

Supporting information for Preliminary Assessment of suitability to undertake the Advanced Clinical Practice Course 2025-2026 in Primary Care

PLEASE COMPLETE THIS FORM AND SEND BACK IN A WORD FORMAT AND CC IN YOUR PRACTICE MANAGER

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THE FORM:

NHSE provide funds to support health professionals to train and then actively practice as Advanced Clinical Practitioners. This is a 3 year course part time and you complete a Masters Degree. The degree encompasses the four pillars of Advanced Practice – *Clinical practice, leadership and management, education and research*.

Applications from possible candidates will only be considered if they can prove that they have studied successfully at a minimum level 6 [degree level] within the past 3 years and meet the criteria detailed below. **In addition, each candidate will need to provide the details of an identified clinical supervisor who will supervise you throughout the course – this will usually be a GP or another AP clinician. You will need to discuss your interest in undertaking the course with them and ensure they are aware that you will need time out of work (normally a day a week during term time) and they will need time to supervise you (at least half a day a week dedicated to practicing your developing AP skills). You also need to discuss whether there will be an AP job at the end of your course that you can do – its not worth undertaking the course if you don't utilise your newly acquired AP skills! You will also need to include details of your practice manager as a way of assuring us that they are also aware of your intentions. Please note funds are not limitless and therefore not everyone, even if eligible, will be successful in receiving funding at this time.** Northwest London Training Hub reserve the right to make the final decision as requested on behalf of NHSE.

To complete this part of the process, , we ask that you, your manager and nominated GP/ ANP acting as your clinical supervisor **sign up to the following conditions:**

- That you are all committed to you completing the course.
- That there will be a role for you at the end of the programme at your current place of employment for you to work as an Advanced Practitioner.
- That you will need a day a week out of practice to attend the university course.
- That you will need a set amount of time to dedicate to observation of other advanced practice clinicians, eg GP's, ANPs. AND you will need to time to be observed seeing patients with undifferentiated presentations.

- Once qualified, you will be able to discuss your change in role at the practice and commence work as an advanced practitioner

Application Form

Name (student)	
Role, Level/Band	
Email Address	
Practice	
PCN	
Borough	
Line Manager/Practice Manager (Name)	
PM Email	
Name of supporting GP/AP who will be your Clinical Supervisor throughout the ACP course.	
Email of proposed clinical Supervisor	

Please advise us of all previous study at **level 6 or above** and which higher education institute you studied each course at below.

Course Studied	Academic Level	Year Completed	Did you pass this course? Y/N

In support of your application for Advance Clinical Practice Training funding.

Please complete the following question's, your answers will guide us when allocating funds.
(Please write 500 words between the 3 questions)

1. Why have you chosen to become an advanced clinical practitioner?

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2. How will this level of practice benefit your workplace and its patients?.....

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3. Please state how your employer intends to apply your new skills as an advanced clinical practitioner upon successful completion of this course?

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Please also answer the following Questions:

Please confirm that you will have a contract of employment for at least 30 hours. If it will be less, please raise this at the interview with the AP Lead.	
Confirm you are able to take 1.5 days out of your current role to train / go to University?	
Confirm there will be an Advanced Practice Role for you at the end of the completed course?	

Practice Manager/Line Manager and GP acting as clinical supervisor to complete

- I fully support my member of staff attending this course and have agreed this as part of their personal development plan.
- I am aware that reimbursement for the cost of this course / module / study day may be sought from my organisation should the above student fail to complete or submit (as above).

Name (Manager/Practice Manager):

Signature

Date:

**Name of GP acting as clinical
supervisor:**

Please complete this form, CC your practice manager and GP clinical supervisor at the same time and email to sally.armstrong@nhs.net

- Incomplete forms will not be processed.
- Handwritten forms will be returned
- The form must include both 'student', employer and GP acting as clinical supervisor (e.g., Practice manager/Line Manager/GP). This will confirm your employer's and supervising GP's commitment and agreement to fully support you throughout your training for the duration of the ACP course.

What Happens Next?

1. The AP Lead reviews the form and will return any incorrect / incomplete forms.
2. If all correct, then the applicant, their PM and their Clinical supervisor (plus the Borough Training Hub lead) will need to meet via Teams for 30 mins with the AP Lead.
3. Once the meeting has happened and all is ok, the applicant can then start looking at universities and applying to ones they want to.
4. The AP Lead will apply for funding on behalf of the applicant and will inform the applicant of the outcome.