



The British Association of Hand Therapists

Terms of Reference

Title	Advanced Practice Network (APN)
Date:	Sept 2023
Document Version:	Version 1

Introduction

The BAHT APN aims to support hand therapists working in (and towards) advanced practice/extended scope roles. Advanced practice roles have been developed over time to meet the growing demands placed on trauma and elective hand settings, with clinical responsibilities evolving to encompass tasks previously undertaken by the medical profession. This includes but is not exclusive to, requesting investigations, autonomous assessment and treatment delivery and injection therapy.

Vision/Collective Aims

The key vision of the APN is to provide a forum for those working in or towards advanced roles to meet with peers for peer support, to share knowledge and practice, and to provide educational opportunities relevant to this level of practice.

The APN will look to develop practice standards and guidelines relevant to this level of practice, based on best evidence, shared knowledge, experience, and expertise, and where relevant these will compliment BSSH standards and link to the NHS England, Wales, Scotland and Northern Ireland advanced practice roles (see appendix 1) encompassing the four pillars.

The APN aim to develop an advanced practice competency framework that focuses on the specific nature of the AP role, to reflect the complexity of tasks undertaken. This framework will act as structure to be adopted for training Hand Therapists with an interest in AP.

Additional priorities will be outlined by members by the means of consensus and identified national priorities.

Scope

- Advancing Practice within Hand Therapy
- Development of competencies for Advanced Clinical Practice
- Development of clinical guidelines / standards for Advanced Clinical Practice
- Peer support – topical discussion
- Identify key areas for learning and development
- Development of a plan to meet the Learning & Development needs of group
- Sharing Research, innovation, audit

Membership



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To be a member of the BAHT APN and attend the APN meetings you must already be a member of BAHT and keen to be involved in the progression of hand therapy at local, national and international level. You need to have completed the expression of interest form and consent form, and be prepared to participate in remote and face to face meetings throughout the year.

For an APN meeting to run there needs to be at least 8 members (exclusive of the co-ordinator) in attendance at each meeting to create a quorum for discussions and to enable consensus decision making. Apologies / attendances should ideally be sent to the co-ordinator on receipt of meeting agenda.

Objectives and deliverables

The objectives and accountabilities of the group/team/workstream are:

- ⇒ Ensure that all projects are clearly defined and within scope
- ⇒ Formulate plans for workstreams including deliverables, development, engagement, implementation, and communications
- ⇒ Keep an action log in relation to workstreams – to be updated during each APN meeting
- ⇒ Ensure that all projects have key members identified to lead specific work streams, with a clear timeline for key deliverables
- ⇒ Identify how consensus will be agreed when developing standards and guidelines
- ⇒ Identify how feedback will be collated/shared with the APN
- ⇒ Raise and analyse changes impacting the project including major milestones, scope of deliverables, costs, and benefits
- ⇒ Ensure compliance to key policies and protocols impacting when outlining projects
- ⇒ Take responsibility for APN communications
- ⇒ Make/input to critical implementation decisions

Key resources/roles and responsibilities

Name	Responsibilities
Co-ordinator	Management of agenda and meetings Co-ordination of meetings Link with BAHT exec and ESC - communications to and from Point of contact for members
Communications	As above.
Minutes	Complete and sent within two weeks of the meeting.

Meetings of the team will take place 4 times per year with 3 remote and one face to face meeting. Deputies will only be allowed by agreement of the Co-ordinator.



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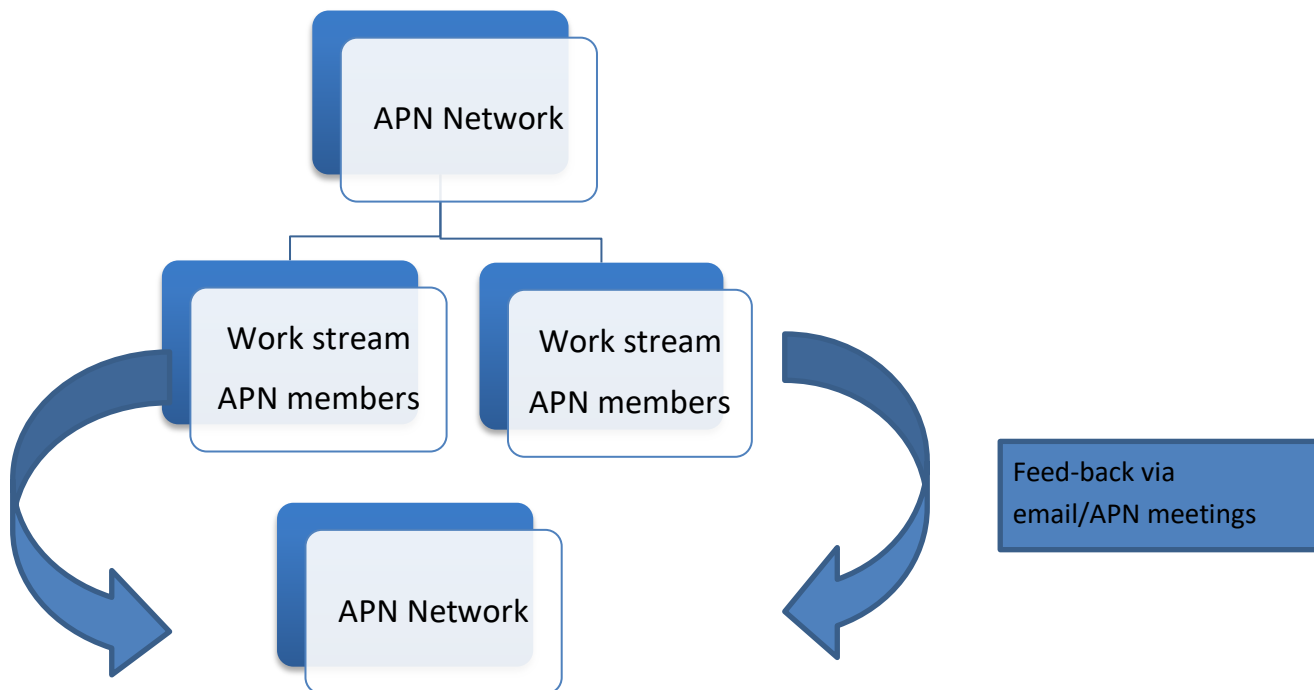
The meetings are currently being held virtually every 3 months for approximately 2 hours, to bring together members from all corners of the UK.

There will be one full day in person meeting per year – with the location to be flexed to allow membership from across the UK to attend.

The standing agenda will include:

1. Review and agree previous minutes
2. Review action log, project progress, risks, and issues
3. Deliverables for approval or decisions to be made
4. Spotlight on special items for discussion or escalation
5. AOB

Workstream Organisation Structure



Approach

Projects will be agreed upon via the APN meetings, members will agree involvement with specific projects/work streams. The key feedback mechanisms will be via the APN email distribution group for review, comments only and via the APN meetings for discussion and more formal decision making by consensus agreement. All actions will be documented via the APN action log to keep clear accountability and responsibility for meeting key objectives.



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Action Log

Task	Lead	Date

Budget

n/a

All projects are undertaken voluntarily by members of the APN committee unless by prior agreement the work carried out has no specific financial resource associated with it.

Other Notes

All meeting minutes will be shared via the APN email distribution group within two weeks of the APN network meeting.

Any documents identified to be within the interests of BAHT and the BAHT membership will be published on the BAHT website APN pages.

Appendix 1: Advanced practice roles for England, Scotland, Wales and Northern Ireland.

Northern Ireland:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/AHP-Framework.pdf>



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Wales:

<https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/>

Scotland:

England:

<https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>