

Advanced practice update

Executive Summary

This paper provides a comprehensive update on plans, progress and findings since the last update on the Advanced Practice (AP) project at ETC's September meeting. It also highlights the revised project plans and indicative timescales, and seeks comments or recommendations from ETC on the information provided.

Previous consideration	ETC's September meeting
Decision	The ETC is asked to discuss the paper and comment on the plans proposed.
Next steps	<ul style="list-style-type: none">• At the end of February and beginning of March we are hosting a two-part workshop with key stakeholders (led by our Expert Reference Group) to identify evidential gaps and further work that needs to be done before HCPC's Council can make an informed decision about next steps; and, to explore how we might implement any changes.• In early March we are hosting a joint regulator (HCPC, NMC, GMC, GOSC, GDC, GOC) and HEE Centre for Advanced Practice workshop to explore plans for AP and credentialing, alignment, support and areas of overlap.• In Spring (to allow time for COVID 19 and vaccination pressures to slightly alleviate) Community Research will undertake targeted research with employers from a cross-section of employer types, across settings and geographies.• Further exploration of any potential data sources in relation to potential additional risk to patient safety presented by advanced practice, including with medical colleges.
Strategic priority	Promote high quality professional practice Develop insight and exert influence
Financial and resource implications	All resource is factored into this year's budget
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Project purpose

The purpose of this project is to:

- understand the risk, if any, presented by the advancement of registrants' practice
- identify the implications, if any, for our regulatory functions
- determine and communicate the HCPC's policy position for advanced practice
- identify any legislative changes that could/should be sought as part of regulatory reform

Key findings from the independent research

The HCPC commissioned a research team from the University of Bradford to undertake extensive research and engagement (July 2020-January 2021), in order to identify a range of facts, opinions and experiences, from a range of stakeholders, across a range of settings, professions and geographies. The final report is attached at Annex A.

Independent research methodology

The research team undertook the following steps:

- a survey of HCPC registered professionals undertaking, or aspiring to undertake, AP (3716 responses);
- 31 semi structured interviews/focus groups with key stakeholders to elicit their perceptions regarding the scope of practice and autonomy of advanced practitioners;
- a survey of education providers delivering 31 AP programmes;
- an advisory board – used to provide feedback on proposed research plans and project outputs and offer guidance and advocate within their relevant networks; and
- a reference group - of the registrant professional bodies created to provide profession specific insight

Key findings

General findings

- There are at least 1,940 HCPC registrants who consider themselves to be practising (or towards) at AP level, across each of the four countries of the UK, in NHS (majority) and Non-NHS settings, and across all 15 HCPC professions
- There is variation amongst registrants about what is considered to be AP level scope of practice vs what isn't (see table in Appendix 2 of the report)
- There appears to be a distinction between:

- More or well established, uni-professional advanced and consultant level of practice and roles, some with professional body or medical college assurance mechanisms; and,
- Less established and emerging, Multi-professional 'roles' eg First Contact Practitioner, Advanced Clinical Practitioner, ACCP, SCP etc
- The 'advanced practitioner' and 'clinical specialist' titles were in use across all HCPC professions. Similarly, the 'consultant practitioner' title was absent only from Operating Department Practitioner (ODP) and Orthoptist respondents.
- 40.9% felt that they were working outside of the traditional scope of practice of their registered profession(s) - particularly reported by Orthoptists (75.0%), Paramedics (63.5%) and ODPs (62.3%).
- Role title was not commensurate with specific Agenda for Change (AfC) bands
- 'APs' held a range of qualifications with only 50.4% holding a full Master's degree or higher

Managers' expectations of minimum education level required for AP

- This varied a lot, despite the national frameworks' Level 7 or 'equivalent' requirement:
 - Nearly as many managers (223), thought that a postgraduate certificate (63), diploma (67) or bachelor's degree (BSc Or BA) (93) is the minimum requirement, as the 230 managers who selected Master's Degree (MSc or MA)
 - Findings also suggest that employers are not fully engaged with supporting those working at AP level to access education to support all four pillars of AP or value the wider learning and development these pillars provide.

Views on regulation of advanced practice

- The majority of registrant survey participants (78.2%) agreed that the HCPC should be regulating AP. This majority was generally consistent across respondent roles, professions (except Practitioner Psychologists (49.4%), and across the four countries of the UK.
- The top four perceived benefits amongst registrants were:
 - greater professional standing with other professions (73.7%)
 - assurance to employers of knowledge and skills (73.5%)
 - greater consistency in education and training standards (72.0%)
 - greater standardisation of advanced practice (69.7%)

- The majority of education provider respondents also believed that additional regulation of AP is required (90.9%).
 - The top three perceived benefits were
 - Protection and safety of service users (95.5%)
 - Greater consistency in education and training (90.9%)
 - Assurance to employers (90.9%)
- The main disadvantages/challenges of regulating AP were identified by registrants and educators as:
 - increased cost of registration (67.6%);
 - difficulty in regulating multi-professional practice (53.8%);
 - duplication of effort with other professional bodies or credentialing organisations (43.3%).
- However, the level of agreement with statements of disadvantage/challenge were noticeably less than with the statements of advantage/benefit, suggesting respondents perceived fewer disadvantages than advantages
- Despite these strong perceptions about additional regulation being warranted, the research team stress in the report that: *'No evidence was presented from any participant group that advanced level practice presents a greater risk to the public.'*

Research limitations

There were some limitations to the research which provides important context when considering the findings:

- The global COVID-19 pandemic throughout the research phase will have inevitably impacted level of engagement/coverage of stakeholders/fatigue
- We suspect that there are many more AP programme providers in the UK, than the 31 that responded
- Participants were a self-selecting group
- Its qualitative, perceptions/self-reflection based research, as opposed to hard, objective quantitative data, so some areas need further evidence (in particular, data on actual patient safety risk presented by AP).

As such, this research is somewhat inconclusive on whether or not there is a patient safety risk requiring additional regulatory measures, and there are a number of areas where further research and analysis is necessary to satisfy our evidence requirements. Additional data is necessary to provide the Executive with clarity about

the nature/level of risk to patient safety presented by AP over and above that presented by the cognate profession's practice in order to inform any decision HCPC Council take on the regulatory measures required to mitigate any additional risk, if present. We require further information on:

- Number of, and profile of, HCPC registrants working at AP level.
- Consensus on scope of AP (what it includes vs what belongs in entry level scope of practice) and associated nature of risk to patient safety.
- Consensus on appropriate educational preparation.
- What local governance, accountability and oversight mechanisms are in place for employment of AP and (enough) employer perceptions.
- The degree to which (non-statutory) voluntary assurance measures address any such additional patient safety risk (eg HEE or college accreditation although noting, not four-country wide).
- The impact that the HEE Centre of Advanced Practice's new/future system of AP programme accreditation will have on consistency of education in (albeit England only).
- Perceptions of other professions, particularly doctors who work with/supervise AP.

Revised high-level project plan and indicative timescales

The independent research phase took slightly longer than first anticipated (from July 2020 -January 2021) due to factors outside of HCPC's control and, given the scale and complexity of the work, there remain some areas the research brief sought to address which are still outstanding. Further research and evidence is required before Council will be able to make an informed decision about whether or not additional regulation is warranted – requiring more time to undertake/complete this phase.

Next steps

We will bring the Education and Training Committee updates on progress of the project throughout 2021 and will highlight any barriers/risks and seek input and approval for direction of travel.

The following steps will be taken over the next few months prior to the options appraisal to be taken to Council at its July meeting:

- At the end of February and beginning of March we are hosting a two-part workshop with key stakeholders (led by our Expert Reference Group) to identify evidential gaps and further work that needs to be done before HCPC's Council can make an informed decision about next steps; and, to explore how we might implement any changes.

- In early March we are hosting a joint regulator (HCPC, NMC, GMC, GOSC, GDC, GOC) and HEE Centre for Advanced Practice workshop to explore plans for AP and credentialing, alignment, support and areas of overlap.
- In Spring (to allow time for COVID 19 and vaccination pressures to slightly alleviate) Community Research will undertake targeted research with employers from a cross-section of employer types, across settings and geographies.
- Further exploration of any potential data sources in relation to potential additional risk to patient safety presented by advanced practice, including with medical colleges.