**Consultation on Draft Advanced Practice Framework – December, 2022**

**National HSCP Office, HSE**

**Email: hscp.nationaloffice@hse.ie**

**1. About you**

**1.1 In what capacity are you providing this feedback?**

**☐** Individual HSCP worker

☐ HSCP Manager

**☐** HSCP working in education in HEI

**☐** Member of a HSCP professional body

**☐** Healthcare worker

**☐** Nursing/midwifery/medicine/Pharmacy/Other

**☐** If Other, please outline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐** Healthcare Regulator, if Yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐** Patient/service user

**☐** Member of the general public

**1.2 If you are providing this feedback on behalf of a professional body, please provide the name and contact details below.**

**1.3 If you are providing this feedback on behalf of an organisation/department/programme or group, please give details.**

**1.4 If you would like to be contacted to participate in future stakeholder engagement in relation to this work, please provide your name and contact details below.**

**2. Overall Comments and Feedback**

**Please provide your overall comments and feedback on the AP Framework. (Note: document will be proof read for typos before sending to designers). If you wish to provide specific feedback on any particular section, please select the appropriate section below.**

**3. Your feedback on the Executive Summary**

**4. Your feedback on the Objective/Purpose**

**5. Your feedback on the Introduction and Context**

**6. Your feedback on the Development of the Framework**

**7. Your feedback on the Definition**

**8. Your feedback on the Competencies**

**9. Your feedback on the Core Principles underpinning HSCP AP**

**10. Your feedback on HSCP Clinical Specialist and HSCP Advanced Practice**

**11. Your feedback on the HSCP AP Pathway**

**12. Your feedback on Governance and Regulation**

**13. Your feedback on the Education Pathway and Credentialing.**

**14. Your feedback on the Implementation of HSCP Advanced Practice**

**15. Your feedback on the Examples of Advanced Practice in HSCP**

**Thank you for taking the time to provide your views on the draft Advanced Practice Framework.**

**Please return your completed form by email by 5 p.m. on Wednesday, 11th January, 2023, to National HSCP Office.**

**Email address:** **hscp.nationaloffice@hse.ie**

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*Note:*

*If there is insufficient space in the text box for your answer, please continue your response on a blank page, noting the question number.*