

Advanced Practice

Key line of enquiry 3

Scope of practice and level of practice considerations in the regulation of Advanced Practice

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Contents

Section of paper	Page number(s)
1. Purpose of paper	3
2. Context	3
3. Assumptions and considerations	3
4. Advanced Nursing Practice	4
5. Advanced Midwifery Practice	5
6. NMC standards and scope	9
7. Scope of practice	9 – 13
8. Specialist and generalist AP practice	13 – 15
9. Risk and scope	15
10. Role clarity and scope	16 – 19
11. Prescribing	20 – 21
12. Flexibility	21
13. Summary of stakeholder engagement about considerations when defining a level of practice to that of what is meant by a scope of practice	22
14. Conclusion	22 - 23
15. Annexe A: UK Health regulators and scope of practice	24 - 25

Purpose of this paper

- 1 The purpose of this paper is to present the evidence from our desk-based evidence which includes rapid literature reviews, consideration of published reports and emerging themes from stakeholder engagement activity.

Context

Assumptions and considerations

- 2 This KLOE seeks to explore the impact of additional regulation of nurses and midwives working at an advanced level of practice, in terms of flexibility; the potential impact of determining whether we need to define a scope of practice for AP; the impact of doing so on employers and other stakeholders; and the potential impact for the safety of people who use health and care services and public protection.
- 3 Across the four UK countries there is varying language to describe similar elements within professionals undertaking AP employment roles. There is evidence that suggests that defining a scope of practice for APs has the potential to limit flexibility within multi-professional teams and service delivery.
- 4 Across the UK there is consistent reference to the four pillars of AP practice – clinical, research, education, and leadership and management. There is a need to consider these four pillars in relation to scope and level of practice deliberations, particularly in relation to the various contexts in which AP professionals practise and work, for example APs working in leadership or research roles.
- 5 However, each of the four UK nation AP frameworks refer to advanced practice as a level of practice with a minimum requirement for those working as APs to be regulated healthcare professionals.
- 6 All professionals on our register have an individual scope of practice. Whereas AP is a level of practice, meaning that individual professionals have a defined scope of practice and will work within an area of practice at an advanced level, for example, in mental health, end-of-life care, or public health. This review focuses on the need for additional regulation of AP level of practice, but we acknowledge that what is meant by scope of practice and what is meant by level of practice can be confusing.
- 7 Phase one provides the foundations to support the options that will be presented to the Council and depending on their decision we will build on this line of enquiry. This may include further discussions on the implications of any new additional regulatory approach for professionals undertaking consultant practice roles. and what this may mean for professionals in consultant roles.
- 8 Throughout Phase One, through evidence gathering and stakeholder discussions we have consistently heard that any approach to additional regulation of AP should focus on a level of practice, rather than defining the scope of AP, which may change throughout a professional's career.

- 9 We also will take account of wider legislation i.e. the Health and Social Care Act (2008).

Advanced Nursing Practice

- 10 [The International Council for Nursing \(ICN\), Guidelines on Advanced Practice Nursing \(2020\)](#)¹ provide common principles of international best practice in AP nursing. The ICN describes the Advanced Practice Nurse (APN) as a generalist or specialised nurse who works in advanced nursing practice, the characteristics of which are **shaped by the context** in which they are credentialed to practice.
- 11 [The International Council of Nurse Practitioners/ Advanced Practitioners \(ICNAP\)](#) describes the **level of practice** for an ANP as: “a NP/ANP is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.”
- 12 The NMC Standards of proficiency [for registered nurses](#)² requires registered nurses to “demonstrate an understanding of the roles, responsibilities and **scope of practice** of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care”.
- 13 The title AP/ANP or ACP in the UK is not legally protected. AP roles continue to be developed by employers, usually in response to service demands. As a result, a plethora of titles have emerged over the years which may not necessarily meet a consistent set of competencies or capabilities in terms of breadth and scope. Equally some may be working at a higher level of practice but not receive the full professional recognition of working at that advanced level.
- 14 Despite agreement that AP should define a level of practice the application of titles remains variable. [Leary et al \(2017\)](#)³ identified “595 job titles across 17,960 specialist posts (once the specialism was removed) with the most commonly used titles being Clinical Nurse Specialist (CNS), Nurse Specialist/Specialist Nurse, Advanced Nurse Practitioner (ANP) and Nurse Practitioner (NP)”. 323 posts recorded as holding titles such as ANP or Specialist Nurse were held by individuals who **were not registered** with the NMC.
- 15 The [Nuffield Trust](#) report (2023) acknowledged the variation in knowledge, skills, qualification and experience expected by employers for specialist nursing and AP nursing roles.
- 16 Engagement with stakeholders has highlighted that the variation in scope of practice is confusing for employers, practitioners and importantly people who

¹ [The International Council for Nursing \(ICN\), Guidelines on Advanced Practice Nursing \(2020\)](#)

² NMC Standards of proficiency [for registered nurses](#)

³ [Leary et al \(2017\)](#)

use services and the public who articulated an expectation that someone with the role title AP would be both registered and working to an expert level.

- 17 Equally some concerns regarding the possible development of a two-tier approach for all health and care professionals working as APs was highlighted.
- 18 The [Royal College of Nursing](#)⁴ (RCN) supports career progression for all nurses and is due to publish imminently guidance on enhanced, advanced and consultant level practice. The RCN currently recommend nurses aspiring to advanced level practice undertake an RCN accredited advanced level nursing practitioner programme however this is not mandatory. As alternative AP programmes exist where different frameworks have informed curricula the risk of inconsistency and variation is seen.
- 19 The RCN accreditation of educational programmes involves a cost to the relevant Higher Education Institution (HEI) with a limited number of HEIs offering such programmes across the four countries of the UK. Their credential process for nurses also incurs personal costs both initially and when re-credentialing. Currently there appears to be one RCN accredited programme available. The RCN state that the accredited programme/s are at master's level and have been assessed against combined RCN advanced nurse practitioner (ANP) accreditation processes and quality assurance standards rather than country specific frameworks or standards.
- 20 The RCN also offer recognition of achievement through a credentialling process, [Credentialing-Handbook-April-2023 \(1\).pdf](#).⁵ facilitating nurses who have not accessed accredited programme to also credential using a 'portfolio approach'. This process involves assessment of qualifications, experience, competence, and legitimacy of nurses to practice at an advanced level.
- 21 AP roles in nursing have expanded rapidly across all four countries of the UK but inevitably have developed differently.

Advanced midwifery practice

- 22 AP roles in midwifery are a more recent development and England is the only country of the UK with an [AP capability framework for midwifery](#), aligned to the [Centre for Advancing Practice framework for advanced clinical practice](#).
- 23 There appears to be differing numbers of higher level midwifery roles in the UK with increasing numbers being seen in England with smaller numbers seen in the other countries; Scotland does not have advanced midwifery practitioners (AMP) and a reduction in consultant midwife numbers being recorded from six in 2018 to just three in 2023 [Scottish-state-of-maternity-services-report-2023.pdf \(rcm.org.uk\)](#)⁶. In Wales, AP is less common with seven midwives known to be working as AMPs. In Northern Ireland there has not been any AP framework for midwifery.

⁴ [Royal College of Nursing](#)

⁵ [Credentialing-Handbook-April-2023 \(1\).pdf](#).

⁶ [scottish-state-of-maternity-services-report-2023.pdf \(rcm.org.uk\)](#)

- 24 At the point of entry to the professional register midwives are autonomous practitioners who meet the NMC [standards of proficiency for midwives](#) and can meet the needs of women, babies and families at the start of their career. Often debates within the midwifery profession have suggested that there is no requirement for midwives to work as AMPs. However, it is acknowledged that Advanced Practice is a level of practice which is gained through experience, skills and knowledge above that of a newly qualified midwife.
- 25 There are no statements on AP in midwifery specifically issued by international organisations such as the [International Confederation of Midwives](#)⁷ (ICM) and published literature on Advanced Midwifery Practice is scarce, however the ICN AP guidelines do incorporate guidance. [The World Health Organisation](#)⁸ describes the full scope of midwifery as incorporating the full continuum of care, from sexual and reproductive health through to pregnancy, birth, postnatal care, and the early months of new-born life.
- 26 The World Health Organisation notes the importance of interdisciplinary collaboration and comments on the reality of the autonomous midwife who is often the only health-care provider present. This highlights the context in which AP level practice has developed, largely in acute maternity settings and in community services, and demonstrates how variation in health and care models and services can drive development of services and professions. In part, this may explain how unlike nursing, there are few countries that have established advanced practice in midwifery.
- 27 Research by the Nuffield Trust (NT) found only one example of a country (Ireland) with specific statutory regulation for advanced practice in midwifery: the [Nursing and Midwifery Board of Ireland Advanced Practice \(Midwifery\) Standards and Requirements](#)⁹. This role spans primary care and acute maternity settings. The National Council for the Professional Development of Nursing and Midwifery (NCNM) in Ireland, offers a definition of the Advanced Midwifery Practitioner (AMP)¹⁰.
- 28 The Advanced Practice (Midwifery) Standards and Requirements for Ireland defines the AMP as utilising advanced clinical knowledge and critical thinking skills to provide optimum care and improved clinical outcomes for women and their babies, through higher levels of critical analysis, problem solving and senior clinical decision making. A comparison of these skills and competencies outlined by the NCNM indicate these standards are relatively comparable to UK pre-registration midwifery education and appear to support the position that NCNM midwives are working within the full scope of midwifery post-registration progression for UK midwives which can in some areas be achieved via specialisms in midwifery, via Advanced Midwifery Practice (AMP) and by

⁷ [International Confederation of Midwives](#)

⁸ [The World Health Organisation](#)

⁹ [Nursing and Midwifery Board of Ireland](#)

¹⁰ [https://www.nmbi.ie/NMBI/media/NMBI/Advanced-Practice-\(Midwifery\)-Standards-and-Requirements-2018-final.pdf](https://www.nmbi.ie/NMBI/media/NMBI/Advanced-Practice-(Midwifery)-Standards-and-Requirements-2018-final.pdf)

appointment to Consultant Midwife, although this is not the case everywhere in the UK.

- 29 Literature¹¹ suggests that UK midwives can become specialist midwives in particular aspects of midwifery care such as smoking cessation, substance misuse, ultrasound or management of women who may have additional care needs during pregnancy i.e. diabetes or bereavement care. They will receive referrals from other midwives or General Practitioners (GP) for particularly complex care. It is acknowledged however that specialist practice does not necessarily equate to an advanced midwife level role.
- 30 The consultant midwife role can include responsibilities in clinical leadership, service design delivery and improvement and may be more aligned to the four pillars of AP, whereas the specialist midwife may be more aligned to a specialist form of practice.
- 31 A deep dive analysis by [Health Education England \(HEE\) examining the development of ACP and AP in maternity services in England](#)¹² found four types of role descriptor: trainee AP, specialist midwife, advanced clinical practitioner and consultant midwife. The AMP roles are not a 'progressive escalator' and are generally being developed locally in association with other organisations to meet specific needs and to match available services such as free-standing birth centres.
- 32 Typically, a master's degree is required for AMPs, who share many of the advanced level clinical knowledge, skills and higher-level competencies, including autonomy in practice, consultancy, leadership, expertise, and research skills.
- 33 Historically Rule 5 of the NMC Midwives Rules and Standards was given the title 'scope of practice' yet didn't create or define a midwife's scope of practice.¹³ It appeared to replicate some of the requirements captured in the Code and the competencies for registered midwives and as such Rule 5 (scope of practice) was therefore removed.
- 34 [The Royal College of Midwives](#)¹⁴ (RCM) has supported the established consultant midwife role in preference to advanced practice midwifery. It is not clear why this was, and it is acknowledged not all Trusts or Health Boards have appointed consultant midwives. Further research is needed to understand the role of AMPs in the independent sector.
- 35 The RCM describe key functions of the consultant midwife role as expert practice, leadership and service innovation and development. Two UK surveys¹⁵ by Wilson et al. (2016, 2018) reported consultant midwife posts increasing from 84 to 93 and in 2023 to 106. Current workforce crises and in

¹¹ [The future role for a diabetes specialist midwife - ScienceDirect](#)

¹² [Health Education England \(HEE\) examining the development of ACP and AP in maternity services in England](#)

¹³ NMC Modernising midwifery regulation: Protected title, function and midwifery scope of practice

¹⁴ [The Royal College of Midwives](#)

¹⁵ [info \(rcm.org.uk\)](http://info.rcm.org.uk)

meeting the additional care needs of women would suggest this number is likely to continue to rise.

- 36 The survey reported that consultant midwives work across the domains of clinical practice, education, leadership, management and research which align with the four pillars of AP as described in the four nation AP frameworks. The domains are not weighted equally and appear to depend on the employer expectations for the post, again reflecting the development of advanced nursing practice. Findings from the stakeholder engagement activity identified most UK consultant midwives work equally across all four pillars.
- 37 The NMC has included scope of practice in the Code but not defined scope of practice for nursing or midwifery. For midwifery, 'scope' is embedded in a regulatory description of the role as "providing skilled, knowledgeable, respectful, and compassionate care for all women, newborn infants and their families. Midwives work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life".
- 38 The [NMC Standards of proficiency for midwives](#)¹⁶ sets out the autonomous nature of midwifery, meaning that at the point of registration the midwife will be able to "be accountable and autonomous as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care" and "demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century".
- 39 Expansion of scope of practice is usually driven by service and role development and often refers to care provision and skills traditionally performed by doctors, for example newborn and infant physical examination (NIPE), ultrasound scans and prescribing. The expansion of scope thus influences changes to the NMC standards with academic learning such as the NIPE module now being embedded in many undergraduate programmes.
- 40 The RCM report 'getting the workforce right' (2016)¹⁷ states they do "not support the extension of the midwife's role into obstetric, nursing or other spheres of practice where this does not demonstrably improve the quality of, or access to, midwifery expertise". Whilst the RCM accepts that NHS organisations wish to maximise the flexibility of their workforce, they have been clear that it is not acceptable to permanently alter midwifery roles to compensate for staffing shortages or changes in doctors' roles (for example, by routinely requiring midwives to assist in caesarean sections).
- 41 NHSE are in full support of ACP development in midwifery. Advanced clinical practice in midwifery will ultimately support midwives to develop to an advanced level of clinical practice through education and training, whilst contributing to the provision of safe and personalised care for childbearing people and their babies. Better Births, the Five Year Forward View for

¹⁶ [NMC Standards of proficiency for midwives](#)

¹⁷ [getting-the-midwifery-workforce-right.pdf \(rcm.org.uk\)](#)

Maternity Care¹⁸, sets out a vision for a modern maternity service that delivers safer, more personalised care for all women and every baby. It will also help to improve outcomes and reduce inequalities. NHSE believe that Advanced clinical practitioners can play a key role in this.

- 42 A key tenet common to each of the four nation is autonomous practice at point of registration. This appears to be at the centre of complex discussions relating to midwifery and some other specialty areas of practice such as health visiting and district nursing, who are considered to work autonomously upon completion of their initial program of learning. Feedback from employer roundtables accepted midwives being autonomous at the point of registration. However, it was acknowledged this did not equate to advanced level practice given they are at the start of their career and where in time experiences and job plans that demonstrate the four pillars of advanced practice are often required.

NMC standards and scope

Scope of practice

- 43 Scope of practice is a term used for health and care professionals to describe the limit of an individual's knowledge, skills and competence and how their expertise is applied in a professional role. It is often limited to that which the law permits for specific education and experience, and demonstrated competency/proficiency, but is also often shaped by employers' policies and national initiatives.
- 44 The literature¹⁹ indicates that effective workforce planning must include review of skill mix and capabilities within the multiprofessional team. Multidisciplinary working involves appropriately utilising knowledge, skills and best practice from multiple disciplines and across services²⁰. To facilitate this, allowing employers to define scope of practice of roles according to service is likely to be most effective as they can plan based on public expectations and meeting the needs for service delivery.
- 45 Numerous factors are reported to influence scope of practice, including education, competency, professional identity, public expectations, role clarity, legislation and regulatory policies, organisational structures, financial factors, and professional and personal factors²¹.
- 46 The factors that determine scope of practice, education, clinical experience, and competence are straightforward. However, the context of clinical practice, including jurisdictional restrictions as well as employer-imposed restrictions,

¹⁸ [national-maternity-review-report.pdf \(england.nhs.uk\)](#)

¹⁹ [www.gov.scot: Health and Care \(Staffing\) \(Scotland\) Act 2019](#)

²⁰ [05-hsc-evidence-reviews-multidisciplinary-team-working.pdf \(cordisbright.co.uk\)](#)

²¹ [Advanced Practice Nursing Roles, Regulation, Education, and Practice: A Global Study - PubMed \(nih.gov\)](#)

appear to be major barriers to the expression of scope of practice for the AP role.

- 47 In Australia, Wiggins ²² identified a lack of uniformity regarding scope of practice across the regulated health professions and suggests this has led to ambiguity about what scope of practice is.
- 48 Historically scope of AP was often considered to only include examination skills and prescribing or if a technical skill was performed that was previously the domain of medicine, this would equate to AP. It is now agreed in all 4 country frameworks and definitions that an AP requires underpinning practice through the 4 pillars.
- 49 Each of the four nation's UK frameworks are consistent in setting out that development as an AP requires elements of all four pillars of AP. It is acknowledged however that there may be variation in scope of practice across these pillars, which is dependent on the area or setting, employer requirements and focus. Practitioners with roles and responsibilities in service delivery and improvement may go further into the clinical and management/leadership pillars of AP, as demonstrated on the left of Figure 1 below, whereas pillars shown on the right demonstrate greater emphasis in the clinical /educational role.
- 50 Previously each pillar tended to be viewed independently but Harding (2022)²³ added a fifth strand to include effective supervision. Harding describes the knowledge and skills of the four pillars being intertwined thus strengthening practice. Within Scotland there is reference to a triangle of capability, education and supervision for development of capability.



Figure 1. The relationship of the four pillars of advanced practice

- 51 There have been concerns raised that current educational programmes struggle to include all the theory required for each pillar with a suggestion that removing the clinical component from the programmes and moving this to a pre-requisite to access a programme would enable greater capacity for this. The Nuffield Trust report highlighted risks relating to clinical knowledge and skills such as diagnostics and interventions both of which could arguably be developed and

²² [Wiggins et al, \(2022\)](#)

²³ [Pillars or Knot? – The Permeable Practitioner](#)

assessed within the area of practice provided the learner was developing in a learner capacity, with employer support and access to effective and appropriate supervision and assessment. Through stakeholder engagement, we heard from learners that accessing appropriate supervision and support was often challenging and should not be assumed as happening.

- 52 Scope of practice for individual practitioners is mainly influenced and developed by the settings or context in which they practice and the requirements of employers to meet the needs of people using services.
- 53 Scope is often described as being subject to three sources of governance:
- a. employer legislation,
 - b. recognition of a professional role through regulation
 - c. individual professionals taking responsibility for recognising the parameters of their competence as set out in their professional Code and standards.
- 54 In England The [Health and Social Care Act \(2008\)](#)²⁴ is clear about the employer's responsibility in ensuring a workforce is safe and effectively trained:
- a. **Regulation 12: Safe care and treatment (c) requires:** *“persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely”* and
 - b. **Regulation 18 Staffing requires** *“(2) Persons employed by the service provider in the provision of a regulated activity must—(a)receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.”*
- 55 Scotland has an additional act to that above: The Health and Care (Staffing) (Scotland) Act (2019)²⁵. The aim of the Act is to provide a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users and people experiencing care. This requires the right people, in the right place, with the right skills, at the right time.
- 56 Wales introduced the Nursing Staffing levels (Wales) Act in 2016²⁶. From 6 April 2018, in accordance with the Act, NHS Wales organisations have a duty to use the triangulated approach to calculate the nurse staffing levels in adult acute medical and surgical inpatient areas, take all reasonable steps to maintain the nurse staffing levels and report compliance in maintaining the nurse staffing levels as a means of providing assurance to the public, the Board and Welsh Government.

²⁴ [Health and Social Care Act \(2008\)](#)

²⁵ [Health and Care \(Staffing\) \(Scotland\) Act 2019: overview - gov.scot \(www.gov.scot\)](#)

²⁶ [What is the Nurse Staffing Levels \(Wales\) Act 2016? - HEIW \(nhs.wales\)](#)

- 57 NHS bodies are vicariously liable for the acts and omissions of employees and others acting under their direction and control. As such the AP should assure themselves that job descriptions are reflective of their role and updated as their scope changes along with relevant professional indemnity insurance to reflect their role scope.
- 58 Professional regulators require health and care professionals to always practise within their scope of practice and to be aware of the limits of their competence, practising safely, lawfully and effectively.
- 59 **Regulation** is one of many system variables that influence scope of practice rather than defining it. Others include collaborative practice agreements, delegation and supervision models, credentialling, and funding arrangements. Professional associations may also impact scope of practice by seeking to defend or extend members' current scope as part of their advocacy role.
- 60 During phase one of the AP review, stakeholders expressed anxieties about defining scope, with particular concern over the potential to restrict practice and limit service delivery.
- 61 Within Ireland, where advanced nursing practice is regulated, scope of practice is expected to evolve to reflect changing service needs, applying collaboratively agreed protocols and scope of practice in the clinical setting²⁷
- 62 The role of the clinical nurse specialist (CNS) in Ireland, and the registered ANP and registered AMP are reported as "separate and distinct" with each being articulated within the scope of practice for each role.
- 63 In terms of advanced nursing roles [Scanlon et al \(2016\)](#)²⁸ reported that restrictions hinder nurse practitioners in Australia from practising to their full scope of practice and [Klienpell et al, 2021](#)²⁹ reported similar in the USA. Within Ireland, Fealy et al. (2015)³⁰ found that the experience of nurses and midwives using scope of practice frameworks as neither enabling nor restrictive.
- 64 Definitions of AP commonly include the requirement for experience and as such should be considered as practice beyond the initial level of professional registration where practitioners are regarded as "novice".

²⁷ [National Guideline for Development of Advanced Nursing or Midwifery Practitioner Services 2020 \(hse.ie\)](#)

²⁸ [Scanlon et al \(2016\)](#)

²⁹ [Klienpell et al, 2021](#)

³⁰ [Facilitators and barriers in expanding scope of practice: findings from a national survey of Irish nurses and midwives - PubMed \(nih.gov\)](#)

- 65 The Department of Health (DH) (2010) advanced level nursing position statement³¹ defined AP as “*generic in that it applies to all clinical nurses working at an advanced level regardless of area of practice, setting or client group. It describes a level of practice, not specialty or role, that should be evident as being beyond that of first level registration*”. It is noted that the DH (their title at that time) only covered England and not all four UK countries.
- 66 The statement also describes scope of AP nurses as firmly grounded in direct care provision or clinical work with patients, families and populations, working at an advanced level promoting public health and well-being and “at the forefront of their area of practice”. This directs a focus of scope towards clinical practice which is also reflected by Australian nursing regulators who require “The nurse practitioner [to] practice at an advanced level, meet[s] and complies] with the nurse practitioner standards for practice, has direct clinical contact”³².
- 67 Where ‘advanced’ is accepted as a level of practice beyond initial registration, it is important to ensure all the capability requirements are considered, when applying to the title advanced practitioner regardless of context.
- 68 The Health and Care Professionals Council (HCPC) reviewed if there was a need to regulate AP and found a lack of appetite for regulation at that time and included concerns that regulation may inhibit practice and an ability/agility to respond to, and reflect, the rapidly changing healthcare environment and the evolving scope of advanced level practice³³.
- 69 Goemaes et al. (2016)³⁴ analysed existing Advanced Midwifery practitioner (AMP) roles from across the world and found that the scope and roles varied between countries.

Specialist and generalist AP practice

- 70 Misunderstanding from employers between **role** titles such as advanced clinical practitioner (ACP) and advanced **level** of practice within a profession are common³⁵.
- 71 Nomenclature surrounding AP in the UK continues to be confusing as evidenced in the NT report. One commonality however is that across the UK AP frameworks refer to a ‘level’ rather than a type of practice.

³¹ Department of Health (2010a) **Advanced Level Nursing: a Position Statement**. DH, London. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121739

³² [Nursing and Midwifery Board of Australia - Fact sheet: Advanced nursing practice and specialty areas within nursing \(nursingmidwiferyboard.gov.au\)](http://nursingmidwiferyboard.gov.au)

³³ independent-research-report-advanced-practice-27th-january-2021.pdf (hcpc-uk.org)

³⁴ [Advanced midwifery practice: An evolutionary concept analysis - PubMed \(nih.gov\)](http://pubmed.ncbi.nlm.nih.gov/)

³⁵ [Lawler et al \(2020\)](http://www.lawleret.com/)

- 72 The specialist and generalist AP has been the subject of debate for many years. By considering AP as a level of practice however it is easier to see its applicability across all contexts.
- 73 Wheeler et al. (2022)³⁶ identified progress particularly in education of ANP but indicated ongoing global challenges with “titling, title protection, regulation development, credentialing, and barriers to practice”. This may also be an emerging picture in the UK for midwifery advanced practice as roles emerge.
- 74 During our stakeholder engagement it was clearly articulated that an expectation for AP is that all practitioners should meet agreed standards which are relevant to their area of practice and are supportive of undertaking roles and working within their scope at an AP level.
- 75 Figure 2 below provides visual representation of the relationship between level of practice and context, specialist/generalist:

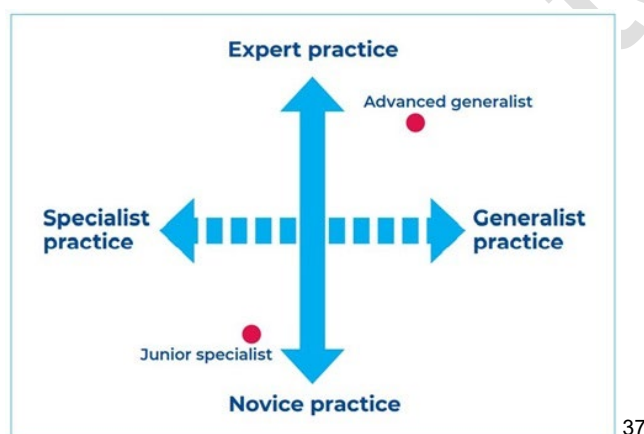


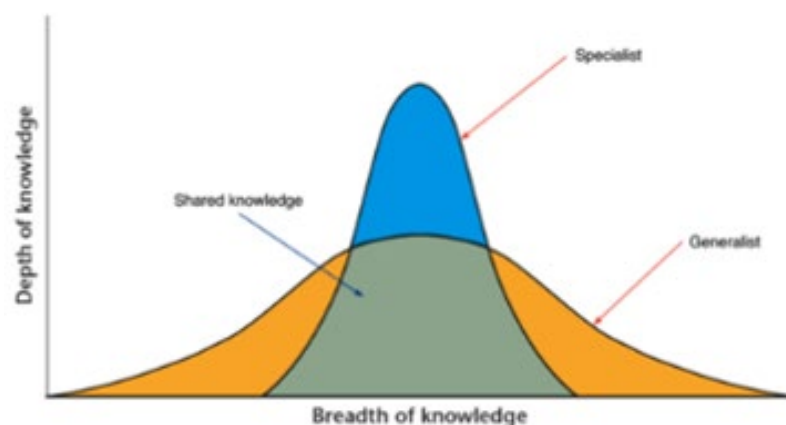
Figure 2. Generalist, specialist, novice and expert practice

- 76 The increased complexity of health and care needs due to people’s increasing co-morbidities is driving the NHS clinical workforce to require a broader set of capabilities and a push towards increasing numbers of generalists with a broad scope of practice, something that may also be a factor within social care too. This is similarly happening in Canada where there is a move towards increasing training of generalist practitioners (supporting care across the lifespan similar to the US family NP role) and echoes the need for employers to define scope of practice for a role to facilitate development of a workforce capable to deliver services.
- 77 Despite the drive for increased numbers of practitioner with “generalist knowledge and skills” the definition of a generalist is perhaps the most challenging. For example, the AP in primary care is a **specialist in primary care** but sees people across the life course and manages mental and physical health needs of people and as such is considered a “**generalist**”. Conversely

³⁶ [Advanced Practice Nursing Roles, Regulation, Education, and Practice: A Global Study - PMC \(nih.gov\)](#)

³⁷ [Career Pathway and Education Framework for Cancer Nursing | Royal College of Nursing \(rcn.org.uk\)](#)

the AP in emergency care has general knowledge and skills seeing people who may have a range of conditions but may only specialise in the adult population *within* emergency care environments. In essence most practitioners work within a speciality, that is closely linked to their role and this rests on the foundation of generalist knowledge and skills. (see Figure 3 below)



38

Figure 3. Generalist and specialist knowledge

Risk and scope

- 78 To ensure effective health and care delivery, an understanding of a professions' scope of practice is beneficial. Nurses and midwives can improve outcomes and service experience when able to identify where expanding their scope will positively impact care³⁹.
- 79 The NT report suggested that across a range of clinicians the greatest risks appear to relate to diagnostics and care intervention. It is believed that some practitioners may be performing these within their scope yet may not have been educated and or assessed as competent or capable and as such may be 'unconsciously incompetent'.
- 80 Risk is also identified where APs are not supported to refer patients or act upon results and that results are not therefore returned to them as the referrer (usually due to them not being a medical practitioner). In this instance it appears that title/profession as opposed to capability and scope is the driver and can introduce risk as opposed to reducing it.
- 81 Most commonly cited by APs is the challenge in requesting ionising radiation despite demonstrating the requisite knowledge and skill. A recent evaluation by the Midland's Clinical Senate⁴⁰ identified the most frequently cited barrier experienced by allied health professional APs (NMR = non-medical referrers)

³⁸ [Four pillars of practice | Career Framework \(scot.nhs.uk\)](https://www.scot.nhs.uk/career-framework/)

³⁹ Nurses', midwives' and key stakeholders' experiences and perceptions of a scope of nursing and midwifery practice framework 2015 Journal of Advanced Nursing 71(6) DOI:[10.1111/jan.12603](https://doi.org/10.1111/jan.12603)

⁴⁰ [Midlands Clinical Senate report](#)

was around a lack of awareness in the department / decision-makers who decide the scope of practice of NMRs and their imaging. The second most described barrier was concern about the capability, competence and experience of NMRs, and in some instances, negative experiences with radiology practitioners themselves.

- 82 Many of the participants in the NT research felt there was an increased risk of harm to people using services in some settings, particularly where the employer was not an NHS organisation including non-NHS roles from locums, agencies and roles in community and social care. The concerns relating to non-NHS organisations were focused upon weak assurance on suitability, preparation and supervision of the AP for their scope of practice within a defined role.
- 83 The NT report also suggests the concerns raised over non-NHS organisations may be due to the range of AP roles, but limited evidence exists at this time. There is acknowledgement that limited evidence doesn't equate to their being an absence of risk.
- 84 [Afzal et al \(2018\)](#)⁴¹ identified that the absence of a defined scope of practice, combined with lack of a mandated minimum education and baseline competency requirements, may negatively impact quality of care and patient safety.
- 85 [Jacobs et al \(2013\)](#)⁴² identified a link between influencing scope of practice to staff shortages and economic pressures creating confusion around employer roles. This has close links to KLOE 4 - task shifting, which occurs in UK health care and involves redistribution of specific healthcare tasks from other professionals such as doctors to nurses and midwives.
- 86 Failing to address what the impact of regulation means for scope and level of practice may lead to practitioners contradicting professional standards and risking the safety of people.

Role clarity and scope

- 87 Lack of role clarity appears to create barriers in day-to-day practice and in maximising positive impacts for the care of people using services, due to challenges such as the requirement to repeatedly justify and explain the role to managers / policy makers, and fund holders.
- 88 Defining scope as an employer can support addressing this lack of clarity and employers can monitor and expand scope as service requires⁴³ as well as

⁴¹ [Afzal et al \(2018\)](#)

⁴² [Jacobs et al \(2013\)](#)

⁴³ [Enablers and challenges to advanced nursing and midwifery practice roles - PubMed \(nih.gov\)](#)

evidencing that role clarity is associated with improved care coordination and professional autonomy (balanced with interdependence)⁴⁴

- 89 Role clarification is the process by which professionals develop a clear understanding of their roles and the roles of others and use this knowledge to achieve patient goals⁴⁵.
- 90 Role clarity is crucial to effective multidisciplinary teams with poorly defined roles being identified as a source of conflict, reducing the effectiveness of care and services delivered to the population. Consideration of mechanisms to facilitate providing clarity should therefore be paramount to developments of all AP. A lack of role clarity appears to create barriers in day-to-day practice with the need to repeatedly justify and explain the role to managers / policy makers and fund holders⁴⁶.
- 91 The variation in scope of AP and evidence of capability required to practise creates challenges in terms of portability of this workforce. There is a danger that assumptions are made, or that unconscious incompetence is present, due to a lack of understanding that a programme develops a level of practice but does not assure of capability within a defined role.
- 92 In England the [NHSE Centre for Advancing Practice](#) (CfAP), in an attempt to address variation, introduced accreditation of AP programmes and the awarding of a “digital badge” to those who exit successfully from accredited programmes. The digital badge indicates the practitioner has achieved a level of practice. It does not indicate the practitioner has capability to work to a specific scope of practice or capability in a particular role. Employers, the public and healthcare colleagues are often confused by this, believing a practitioner who exits with an academic award and a digital badge to be competent to work within whatever AP role they may be in.
- 93 Current programmes awarded accreditation may deliver clinical examination skills and as such a learner may demonstrate where to place a stethoscope to listen for a heart murmur but in the absence of assessment of knowledge and understanding of the implications for this or treatment may provide false assurance (unless the latter is assessed in clinical practice, separate to the academic programme).
- 94 Within Scotland, in order to reduce the above risk and confusion three Scottish academies endorse employer “sign off” of the learner as being safe, within an agreed scope, prior to exiting their academic programme. This also aims to

⁴⁴ Duner A. Care planning and decision-making in teams in Swedish elderly care: a study of interprofessional collaboration and professional boundaries. *J Interprof Care*. 2013; 10.3109/13561820.2012.757730. [[PubMed](#)]

⁴⁵ Orchard, C., Bainbridge, L., Bassendowski, S., Casimiro, L., Stevenson K., Wagner, S. J., Weinberg, L., Curran, V., Di Loreto, L., & Sawatzky-Girling, B. A National Interprofessional Competency Framework 2010. http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210r.pdf. Accessed 15 Nov 2016.

⁴⁶ [Role Clarification Processes for Better Integration of Nurse Practitioners into Primary Healthcare Teams: A Multiple-Case Study - PMC \(nih.gov\)](#)

provide assurance that the learner has also had employer support throughout their education and training pathway.

- 95 The development of new nursing roles with unclear function and competency differentiation, combined with intra-professional debates are also reported to contribute to added role confusion and lack of professional identity⁴⁷. This is becoming ever more prevalent with the discussions and challenge around the role of the physician's associate (PA) anaesthesia associates (AA) and doctors in training (DiT - those who have completed their undergraduate degree programme but are undertaking 'specialty training', for example in general practice or cardiology) and suggests learning is present for advanced practice to ensure reducing risk.
- 96 Uncertainty around a role and scope of practice is likely to negatively affect the ability of health and care policymakers to formulate an appropriate skill mix, distribution, recruitment, and retention efforts needed for care to be delivered when and where it is required. These issues may intensify in areas that experience provider shortages i.e. in rural and remote populations.
- 97 Albeit twenty years old the Participatory Evidence-based Patient-focused Process for Advanced Practice Nursing, (PEPPA) framework⁴⁸ from Canada is used across several countries to introduce the AP role.
- 98 Whilst regulation of scope of practice, combined with limiting role expansion, is reported to reduce role confusion, studies from the US indicate health professional regulation can result in constraining health professions' scope of practice which in turn may limit care delivery.
- 99 Within the Canadian context, geographic factors (e.g. rural location, community size, distance to a large hospital), personal physician characteristics, professional education and patient factors were reported to influence scope of practice^{49, 50} and identified that training, organisational structure, inadequate remuneration, workload, professional satisfaction and the amount of patient care required per treatment influenced scope of practice.
- 100 It should be noted that within Canada, the use of two separate processes - regulatory and accreditation to support public safety alongside quality and excellence in NP education – has been criticised as being expensive and that a level of tension has developed as a result during this time of provincial fiscal

⁴⁷ [Exploring the relationship between nursing identity and advanced nursing practice: An ethnographic study — York Research Database](#)

⁴⁸ [A framework for the introduction and evaluation of advanced practice nursing roles - PubMed \(nih.gov\)](#)

⁴⁹ Myhre D, Szafran O, Schipper S, Dickinson J, Janke F. Scope of practice of family medicine graduates who completed a rural versus urban program. *Rural Remote Health*. 2018;**18**(3):1–11. [[PubMed](#)] [[Google Scholar](#)]

⁵⁰ Kabir M, Randall E, Mitra G, Lavergne MR, Scott I, Snadden D, et al. Resident and early-career family physicians' focused practice choices in Canada: a qualitative study. *Br Med J*. 2022;**72**(718):e334–e341. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]

restraint on university budgets coupled with the COVID-19 pandemic⁵¹. Evidence from the US is highlighting that state-level restrictions “actually reduced patient access to care, rather than protecting the public” as was intended^{52, 53}.

- 101 In Canada pre-registration education provides the foundation from which a nurse or midwife’s scope of practice develops (the NMC does not define scope of practice for nursing or midwifery). Within Australia current pre- and post-professional education was reported as providing health care professionals with the confidence needed to deliver quality health care within a full scope of practice.⁵⁴
- 102 In terms of the UK, it would appear vital to consider the balance between access to an appropriately educated, trained and flexible workforce, and links to scope and to review this balance in terms of public protection through outcomes as well as cost effectiveness.
- 103 Scope of practice regulations in the US were shown to impact on the distribution of health professionals and, as a result, consideration to remove restrictions on scope regulations is seen as a viable strategy, to increase the workforce within challenged areas such as primary care.
- 104 Our stakeholder engagement activity identified a workforce requirement that supports practitioners working to capability rather than title. It should be considered when acknowledging the learning from other countries and workforce requirements in the UK, the balance of a regulator defining scope, where perhaps supporting system regulators, employers might be more effective.
- 105 Some US states temporarily waived regulatory supervisory requirements for NPs and PAs during the recent pandemic to enable them to be responsive to people's needs. Evidence of increased patient safety concerns as a result have not yet been identified.
- 106 An Australian survey of nurses showed that 75% of participants believed insufficient financial reimbursement was a barrier to widening scope of practice with insufficient remuneration, and/or economic factors associated with government schemes (Birks 2019). Albeit the Australian healthcare system varies

⁵¹ [Evaluation of a Nurse Practitioner Accreditation Program Pilot Study - Eric Staples, Samuel H., Maria Miller Fellow, 2023 \(sagepub.com\)](#)

⁵² [Nurse practitioners’ perception of temporary full practice authority during a COVID-19 surge: A qualitative study - PMC \(nih.gov\)](#)

⁵³ Yang B.K., Johantgen M.E., Trinkoff A.M., Idzik S.R., Wince J., Tomlinson C. State nurse practitioner practice regulations and U.S. health care delivery outcomes: a systematic review. *Med. Care Res. Rev.* 2020 doi: 10.1177/1077558719901216. [doi] [[PubMed](#)] [[CrossRef](#)] [[Google Scholar](#)]

⁵⁴ Usher, K., Woods, C., Parmenter, G., Hutchinson, M., Mannix, J., Power, T., Chaboyer, W., Latimer, S., Mills, J., Liegloff, L., & Jackson, D. (2017). Self-reported confidence in patient safety knowledge among Australian undergraduate nursing students: A multi-site cross-sectional survey. *International Journal of Nursing Studies*, 71(2017), 89–96. <https://doi.org/10.1016/j.ijnurstu.2017.03.006>

from the UK, the financial implications in terms of job satisfaction and retention in determining scope of practice needs consideration.

Prescribing

- 107 There are two distinct prescribing qualifications available for nurses and midwives; V100/150 (community practitioner nurse prescribing) and V300 (independent and supplementary prescribing). The v100/150 provides access to a limited formulary for community practitioner nurse prescribers whereas the V300 allows practitioners to prescribe from the full BNF as independent/ supplementary prescribers (and working within their scope of practice).
- 108 The independent/supplementary prescriber (V300) qualification is now generally expected for ANP roles and through new standards can already be integral to specialist community public health nursing and specialist practice qualification programmes that the NMC sets standards for.
- 109 The capability to safely prescribe improves provision of person-centred holistic care and is an important skill in AP and other specialist roles.
- 110 Within social care there is an expectation that there will be an increase in scope of practice within care home settings, specifically prescribing where the independent prescriber can provide valuable interventions at point of care contact, with clients they know well, and which can help avoid referral to GP services and secondary care.
- 111 Whilst prescribing is not solely the domain of an AP, AP roles lend themselves to having the capability to prescribe. The ability to diagnose is essential to make a decision and confirm and plan for the optimum treatment and 'what' may be prescribed and as such a strong correlation between prescribing and AP is noted. However, prescribing can be referred to in its wider context of prescribing therapies i.e. social prescribing and deprescribing and not just medication. It is imperative that employers and practitioners fully understand the knowledge and skills required to prescribe in line with NMC standards and wider legislation as well as the risks that come with this knowledge and skill base and provide assurance these are present prior to supporting development.
- 112 A review of the four nation UK frameworks indicates Scotland and Northern Ireland stipulate prescribing as a mandated capability for AP. However, this is in the process of change to become a component of, rather than a pre-requisite for, AP education and training.
- 113 Additional regulation may be an opportunity for enhancing consistency through a UK wide approach to prescribing in nursing and midwifery AP. There needs to be consideration in terms of nurses who in some roles, who would prescribe therapy rather than medicines to avoid unintentionally excluding some groups.
- 114 In the UK, midwives have a list of medicine exemptions which allows them to lead and provide care and support women and their babies. These exemptions, grant midwives the authority to practice within their scope without direct supervision. Midwives' exemptions are distinct from prescribing proficiency.

- 115 When considering prescribing, it is acknowledged that not all professions are legally permitted or may not be required, to prescribe within their employment role. Some of the UK AP frameworks aimed at the multi professional workforce have not included prescribing capabilities to ensure this is accommodated.
- 116 Stakeholder feedback was particularly powerful in terms of concerns regarding the impact of a potential two-tiered approach to AP across the different professions. Mandating prescribing within nursing and midwifery AP may have an impact towards a two-tiered approach however not mandating this means non-alignment with international AP models. This would be explored further in any next phase of this review.
- 117 Whilst the process to enable a profession to legally prescribe is arduous, regulation of AP level of practice, across regulators, could enable prescribing to be applied to individuals on professional registers recognised as advanced. This would facilitate improving access to medicines for patients regardless of professional background.

Flexibility

- 118 Maintaining public protection while ensuring access to a flexible workforce, is a consideration when discussing scope of practice. This critical importance of this became evident during the Covid 19 pandemic.
- 119 There was a need for a flexible workforce to optimise the demands being faced at that time. An Italian doctor Daniele Macchini stated "*There are no more surgeons, urologists, orthopaedists — we are only doctors who suddenly become part of a single team to face this tsunami that has overwhelmed us*"⁵⁵ reflecting a move towards acknowledging capability and individual scope of practice and away from titles.
- 120 Any intervention which decreases flexibility for the workforce may have a potential detrimental impact on workforce and on care delivery however this must be balanced with the safety of people and public protection.
- 121 Flexibility within a scope of practice can be a means to augment the health and social care workforce. Service providers must maintain a service while managing challenges within the workforce. They often look at ways to innovate and maximise efficiency which may correspond with an increase in flexibility. Coincidentally a recent survey by Deloitte (2023)⁵⁶ identified that "flexibility is the most important factor for Gen Z when considering a job" and that "75% of Gen Z respondents would prioritise a job with flexibility over one with a higher salary".
- 122 Flexibility is reported by Social Care leaders to be a key driver, fuelled by recruitment challenges and workload pressure that is exacerbated by insufficient funding for social care provision.

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

⁵⁶ [The Deloitte Global 2023 Gen Z and Millennial Survey](#)

123 Annexe A includes a summary of scope of practice relevant to other UK healthcare regulators.

Summary of stakeholder engagement about considerations when defining a level of practice to that of what is meant by a scope of practice

124 Across our stakeholder engagement, several key themes emerged with regard to scope and level of practice. These have been included in the independent analysis of our stakeholder engagement, but for clarity are highlighted below:

- a. Scope of practice is widening for all professional groups and the multiprofessional context and potential impact of additional regulation of nurses and midwives working in AP roles must be considered.
- b. Scope of practice is shaped by practice context but the impact of potentially restricting scope on flexibility within AP roles should be considered.
- c. Changing population demands, a more flexible workforce with more generalist and core knowledge and skills, alongside specialist knowledge and skills is required.
- d. National AP frameworks may require formal qualification at master's level though this is not always a requirement for employers.
- e. Consideration to the requirements of AP programmes – including independent prescribing and master's level study versus a full MSc programme.
- f. Consideration to other levels of practice; enhanced and consultant and associated impact on roles and career development.
- g. AP in UK midwifery may be achieved within an individual's scope of practice, something noted in specialist midwife roles.
- h. Any additional regulation should reflect the distinct and protected scope of practice that a registered midwife has and include parameters of advanced decision making i.e., scope and extent of this level of practice in midwifery.

Conclusion

125 Our Code and standards, and provider organisations responsibilities to uphold public protection already provide a level of assurance for the public. The increased numbers of AP roles, currently employer governed with an acknowledged variation in standards, may present increased risk to the public and reduce confidence and trust in nursing and midwifery professionals in AP roles.

126 The absence of any professionally regulated quality assured (QA) standards applied to AP programmes across the UK contributes to confusion for practitioners and employers. This may have an impact on workforce mobility and has the

potential to negatively impact on public protection due to variable preparation, education and training, proficiency and supervision and assessment.

- 127 Although defining scope may enable control measures over practice and facilitate understanding of roles, the literature clearly indicates associated risks, including where restrictive definitions of scope of practice and limited insights into what is meant by a level of practice could limit maximising the ongoing development and delivery of AP nursing and midwifery care. This will have an impact on service delivery and transformation at a time of considerable challenge and change.
- 128 There is a need to further understand the implications of defining/restricting scope of practice and mitigating the risk to delivery of AP level care that meets the needs of people living with complex needs and co-morbidities.
- 129 Overall, a regulatory generalist core knowledge and skills model approach is seen to offer a regulatory framework with the potential to support and influence others including system regulators, provider organisations and employers.

Phase 1 - interim

Annexe A: UK Health regulators and scope of practice

General Chiropractic Council (GCC) [Code of Practice and Standard of Proficiency](#) (2010)

Effective from 30 June 2010 [accessed 18/08/2023]

- The Code of Practice and the Standard of Proficiency Chiropractic is an independent primary healthcare profession. The law does not define the scope of practice for any healthcare profession. Nor is it the purpose of this document to define the scope of chiropractic. Achieving the requirements set out in the Code of Practice and the Standard of Proficiency will deliver a standard of chiropractic care that will promote patient health and wellbeing and protect patients from harm.

General Dental Council (GDC) [Scope of practice \(gdc-uk.org\)](#) [accessed 18/08/2023]

- You should only carry out a task or type of treatment or make decisions about a patient's care if you are sure that you have the necessary skills and are appropriately trained, competent and indemnified.

Scope of Practice GDC [Layout 1 \(gdc-uk.org\)](#) A [consultation of the GDC scope of practice](#) [closed 11 May 2023]

General Medical Council (GMC) [Good medical practice-english \(gmc-uk.org\)](#) [accessed 18/08/2023]

- Focuses on four key areas:
 - Knowledge, skills and performance
 - Safety and quality
 - Communication, partnership and teamwork
 - Maintaining trust

General Optical Council (GOC)

[Standards of practice for optometrists and dispensing opticians | General Optical Council](#) [accessed 18/08/2023]

5 keep your knowledge and skills up to date:

- 5.1 Be competent in all aspects of your work, including clinical practice, supervision, teaching, research and management roles, and do not perform any roles in which you are not competent.

General Osteopathic Council (GOsC) [Osteopathic Practice Standards](#) accessed 21/08/2023

B. Knowledge, skills and performance

All osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals and must maintain and develop these throughout their careers. They must always work within the limits of their knowledge, skills and experience. The standards in this theme set out the requirements in this respect.

- B2 You must recognise and work within the limits of your training and competence

General Pharmaceutical Council (GPhC) [Standards for Pharmacy Professionals](#) (2017) [accessed 21/08/2023]

The current position at the GPhC is that scope of practice is more of a professional expectation rather than regulatory, which would fall under the professional membership body [RPS](#).

Standard 4. Pharmacy professionals must maintain, develop and use their professional knowledge and skills

- recognise and work within the limits of their knowledge and skills, and refer to others when needed

Health & Care Professions Council (HCPC) [Scope of practice | \(hcpc-uk.org\)](#) [accessed 18/08/2023]

- Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role

Standards of conduct, performance and ethics

3.1 You must keep within your scope of practice by only practising in the areas you have appropriate knowledge, skills and experience for.

3.2 You must refer a service user to another practitioner if the care, treatment or other services they need are beyond your scope of practice

[FAQs and resources | \(hcpc-uk.org\)](#) [accessed 18/08/2023]

Pharmaceutical Society of Northern Ireland (PSNI)

[The Code for pharmacists in Northern Ireland](#) [accessed 21/08/2023]

Details five mandatory principles (code effective from 1 March 2016)

Principle 5 – maintain and develop your knowledge, skills and competence

Social Work England [Professional standards](#) [accessed 21/08/2023]

4. Maintain my continuing professional development