self-sufficiency in problem solving in others across every level of the system (Fig 1).

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[1] The integrated care system (ICS) is the term for new structures in England for bringing all partners together with citizens in England to provide integrated care services across a specific place to meet population needs

The MPCP Capability Framework has built on research extending over twenty years (Manley et al; 2019) and has been co-created with over 1000 participants and key professional bodies across the United Kingdom (UK). It describes the role, capabilities and impact expected from this level of practice as system leaders and embedded researchers.   Capability is defined as '*the attributes (skills, knowledge and behaviours) which individuals bring to the workplace. This includes the ability to be competent and beyond this, to* manage change, be flexible, *deal with situations which may be complex or unpredictable and* continue to improve performance.' (Health Education England, NHS England and Skills for Health, 2020:9)

Box 1: Working definition of multi professional consultant practice is defined by integrated expertise in the four domains necessary for enabling quality* care at all levels of the health and social-care system:
- ·   Expert practice (the consultant's main health/social-care profession)
- ·   Strategic and enabling leadership
- ·   Learning, developing, and improving across the system
- ·   Research and innovation as an embedded researcher

This embraces the key skillset for systems leadership and systems transformation aided by clinical credibility in the consultant's own professional practice and underpinned by consultancy approaches that sustain quality.'

*Quality is defined as person centred, safe and effective care with continuity

Adapted from Manley, K & Crouch, R. (2020)

Figure 1: The four domains of the Multiprofessional Consultant Practitioner role in England with their related purposes (HEE, 2020)

Expert Practice

(consultant's main health/social-care profession)

Help firmly establish values-based professional practice across pathways, services, organisations and systems, working with individuals, families, carers, communities and others.

Strategic, Enabling Leadership

Provide values-based leadership across the care pathway, services and systems in complex and changing situations.

Consultancy across all domains: practice to systems levels:

Establishing expertise across the system by using consultancy approaches and opportunities that have maximum impact on practice, services, communities and populations, and which add to and sustain workforce capacity and capability.

Learning, developing, improving across the system

Develop staff potential, add to and transform the workforce, and help people to learn, develop and improve (in and from practice) to promote excellence.

Research & innovation

Develop a 'knowledge-rich and inquiry' culture across the service and system that contributes to research outputs and has a positive effect on development, quality, innovation, increasing capacity and capability, and making systems more effective.

5. Programme Learning Outcomes

Participants are provided with an opportunity to:

1. Participate in active and shared learning with peers and critical companions in a safe learning community.
2. Develop skills in facilitating an integrated approach to learning, development, improvement, inquiry, knowledge translation and innovation.
3. Develop skills in clinical, political and strategic leadership and consultancy.
4. Explore the role of the consultant practitioner, the qualities and skills required.
5. Self-assess against the MPCP Capability Framework and develop a portfolio of evidence at consultant level identifying areas for development.
6. Undertake a qualitative 360-degree review to inform the development of a personal action plan integrated with feedback from the self-assessment.

7. Establish an effective workplace culture that sustains person-centred, safe and effective care through self-awareness, leadership, active learning, and evaluate its impact.

8. Provide and assure person centred safe and effective care at individual, team, service and system level, using evidence-based approaches and resources appropriately to achieve optimal patient outcomes, develop own and service effectiveness, lead service improvement and contribute to embedded research in practice.

9. Build a broad and deep appreciation of different approaches to research, evaluation and scholarly inquiry.

10. Use all the learning from above applied to a specific initiative of their choice in their work.

11. Develop a networking platform to continue their learning post programme.

6. Programme approach and learning and development processes

The programme runs over 9 months with a study day once a month with a 10th day set aside for a celebration of learning event with key stakeholders and sponsors. The programme days was delivered online via Microsoft Teams to accommodate the diversity of participants attending across the region. The ninth day was held in person.

The programme approach provides a combination of active learning in the morning followed by 3 hours of action learning in the afternoon. Time is afforded for self-directed reading and assessment work-based activity, reflections. Participants are supported to use and reflect on a range of tools and approaches within their own workplace to support workplace learning and service development.

Participants were asked to identify an internal organisational critical companion to support their learning and development in their own workplace across the programme. A critical companion is any person committed to developing a supportive and challenging relationship for the purpose of mutual learning. The aim of critical companionship is to enable mutual learning and empowerment to enhance professional practice and improve patients experience and outcomes. This is achieved through creating a safe, person centred, trusting relationship and environment for

reflection, high support and high challenge to enhance mutual learning, growth and development.

In addition, opportunities were provided on day 1,2, 4, 6 and 8 in the afternoon sessions to bring programme participants, Critical Companions, and external critical companion facilitators together to explore the concept of critical companionship in practice and to have conversations about how to maximise opportunities for the ACP and MPCP role.   These sessions were designed to enable role modelling in virtual action learning sets and inquiry and theorising in and from practice. The sessions also provided videos developed by critical companion facilitators having conversations about their work applied to different domains and in a range of different contexts (See acknowledgements list).

The programme is structured around the pillars of the Multiprofessional Consultant Practitioner Framework (HEE 2022) and practitioners are supported to explore examples of practice evidence they can use for their portfolio to demonstrate the impact of their role at micro, meso- and macro levels of the system. The programme uses the national evidence portfolio framework to ensure that practitioners in the East of England are using the required documentation for demonstrating impact.

A range of theories and frameworks underpin the programme but the overarching Venus Model for person-cantered sustainable transformation (Manley and Jackson 2020) provides the holistic foundation to enable practitioners to develop the skill sets for systems leadership as it integrates practice development, transformational leadership, skilled facilitation, culture change, quality improvement and innovation, and embedded research which maps to the pillars of the Multiprofessional Consultant Practitioner programme.

Cohort 1 Participants

Twenty-five practitioners working in health organisations across the East of England applied to undertake the programme. Twenty-two were selected through a double screening process which involved an internal sift at ESNEFT and a panel review comprising experts from the national and regional programme. Applicants needed to evidence how they met the pillars of the Multiprofessional Consultant Level Practice

framework currently, what they hoped to gain from the programme in terms of their career development plans and have clear support from their line manager to attend the programme. They were also required to seek out a critical companion from their own workplace that would work with them for the duration of the programme to support their critical reflection and learning journey.

Although twenty-two practitioners were offered places on the programme only 17 completed with the other five citing work pressures or personal matters that prevented them from continuing. Five identified as male and the remainder as female. Eleven were in Advanced Clinical Practice roles, six were in consultant practitioner roles. Five were Allied Health Professions including physiotherapy, paramedicine and pharmacy roles, twelve were in Nursing roles, four of which were from a mental health background.

The seconding Trusts were.

· Norfolk & Norwich University Hospital NHSFT (2)

· Cambridge University Hospitals Foundation NHS Trust (1)

· Norfolk and Suffolk Foundation Trust (5)

· Queen Elizabeth Hospital Kings Lynn (2)

· East Suffolk & North Essex Foundation Trust (7)

7.Programme Evaluation

Aim

The overarching aim of the programme evaluation was to capture the impact of the programme on the participants in terms of their own self development, the impact on their teams, patients, services, and systems.

Evaluation Questions

1. What impact has the programme had on the professional development of participants at an individual level?
2. What impact has the programme had on patients, services and systems aligned to the practitioners' professional context and area of expertise?
3. How has the programme supported the participants to begin to fulfil the requirements of their evidence portfolio for multiprofessional consultant level practice credentialling?

Evaluation Methods

A range of practical tools were provided to capture practitioners' learning and development journeys and a summary of the synthesis of these findings is provided in this report. The tools used were:
1. Hopes, fears and expectations of the programme (start and end)
2. Self-assessment of learning and development needs using the Kouzes and Posner Leadership Inventory (Kouzes and Posner 1982).
3. 360-degree feedback from their teams.
4. Daily programme evaluation.
5. Reflective Review at the end of the programme (Table 2).
6. Co-created ACP/MCP systems leadership implementation and impact framework.

Table 2 Reflective Review Template

Reflective Review Question	Response
1. What were your **hopes** for the ACP/MPCP programme?	
2. What are the consequences (+ve and –ve) of being part of the ACP/MPCP programme for -yourself? -your colleagues/team? -your patients/service users? -your service?	
3. What internal factors have supported your participation in the programme?	
4. What external factors have supported your participation in the programme?	
5. When analysing your evidence what are the key themes emerging?	
6. What have you learnt from being part of the ACP/MPCP programme about -yourself? -your professional role? -your career future aspirations?	
7. From your analysis of themes in question 5 what are the areas you would want to focus on in the future?	
8. Write a paragraph for your critical companion and manager describing how participation in the has impacted on your workplace culture/work	

8.Findings

Thirteen programme participants sent in end of programme feedback through the Reflective Review. Their feedback has been themed, and examples of their comments integrated into the findings to illustrate the impact the programme has had on their

development in the section below which is structured around the three evaluation questions. A more detailed audit trail will be used to co-produce a paper for publication in the autumn.

8.1 Evaluation Question 1 What impact has the programme had on the professional development of participants at an individual level?

Participants identified that the programme had fulfilled their hopes through being enabled them to gain role clarity, overcoming imposter syndrome and increasing their self-confidence in their role and their expertise.   In particular, they mentioned that it provided clear guidance on how to progress from advanced to consultant level roles and the differences between them. The *"realisation that others share the same fears"* (*C1 ACPMCP 11*[2]) enabled them to overcome feelings of imposter syndrome and enhance their self-worth and self-confidence. Role development was identified as an area of strength for the programme which in this example *"provided me with an opportunity and permission to focus on my role and development without feeling guilty" (C1 ACPMCP 4).* Participants reported feeling more empowered, self-confident, courageous and more knowledgeable by the end of the programme.

Participants mentioned how the programme had helped them to improve their self-awareness of their strengths and areas for development, which in turn aided role clarity and understanding of the impact of their roles across services and teams. For many it helped to change their way of thinking about their own practice. As one participant summarises "*I have rediscovered my passion to drive forwards*" (*C1 ACPMCP 9*).

The programme enabled them to have *"less doubt about role boundaries*" (*C1 ACPMCP 7*), which in turn impacted their "*feeling able to take on more leadership responsibiliti*es" (*C1 ACPMCP 6*) and a "*greater willingness to collaborate" (C1 ACPMCP 5).* The structure of the programme enhanced self-awareness of how much practitioners undertake within their role and become *"more organised in how I approach work and evidencing impact" (C1 ACPMCP 2).*

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[2] *N.B. C1= Cohort 1, ACPMCP title of the programme, n= number of participant's anonymised data*

They reported that the programme exposed them to opportunities to learn new theoretical perspectives, practice the principles of high support and high challenge in action learning with each other and with their critical companions. The opportunity to network with colleagues unlocked links across different practice contexts and enabling different perspectives and experiences to be shared. Feeling listened to and valued was seen as critical to networking success. The programme helped participants to "*learn how to influence*" (*C1 ACPMCP 10*) and "*exploit opportunities*" to their advantage (*C1 ACPMCP 12).*

As this participant explains:

"Networking and feeling part of a collective working together has given me more confidence in my leadership role" (C1 ACPMCP 13).

Structuring the applied learning around the pillars of the MCP framework enabled them to critically explore and reflect on their own impact and seek out examples of suitable evidence for their portfolio. It also encouraged them to identify their impact at micro, meso- and macro levels of the system exposing often taken for granted examples of really good practice. They reported that it helped them to self-organise and think about sources and examples of evidence that could be developed further as cross - referenced examples across the pillars of practice for their portfolio so that they could construct a meaningful narrative worthy of Level 8 doctoral thinking.

An illustration of the comments taken directly from reflective review feedback are summarised in Box 2.

Box 2 Participant Comments from the Reflective Review

> *"The programme has helped to increase my confidence and speak up about my role and future career progression"* *(C1 ACPMCP 3)*
>
>
> *"The programme helped to improve my leadership skills to improve growth.
> and the structure of the programme applied to the pillars was found to be helpful in guiding role clarity."* *(C1 ACPMCP 8)*

When asked to reflect on the positive consequences of the programme for themselves there were a range of impacts that included becoming aware that they are not alone in dealing with the challenges of their role as this participant explains:

"It has been useful to see other colleagues, especially those very experienced colleagues in various disciplines who already can be considered systems leaders, be openly frank about their challenges and struggles. I found it reassuring that my own challenges were not unique and gave me the self-discipline and action mindset to work to overcome my own personal challenges." (C1 ACPMCP 9).

The theme of developing self-confidence and developing more clarity around their career development and influence also featured as a key positive impact.

"The programme has given me greater impetus to assert my ideas more confidently, to understand my own personal development with an applicable evidence-base and to consider my career path with more focus to position myself in a role with greater influence" (C1 ACPMCP 8).

Feeling more empowered and rediscovering their self-worth was also highlighted as a positive impact.

"I *feel more motivated, and confident to drive and clearer about what I want my job to look like. I feel I understand my value better and recognise how I lost my sense of*

*who I am and what profession I belong to. I have reclaimed this and feel more empowered to step forwards with my assets and expertis*e." (*C1 ACPMCP 5*)

The opportunity to gain insight into how their peers within their service teams and localities perceive their role through 360-degree feedback appeared to help with role clarity and role impact. "*360 feedback helped gain insight into my role and its impact*" (*C1 ACPMCP 4*).

Participants mentioned that the opportunity learn from others had helped to improve their practice and service development and enabled them to make more contacts system wide and bring national guidance and evidence into their daily practice.

As this participant explains, it has helped them to think about their relationships with medical colleagues and patients which in turn has changed their practice:
"*I am going to use this as a basis for returning to having an open clinic with consultant to ensure I continue to see new patients to develop my learning and variety of patient care and experience*". (*C1 ACPMCP 3*).

Other participants mentioned that the programme had positively impacts their motivation and drive to change and develop services, be more open to new possibilities and hoping to empower others around them to learn, grow and develop as this participant excerpt illustrates:

"*I feel more energised and enthused hopefully this has a positive impact on those around me so that it is contagious and shared.*" (*C1 ACPMCP 10*).

8.2 Evaluation Question 2: What impact has the programme had on patients, their teams, services and systems aligned to the practitioners' professional context and area of expertise?

Impact on Patients

Participants mentioned that gaining more insight into methods of co-production has helped them to think more about strategies they can use to enable patients to have more of a central role and voice in their work as this example illustrates:

"I have been thinking more about the service user and putting my assumptions aside. Audit and surveys are now underway to streamline and ensure better understanding of how to improve services with the patient voice at the centre. There is a chance to influence patient perceptions of me and my role within the MDT." (C1 ACPMCP 7).

In addition, the learning applied from the programme has enabled participants to think about how they can be more effective in using patient data to improve patient outcomes as this example illustrates.

"Changes implemented because of shared strategies and ideas from the programme have led a more effective clinical process, leading to better clinical outcomes for patients, more efficiency / productivity from staff, optimal data management". (C1 ACPMCP 9).

Impact on Colleagues/Teams

When exploring the question about the positive consequences of the programme for their colleagues and teams one participant shared:

"I manage a very hard-working clinical team and within this, I oversee a senior management team. I have been able to bring ideas with a more collaborative ethos to the management team more confidently and with the use of ideas from the programme have been more successful in getting greater 'buy-in' from management colleagues which has, in turn led to more successful outcomes with the whole team." (C1 ACPMCP 5).

This same participant went on to explain that the potential negative consequences of the programme was that it fell on the same day as a team meeting, but he was able to turn this around to the team's advantage:

"The programme dates have generally fell on the same morning as my four-weekly Team Meetings so, I have had to delegate responsibility for leading most of these to my management colleagues. I have always liked to 'have control' of these meetings' agendas so this delegation was challenging to me. The positive of this though was

that the meetings were, of course, just as effective, and upskilled my colleagues in chairing the meetings, improving their confidence. It also reassured me that the team would not literally disintegrate without my presence, which really was just my own work anxieties coming forth". *(C1 ACPMCP 5).*

The programme did pose challenges for practitioners needing to balance busy workloads with studying and for one participant there were issues with a lack of support to attend the programme which had consequence for completing the 360-degree feedback and obtaining adequate peer support.

Impact on Services

One participant reflected that improvements in team performance have in turn improved awareness of system leaders of the contribution they can make to transformation and optimising patient outcomes.

"Improvements and successes in my teams' performances have in turn appeared to have enhanced systems leaders' recognition and confidence in my efforts at improvement, thereby re-energising my motivation to develop further transformation of services that lead to optimal patient outcomes." (C1 ACPMCP 8)

For a few there remains uncertainty around whether their service will support a consultant role in the future which requires further discussion with their employer.

Further positive consequences of the programme for their service, has enabled a few participants to evidence their improvements at ICB and Trust level as well as gaining further funding and an increase in confidence in their ability to lead a second team.

Internal and External Factors affecting participating in the programme.

Internal factors that were identified as being influential included managerial support, being afforded study time to attend, and having reliable critical companions and peers who are prepared to listen and value as well as helping with moments of self-doubt.

External factors were identified as having strong family and friendship support networks, commitment to spending time in healthful activities and rest where needed,

and strong clinical supervision to support career progression, learning and development. The peer support network on the programme was highlighted as a significant strength through action and active learning and critical companionship. This enabled participants to develop relationships with each other across different organisations and start to share experiences of how they might impact locally, regionally and nationally through their roles.   Proactive networking and collaboration with other system leaders was identified as a positive consequence.

When asked about the impact the programme has had on learning about their self-development, roles and future career development the key themes that arose included:

- Greater appreciation of self-worth and understanding that others have confidence in them and respect their work.

- Greater awareness of working and evidencing impact at micro, meso and macro levels of the system and role boundaries.

- More defined and influential in problem solving and decision making through having a stronger voice and influence.

- Engaging staff in high challenge high support and opportunities for shared learning together to improve practice.

- They have a transferable skill set that can be applied in any context as systems leaders.

"Networking and collaboration with key colleagues and gaining their trust and support, as a key theme emerging, is essential to affect real and meaningful change. Being knowledgeable, reliable, and supportive to staff facilitates transformation." (C1 ACPMCP 7)

"I have greater confidence in taking responsibility for positive systems change and will look for more opportunities to action this aspiration in roles with greater influence" (C1 ACPMCP 4).

8.3 Evaluation Question 3 How has the programme supported the participants to begin to fulfil the requirements of their evidence portfolio for multiprofessional consultant level practice credentialling?

The majority of participants were able to clearly articulate examples from their practice to evidence impact for the expertise, leadership and learning and development pillars of the multiprofessional consultant practitioner framework. Participants widely recognised that further development was needed for the majority in research and consultancy functions although several are more advanced in this area because of their PhD studies, research focus or national roles. There was wide recognition of the importance of being to impact their teams, services and patients through the work they are doing to evidence the value of their role across the system through engaging in the programme which has set them up for being more influential and confident in their roles.

The experience has helped them to develop awareness of their role boundaries and gaps in evidence and their job plan which in turn has enabled them to talk about their role variation and complexity. Further this programme approach has enabled the majority of participants to realise that they are already undertaking a lot of the capabilities for the pillars just not always formalising it through the evidence needed to demonstrate impact. Such a programme has enabled many in advanced practice roles go onto realise their potential and desire to apply for a consultant practitioner role in the future and to consider undertaking more doctoral level study.

When asked to identify the focus for their future career development the majority mentioned the importance of continuing to develop their network and collaboration skills with other system leaders to raise their profile and impact. The importance of seeking out opportunities to develop further transformation of services that lead to optimal patient outcomes was also highly valued as was being a good role model to support high quality learning and development of their team colleagues. The programme for the majority helped them from to overcome feelings of role isolation

and explore the possibilities for progression and development in the future overcoming the sense that they might be de-skilling or becoming stagnant in their roles.

Participants were asked to write a brief message to their critical companion or manager at the end of the reflective review detailing the impact the programme has had on their work. Examples of these impact messages are provided in Box 3 below.

Box 3: Examples of the impact of the programme on participants' work/workplace culture

"Although the department did not support participation on this course, the skills the department as a whole will benefit from in terms of aspiration and culture are enormous. I would strongly encourage future pharmacists with high career aspirations to attend for the benefit of all." (C1 ACPMCP 6)

"The knowledge I have gained on this programme has improved my ability to be a more supportive manager with my teams, facilitating transformational change, with improved performance and patient outcomes." (C1 ACPMCP 4)

"The importance of my staff and teams experiencing high quality, knowledgeable and reliable support that positively impacts on their motivation to engage with transformational change has led to an increased shared vision and purpose as well as improved performance." (C1 ACPMCP 11)

"Critical companionship has allowed me to look at myself, my role and the ways I work in a very different way. In turn this has enabled me to focus on how to develop myself and my role going forwards" (C1 ACPMCP 3)

9. Multiprofessional Consultant Level Practice Implementation and Impact Framework

As part of the programme participants were invited to co-create an implementation and impact framework for multiprofessional consultant level practice. This was firstly co-created in week 1 of the programme using a Values Clarification exercise (Warfield and Manley 1990; Manley 1992)- a tool frequently used within practice development for developing a common shared vision and purpose. It can be used for developing a common vision about areas as different as development of role definitions, professional capability, or curriculum frameworks, to, effective team working, and developing strategic direction for different purposes. A values clarification exercise is also the starting point for cultural change, as our values and beliefs influence our behaviour. Through making explicit our values and beliefs we are taking the first steps to making them a reality in our work, practice and workplace. We then revisited the framework to continue to develop it applying the learning from the programme periodically and then on day 9 of the programme. This is a working draft and reflects the contributions from participants. It identifies what they believe is the ultimate purpose of their role across systems at micro, meso and macro level, the enablers and activities they would expect to see happening and the outcomes and impacts for different stakeholders. This is provided as a supplementary document for ease of reference and is a work in progress. The intention will be to continue to co-design this framework with cohort and potentially cohort 2 participant feedback (synthesising the contributions of cohort 2 as an independent co-production) then eventually publish the resultant impact framework in a peer reviewed journal in 2024. (Supplementary Document 1 Cohort 1).

10. Conclusions and Recommendations

In conclusion, the programme overall was very well evaluated. Whilst the drop-out rate was disappointing it is unsurprising given the political context of both nursing and junior doctor strikes which led to many practitioners being pulled back into their front-line services to provide cover. We would hope that these practitioners will join the programme in the future.

The co-facilitation model of delivery was well evaluated and ensured that the participants were encouraged to apply their theoretical learning to practice and critically reflect on their own practice to determine what resources and examples could be used to support the development of their portfolio of evidence. Collaboration with the Faculty for Advancing Practice at NHSE (East of England) and colleagues leading the national framework pilot programmes enabled the facilitators to ensure that the programme was reflecting similar learning experiences for practitioners in the region.

The benefit of having a Community of Practice running alongside the programme meant that we could use the time to address themes coming from the programme as extra-curricular activities. For example, we ran workshops on Imposter Syndrome, gathering evidence for portfolios, listening to the experiences of practitioners undertaking the national learning disability and autism multiprofessional practitioner pilot programme and hearing from colleagues at the NHS Leadership Academy about opportunities to strengthen systems leadership skills. Each of these monthly workshops are recorded and shared with supporting resources.

Whilst it would have been beneficial to have more in person events, the online platform worked well for everyone given that many participants had busy services and clinics to run and would have found travel to a central location a difficult balance to strike.

Participant feedback identified 8 recommendations to strengthen the programme ahead of the next cohort due to commence later this year. These are summarised here.

Recommendation 1: Review the Critical Companionship model.
This element of the programme was the least successful. Whilst participants had been asked to recruit their own Critical Companion ahead of the programme this proved difficult to achieve with front line delivery challenges. The theoretical component of the programme was identified as being too heavy and lacking practical application to their context. Many felt that it was a model that they could consider after completing the programme but wanted more action learning and coaching during the programme as this would help them to focus on the practical challenges they were facing in their role and help them to develop their reflective analysis and evaluation of their portfolio.

Some of the principles of the Critical Companionship model were valued, particularly High Challenge and High Support and they felt this was something that could be implemented in action learning more effectively enabling participants the time and space to practice these skills with each other and in turn with their coach-mentors.

The practitioners felt they offered good support to each other and are keen to implement for the next cohort a coach-mentor model where they can offer direct support to the next cohort of participants through peer review.

Better all-round preparation of managers identified as coaches for support was requested with time built into the programme to induct managers into the requirements of the programme and role clarity in terms of expectations of their input.

Recommendation 2: Mentoring the next cohort.
Participants have indicated a desire to be appointed as a coach-mentor for the next cohort as a way of supporting practice- led learning and development together. This in turn provides additional evidence for their portfolios.

Recommendation 3: Building in additional time.
Participants asked us to build in an additional day for reading, ensuring that papers are made available with at least 2 weeks' notice, and an additional day at the start by way of introduction to prepare for course expectations. Having set reading time as part of the programme has been identified as important.

Recommendation 4: Action Learning
Participants have requested more action learning to be built into the next programme replacing Critical Companionship time with cohort 1 acting as facilitators of this part of the programme to offer ongoing support.

Recommendation 5: End of programme outputs
In the future enabling participants to produce an impact case study as an output linked to one or more pillars of the MCP framework is important with an action plan for development of the gaps for the evidence portfolio for submission. This is being explored with the University of East Anglia currently.

Recommendation 6: Continued support for Cohort 1

The participants are very keen to continue with a network of support for their learning and development beyond the lifespan of the programme. We will achieve this through enabling them to co-facilitate cohort 2 and through them taking the lead on the Community of Practice for Systems Leaders which they have asked to be termed Aspiring and Consultant Practice. Renee Ward has agreed to take this forward for the region in the autumn of 2023.

Recommendation 7: Future Accreditation for Prior Experiential Learning (APEL)

Renee Ward is exploring the potential to accredit future programmes with the School of Health Sciences at UEA to enable the award of academic credit for graduates of the programme.

Recommendation 8: Certificate awards

On completion of Cohort 1 after the July celebration conference participants will be given an attendance certificate.

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Appendix 1 Programme Facilitators Profiles

Renée Ward, Corporate Lead for Advanced Practice, East Suffolk North Essex Foundation Trust.

Since qualifying as a nurse in 2005, I have been fortunate enough to have had a varied career from working within surgical care, critical care, community care, urgent and emergency care and finally working in older person's services since 2015. During my time in older person's care I transitioned from being a ward sister into the realm of advanced practice and consultant level practice. The broad spectrum of specialities, roles and first-hand experience of advanced practice within my career has afforded me a wide lens of healthcare, the diversity within healthcare and the opportunities for professions to develop and extend their scope of practice. It is this experience I believe that will support me working with practitioners, the trust and our integrated care system in developing a highly skilled multi professional advanced and consultant level workforce that meets the needs of the population we serve.

Advanced and consultant level practice is not new, but we have seen in the last few years, a real galvanisation towards advanced practice, a national effort to demystify, govern and promote advanced and consultant level practice. This is exciting! It's exciting for NHS, the acknowledgment of what the benefits of a diverse multi professional advanced practice workforce can bring to the table. It's exciting for practitioners gaining the recognition for their hard earned - highly skilled practice and contribution to workforce and care delivery and it's exciting for aspirants who will have much clearer and guided career trajectory.

I want ESNEFT along with our partners to be at the forefront of developing and delivering a highly skilled advanced and consultant level practice workforce. A workforce that is recognised as a workforce within its own right. A workforce that is empowered and invested in to be the very best version of themselves, delivering high quality care they are proud of

Carrie Jackson, Associate Professor for Practice Transformation, Director ImpACT Research Group, Research Director UEA Health and Social Care Partners, University of East Anglia. Carrie has two roles at UEA. She took up the appointment of Research Director for UEA Health and Social Care Partners in January 2022 part time and in the substantive part of her position she is Director of the ImpACT Research Group. She is currently a member of the research evaluation team for The Health Foundation Innovation Adoption Hub in Cambridge and Peterborough ICS and leading on a range of national and regional initiatives focusing on workforce transformation and systems leadership. Before arriving at UEA in August 2020, she was Director of the England Centre for Practice Development (ECPD) which she established with her colleague Professor Kim Manley CBE in October 2011. The centre led applied health research, practice development and innovation at regional, national and international level and was an active member of the International Practice Development Collaborative (IPDC). She has led a number of complex research, consultancy and innovation projects in the field of leadership, culture change, improvement and transformation in the UK and internationally. She is a qualified Coach-Mentor and has designed a number of leadership and management programmes over three decades working with senior health and social care leaders.

Kim Manley CBE, Emeritus Professor Practice Development, Faculty of Medicine and Health Sciences, University of East Anglia
Emeritus Professor, Practice Development, Research & Innovation, Canterbury Christ Church University
Visiting Professor Wollongong University, New South Wales, Australia

Kim is internationally recognised for integrating research and scholarly inquiry, practice development, facilitation of workplace learning, improvement and leadership development to achieve and sustain workplace cultures that are person centred, safe, effective and good places to work. She currently co-leads the development of the multi-professional consultant capability and impact framework for Health Education England, aligned to advanced practice, systems leadership and embedded research. This also builds on a long history of workforce development and capabilities wrapped around service users/citizens and focussing on person centred approaches. As a key partner in establishing the International Practice Development Collaborative in the 1990's she has continued to position practice development as relevant to all healthcare professions and a key partner to other improvement approaches, offering sustainability through collaboration, inclusion and participation. Kim is committed to transformation that addresses whole systems integrated working, is passionate about helping staff to develop their potential and flourish, and for patients and service users to experience excellence. In 2000, she was awarded the CBE for quality patient services, in 2015, identified as one of the Nursing Times top 50 leaders and in 2018 recognised as one of seventy nurses having most impact on the National Health Service (NHS) since its inception in the NHS 70-year celebrations. She has over 180 publications, six edited books and has examined many doctoral studies internationally.