
Advanced practice – discussion paper

Background

In 2016, the Nuffield Trust published its ‘Reshaping the workforce to deliver the care patients need’¹ report, commissioned by NHS Employers. The report found that equipping the existing non-medical workforce with additional skills would be the best way to:

- manage the growing burden of chronic disease more effectively;
- release some cost savings; and
- help bridge workforce gaps.

The report cautioned that this should be implemented well to ensure no unintended consequences. It also highlighted that ‘...*these new extended roles are not formally recognised by professional regulators. This can leave staff anxious as to whether they are operating outside of their professional scope of practice and therefore make them unwilling to take on the new role.*’

Following the Nuffield Trust report, each of the four countries set out to provide an advanced practice framework² to support the development of these roles and ensure safe, high-quality and effective delivery of care. These frameworks set out:

- a definition of advanced clinical practice (ACP) for all health and care professionals;
- the capabilities required for ACPs across four pillars;
- education support requirements; and
- advice for employers with regard to planning and implementation.

Whilst there are subtle nuances in the definitions across the four countries, each of the frameworks centres on the four pillars of advanced clinical practice:

- Clinical practice.
- Leadership and management.
- Education.
- Research.

Annotation of the HCPC Register

The HCPC Standards of proficiency (SOPs) set out the threshold professional standards registrants must meet in order to become registered, and remain on the Register. They

¹ <https://www.nuffieldtrust.org.uk/files/2017-01/reshaping-the-workforce-web-final.pdf>

² [HEE Framework](#) / [NES advanced practice guidance](#) / [HEIW Framework](#) / [DHNI Framework](#)

are flexible and permissive in order to support the evolution of our professions, but provide robust standards to ensure safe and effective practice.

We regularly review the SOPs to ensure they remain up to date and reflect changes in practice. This involves initial engagement activities to inform any draft amendments, and in our current review this has involved paper based feedback, workshops and meetings with professional bodies. Following completion of this initial engagement work, the Policy and Standards department will make draft amendments and undertake a public consultation to seek views from all our stakeholders. This will inform the final version of the revised SOPs.

The HCPC has the power to annotate our Register. In 2011 we consulted on our approach in this regard. The aim of the consultation was to help us to develop a clearly articulated policy. The Education and Training Committee, in considering the responses to that consultation, agreed that in general, the risks posed by the practice of our registrants are already managed through existing systems, including their HCPC registration. However, when we have evidence that annotation is necessary to protect the public and where we believe that annotating the Register is the only mechanism that could improve public protection³, we should do so. A more detailed outline of our approach in this regard can be found in our Policy statement on annotation of the Register⁴.

Protecting the public

We are regularly contacted by registrants asking for advice and support in relation to extended scope of practice; quite often in relation to advanced clinical practice roles. Some registrants raise concerns about how to ensure they are acting within the scope of the SOPs in their new roles; for example ODPs moving in to surgical care practitioner roles.

Health Education England (HEE) have asked for our view on the approach we believe should be taken with regard to the regulation of advanced clinical practice roles, and so we have had an initial discussion with colleagues from the Nursing and Midwifery Council (NMC), General Osteopathic Council (GOsC), General Chiropractic Council (GCC) and the General Optical Council (GOC) to explore how we might take this forward in a consistent manner. We shared similar views on the factors we need to consider and committed to exploring the matter further with our appropriate committees, before commencing further discussions to ensure alignment wherever possible.

The Nursing and Midwifery Council (NMC) recently commissioned Blake Stevenson Ltd to undertake an evaluation of post-registration standards of proficiency for specialist community public health nurses and the standards for specialist education and practice standards. The final report was published in February 2019 and highlighted that:

'...many participants expressed concern and at times frustration at the NMC's absence in the regulation of advanced practice. The registrants repeatedly commented on the value of some clarification from the NMC about specialist and

³ We also annotate the Register where we are legally required to.

⁴ <https://www.hcpc-uk.org/globalassets/resources/policy/policy-statement-on-annotation-of-the-register.pdf>

advanced practice. Some felt that it was being left to local employer to define and agree who delivers care and in what role. These registrants felt the NMC needed to step in to protect the public...'

Considerations for the HCPC

There are a number of options available to us in supporting the safe and effective delivery of care by advanced clinical practitioners.

1. Develop a policy position on the approach which should be taken to advanced clinical practitioner roles, signposting to relevant external support materials.
2. Develop detailed guidance and resources to inform the approach registrants should take when working in an advanced practice role.
3. Annotate the Register for advanced practice roles.

In order to robustly assess the patient safety risks associated with advanced practice roles, and therefore the regulatory response required, we propose consulting our key stakeholders through a targeted review.

Previous consideration	N/A
Decision	ETC is asked to discuss and agree the proposed approach
Next steps	If approved, engagement/consultation activities
Strategic priority	Strategic priority 3: Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment.
Risk	No risks identified by these changes
Financial and resource implications	No financial or resource implications
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