

Advanced Practice

Key lines of enquiry

1 & 2

Comparative analysis of current Advanced Practice (AP) frameworks across the four countries of the UK and potential for developing a unified UK wide AP framework

Examination and comparison of Advanced Practice models in other countries to consider in the UK context

March 2024

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Purpose of paper

- 1 The purpose of this paper is to present findings from our desk-based evidence gathering which examines the existing domestic frameworks and international regulatory models for advanced practice in nursing and midwifery.
- 2 The evidence presented builds on the evidence from the Nuffield Trust report to support the review of advanced practice, particularly phase one. We have continued to build the evidence base, and this paper reflects a point in time. We will continue to review and build on this evidence as the review proceeds to phase two.

Background

Overview and context of KLOE 1

- 3 Key line of enquiry (KLOE) 1 - Comparative analysis of current advanced practice (AP) frameworks across the four UK countries and potential for developing a UK wide AP framework.
- 4 The purpose of KLOE 1 is to compare the current AP frameworks for nursing and midwifery developed by the four UK devolved nations (England, Scotland, Wales and Northern Ireland).
- 5 This has been approached through high level mapping of evidence findings based on each of the devolved nations frameworks. As the review of AP progresses through phase one, we will continue to build the picture for nursing and midwifery across the four nations. This will include informing our evidence findings with the latest thinking, input and critical challenge from the AP nursing and midwifery advisers. The evidence presented in this paper includes both health and social care sectors.
- 6 **Out of scope** for this paper are the four nations approaches to AP for other professions (i.e. pharmacy, medicine, dentistry, allied health professions). This is relevant because the England and Wales AP frameworks are multi-disciplinary. Within the paper, the pharmacy approach is referenced for comparison purposes only. Outside of scope is also the cross-regulatory approaches within the four nations – this is within the scope of KLOE 6, but we acknowledge there may be some crossovers.
- 7 From our review of the emerging evidence, the paper sets out the key commonalities and differences between each of the four nation approaches/frameworks. This includes:
 - Consideration of how each devolved nation incorporates the ‘four pillars of advanced practice’;
 - Each nation’s definition of ‘advanced practice’ and the skills, capabilities and educational requirements it encompasses;

- The elements we will need to focus on if we decide to create a unified framework across the four nations of the UK;
- The multi-disciplinary nature of the frameworks produced by England and Wales, acknowledging the different commissioning bodies who led their development and the different stakeholder groups involved;
- The EDI considerations and likely groups to be impacted by prospective regulation of AP. One such group is internationally educated nurses and midwives who wish to pursue becoming advanced practitioners in the UK. This is being explored through KLOE 9 to better understand the implications of regulation of AP for internationally educated and trained nurses and midwives.

8 KLOE 1 is intended to provide context and will support the subsequent KLOEs. There is therefore overlap. Parts of this paper relate to 'scope and level of practice' (linked to KLOE 3), 'task-shifting rationale' and 'person-centred care' (linked to KLOE 4) and 'supervision and assessment' (linked to KLOE 5).

Overview and context of KLOE 2

- 9 KLOE 2 - Examine and compare advanced practice (AP) models in other countries and identify elements which we could adapt to the UK context.
- 10 The purpose of KLOE 2 is to consider what approaches to AP regulation may be transferable to a UK context, including lessons learned from other countries who have introduced regulation of their advanced practitioners. In doing so, it is important to recognise differences in the structure of their health and social care systems, population demographics and health and care needs.
- 11 The paper initially looked at the 11 countries considered as having significantly 'similar scopes of advanced practice' as in the UK (referenced in the [Nuffield Trust commissioned research report](#)). To further strengthen the evidence considered, we reached out to Finland, France, Spain, Switzerland and Sweden. The body of evidence is derived from an amalgamation of desk-based research and discussions with international regulatory and membership bodies from different countries, states and provinces (including United States, Canada, Australia, New Zealand, Singapore, Ireland, Switzerland and Netherlands). The evidence captured encompasses both health care and social care sectors where available.
- 12 The findings were obtained from May to October 2023. Stakeholder collaboration and input was gauged through virtual MS Teams meetings and written correspondence and detailed information is cited in the mapping table. This mapping sets out the context to regulation of AP in each country/state/province examined; with further information about educational requirements; whether educational/training standards/standards of proficiency are set, any underpinning legislation for AP regulation, whether they have 'protected titles' for the AP role, and whether advanced nurse practitioners (ANPs) are able to undertake independent prescribing.

- 13 **Out of scope** for this paper is cross-regulatory approaches internationally (i.e. for other healthcare professions); the scope was to gauge the context internationally for regulation of AP in nursing and midwifery only. The richness of the evidence collated has highlighted findings that have relevance to some other KLOEs: (i.e. KLOEs 3, 4, 5, 7 and 9).
- 14 There are evidence limitations which include the limited evidence for advanced midwifery practice in an international context. The majority of evidence is predominantly focused on advanced nursing practice, but we have strived to strengthen and challenge the existing evidence base with input from the AP nursing and midwifery advisers. It is likely that the reason there is limited evidence on Advanced Midwifery Practice (AMPs) roles is because many countries do not have these advanced level midwifery roles.
- 15 Our evidence suggests:
- ‘Key drivers’ for introducing AP regulation; ‘key enablers’ to regulating AP, ‘key benefits’ to regulating AP and identified ‘key challenges and barriers’ faced to regulating AP.
 - ‘Future initiatives’ that stakeholders have shared regarding recent developments or changes to their regulatory models for AP regulation.
- 16 KLOE 2 is intended to provide context and will support the subsequent KLOEs.

Context

- 17 We do not currently collect data on the number of our registrants who work as APs in each of the four nations of the UK. However, we know from our registrations data how many nursing and midwifery professionals have stated the country they practise in – England, Scotland, Wales and Northern Ireland. Table 1 below shows the profile across the four countries. Table 2 shows the total number of registrants by registration type – nurse, midwife, dual nurse and midwife and nursing associate.

Table 1: Registration breakdown by country of registered address on 30 September 2023¹.

UK Country	Nurses	Midwives	Dual Registrants	Nursing Associates	Professionals on register in each country (who cited registered UK address)
England ²	571,856	35,290	5,246	10,505	622,897
Scotland ³	69,370	3,714	331	5 ⁴	73,420
Wales ⁵	37,785	1,941	368	33 ⁶	40,127
Northern Ireland ⁷	26,723	1,297	318	-	28,338
Total no. of registrants	705,734 Nurses	42,242 Midwives	6,263 Dual registrants	10,505 Nursing Associates (NAs)	764,782

Table 2. Total number of people on the register by registration type⁸

NMC Register 2023		
Registration type	31/03/2023	30/09/2023
Midwife	41,716	42,974
Nurse	731,055	748,528
Nurse & Midwife	6,525	6,426
Nursing Associate	9,335	10,560
Total	788,631	808,488

¹ See Registration data - [Registration data reports - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports/) accessed 4 December 2023.

² See Registration data - [0130b-mid-year-data-report-england-web.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports/0130b-mid-year-data-report-england-web.pdf) accessed 4 December 2023.

³ See Registration data - [0130d-mid-year-data-report-scotland-web.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports/0130d-mid-year-data-report-scotland-web.pdf) accessed 4 December 2023.

⁴ A handful of nursing associates* living in Scotland who are eligible to practise in England only.

⁵ See Registration data - [0130e-mid-year-data-report-wales-web.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports/0130e-mid-year-data-report-wales-web.pdf) accessed 4 December 2023.

⁶ A handful of nursing associates* living in Wales who are eligible to practise in England only

⁷ See Registration data- [0130c-mid-year-data-report-ni-web.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports/0130c-mid-year-data-report-ni-web.pdf) accessed 4 December 2023.

⁸ See [Registration data reports - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/registration-data-reports/) accessed 4 December 2023.

- 18 We currently have 808,488 professionals on our Register (as of 30 September 2023).⁹ Table 1 identifies that 764,782 of those registered cite their registered address in one of the UK countries.
- 19 The remaining 43,706 professionals on our Register who joined from outside the UK and are registered with an address outside of the UK. Through our registration data we believe there are approximately 5,000 of these 43,706 professionals who are currently residing outside of the UK, but who remain on the register. This is likely due to practising overseas or taking gap years.
- 20 Based on this, it is likely therefore to assume that the majority of professionals working as APs will also be based in England, however we recognise the impact the four nation workforce development plans may have on these figures.
- 21 This is important because each country has its own AP framework designed to meet country specific health and care population needs and although the frameworks are broadly similar, there are unique nuances. It follows that each country in the UK has a different approach to AP, reflected in the variation in the requirements of AP roles and the practice undertaken.
- 22 As part of this review we are conscious that any approaches going forward are fair and equitable to our registrants across the four nations of the UK and to both professions. This is considered more as part of our Equality Impact Assessment (EqIA).
- 23 The World Health Organisation (WHO) has an increasing interest in enhancing the status of the nursing workforce worldwide, which includes the scope and numbers of advanced practice nurses (APNs) in each country (WHO, 2020), and is requesting that countries provide information on the number of APNs in each of their regions.¹⁰
- 24 It should be acknowledged at the outset that the international evidence on advanced midwifery practice is significantly less than the evidence for advanced nursing practice. Having reached out to both nursing and midwifery regulators overseas, nursing regulators shared evidence about their respective regulatory models for AP, whereas we still await information from different midwifery sources. Given the time we have been awaiting this information, it is unlikely that we will receive further evidence at this point.
- 25 Internationally, nursing and midwifery practice is often regulated by different bodies, apart from in Ireland where the Nursing and Midwifery Board of Ireland (NMBI) regulate AP nurses and midwives. In terms of APs practising in the social care sector, most countries said that their advanced practitioners work in a variety of care settings. Canada (New Brunswick) noted that their APs worked

⁹ This is nurses, midwives, dual registrants and nursing associates on our NMC Register.

¹⁰ Advanced practice nurses: Analysis of their role from a multicentre cross-sectional study- Sonia Sevilla Guerra; Adelaida Zabalegui; Montserrat Comellas Oliva; Mercè Estrem Cuesta; Montse Martín-Baranera; and Lena Ferrús Estopà - Accepted: 19 July 2021- Page 31

in nursing homes and Australia highlighted that some of their nurse practitioners work in the aged care sector.

- 26 It is clear that the evidence we have collated to date mostly allows interpretation to advanced nursing rather than advanced midwifery practice and this represents an evidence gap.
- 27 Nursing and midwifery professions and professionals view AP through a unique lens. Midwives are autonomous practitioners at the point of registration, although we also expect nurses to “work autonomously, or as an equal partner with a range of other professionals, and in interdisciplinary teams.”¹¹ As this review progresses, it is important to build on this evidence base for advanced midwifery practice, both within the academic literature and international evidence findings. We have attempted to do this for phase one of the review, through focused stakeholder engagement across the four countries for both nursing and midwifery.

Methodology

- 28 This paper will present the evidence gathered for KLOE 1, then KLOE 2. KLOE 2 was informed by contacting all the countries identified in the independent research commissioned through the Nuffield Trust and identified in their [report \(2023\)](#). These countries were identified as having similar scopes of AP in nursing as in the UK¹², and having statutory regulation in place for advanced nursing practice. It should be acknowledged that the Nuffield report does not define “significant similar scopes of advanced practice as in the UK”.
- 29 We also contacted additional countries that have AP roles in place, some of whom have regulation in place, or who are looking at introducing or developing national regulation of their AP roles. This was to provide a more robust and holistic picture of AP in nursing and midwifery across the globe.
- 30 From the selection of countries examined (US states, Canadian provinces, Australia, New Zealand, Ireland, Netherlands, Singapore, Switzerland, Finland and Spain) we have either engaged with through virtual meetings or received written responses from overseas regulatory or membership bodies in these chosen countries during the period May to October 2023. The evidence findings are within this paper.
- 31 To date we have reached out to 12 countries¹³ to inform our evidence base. We did not hear back from South Korea or France. We have however filled the gap by having collated desk-based evidence on the French regulatory model. We also heard from the International Council of Nurses (ICN) Chief Nurse in September 2023, that South Korea might not have fully implemented APN.

¹¹ [Future nurse: Standards of proficiency for registered nurses](#) (published May 2018)-Page 3

¹² In the Nuffield report it says "A cross-country comparison identified 11 countries with significant similar scopes of advanced practice as in the UK and, of these, Finland was the only other (alongside the four countries of the UK) to not specifically regulate advanced practice. "

- 32 Additionally, based on more recent developments, we have had contact with Sweden in December 2023, as we heard from the International Council of Nurses (ICN) in October 2023 that Sweden have recently protected their APN title. They do not have regulation of AP, but have a working group looking to explore this, with a view to creating a pathway for advanced clinical practice in nursing. From the conversation, it is clear that Sweden has a very different educational system, with few fitness to practice referrals, no current revalidation process, with variable approaches to supervision in practice and CPD. The applicability of the Swedish model to the UK is therefore limited.
- 33 We have supplemented our findings with desk-based evidence from Finland, Spain, Switzerland and France. Finland and Spain have AP roles but no regulation of AP; Switzerland are currently considering introducing regulation of AP, and France have regulation of AP implemented.
- 34 The Nuffield Trust Research¹⁴ has provided useful background with general findings across the domestic and international landscape. These include the variation in the timeframes for introducing statutory models of AP regulation between countries - some introduced regulation within a short timeframe (like the Netherlands) and others over a longer period of time (such as New Zealand). We also have an idea of some of the 'main drivers' to creating AP roles - such as policy initiatives; demands from employers and health and social care professions; to provide greater flexibility in the workforce; to increase workforce capacity and cut costs; and to respond more effectively to the increasing number of people now living with co-morbidities and long-term health conditions.
- 35 The aim of the conversations with overseas stakeholders is to build on this and provide a 'richer insight' into different comparative international regulatory models of AP nursing and midwifery practice. This will in turn strengthen our stakeholder contacts across the international landscape of nursing and midwifery, as we move forward into phase 2, and into wider facets of meeting our Corporate Strategy.
- 36 This paper was informed by the following evidence sources:
- desk based evidence,
 - key findings from commissioned rapid literature reviews; and
 - evidence and insights from international stakeholders.
- 37 The evidence findings from this paper have contributed to the development of and discussions of potential regulatory options and informing the Council decision as to whether additional regulation of AP is required.

Collation of evidence

¹⁴ [advanced-practice-report-final.pdf \(nmc.org.uk\)](#)- Nuffield Trust Report, published 2023.

KLOE 1 – Comparison of devolved nations frameworks

- 38 A high-level comparison of the different AP frameworks across the four UK countries are set out in **Appendix 1**. The most recently published are the **“Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales”** (June 2023)¹⁵, the **“Advanced Clinical Practice in Midwifery: Capability Framework”** (November 2022)¹⁶ in England and the **“Transforming Roles programme policy briefing papers”** (2021) in Scotland.¹⁷ The Northern Ireland framework entitled **“Advanced Nursing Practice Framework- Supporting Advanced Nursing Practice in Health and Social Care Trusts”** was published in 2016¹⁸. **The Northern Ireland Department of Health and the Northern Ireland Practice and Education Council for Nursing and Midwifery** recently published their analysis and recommendations for advanced practice report¹⁹ to support future strategic direction and workforce requirements and care delivery, following the development of the **Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts** (2016) which was launched to enable a strategic and consistent approach to the development and implementation of the ANP role in NI.
- 39 The NMC have appointed AP advisers representing each of the devolved nations – four advisers for advanced nursing practice, and four advisers for advanced midwifery practice. More recently we have appointed a nursing adviser for adult social care. The expertise, experience and input from these advisers has ensured that we have captured, understood and incorporated the latest thinking and evidence across all four countries and reflect on which work has taken place to support AP during recent years.
- 40 England, Scotland and Wales have frameworks that are aimed at health and social care professionals across all advanced clinical practice roles (including allied health professionals), whereas Northern Ireland’s framework is focused solely on nursing professionals. Northern Ireland has no separate advanced midwifery practice framework and has published a separate framework for allied

¹⁵ heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/-published-2023.

¹⁶ [Advanced Practice - Website Content - Advanced Clinical Practice in Midwifery - Capability Framework.pdf - All Documents \(sharepoint.com\) – published 2022](#).

¹⁷ Transforming Nursing, Midwifery & Health Professions Roles: Advanced Nursing Practice Phase 2 (Scottish Government, 2021)- TR papers 2, 7 and 8: [Transforming nursing, midwifery and health professions roles: advance nursing practice - gov.scot \(www.gov.scot\)](#); [Advanced nursing practice - transforming nursing roles: phase two - gov.scot \(www.gov.scot\)](#) and [Transforming Nursing, Midwifery And Health Profession \(NMaHP\) roles: review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland - gov.scot \(www.gov.scot\) – published 2021](#).

¹⁸ [ADVANCED NURSING PRACTICE FRAMEWORK - Supporting Advanced Nursing Practice in Health and Social Care Trusts \(health-ni.gov.uk\) – published 2016](#)

¹⁹ [doh-nipec-anp.pdf \(health-ni.gov.uk\) – published 2023](#).

health professionals working in AP practice roles.²⁰ England has additionally published a standalone framework for advanced midwifery practice.²¹

41 Advanced Midwifery Practice (AMP) varies across the four countries.

- In Scotland, Wales and Northern Ireland, there are no AMP roles, they instead have consultant midwife roles, whereas England has AMP roles.
- In Scotland our work has found there is three consultant midwives.
- In Wales, our work has found there is seven consultant midwives. These consultant midwives are mandated by the Welsh Government to practise across ‘five pillars of consultant practice’ (the Wales AP framework identifies five pillars). There is a consultant midwife practising in Public Health.
- There is one consultant midwife per health board in Wales as well as development consultant midwife posts, which has a Master’s level entry route, but no formal job description.
- In England they have junior consultant midwife roles which are predominantly based in Public Health roles.
 - The Royal College of Midwives (RCM) advocates for consultant midwives.

42 Table 3 demonstrates the key commonalities and differences between the four country frameworks for AP.

Table 3 – commonalities and differences in framework(s)’ comparison

Five Key Commonalities	1. All the UK frameworks are tailored to their own workforce needs and demands, but broadly covered similar elements.
	2. Across all the four nations, for both nursing and midwifery professions, advanced practice is based on the ‘ four pillars of advanced practice ’ with slight differences in the nomenclature – namely ‘clinical practice; leadership and management; education; and research’.
	3. All four nations had common drivers to creating and developing their frameworks – namely to better respond to service need and delivery, support multi-disciplinary working and enable better intra-professional learning.

²⁰ There is also an AHP framework in Northern Ireland - [Advanced AHP Practice Framework | Department of Health \(health-ni.gov.uk\) – published June 2019.](https://www.health-ni.gov.uk/publications/advanced-ahp-practice-framework)

²¹ [Advanced Practice - Website Content - Advanced Clinical Practice in Midwifery - Capability Framework.pdf - All Documents \(sharepoint.com\) – published 2022.](https://www.sharepoint.com/~/s/wa/AdvancedPracticeWebsiteContent/AdvancedClinicalPracticeinMidwiferyCapabilityFramework.pdf)

	<p>4. Share common competencies/skills, such as exercising a high degree of autonomy, undertaking complex decision making, demonstrating clinical competencies for expanded practice, and using clinical judgement in decision making.</p>
<p>Five Key Differences</p>	<p>5. All four country frameworks have cited as part of their entry requirements to AP roles, the Master's level (or equivalent) programme as the underpinning educational requirement to work as an advanced level practitioner. In Scotland, a Postgraduate Diploma (PgDip) is accepted for AP roles – not equivalent to a full Master's degree. It is important to note that the Master's is Level 7 in England, Wales and Northern Ireland, and Level 11 in Scotland.</p>
	<p>1. There is no agreed consensus between the four countries on a 'common agreed definition of advanced practice'; therefore, no consistency in what they describe as AP for nursing and midwifery. In contrast the Royal Pharmaceutical Society (RPS) have taken a UK wide approach to defining AP for their profession.²²</p>
	<p>2. England, Wales and Scotland reference to multi-professional working, whereas Northern Ireland refers only to nursing.</p>
	<p>3. The Northern Ireland is the only devolved nation requiring nurses wanting to undertake an AP Masters' level programme, to hold an independent prescribing qualification (V300)- (i.e. to have done assessment and prescribing as part of their PgCert prior to enrolling on the AP programme). However, going forward this is expected to change, with the proposal for independent prescribing to be included as part of MSc AP programme. It is important to note that in Scotland, prescribing is a core component of their AP programmes.</p>

²² [Core Advanced Pharmacist Curriculum \(rpharms.com\)](http://rpharms.com)

	4. Each country's framework is focussed on different health and care sectors, with Wales's and England's primarily focused on the NHS.
	5. There is variability of focus on career progression within frameworks, with only Wales and Scotland in their frameworks who emphasise supporting a 'clear career development pathway' for their APs. Wales is the only framework that covers 'three levels of practice'- 'enhanced, advanced and consultant'.

- 43 A key commonality across the UK frameworks is based on the four pillars of AP – namely 'clinical practice'; 'leadership and management'; 'education'; and 'research'. Nursing and midwifery professionals must demonstrate that they can meet the capabilities and competence expected within the four pillars.
- 44 There are subtle differences in the naming of the four pillars across the four devolved nations in the UK, with Northern Ireland referring to them as four core competences rather than pillars – (direct clinical practice, leadership and collaborative practice, education and learning, research and evidence-based practice). More information about how each of the devolved nations of the UK are underpinned by the four pillars of AP are illustrated in Table 4 below.
- 45 The Wales framework highlights that 'enhanced practice' should meet the four pillars, with consultant practice having to meet five pillars (with the additional pillar of strategy). Wales is the only nation to cover consultant level practice.
- 46 Of note is the consideration as to how professionals with specialist community public health nurses (SCPHN) qualifications and specialist practice qualifications (SPQs) would gain entry to AP roles in the future. We state in our [Part 3: Standards for Post Registration Programmes](#) (published 25 April 2023) at 5.1 "ensure that the minimum academic level for SCPHN and community nursing SPQ is at postgraduate Masters' level". In Scotland we know that the entry requirement for advanced nursing practitioner roles is holding a PGDip rather than a Master's degree. Going forward we will need to recognise the potential impact of this on any regulatory decisions.
- 47 Table 4 below shows the devolved nations frameworks' consideration of the four pillars of advanced practice.

Table 4 – four pillars of AP

UK devolved nation	England		Scotland	Wales	Northern Ireland
Name(s) of framework(s)	Multi-professional framework for advanced clinical practice in England (2017)	Advanced Clinical Practice in Midwifery: Capability Framework (2022)	Transforming Nursing, Midwifery & Health Professions Roles: Advanced Nursing Practice Phase 2 (Scottish Government, 2021)- TR papers 2, 7 and 8	Professional Framework for Enhanced, Advanced and consultant Clinical Practice in Wales (June 2023)	Advanced Nursing Practice Framework-Supporting Advanced Nursing Practice in Health and Social Care Trusts (2016)
Who developed the framework?	Health Education England and NHS England and NHS Improvement	Health Education England (HEE)	Scottish Government	Health Education and Improvement Wales (HEIW).	Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)
Professional group/s	One multi-professional framework covering AP in nursing and midwifery practice as well as other allied health and care professionals.	One standalone framework covering midwifery advanced practice, published in 2023.	One framework covering AP in nursing only.	One multi-professional framework covering nursing, midwifery and allied health professionals. It also covers 'enhanced,	One framework covering advanced nursing practice only.

				advanced and consultant level of practice’.	
Reference to four pillars of clinical practice	<p>Requirement to meet the capabilities and competence expected within the four pillars:</p> <ul style="list-style-type: none"> ○ Clinical practice ○ Leadership and management ○ Education and ○ Research. 	<p>Requirement to meet the capabilities and competence expected within the four pillars:</p> <ul style="list-style-type: none"> ○ Clinical ○ Leadership and management ○ Education and ○ Research 	<p>Requirement to have advanced-level capability across the four pillars of practice:</p> <ul style="list-style-type: none"> ○ clinical practice ○ facilitation of learning ○ leadership ○ evidence ○ research and development. ○ Additional clinical-practice skills appropriate to their role 	<p>Requirement to meet the capabilities and competence expected within the four pillars:</p> <ul style="list-style-type: none"> ○ Clinical ○ Management and leadership ○ Research and audit ○ Education <p>Consultant clinical practitioners have and additional pillar requirement - strategy pillar. This applies to Consultant Midwives.</p>	<p>Requirement to meet the capabilities and competence expected within the four pillars:</p> <ul style="list-style-type: none"> ○ Direct Clinical Practice ○ Leadership and Collaborative Practice ○ Education and Learning ○ Research and Evidence-Based Practice

<p>Factors in how to meet pillars of practice</p>	<p>The clinical practice pillar notes complying with the respective professional Code of conduct, the leadership and management pillar notes demonstrating a person-centred approach</p>	<p>AMPs are required to work across all four pillars in the multi-professional framework. All four pillars of advanced practice form part of assessment of performance within the role of AMP</p>	<p>The context in which health and social care practitioners practise influences the skills and knowledge base for AP</p>	<p>Health and social care practitioners working at enhanced, advanced and consultant level are required to have effective support and job planning to enable them to meet the pillars of AP</p>	<p>The four core competencies relevant to the ANP's role have specific core learning outcomes to be met</p>
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Phase 1 - 11

48 Other commonalities include common drivers to creating and developing their frameworks. For instance, to better respond to service need and delivery; support multi-disciplinary working; enable better intra-professional learning; require common competencies/skills; state an underpinning Master’s level programme requirement needed to work as an AP.

49 Table 5 below shows the different definitions of AP adopted by each of the four nations.

Table 5 – comparison of definitions of AP across UK countries

UK Devolved nation	England	Scotland	Wales	Northern Ireland	
Name(s) of framework(s)	Multi-professional framework for advanced clinical practice in England (2017)	Advanced Clinical Practice in Midwifery: Capability Framework (2022)	Transforming Nursing, Midwifery & Health Professions Roles: Advanced Nursing Practice Phase 2 (Scottish Government, 2021)- TR papers 2, 7 and 8	Professional Framework for Enhanced, Advanced and consultant Clinical Practice in Wales (June 2023)	Advanced Nursing Practice Framework-Supporting Advanced Nursing Practice in Health and Social Care Trusts (2016)

<p>Definition of AP</p>	<p>Defines AP as 'a level of practice'. Health practitioners working at an advanced level of clinical practice are expected to exercise autonomy, sound decision making, and be accountable for decisions they make</p>	<p>The definition of is as per the multi-professional framework.</p> <p>Advanced Clinical Practice is delivered by experienced, registered health and care practitioners. It is characterised by a high degree of autonomy and complex decision making. This is underpinned by a Master's level award or equivalent that encompasses the four pillars of</p>	<p>Adopt the International Council of Nurses (ICN) definition of advanced nursing practice- "A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Master's degree is recommended for entry level".</p>	<p>Advanced Clinical Practice is defined as: "A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills, and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant Master's level education is</p>	<p>Definition – "An ANP practises autonomously within his/her expanded scope of practice, guided by the Code". They must demonstrate skills competency in assessment, diagnostic, analytical and clinical judgement skills</p>
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		<p>clinical practice. Must demonstrate core capabilities and area specific clinical competence. Advanced Clinical Practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative</p>	<p>The TR definition is that ANPs are experienced and highly educated registered nurses who manage the complete clinical care of their patients, not focusing on any sole condition.</p> <p>ANPs have advanced-level capability across the four pillars of practice. They also have additional clinical-practice skills appropriate to their role</p>	<p>recommended for entry level". NLIAH (2010) Having agreed definition of roles prepares practitioners for roles, ensures they are working at intended level of practice and safeguards people using services</p>	
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		solutions to enhance people's experience and improve outcomes			
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Phase 1 - interim

- 50 There are common elements regarding each framework's definition of AP. Each framework refers to skills such as 'exercising a high degree of autonomy, undertaking complex decision making, demonstrating clinical competencies for expanded practice, and using clinical judgement in decision making'. However, each county still adopts a different definition to what they consider to be 'AP'.
- 51 A further similarity is that all frameworks have cited as part of the entry requirements to AP roles that APs demonstrate relevant 'Master's level education' and achievement. In Wales and Scotland, there is also the requirement for this to be supported by a portfolio of evidence aligned to the four pillars of practice. In Wales the portfolio of learning and competence assessment is used to demonstrate "capability at enhanced, advanced and consultant clinical practice level". Evidence is required to evidence "key elements of the level of practice consistently, but also reflects the breadth of clinical and professional settings within which this can be demonstrated".²³ In Scotland the portfolio of learning and competence assessment is used to demonstrate a health and social care professional is operating at AP level.
- 52 Across the four nations another similarity is the omission of having a mandated quality assurance (QA) process for educational programmes. In England there is now accreditation against education and training standards developed by HEE. Academic programmes do not stipulate having a 'portfolio of clinical evidence'; therefore this creates a risk that an AP may have the qualification but will not be equipped with the sufficient clinical experience to undertake an AP role. HEE do have an e-portfolio route. Currently education providers in the four countries manage their own academic programmes and education institution QA processes²⁴ in relation to delivering their respective programme curriculum, but post graduate AP programmes are not currently independently approved and quality assured by the NMC.
- 53 In terms of key differences one of the most important is the lack of consensus between the four countries on a 'common agreed definition of AP' for nursing and midwifery.
- 54 Another key difference is that both England and Wales incorporate reference to multi-professional working, whereas this is not stipulated in Northern Ireland's and Scotland's frameworks.
- 55 A further key difference between Northern Ireland's framework and the other devolved nations is the requirement for those nurses wanting to undertake ANP to hold a pre-requisite independent prescribing qualification (V300) prior to commencing their AP MSc programme. However, this is set to change with the independent prescribing qualification being incorporated into MSc programme.

²³ [heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/-_published_2023](https://www.heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/-_published_2023)

²⁴ [The Quality Assurance Agency for Higher Education \(qaa.ac.uk\)](https://www.qaa.ac.uk); [Characteristics Statement - Masters Degrees \(qaa.ac.uk\)](https://www.qaa.ac.uk); [Quality Enhancement Review \(Wales\) \(qaa.ac.uk\)](https://www.qaa.ac.uk)

Of note, the pharmacy profession has an agreed approach across the four nations.

- 56 All the devolved nations frameworks can be applied across sectors; however some are slightly more tailored to particular sectors as outlined below:
- The Wales's framework focuses on the NHS (although it can be applied to the charity and independent sectors too).
 - The England HEE frameworks align well to the NHS but can be applied to other sectors. In HEE's standalone capability framework for AMP, it is noted that as part of midwifery core capabilities, advanced clinical practice will act as learning outcomes which can subsequently help to inform advanced midwifery practice programme curriculums.
 - Scotland's framework appears less tailored to a particular sector, and like the other countries can be applied confidently to different work settings, reflecting that ANPs can practice in different contexts and clinical settings.
 - The frameworks across all the devolved nations can influence the kinds of skills and knowledge APs will need.
 - Northern Ireland's framework does not have a focus on a particular sector, but it should be noted that this may be because health and social care is more unified, although the framework does not include independent, private or charity sectors.
- 57 The observation that all the frameworks demonstrate flexibility in how they can each support different sectors is a strength, if we do look to create a UK wide approach to AP for nursing and midwifery across the UK.
- 58 Across the frameworks, there are differences in the focus on career progression; only Wales and Scotland emphasise supporting a clear career development pathway for their advanced (nurse) practitioners.
- 59 From the evidence there appears to be variation in opportunities for career progression between the health and social care sector. It is important that the four countries support attracting and recruiting APs to social care settings, and opportunities for development and progression in the sector continues to grow. Another factor to note is that the social care sector attracts high numbers of internationally educated nurses, as well as reflecting a more mature workforce. It is important to consider equity of opportunity to these particular registrants wishing to pursue AP education and training.
- 60 England, Wales and Scotland make reference in their frameworks to patient safety or service user safety. The Scottish Transforming Roles Programme²⁵ talks about a requirement for the development of the ANP roles to create different metrics and benchmarking indicators, which focus specifically on

²⁵ Transforming Nursing, Midwifery & Health Professions Roles: Advanced Nursing Practice Phase 2 (Scottish Government, 2021)- TR papers 2, 7 and 8: [Transforming nursing, midwifery and health professions roles: advance nursing practice - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/TR-Papers/TR2021-02-07-08.pdf); [Advanced nursing practice - transforming nursing roles: phase two - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/TR-Papers/TR2021-02-07-08.pdf) and [Transforming Nursing, Midwifery And Health Profession \(NMaHP\) roles: review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland - gov.scot \(www.gov.scot\) - published 2021.](https://www.gov.scot/resources/consultation-papers/TR-Papers/TR2021-02-07-08.pdf)

outcomes in health and social care that can be applied across all established and new AP roles. There is growing emphasis on “providing quality care and promoting patient safety”.²⁶ This is not reflected in the Northern Ireland framework but the NIPEC report published in 2023 includes within the scope to “support the highest level of quality, person/client safety and experience within all settings”.²⁷

- 61 The Nuffield Trust report (2023)²⁸ identified some of the key challenges within health and social care that AP could help to address. These were providing care more economically, addressing shortages in workforce, and enabling career progression.

Factors for consideration of a unified UK wide Advanced Practice framework is developed

- 62 A key difference between all four countries is that there is absence of a common agreed definition of AP, and therefore no consistency in what assurance the public can expect when a professional completes an AP programme. There remains a degree of unwarranted variation in understanding and approach between all four nations.
- 63 We currently have limited understanding of the number of nurses and midwives practising at AP level across the UK. There is variation in pre-requisite educational entry requirements to join an AP MSc programme. In the development of a unified UK wide AP framework, we would need to develop and agree a common definition of AP.
- 64 The International Council of Nursing (ICN)²⁹, defines an Advanced Practice Nurse (APN) as a generalist or specialised nurse who has acquired thorough graduate education (minimum of a Master’s Degree) with expert knowledge base, complex decision-making skills and clinical competencies shaped by the context in which they are credentialed, to provide direct care to patients and their families. There is no definition provided in the literature of advanced midwifery practice.
- 65 Hamric’s framework of APN³⁰ from the United States of America includes the following elements: graduate level education, national certification and

²⁶ Paper 7; [Advanced nursing practice - transforming nursing roles: phase two - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/advanced-nursing-practice-transforming-nursing-roles-phase-two-2021/paper7/) (published 26 April 2021)

²⁷ [doh-nipec-anp.pdf \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/doh-nipec-anp.pdf)

²⁸ [advanced-practice-report-final.pdf \(nmc.org.uk\)](https://www.nuffieldtrust.org.uk/advanced-practice-report-final)- Nuffield Trust Report, 2023-page 14.

²⁹ [Katowa-Mukwato Patricia](#),^{1,*} [Mwiinga-Kalusopa Victoria](#),¹ [Maimbolwa Margaret Connie](#),¹ [Kabinga-Makukula Marjorie](#),¹ [Kayamba Violet](#),² [Kafumukache Elliot](#),² [Simuyemba Moses](#),³ [Musenge Emmanuel](#),¹ [Mwiinga Christabel](#),² [Linda Kampata](#),³ [Selestine H. Nzala](#),² [Cosmas Zyaambo](#),³ [Trevor Kaile](#),⁴ and [Goma Fastone](#)⁵ (Published 29 July, 2022) [Contextualisation of Early and Enhanced Clinical Exposure Model through Development of Curricula for Advanced Practice Nursing and Midwifery - PMC \(nih.gov\)](#)

³⁰ Hamric, A.B., Handson, C.M., Tracy, M.F. & O’Grady, E.T. (2014) Advanced practice nursing: an integrative approach. St Louis MO: Elsevier

patient/family-centred clinical practice.³¹ Hamric's model includes a central competence in direct clinical practice focused on the patient. The other six core competencies of the APN role are "consultation, evidence-based practice, leadership, collaboration with other colleagues, ethical decision-making, and guidance and coaching". This model includes professionals working as APNs providing care for patients with an "undifferentiated diagnosis," as well as for those practitioners working as APNs providing specialist care to patients with chronic long-term conditions.³² We can see that the four pillars of AP for both nursing and midwifery professions - 'clinical practice; leadership and management; education; and research' - are well aligned to Hamric's defined competencies.

- 66 Hamric et al also asserts that for implementation of AP roles to be effective; countries or states need "a favourable healthcare policy, the development of a legal framework, adequate financing and compensation, organizational and cultural structure, partnership and communication, and performance evaluation".³³ In consideration of a future potential UK wide AP framework these barriers are important to note.
- 67 More recently the development of AP roles may be primarily 'employer driven', with variations in job profiles, job descriptions and pay thresholds across and within nations, designed around employer requirements. The variability in employer governance raises public protection concerns and patient safety risks. There are concerns as there are registrants who undertake AP programmes who may not be working in a clinical environment that allows them to gain the knowledge and skills required or be assessed as competent for the AP role. Yet, there's an assumption that because these registrants have gained an AP qualification, they automatically have the necessary skills, competence and experience to work as an AP.
- 68 Our evidence suggests that managers and NHS leads often have a lack understanding of AP roles and local governance arrangements potentially impacting on the level of care being delivered and posing risks to patient safety and public protection. There needs to be robust service driven approaches being implemented at a strategic guidance level (not just local governance level), to ensure the right levels of assurance and governance are in place to ensure public protection and patient safety.
- 69 This lack of understanding can inadvertently mean that employers have little assurance that their nursing and midwifery professionals have the right preparation, knowledge, skills and support to competently and safely carry out

³¹ Julie Devictor, [Espérie Burnet](#), [Tatiana Henriot](#), [Anne Leclercq](#), [Nathalie Ganne-Carrie](#), [Kelley Kilpatrick](#), [Ljiljana Jovic](#) (27 September 2022) [Implementing advanced practice nursing in France: A country-wide survey 2 years after its introduction - Devictor - 2023 - Nursing Open - Wiley Online Library](#)

³² John Unsworth; Karen Greene; Parveen Ali; Gro Lillebø; Donia Carmen Mazilu -[Advanced practice nurse roles in Europe: Implementation challenges, progress and lessons learnt \(northumbria.ac.uk\) - Page 2](#)

³³ Julie Devictor, [Espérie Burnet](#), [Tatiana Henriot](#), [Anne Leclercq](#), [Nathalie Ganne-Carrie](#), [Kelley Kilpatrick](#), [Ljiljana Jovic](#) (27 September 2022) [Implementing advanced practice nursing in France: A country-wide survey 2 years after its introduction - Devictor - 2023 - Nursing Open - Wiley Online Library](#)

their AP roles. Within the Harlow report ³⁴ Benton et al (2013) suggests five different types of professional nursing regulation. This is illustrated in the pictorial below.

Table 5: Five-point typology of continuum of professional nursing regulation

	Value	Label	Explanation
Continuum of professional nursing regulation	1	No regulation	Citizens and consumers are empowered to take full advantage of the services offered and have sufficient information to make informed choices and avoid harm
	2	Pure self-regulation	Organised professionals set their own standards of conduct and enforce the standards without government involvement in drafting, promoting, or enforcing them
	3	Delegated self-regulation	The profession through an autonomous board develops and administers a code of conduct and standards of practice; education and government provide the ability to enforce the code by giving it legislative background in some way
	4	Supervised self-regulation	The profession through an appointed board develops and administers a code of conduct and standards of practice; education and government approve these devices and provide the ability to enforce the code by giving it legislative backing in some way and having enforcement monitored by a higher power that can intervene under certain circumstances
	5	Government-based regulation	Regulations, codes and standards are specified, administered and enforced by the government, which may directly employ professional staff who provide the necessary expert knowledge

Reproduced from Benton. C et al, A typology of professional nurse regulatory models and their administration, *Journal of Nursing Regulation*, Volume 4/Issue 2, July 2013

- 70 Currently AP roles in the UK align to ‘pure self-regulation’, as AP is not regulated by the government nor by the NMC, but instead are managed by individual employing organisations.
- 71 A further notable barrier is when AP professionals and AP students decide to move areas of practice (e.g. from acute services where they have undertaken specific education, to primary care where they have not undertaken the requisite primary care focused education, or vice versa). It is important that this is taken into consideration as this work progresses.
- 72 One of the benefits to introducing a unified UK wide AP framework across the UK would be to help provide assurance that a nurse or midwife is able to competently practise as an AP. This would support employers in ensuring that there is a standard level of capability and competence for those working in AP roles across the UK through an agreed definition of AP and underpinning educational requirements.
- 73 Our evidence has shown the current confusion, lack of understanding or appreciation and often perceived lack of confidence in the AP role from members of the public and professionals, including employers. This is because regardless of having undertaken an AP programme and obtaining the academic

³⁴ Harlow Report, February 2022; page 32- (internal publication).

qualification/award, this does not automatically provide the robust assurance it would do (despite some local and national attempts at governance) if the title of advanced practitioner was for instance deemed as protected, or if the AP qualification and level of practice was professionally regulated.

- 74 A unified UK wide AP framework could also facilitate mobility of the health and social care workforce across UK borders, at a time when there are increasing shortages of health and social care professionals and significant workforce pressures.

KLOE 2 – Comparison of international models and AP roles

- 75 The analysis of evidence helps us to understand not only the reason why some countries have not yet introduced regulation to support their existing AP roles (and where they are on their journey) but also to learn lessons from those countries that have introduced regulation that may be relevant and applicable to any future approaches within the UK.

Finland

- 76 The Finnish national body, Valvira ³⁵, grants the right to practise in a social welfare or health care profession. AP roles are not currently regulated. The findings below also include information shared by Finnish Nurses Association. ³⁶
- 77 In Finland, ³⁷ advanced practice nursing (APN) roles began to emerge around 2000. A key driver for this was the perceived shortage of medical doctors and one of the solutions was seen as task shifting between medical professionals and nurses. The Ministry of Social Affairs and Health supported this initiative with national strategies, state funding and legislation.
- 78 In 2002, the Ministry of Social Affairs and Health established the 'National Project for Securing the Future of Health Care' which looked at the division of labour within healthcare provision. Increasing the number of APNs has also been seen as a way to manage workforce shortages of General Practitioners and dentists in more rural primary care settings.
- 79 The Ministry of Social Affairs and Health adopted the National Development Programme for Social Welfare and Health Care which set out the objectives and main measures for municipal social and health care for 2008–2015. Part of this was captured in an action plan which covered prevention and early intervention; ensuring sufficient staffing levels and strengthening skills; and services functioning as integral effective models of operation. The Ministry of Social

³⁵ For more information see - [Valvira](#)

³⁶ Evidence from Finnish Nurses Association on 13 October 2023.

³⁷ Anneli Ensio, Johanna Lammintakanen, Mikko Härkönen, and Juha Kinnunen; 2019; [Finland - Strengthening health systems through nursing: Evidence from 14 European countries - NCBI Bookshelf \(nih.gov\)](#)

Affairs and Health allocated €2.7 million in state grants to implement the action plan regionally. One of the top priorities for the Finnish Parliament was around strengthening skills and this included the advancement of nursing roles.

- 80 In recent years, nurses who have suitable clinical experience, supported by a Master's degree, can develop their career to become APNs. The clinical career pathway from a Registered Nurse to an APN has been defined but not fully implemented. Following the APN roles being initiated around 2000, the first educational programmes commenced in 2009.
- 81 Finland operates a dual model for higher education through universities and universities of applied sciences (UAS). The Universities offer academic postgraduate programmes in nursing science and both universities and UAS offer Master's level education, also in clinical fields. The UAS Master's programmes are intended to lead to someone attaining nurse practitioner competency. However, there is a barrier, in that UAS's Master's programmes are not permitted to include clinical practice hours, so they have to be gained in other ways such as in clinical skill labs.
- 82 In 2020, an expert network group³⁸ representing NP academic teachers across 13 UASs was formed. The expert network group agreed a set of the core competencies to underpin the UAS NP degree programmes. This is a multi-professional tool to be used to plan Advanced Clinical Practitioner education. Not all UAS have signed up to these competencies, resulting in variability between programmes.
- 83 The first university-based NP Master's programme in Finland started in 2021, at Åbo Akademi, which includes clinical practice hours. When someone wishes to follow a clinical career path with a university Master's degree, this often leads to the Clinical Nurse Specialist (CNS) position, rather than an APN role. There are currently no specific education programmes for CNS. Most of the CNS positions have a requirement of Master's degree with Nursing Science from a university but this varies by organization. A UAS Master's programme might be accepted for a CNS position. The title and role of CNS is quite well established and acknowledged (unlike the NP), but not registered or regulated.
- 84 Looking at data from the [Finnish Network of CNS](#) survey in 2023, we know that there are currently 141 people working in CNS positions in Finland (82 percent from a nurse background, 12 percent from other allied professions); 22.5 percent of them have UAS Master's education, and 66.1 percent University Master education (out of them seven are at the moment PhD students), and 11.2 percent have a University doctoral degree.
- 85 Legislation allowing nurse prescribing was introduced in 2010. Finland authorises limited prescribing for registered nurses (similar to V100) as a regulated extended role, mainly used in primary healthcare. Midwives can also

³⁸ For more information see the document- [Sulosaari-ym Liite YAMK kliias_ydinkompetenssit_2019.pdf \(uasjournal.fi\)](#)

access clinical Master's level education, and become nurse prescribers, and some organisations have APN roles for midwives.³⁹

- 86 Nurse prescribing education is not an integral part of the UAS NP programmes, nor part of university Master's programmes. But this is a separate, regulated, 45 ECTS credits education, set on the same EQF level as Master's degrees. Nurse prescribing education is regulated with a national curriculum, competence requirements, and national qualifying exams, and programmes can consider recognition of prior learning. Nurse prescribers are registered in Finland, and regulated, but there are no uniform job titles for nurse prescribers. The nurse prescribing education (for nurse's restricted prescription right) includes advanced clinical skills, but not the "academic" competencies of research, education, and leadership (similar to the UK's four pillars of AP), which are also perceived as essential for the NP role. These three remaining competencies can be obtained by the Master's degree.
- 87 The [Finnish law on health care professionals](#) does not specify in detail the 'scope of practice' or the tasks that are under the responsibility of physicians, nurses, APNs or other health care professionals. For diagnosing it says, though, that only physicians and dentists can make a medical diagnosis, nurses can make symptom assessment instead; hence, nurse prescribers' base prescriptions on the symptom assessment they make. The law provides flexibility for clinical provision and service delivery and supports clinical career options for nurses in organisations.
- 88 There is a risk that taking on tasks from other health and care professionals could occur in a manner that does not recognise nurses increasing and more demanding workloads and responsibility. There is concern that workloads may become increasingly more demanding without being supported by the official recognition of education attainment, role recognition, title recognition or expected remuneration.
- 89 The current reality does not support the need for statutory regulation in Finland, as even without regulation, APN roles have expanded. Employer discretion to define the required competency for APN roles, and an expectation of the APN to practise within the boundaries of their competence and skills.
- 90 The Finnish Nurses Association (FNA) published a report on APN in 2016 and 2023⁴⁰, which includes a definition of APN aligned to the ICN definition. However, because of the lack of national coordination or regulation on AP in nursing and midwifery, there is no common definition which would be followed systematically nationwide. Different organisations may have their own definitions and there is much variation in AP job titles and roles across the country.

³⁹ If we wanted specific data on this, we would need to reach out to the [Federation of Finnish Midwives](#).

⁴⁰ For further information see the [FNA report 2016 in English](#) and [2023 report in Finnish](#) (English version is under work).

- 91 The two APN roles in Finland, that of Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) are in their infancy and still being developed; therefore no national regulation or framework yet supports them in their implementation.
- 92 It is widely acknowledged that the roles of CAN and APNs are developing with nurses taking on increased responsibility and accountability, practising across acute and primary care provision settings. Within primary care, APNs are increasingly taking on higher levels of autonomy whereas CNSs are increasingly taking on higher level of care within the acute sector.
- 93 Benefits have been reported by patients receiving care from AP roles in Finland. These include improvements with access to care and continuity of care. From an educational perspective, APN appears to enhance clinical competencies and inform postgraduate specialist nursing programmes. A benefit reported by health professionals is improved multi-disciplinary team working.
- 94 One of the challenges experienced in Finland is the lack of consistency in APN job titles, determined by the employer's ability to effectively utilise the full potential of their APN role in their organisation's workforce. This is reflected in the fact that APNs were being utilised in roles where they are not able to use their advanced knowledge and expertise.
- 95 We have reached out to Finland to help understand if they plan to introduce regulation in the coming years. The Finnish National Association (FNA) are currently lobbying for the regulation of the CNS and APNs. The argument for regulating AP at a national level has not been deemed necessary thus far, even though conversations have expressed the desire for this. There is also acknowledgement of potential resistance from medical associations who have previously been opposed to nurse's limited prescribing rights.

Spain

- 96 The Spanish National regulator, The General Council of Nurses, holds a national register of general nurses. The role of the APN was introduced 10-15 years ago but AP is not currently regulated. Spain has previously undertaken collaborative work with professional associations in order to establish a consensus on the future direction of regulation of AP role.
- 97 In April 2023, the Government Chief Nursing Officer (GCNO) was appointed to the Catalonia region to help improve, coordinate, and push forward nursing objectives and their public health agenda. GCNOs working together to share best practice and are currently undertaking collaborative work with Scotland.
- 98 Currently, each region in Spain (there are 17) has its own nursing council and deploys its own accreditation, its own certification and operationalisation of AP roles. To become an APN professional, individuals are typically required to have a Master's degree.
- 99 One of the key drivers of having APN roles initially emerge in Spain was to meet service demand for enhanced nursing care. One of the difficulties has been and

continues to be the variation in roles, job profiles and job descriptions for APNs which are often seen as ambiguous and vary between employers.

- 100 There is no agreed definition of the scope of practice of an APN. APNs typically work in privately managed hospitals where any member of the public can be treated and which have greater flexibility in service provision than public hospitals.
- 101 All nurses can do basic prescribing for long-term conditions but are not permitted to be independent prescribers. Clinical supervision of APNs is reported to be inconsistent, with many APNs describing feeling isolated in practice.
- 102 There is disparity across Spain's regions in how healthcare institutions create and embed AP roles. In 2019 -20 in Catalonia a number of research studies were conducted with the aim of establishing an evidence base and areas of interest in AP, including developing consensus on development of the role in the Catalonia region. Further research conducted with colleagues in Quebec, Canada explored the barriers and facilitators that were in place in Quebec (when regulation of AP was introduced). The common drivers included the needs of populations/communities, to improve quality of care, and funding from pharmaceutical industry.
- 103 From our conversations we understand that Catalonia have been actively advocating for the introduction of regulation of AP and have been lobbying Central Government, with the aim of recognising APN and nurse specialist roles on the national professional register. Whilst the Central Government are showing increasing willingness to consider regulation, this has been hindered by the political backdrop of the current provincial government.
- 104 Our evidence suggests the lack of legislation and national regulation is impacting on the progression of APNs roles across Spain. With consideration to the benefits to the population, our conversation highlighted the feeling that national regulation would address confusion about the AP and identified key priorities for progression including developing a definition of AP and exploring scope and level of practice. Work has begun to start producing policies, protocols and job descriptions for AP roles in Catalonia in order to offer standardisation.
- 105 From our conversations, it appears the role of the CNS is more widespread than the role of the APN in Catalonia, even though both are practising at advanced level. There is a recognition that the APN role could support the care needs within primary care, where many medical doctors do not want to work, however there has been some resistance from a strong medical lobby.
- 106 The research has identified five domains of competence that lead to a proposal for registration as an APN. These are values, knowledge and theories of nursing practice; person- and family-centred care; all aspects of the individual APN role

are able to be applied in various practice settings and with specific populations; and interdisciplinarity for the benefit of people's health.⁴¹

Switzerland

- 107 Our evidence suggests that Switzerland is in the early stages of considering the introduction of regulation of AP. Our evidence is cited below from the APN-CH Association, the Swiss regulator for AP.⁴²
- 108 Switzerland is a member of the European Trading Area and although not a member of the European Union, it has a good relationship with the European Union through bilateral agreements. The State Secretariat for Education, Research and Innovation (SERI) is responsible for accrediting degree programmes offered by professional colleges, and regulating nursing and midwifery, setting the minimum requirements for recognition of educational programmes (SERI, [2015](#)).
- 109 The Institute of Nursing Science of the University of Basel is proposing the statutory regulation of the profession of APNs in collaboration with the Institute of Higher Education and Research in Healthcare (IUFRS) of the University of Lausanne.⁴³ We understand from the Swiss Red Cross that the APN-CH Association are leading the work and exploring the development of a clear professional route for APN.
- 110 Our evidence found that ANP roles were introduced at the start of the new millennium with the initial drive being to improve patient care, better support people living with long-term health conditions, and to create more fulfilling roles in nursing.
- 111 Switzerland uses the ICN definition, and their AP framework is based on Hamric et al's (2014) model and the Pan Canadian framework. Switzerland do not yet have advanced midwifery practice roles, even though some midwives are doing post registration education pursuing Master's level programmes.
- 112 Switzerland has previously considered introducing regulation of AP, having tried to include the APN role into the National Law for Health professionals, but this was unfortunately unsuccessful. Instead, they decided to self-regulate APNs and eventually founded a new professional association to support this, the APN-CH. The objective of the APN-CH is to be nationally regulated by law and to remain as the professional organisation who decides on requirement, assesses candidates, issues certificates and manages the national register for all APNs.

⁴¹ Model proposal for the advanced practice nurse- Sònia Sevilla Guerra, Lena Ferrús Estopà2, Adelaida Zabalegui Yárnoz3, Montserrat Comellas Oliva4, Mercè; Estrem Cuesta5, Darinka Rivera Villalobos; Servei Català de la Salut- published 2 February 2023 -Page 51.

⁴² Prof Dr. Romy Mahrer Imhof, President of the Expert Committee APN-CH; APN-CH: the Swiss regulator for Advanced Practice Nurses – evidence received on 19 July 2023.

⁴³ Rafferty AM, Busse R, Zander-Jentsch B, et al. [European Observatory on Health Systems and Policies; \(2019\). Switzerland - Strengthening health systems through nursing: Evidence from 14 European countries - NCBI Bookshelf \(nih.gov\)](#)

113 Switzerland is again currently considering the regulation of AP. Our conversations suggest the APN-CH sees the benefits will include improved public protection and patient safety; supporting workforce planning; supporting role retention; improving quality in care; supporting data collection; enhancing understanding of roles; and supporting multi-disciplinary teamworking. In terms of key challenges, they felt that although there is less resistance by other health care professionals to regulating APN, there remains a view held by some that this should be managed by the market or employers and that national regulation is not required.

France

114 APNs were introduced in 2016 when the healthcare reform bill was enacted. ⁴⁴ In July 2018, AP regulation was implemented, when training and clinical practice requirements, roles and responsibilities of APNs was embedded into French legislation.

115 The French healthcare system has regional public and private hospitals, local clinics and a national network of self-employed healthcare professionals. Healthcare is financed by tax-based revenue, with individuals requiring medical insurance. The French state covers the majority of chronic diseases, cancers and psychiatric conditions, which, due to increased life expectancy, has therefore increased government spending. Private insurance is required for medical procedures and services not covered by the State.

116 The driver for ANP was to improve access to care and focus on prevention of ill health, whilst reducing costs in primary care and improving collaboration between hospitals, outpatient services and community healthcare professionals. ANP was also seen as a way to facilitate career development in the nursing profession.

117 In September 2018, 11 French universities received accreditation to deliver ANP education and training ⁴⁵ at Master's level. This includes students undertaking two clinical rotations (in areas they choose) during years one and two, in order to gain practical skills in multi-disciplinary teams.

118 Entry requirements to an ANP programme stipulates a nursing degree, plus three years' prior nursing experience. The government is aiming to train 3,000 new APNs by 2022, and 5,000 by 2024.

⁴⁴ [Julie Devictor, Esp erie Burnet, Tatiana Henriot, Anne Leclercq, Nathalie Ganne-Carrie, Kelley Kilpatrick, Ljiljana Jovic](#) (27 September 2022) [Implementing advanced practice nursing in France: A country-wide survey 2 years after its introduction - Devictor - 2023 - Nursing Open - Wiley Online Library](#)

⁴⁵ After a common first year course of study, students then specialise in one of three domains, extended to four in 2020: (i) stable chronic diseases, primary care and prevention (eight diseases are listed); (ii) oncology and haematology; (iii) nephrology, dialysis and kidney transplantation; and (iv) psychiatry and mental health. An emergency medicine speciality was recently in September 2021.

- 119 In France APs are either a CNS or a NP. APNs lack autonomy in diagnosis, as they can only treat certain conditions, which are listed in the legislative framework and, for these conditions only, can renew or adapt medications but not prescribe new treatments. This could be seen to be more aligned to 'enhanced level' practice stipulated in England's framework.
- 120 A regulatory gap is that there is no distinction between the CNS and NP roles. The French APN's scope of practice is fairly narrow, and their roles and responsibilities seem to be aligned to the ICNs definition of the CNS, which involves training, research, leadership, co-ordinating patient care and delivering specialised clinical care.
- 121 Patients are referred to an APN after being diagnosed by a medical doctor and must practice with a medical doctor with whom they have signed a contract, stipulating which patients they can treat. Being dependent on medical doctors for patient referrals and not being permitted to independently prescribe are seen as barriers in clinical practice to the APN role.
- 122 A further barrier APNs face in France is lower salary expectations, compared to ANPs practising in countries such as Australia and Ireland, but this could be reflective of the level of practise and the scope of the role, being more aligned to the enhanced level rather than the advanced level of practice.

Netherlands

- 123 Healthcare reform occurred in the Netherlands in 2006 and a single compulsory health insurance scheme was introduced in which multiple private health insurers are in competition. Prior to this, there was a system whereby both public and private insurance was in place for healthcare. With these reforms the Dutch Government effectively took control of the accessibility, quality, and affordability of the Dutch healthcare system and safeguarded the competition in the healthcare market. In this reformed system, healthcare insurers negotiate with healthcare providers on price and quality, and patients can then choose the healthcare provider and healthcare insurance package that best suits their individual needs. Patients and people using such services have ready access to information about quality of services and prices, which assists them in their decision making, and is seen as an enabler within healthcare delivery in the Netherlands.⁴⁶
- 124 There are two key pieces of legislation underpinning the Dutch healthcare system - the Individual Health Care Professions Act (known as BIG, 1993) and the Care Institutions Quality Act (known as KZI, 1996).
- 125 The Individual Health Care Professions Act (BIG, 1993) first introduced regulation of the registration and licensing of healthcare professionals in the

⁴⁶Strengthening health systems through nursing: Evidence from 14 European countries [Internet]. [The Netherlands - Strengthening health systems through nursing: Evidence from 14 European countries - NCBI Bookshelf \(nih.gov\)](#); Getty Huisman-de Waal, Theo van Achterberg, Lisette Schoonhoven, and Maud Heinen.

Netherlands. This meant that any healthcare professional holding a licence (from their respective professional association) and holding BIG registration is permitted to practise in their respective field of health care. The BIG register includes medical doctors, dentists, nurses, physiotherapists, midwives, psychotherapists, health care psychologists and pharmacists, and holds information on specialities and disciplinary sanctions (such as suspensions).⁴⁷ A key objective of the Individual Health Care Professions Act (BIG, 1993) is to promote and monitor high standards of professional practice and ensure public protection. It is also this specific legislation that underpins the recording of the NP registration status.

- 126 NPs working in AP roles were first introduced in 1997. All nurse specialists wanting to undertake ANP are required to undertake a Master's degree in Advanced Nursing Practice (MANP) and these programmes have been accredited since 1997. There are nine educational institutions that run the MANP. The original driver for ANP was to 'plug the gap' between medical doctors (specialists and GPs) and nurses.
- 127 NPs are reported to have improved the quality of care to people using services, and also have opportunities to conduct research and apply this to their own practice. Research conducted with patient groups have found that patients value NPs' communication skills and their expertise and have trust in their clinical competence. They also report they "appreciate that they take time to listen to concerns and help them obtain health care resources."⁴⁸
- 128 Since January 2009, all healthcare professionals (including nurses and midwives) have been required to go through re-registration every five years. This includes providing evidence of the number of hours they have worked (at least 2,080 hours) or that they have undertaken the equivalent in educational and professional development.
- 129 Although continuing education for nurses takes place at the discretion of the health care institutions where they are employed, the Dutch Association of Nurses and Carers (V&VN) hold a voluntary register for nurses called the 'Quality Register for Nurses'. The Quality Register for Nurses enables nurses registered on it to compare their skills with professionally agreed standards of competence. The V&VN have set the standard for 'sufficient continuing education' at 184 hours over a period of five years. If nurses wish to, they can record their training and professional development activities online in their personal portfolio. It is seen as best practice for nurses to use the register for job

⁴⁷ Strengthening health systems through nursing: Evidence from 14 European countries [Internet]. [The Netherlands - Strengthening health systems through nursing: Evidence from 14 European countries - NCBI Bookshelf \(nih.gov\)](#); Getty Huisman-de Waal, Theo van Achterberg, Lisette Schoonhoven, and Maud Heinen- Schäffer et al., [2010](#).

⁴⁸ Strengthening health systems through nursing: Evidence from 14 European countries [Internet]. [The Netherlands - Strengthening health systems through nursing: Evidence from 14 European countries - NCBI Bookshelf \(nih.gov\)](#); Getty Huisman-de Waal, Theo van Achterberg, Lisette Schoonhoven, and Maud Heinen.- (Broers et al., [2009](#); Hayes, [2007](#); Van den Hoed-Heerschop, [2005](#); Veldhuisen, Koopmans & Jaarsma, [2006](#)).

applications, to grant employers access to their portfolios, and to establish a “personal professional development plan” in partnership with their employer.⁴⁹

Comparative mapping of international models of regulation of AP

- 130 Evidence was gathered from discussions with overseas regulators and membership bodies. This was then mapped to understand the context of regulation in each country/state/province; educational requirements; whether they set education standards; whether they have underpinning legislation; whether they have protected titles for APs; and whether APs are able undertake prescribing (independent or otherwise).
- 131 The evidence to date is predominantly focused on ANP, with limited evidence relating to AMP. Through discussion with our AP midwifery advisors, we conjecture that this could be because many countries do not have specific AMP roles, which we know is the case in Scotland, Wales and Northern Ireland. Where possible, we will continue to build the picture for midwifery.
- 132 We await information from some countries contacted, as they have two separate bodies which govern the regulation for nursing and midwifery professionals.
- 133 In Australia, we heard that midwives are not described as APs, but they are endorsed by the Nursing and Midwifery Board of Australia. A previous consultation highlighted that the midwifery profession did not feel the need for AMP, and reported they felt they already were practising at an advanced level, especially in independent practice.
- 134 Our evidence found that the majority of countries we spoke to had a number of similarities. These included: baseline educational requirement, seen as a Master’s level degree programme or equivalent; statutory legislation underpinning AP roles; protected titles in some capacity reflected on their respective regulatory registers; standards of education and training; and standards of proficiency. Some countries also had some form of requirement to demonstrate continuous professional development and around half reported the requirement to undertake some form of non-medical prescribing.
- 135 Of note is the need to consider the different structure of health and social care systems, population demographics and health and social care needs with regard to how translatable to a UK context some regulatory levers could be.
- 136 Across the international landscape there are different examples of how best practices in AP knowledge, skills and expertise are being embedded into the workforce and education system, and how APs are being supported in their roles.

⁴⁹ Strengthening health systems through nursing: Evidence from 14 European countries [Internet]. [The Netherlands - Strengthening health systems through nursing: Evidence from 14 European countries - NCBI Bookshelf \(nih.gov\)](#); Getty Huisman-de Waal, Theo van Achterberg, Lisette Schoonhoven, and Maud Heinen- Schäffer et al., [2010](#)).

- 137 Close to the UK, Ireland has a regulatory model through the NMBI with statutory regulation in place for AP in nursing and midwifery with a robust system supported by educational standards, employer support, and workforce value regarding pay expectations. Regulation is seen to provide public confidence and safety in APs competency and clinical knowledge, skills and experience.
- 138 In Ireland, our evidence found that APs feed back into their education system, with an appetite by Irish universities to have APs teaching their undergraduate nursing students, sharing their clinical insight and experience and supporting career development opportunities. APs are increasingly providing patient education, providing complete episodes of care (i.e. diagnose, treat and discharge a patient), as well as triaging, managing, escalating patients and avoiding hospital admissions where possible.
- 139 APs in Ireland are also creating communities of practice. This creates support and resilience between professionals working in AP roles, and is beneficial in empowering their autonomy and reputation as senior clinical decision makers. APs are recognised for their expertise and skills through appropriate remuneration.
- 140 In around half of the countries we spoke to, ANPs were found to undertake some form of non-medical prescribing as part of their role. In Australia, our evidence found support for APs prescribing and a Cochrane review found little difference between these two groups of professionals regarding prescribing.⁵⁰ It should be noted that not all non-medical prescribing is comparable to independent prescribing in the UK. We should also be cognisant that independent prescribing is a clinical skill and is not in itself indicative of AP and there are allied health practitioners practising in AP roles who are not able to become independent prescribers currently.
- 141 A further commonality across countries is that regulation of AP supports career development and progression, with anecdotal evidence showing increasing number of nurses wanting to become ANPs earlier on in their careers.

Future initiatives in AP regulation internationally

- 142 A number of countries cited different future initiatives connected to regulation of AP. We heard from the US in mid-2023 that they are exploring preparedness for being more future focused, along with more remote working supported by advanced technological changes, and increasing artificial intelligence being adopted against the backdrop of progression in medicine, all of which will require a strong, robust and standardised regulatory foundation in nursing at an advanced level.

50 Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care, Monitoring Editor: Greg Weeks, Johnson George, Katie Maclure, Derek Stewart, and Cochrane Effective Practice and Organisation of Care Group; published online 22 November 2016 - [Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/27111111/)

- 143 British Columbia in October 2023⁵¹ outlined that in Canada, they are currently considering developing and implementing a new 'simplified' model for regulating NPs. This includes a move towards a generalist model of NP education and introducing new entry level competencies. This is yet to be enacted and is looking to be endorsed by 13 regulators across the Canadian Provinces and Territories. The objective is to create 'one national exam in Canada by 2026' in order to create a generalist NP upon qualification who can practise in all settings. There is also in consideration an 'expanded scope of practice' for midwifery, in which midwives could additionally see people who were not pregnant, but in their 'reproductive years'.
- 144 In British Columbia, the decision has been made to remove the Objective Structured Clinical Exam (OSCE), as they are questioning its financial viability and whether it adds to level of assurance.⁵² There is a sense that removing the OSCE could facilitate labour mobility across Canadian borders. They envisage a number of challenges with the proposed reforms to regulating NPs, including the downstream effect on the workforce, the impact on healthcare professionals already working as APs, and the impact on educators and employers. Other issues include the impact of specialisms which are set to disappear and be left to employers to manage; assurance of university programmes; and the impact on 'title protection'.
- 145 In Ireland, consideration is being given to the introduction of an annotation or credentialing as part of their regulatory model, as well as the development of the research pillar of AP, creating an academic pathway for APs to doctorate level. The hope is that this will lead to practitioners who are able to practice at a higher level of capability as independent, autonomous experts.
- 146 In Australia they are exploring whether midwives should be authorised to prescribe, but there is no indication that this would lead to a review of advanced midwifery practice. Australia is also currently undertaking a consultation of the requirements for ANP role.

Key drivers, enablers and facilitators, benefits, and barriers and challenges cited by international stakeholders about introducing and implementing regulation of AP

- 147 Our evidence has enabled us to highlight the key drivers for the introduction of AP regulation, along with the enablers/facilitators and benefits of the introduction of regulation of AP. We have also been able to identify challenges and barriers experienced post implementation of regulation of AP and share lessons learned. Table 6 sets these out and provides the basis for us to consider initiatives or approaches which may be applicable to regulation of AP nurses and midwives in the UK.

⁵¹ Meeting with Stan Marchuk (Vancouver), British Columbia College of Nursing and Midwifery on Monday 9 October 2023.

Table 6: Key drivers, enablers, benefits and barriers cited by international stakeholders about introducing and implementing regulation of AP

Drivers for introduction of regulation of AP	Enablers for regulation of AP	Benefits/opportunities of regulation of AP	Barriers/challenges of regulation of AP
Public protection and public assurance/confidence	Desire to 'add value' to the nursing workforce	Patient safety and safeguarding	From the nursing community and nursing management
Achieving standardisation across AP roles	Positive perception of credibility in decision making/judgement	Workforce retention and career progression options	From pharmacists, medical professionals and professional bodies/unions
When activities are considered 'high risk' and for 'new scopes of practice'.	Introducing regulatory standards of education and training and standards of proficiency	Medicines reconciliation	From community structures and management
Policy making to facilitate health and social care reform	Enacting statutory legislation and creating protection of titles	Improved quality in patient care (continuity of care, holistic approach, patient education, long-term condition management)	Difficulties in bringing Employers on board
To increase access to primary health care	Reducing the number of years of post-registration experience needed before undertaking AP programmes	Ability to facilitate labour mobility of health and social care workforce across states and borders	Varying legislation between states and territories (i.e. drugs and poison legislation)
To upskill midwifery workforce in response to increase in infant and maternal death rates	The National Council of State Boards of Nursing (NCSBN) 2008 'Consensus model' enacted 15 years ago.	Strengthening multi-disciplinary team working and intra-professional learning	Widening access issues in training

Drivers

- 148 One driver for the introduction of regulation of AP has been to increase public confidence and public assurance in the role. British Columbia highlighted that they implemented regulation of APs due to AP being seen as 'high risk and a new area or expanded scope of practice'.
- 149 Evidence is limited in the UK as to whether APs are associated with higher risk clinical practice, with little data available on fitness to practice referrals, nor evidence of additional patient safety risks. The key findings in the [Harlow Consulting Report](#) (2022) we commissioned for our internal evidence gathering did not find any academic literature or empirical evidence to confirm that unregulated AP nursing roles in the UK present a greater risk to the public, or that additional regulation of AP is required to protect patients. Lack of evidence, however, does not mean there is no risk. The Nuffield Trust report highlighted latent risks and through our phase 1 engagement we have found evidence of latent and emerging risks associated with AP. These emerging risks are likely to continue to build as four nation workforce plans expand the AP role.
- 150 A further driver has been to increase access to quality affordable health and social care. This includes improving access for hard to reach communities including those populations in isolated and remote settings.
- 151 A commonly cited driver was that the implementation of education and training standards introduced consistency across educational programmes, providing assurance to public and professionals alike that APs have met agreed standards and are competent and capable in their roles.
- 152 Having standards of proficiency provides a benchmark to employers when it comes to standardising job descriptions and job titles, and helps support consistency across jurisdictions, provinces and states, and this supports better mobility of workforce across borders.

Enablers and facilitators

- 153 Regulation of AP in Australia was due to the desire to 'add value and strengthen the nursing workforce', rather than replacing the shortage in medical professionals.
- 154 Ireland cited the positive perception of APs, who are recognised as the most senior decision makers in nursing across all four pillars. NMBI standards of education help facilitate a career pathway for nurses and midwives who commit to the challenges and opportunities of achieving higher levels of capability in their professional practice.
- 155 Further enablers include the implementation and embedding of regulatory standards of education, a protected title and underpinning legislation that can support development of consistency in job titles, educational attainment and

assurance of skills, knowledge, competence and capability in the role. This in turn promotes public confidence in the professions.

- 156 In Canada, they introduced legislation and regulation for NPs in 1998, and this has now been implemented in all Canadian provinces and territories.⁵³
- 157 Another perceived enabler is the number of years of post-registration experience needed before people educate/train to become ANP is something to be considered if we propose to regulate AP in the UK. In Ireland, the NMBI reduced the number of years of post-registration experience from seven years post-registration to two years post-registration, thereby widening access to AP programmes. This has enabled an increase the number of people training to become APs. Anecdotally across the UK there is much variation in the time taken by professionals to gain AP qualifications, and the number of years of post-registration experience.
- 158 One of the strongest enablers we found derives from the US, where the National Council of State Boards of Nursing (NCSBN) launched in 2008 the 'Consensus Model'.⁵⁴ 16 years on, this Consensus model has advanced alignment in AP roles across the US and provides regulatory uniformity between states and jurisdictions. Although their work continues toward 100 percent alignment with each of the key elements of the Model, there has been significant progress made since its introduction. The main benefit is that it has provided for a more homogeneous AP Registered Nurses (APRN) population in terms of education, national certification and licensure. For example, there is assurance that an APRN in Illinois has met the same criteria for licensure as an APRN in Florida or Montana and service users and the public can be assured that the APRN protected title reflects that professional preparation.

Benefits

- 159 Our evidence highlighted several benefits in the introduction of regulation of AP. Regulation has been perceived to have created a safeguard, assuring clinical competency and adherence to AP standards of education and training and further supporting these professionals to provide safe, competent, and ethical care.
- 160 A benefit cited by Ireland, Canada and the US was improved quality of patient care. Evidence has shown that NPs tend to spend more time with patients, providing more joined up 'holistic care'. They view medical issues through a unique nursing lens. Patients have anecdotally reported increased levels of satisfaction being cared for by NPs and there is evidence that NPs are having a positive impact on treating co-morbidities and multiple health conditions.

⁵³ For further information see the Canadian Nurses Association: [Advanced Practice Nursing – A Pan-Canadian Framework](#) - Page 7.

⁵⁴ For further information see the US Regulatory model: https://www.ncsbn.org/public-files/Consensus_Model_Report.pdf.

161 In Ireland, a further highlighted benefit is that of medicine reconciliation, reviewing individual patient's medicines and ensuring people are taking the best combination of medicines for their health needs. The prescribing element is hugely important for this, and ANPs are seen as highly skilled prescribers. Alongside this is the strengthening of multi-disciplinary team working for ANPs, enhanced by the clinical oversight ANPs can provide.⁵⁵

Barriers and challenges

162 One of the biggest challenges cited when regulation of AP was introduced was resistance from other groups of health and social care professionals (i.e. medical doctors, pharmacists, radiologists) regarding independent practice and prescribing; behavioural conflicts with nursing and community setting management; and bringing employers on board.

163 Half of the stakeholders reported their APs have some form of prescriptive authority. Australia reported challenges caused by variations and complexities contending with different drugs and poison legislation in place in different states and territories. Now this barrier has been removed making it easier and clearer for all prescribers, which includes ANPs who currently prescribe off hospital formulary.

164 Some of the challenges of the 'Consensus model' for AP regulation⁵⁶ in the USA were witnessed during the Covid-19 pandemic in particular. Since the regulatory model rests on a 'restrictive' scope of practice, it constrained individuals from practising to the full extent of their licensure and education; this in turn limited the type of services provided to people.

Conclusion

165 With consideration to the approaches to regulation of AP in a UK context, which we've considered as part of the evidence gathering for KLOE 1 and 2, all models of regulation are supported by the usual regulatory requirements – protected titles, qualifications reflected on regulatory registers, underpinning legislation, standards of education and in the majority of countries having an agreed definition of AP.

166 The requirement to prescribe is varied, and this is also reflected in the UK current devolved nation's approach, where Northern Ireland is the only nation to stipulate ANPs must hold an independent prescribing qualification.

167 We could draw insight from the National Council of State Boards of Nursing (NCSBN) Consensus Model in the US. This perhaps points us to consideration of the development of a unified UK wide AP framework. This would involve

⁵⁵ [Multi-professional team-working experiences from COVID-19 1021.pdf \(aomrc.org.uk\)](#)

⁵⁶ [Addressing Barriers to APRN Practice: Policy and Regulatory Implications During COVID-19 - PMC \(nih.gov\)](#)

collaborative working with all four nations to agree and which will need to incorporate a shared position statement or definition of advanced level practice.

- 168 Several international regulators that we have engaged with have offered to support us in our work going forward, should Council decide on the requirement of additional regulation of AP. The NMBI has offered to support us in our thinking going forward, given they have a robust 'tried and tested model' that we could explore in terms of best practice and learning. The National Council of State Boards of Nursing (NCSBN), equally receptive to assisting us with our thinking and sharing insight and learning with us, given it was a very challenging endeavour for them to originally implement.
- 169 We could also look at the EFN Workforce Matrix 3+1 (2017), which considered the specific competencies to be met by ANPs, and draw on this.
- 170 This has been a very rich qualitative exercise gaining insight from regulatory counterparts overseas. It has also transpired to become a collaborative effort which speaks to our NMC values, as discussing with overseas regulators our review of AP has led to further discussions on other areas of our regulatory activities, sharing best practice and learning, particularly with regard to work within the Equality, Diversity and Inclusion (EDI) space.

Phase 1 - Interim