

Advanced Practice

Key line of enquiry 4

Task shifting rationale and balancing
with person-centred care principles

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Purpose of this paper

- 1 The purpose of this paper is to consider task shifting and person-centred care in Advanced Practice (AP), recognising the evolution of the role of the advanced practitioner (AP) and balancing taking on tasks previously undertaken by other health care professionals with person-centred care principles.
- 2 This paper has been informed by evidence from the Nuffield Trust report, desk-based evidence gathering, an independent rapid literature review and stakeholder engagement and input from our AP nursing and midwifery advisers across the four countries of the UK.

Assumptions

- 3 We acknowledge the limited evidence of the impact of task shifting on people who use health and care services, members of the public, employers and AP professionals. We have therefore used the available evidence to inform discussions with stakeholders and colleagues.

Background

- 4 Employers are responsible for ensuring individual professionals have the appropriate qualifications and experience for their role including those who work in AP roles. This includes Health Boards, NHS Trusts and social care settings using their own job descriptions and person specifications in order to meet specific role requirements so that they can deliver population and community health priorities.
- 5 The origins of AP date back to the 1960s in USA and Canada. Development in the UK began in the 1970s and in Australia and New Zealand in the 1980s with extension of the role into allied health professional (AHP) roles in the late 1990s / early 2000s.
- 6 When the role was introduced in the USA, it was seen generally as a solution to the lack of primary care physicians to meet primary care population needs.¹ This has changed with the role currently seen by professionals as supporting career development and progression.
- 7 AP has existed in the UK for many years and roles have grown despite there being no single UK wide regulatory framework to define/regulate AP. This has led to confusion as to what exactly AP comprises and implications for public protection. It has also led to a variety of titles being applied across roles e.g. Advanced Nurse Practitioner/Advanced Practitioner/Advanced Clinical Practitioner/Advanced Critical Care Practitioner, sometimes creating further confusion as to the commonalities and differences in terms of skills, abilities and level of practice.²

¹ Growth and development of the nurse practitioner role around the globe, C Savrin, Journal of Pediatric Health Care (2009)

² Advanced Clinical Practice Past, Present & Future: A Brief Overview & Royal College of Emergency Medicine Position (2022) <http://president.rcem.ac.uk/index.php/2022/08/30/advanced-clinical-practice->

- 8 Due to the level of autonomy that all midwives have at the point of registration, the number of midwives holding an AP title remains small.³ Our evidence suggests within midwifery that some consultant midwives or specialist midwives may be practising at an advanced level in their roles, working to the four pillars of AP. However, there is variability across the four UK countries around these roles and whether they are called advanced midwifery practitioners (AMP). We are also aware that AMPs are practising in roles in England and Wales but not in Scotland or Northern Ireland.
- 9 There is wide variability in the role of the AMP and historically they have been required to cover obstetric rotas to cover non-midwifery tasks; an example of this would be assisting a caesarean section and carrying out ventouse births. Our evidence suggests this is very much in the realms of task shifting, taking on responsibilities traditionally undertaken by medical colleagues.
- 10 The increasing demand for AP roles is also due to the changing demographic of people accessing maternity services and the increase in multi-morbidity and complexity in care requirements. The previous focus for midwives was on 'normal childbirth' and AMP roles were seen as being able to support service delivery pressures.
- 11 Whilst it is acknowledged that AP programmes are available for midwives, they are not necessarily seen as a requirement for advanced level specialist midwifery practice, even for those in consultant midwife roles.
- 12 Within social care nursing, particularly in the care home sector, there is a lack of understanding of what the AP role is, with many providers not employing APs directly, but with residents receiving care/input from an AP via General Practices (GP).
- 13 ANPs are registered nurses “who acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice”⁴ and “enter the workforce with a master’s degree”⁵. There is variability internationally on the level of education preparation. The International Council of Nurses (ICN) Guidelines for Advanced Practice Nursing (2020) state that the MSc may be aspirational in some countries with AP being at doctorate level in the US⁶.
- 14 Our evidence suggests that not all APs working in care home settings are educated to master’s level, including many internationally educated nurses. This

past-present-future-a-brief-overview-rcemposition/#:~:text=The%20greatest%20drivers%20identified%20are,development%20is%20again%20equally%20limited

³ Independent report on the regulation of advanced practice in nursing and midwifery, Nuffield Trust (2023)

⁴ Care of critically ill surgical patients using the 80-hour Accreditation Council of Graduate Medical Education work-week guidelines: a survey of current strategies (2006)

⁵ International council of nurses: advanced nursing practice, M Schober and F A Affara (2006)

⁶About the Doctor of Nursing Practice (DNP) - [About the Doctor of Nursing Practice \(DNP\)](#) ([aacnnursing.org](#))

sector is recognised as not attracting individuals aspiring to this level of practice, with many providers being reluctant to invest in individual nurses.

- 15 There is no agreed common definition of AP (each country's definition is broadly similar but unique, although the ICN definition is widely referred to internationally), but definitions do exist across the four nations of the UK which are aligned to the four pillars of AP – clinical, leadership and management, research and education (again with variations). It is widely agreed that AP have the ability to undertake decisions on the assessment, diagnosis and treatment of people who use health and care services and undertake complete episodes of care for individuals.

Drivers for advanced practice

- 16 A key driver for the growth of advanced clinical practice has been to enable practitioners to meet the needs of populations and individuals, families and carers through different models of service delivery and multidisciplinary working.^{7 8}
- 17 Other drivers include the changing health and care needs of the public, ensuring greater access to services, quality & continuity in care and career progression for nursing and allied health professions (AHPs).⁹ An ageing population, combined with the increase of chronic conditions, increasing health inequalities, rising costs and workforce shortages have increased the demands for healthcare services and have put pressure on health systems to ensure high quality, coordinated care.
- 18 The evidence base for the expansion of AP shows that safety and quality enhancements in care are best delivered by a mix of clinical professionals working as an integrated multidisciplinary team (MDT), where individual service user need is the primary driver and historical hierarchies do not dictate boundaries of working or roles.¹⁰ This is also enhanced by government drivers towards inter-professional team working as evidenced through the recent four country workforce development plans.
- 19 The AP role has evolved over time for a range of clinical, operational, financial and professional reasons, but key to the development of this role has been to benefit people who access services, practitioners and practice settings. AP led care has been seen to be “achieving positive clinical, functional and health-behaviour related outcomes across a wide range of conditions and settings.”¹¹

Advanced practice in nursing

⁷ Advanced Practice: Research report. Hardy M (2021) University of Bradford

⁸ Multi-professional Framework for Advanced Clinical Practice in England. Health Education England (2017)

⁹ [Advanced Clinical Practice Past, Present & Future: A Brief Overview & Royal College of Emergency Medicine Position](#) (2022)

¹⁰ [Advanced Clinical Practice Past, Present & Future: A Brief Overview & Royal College of Emergency Medicine Position](#) (2022)

¹¹ Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review, Catrin Evans et al, British Medical Journal (2021)

- 20 The International Council of Nurses (ICN) has defined an advanced practice nurse as a general or specialist nurse who has “expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context in which they are credentialed to practice.”¹²
- 21 In the UK, AP nursing is organised under four pillars which cover clinical practice; leadership and management; education; and research. There are differences in the manner in which they are described and defined across the four devolved countries.
- 22 The AP frameworks in England¹³ and Wales¹⁴ are multi professional and include nursing and midwifery, but the frameworks in Scotland¹⁵ and Northern¹⁶ Ireland are focused on nursing. Northern Ireland has an [Advanced Allied Health Professionals \(AHP\) framework](#) (2019) and Scotland has move to [Transforming Roles paper 7](#) (2017). Please refer to KLOE 1 for further details of the four country frameworks.
- 23 There are many commonalities between all the four country frameworks that should help ensure that people who use health and care services and members of the public, professionals and healthcare providers benefit from the potential contribution of APs. However, these frameworks themselves are not harmonised and therefore variability and inconsistency continues.
- 24 The Royal College of Nursing (RCN) defines AP as “a level of practice, rather than a type of practice. ANPs should be educated to master’s level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of NHSs.”¹⁷
- 25 The Royal College of Surgeons’ report *A question of balance: the extended surgical team* (2016)¹⁸ based on the experiences of eight case study sites found that patient care, surgical training and consultant teams can be enhanced by embracing non-medical practitioners into the surgical team. Participants in the study “painted a picture of multi-professional teams working together effectively to provide better continuity of care for patients, greater efficiency of discharge and in theatres, and smoother running clinics.” ANPs in the study were regarded as

¹² The International Council of Nurses – Guidelines for Advanced Practice Nursing (2020)

¹³ [Advanced Practice - Website Content – multi professional framework for advanced clinical practice in England \(1\).pdf - All Documents \(sharepoint.com\)](#)

¹⁴ [heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/ \(2023\)](#)

¹⁵ 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 \(www.gov.scot\)](#)

¹⁶ [ADVANCED NURSING PRACTICE FRAMEWORK - Supporting Advanced Nursing Practice in Health and Social Care Trusts \(health-ni.gov.uk\)](#)

¹⁷ Royal College of Nursing - [Advanced practice standards | Royal College of Nursing \(rcn.org.uk\)](#) (2023)

¹⁸ A Question of Balance: The Extended Surgical Team, Royal College of Surgeons (2016)

having a better understanding of options available for discharge and how to navigate other services to assist with discharge. They were also able “to provide an interface between doctors and ward nurses.” Participants aspired to extend their scope of practice further with several having undertaken training to develop specialist skills.

- 26 The Royal College of General Practitioners (RCGP) Scotland published a statement on ANPs in 2018¹⁹, which included an analysis of how the role of generalist ANP and the GP “complemented and bolstered” each other’s roles, providing different functions within the multi-professional team.
- 27 Within this report, feedback from their Patients in Partnership Group (PPG) raised concerns from the patient perspective about the importance of informed patient choice and the decision to make informed choice about which health care professional they would like to see. Users of services also highlighted the need to be able to provide feedback on their experience of being cared for by ANPs and the expectation that ANPs will hold similar core values.
- 28 ANPs can provide episodes of care (i.e. diagnose, treat and discharge)²⁰ for patients of all ages with a range of conditions and needs in a range of settings, including the home. They can deal with complexity, uncertainty and changeable levels of risk and are professionally accountable for their clinical decision-making.²¹
- 29 In Ireland, ANPs increasingly undertake education for people receiving care during consultations, appointments typically last 40 minutes compared to doctors/consultant appointments that generally last around 20 minutes. This may be due to ANPs often having their own group of people to care for which need their own management and care. When ANPs deal with long-term conditions, they triage, manage, escalate patients in timely manner and try and keep patients away from hospital admissions where possible.
- 30 A number of research studies have investigated how ANPs addressed the Covid-19 pandemic. Empirical studies from England and the US²² have analysed the rapidly changing practice and policy environments of ANPs during the pandemic, illustrating how the nursing workforce was able to adapt under challenging conditions. A study by [Morley et al. \(2022\)](#) showed that those with an ANP background in England utilised their AP skills into areas of clinical need during the pandemic. They took on leadership positions to respond to the pandemic but some faced challenges about lack of knowledge of their role and tension with doctors.
- 31 A further study of NPs during the Covid-19 pandemic in the US assessed how removal of restrictions during the pandemic affected this workforce's performance ([O'Reilly-Jacob et al., 2021](#)). This study found that temporary removal of state-level restrictions was not sufficient for NPs to achieve their full scope of practice.

¹⁹ [Advanced Nurse Practitioner statement \(rcgp.org.uk\)](#), Royal College of General Practitioners (2018)

²⁰ Definition of care [ISD Scotland | Information Services Division](#)

²¹ Independent report on the regulation of advanced practice in nursing and midwifery, Nuffield Trust (2023)

²² [Leveraging nurse practitioner capacities to achieve global health for all: COVID-19 and beyond - PubMed \(nih.gov\)](#) (2020)

They concluded that policy makers and healthcare organisations should revise “outdated” scope of practice policies and capitalise on telehealth technology to maximise the full extent of NPs. Further evidence suggested that in countries where the NP role is under-developed, regulators should use these findings to modernise the NP’s scope of practice from the outset of the global health emergency.²³

Advanced practice in midwifery

- 32 A literature review highlighted the limited international agreement on AP in midwifery²⁴ citing that limited literature is available due to the fact that the number of midwives who hold an AP title is small.²⁵ There is no clear definition of AP in midwifery and titles commonly held which are at advanced level are Consultant and Specialist midwife.
- 33 Various government reports (such as [Better Births, 2016](#), [HEE’s Maternity Workforce Strategy, 2019](#), and [Midwifery 2020, 2010](#)) highlighted the need for development and expansion of the maternity workforce. In response to this, the [HEE Advanced Clinical Practice in Midwifery Capabilities Framework](#) was published in November 2022. The capabilities framework was produced in order to help create the new midwifery roles required to meet the health needs of the population.
- 34 The Nuffield Trust report²⁶ identified only one example of a country (Ireland) with specific statutory regulation for AP in midwifery. The different contexts around AP in nursing and midwifery are an important consideration in relation to additional regulation for those working in AMP roles.
- 35 The Getting the Midwifery workforce right (2016) report by the Royal College of Midwives states that the legal definition of a midwife is someone who can make autonomous decisions without reference to a medical practitioner throughout the pregnancy continuum and take full responsibility for their decision making in uncomplicated cases. Midwives are experts in uncomplicated births and already take the lead in making decisions with women about the nature of their care and planning, as well as providing ‘hands-on’ care. These are not separate or distinct elements of maternity but central to midwifery.²⁷ The RCM suggests that “what most maternity services need is not another new Advanced Practitioner role but more Consultant Midwives.”²⁸

²³ Nurse practitioners’ perception of temporary full practice authority during a COVID-19 surge: A qualitative study, International Journal of Nursing Studies, O’Reilly-Jacob et al (2021)

²⁴ Factors influencing the implementation of advanced midwife practitioners in healthcare settings: a qualitative study. Goames, R et al (2018)

²⁵ Enablers and challenges to advanced nursing and midwifery practice roles. Casey, O’Connor et al (2017)

²⁶ Independent report on the regulation of advanced practice in nursing and midwifery, Nuffield Trust (2023)

²⁷ Getting the Midwifery workforce right, The Royal College of Midwives (2016)

²⁸ Getting the Midwifery workforce right, The Royal College of Midwives (2016)

- 36 Of note, policies to tackle inequalities have often focussed on improving access to maternity services and continuity of midwifery care.²⁹ These policies also tackle health inequalities, focusing on increasing access to maternity services especially for women and birthing people who live in socio-economic deprivation or do not speak English as a first language³⁰. The overall aim is to improve continuity of care in order to reduce these inequalities and lower maternal death, stillbirth and neonatal death rates.
- 37 The RCM supports advanced clinical practice in midwifery but suggests this should not be seen as a role replacement for medical staff or enabling midwives to undertake obstetric skills that are not in the scope of midwifery practice.
- 38 Multiple reports published since 2016 have highlighted the need for more specialist maternity/midwifery provision (many of which could be AP roles). AMP roles present an opportunity to meet the changing needs of the population, particularly when considering increasing technological developments and epidemiological trends, such as the growing complexities in healthcare. Goemaes et al (2018)³¹ in their study support this findings that the benefits of the AMP role such as quality of care improvement, continuity of carer and reducing length of stay should influence the decision to implement the AMP role in healthcare settings.
- 39 Multiple research studies state that support from management and obstetricians is a prerequisite to success. Hamilton et al 2015³² found that the introduction of AP roles in maternity strengthened the doctor/midwife relationship.
- 40 Despite consistent UK policy support for maximising the role of the midwife as the lead care provider for women with healthy pregnancies, implementation has been inconsistent and the persistent use of routine interventions in labour has given rise to concern. In response the Scottish Government initiated Keeping Childbirth Natural and Dynamic (KCND), a maternity care programme that aimed to support births by implementing multiprofessional care pathways and making midwife-led care for healthy pregnant women the national norm.³³
- 41 A Consultant Midwife is described as someone who is a clinical expert whose practice is wide and diverse. The role encompasses clinical, educational, leadership and research elements and sits across a wide midwifery setting, commonly in promoting uncomplicated birth or public health. The structure of their role is determined locally, dependent on the needs of the service and normally

²⁹ Rayment-Jones H, Dalrymple K, Harris JM, et al Project20: maternity care mechanisms that improve access and engagement for women with social risk factors in the UK – a mixed-methods, realist evaluation. *BMJ Open* 2023;13:e064291. doi: 10.1136/bmjopen-2022-064291

³⁰ [Reports | MBRRACE-UK | NPEU \(ox.ac.uk\)](#) (2023)

³¹ [Factors influencing the implementation of advanced midwife practitioners in healthcare settings: A qualitative study - PubMed \(nih.gov\)](#) Goemaes et al (2018)

³² Hamilton, V., Swindells, G., Durkin, M., Finch, C. and Anders, C. The changing face of maternity services: The value of and challenges for the Advanced Midwifery Practitioner (2015)

³³ Cheyne H, Abhyankar P, McCourt C. Empowering change: realist evaluation of a Scottish Government programme to support normal birth. *Midwifery*. 2013 Oct;29(10):1110-21. doi: 10.1016/j.midw.2013.07.018. Epub 2013 Jul 25. PMID: 23968777.

includes involvement at strategic level for service delivery, along with the four pillars of AP.

- 42 Consultant midwife roles vary. In Scotland there are only three identified consultant midwives whose roles mainly focus on policies and guidelines, assisting with developing the service rather than working clinically. There are six identified consultant midwives in Northern Ireland.
- 43 In evidence from 2019, there were 93 consultant midwives identified in England (Wilson et al., 2019). These consultants work in a variety of settings with varying role descriptors and portfolios depending on the needs of the service and in response to the local population demographics. There is also variation in the level of educational preparation for the role. The general consensus is that consultant midwives should be at or working towards doctorate level study.
- 44 In Wales, the consultant midwife role follows the [five pillars of consultant practice](#), which are the four pillars of AP plus audit and strategy³⁴ with a 50% clinical commitment. The same applies in England, generally aligned to the 'Multi-professional consultant-level practice capability and impact framework' (HEE).
- 45 [RCM Scotland's paper - State of Maternity Services \(2023\)](#) state specialist clinical roles ensure that all midwives have access to the education and guidance needed to develop innovative and best practice for all pregnant women. This includes women from disadvantaged communities or those who are experiencing complex health problems, and ensures their expertise enriches and raises the clinical quality of maternity care.
- 46 The maternity workforce strategy (2019) highlights the need for more specialist and consultant midwives to lead and support new ways of working. The RCM career framework mentions specialist midwifery roles and more detailed examples of consultant midwife roles.

Task shifting

- 47 Task shifting arose in the context of Human Immunodeficiency Virus (HIV) and Autoimmune Deficiency Syndrome (AIDS) treatment. The shortage of health workforce (particularly acute in countries that faced high HIV cases) was one of the barriers in tackling HIV/AIDS. The approach to task shifting was developed to expand the capacity of existing health care professionals and recruit new ones.³⁵
- 48 An increasing number of countries have introduced skill-mix changes to their health workforces. Task shifting is one strategy, where specific tasks and responsibilities have been shifted, for instance from the medical to the nursing profession, to expand the capacity of existing health care professionals and recruit

³⁴ Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales, HEIW (2023)

³⁵ The Global Recommendations and Guidelines on Task Shifting, World Health Organisation (2007)

new professionals, with delegation of tasks from doctors to others within the multi-disciplinary team.³⁶

- 49 Task shifting is not necessarily new and historically it is how healthcare has developed, for example doctors have traditionally undertaken electrocardiograms (ECGs) and undertaken, interpreted and treated blood pressure (BP) abnormalities, whilst obstetricians would have sutured the perineum and undertaken examination of the newborn³⁷. These and other tasks have shifted to nurses and midwives and this has enabled health care progression.³⁸
- 50 Maier et al (2018)³⁹ in their study stated that task shifting and changes to professional boundaries between doctors and in particular ANPs/Specialist Nurses is practised in several countries including England and Scotland.
- 51 The underlying reasons for task shifting were unclear, but it may reflect the distribution of work between complex and routine cases. It may also reflect multidisciplinary teamwork in effectively using skill mix differently in different practice settings, and to develop models of care that cross sectors and professional boundaries. Maier et al's (2018) study also suggested more detailed analysis of tasks by level of specialisation, risk and complexity of patients' conditions is needed and whether the tasks are performed by one professional or jointly within teams.
- 52 There is arguably significant overlap but the role of the clinical nurse specialist (CNS) is focussed on a particular specialism and the role of the ANP is more generally focussed but at an advanced level of practice. Both are seen as valuable and effective clinical nursing roles, with research, education and leadership components. Both the ANP and CNS have shared learning with different breadth and depth of knowledge according to their role and scope of practice.⁴⁰
- 53 In 2018⁴¹ a study was conducted to understand factors that influence implementation of doctor to nurse task shifting in a hospital setting and improve understanding of task shifting. This study found that task shifting from doctors to nurses in specialised healthcare requires development of technical skills but also complex changes in organisation, clinical routines and role identity. Educational

³⁶ The role of governance in implementing task-shifting from physicians to nurses in advanced roles in Europe, U.S., Canada, New Zealand and Australia, Claudia B. Maier, Health Policy Volume 119, Issue 12 (2015)

³⁷ Cescutti-Butler et al - The experience of student midwives being taught newborn infant physical examination (NIPE) as an extracurricular activity at a university in the UK: A descriptive survey study. *Nurse Education in Practice*, 44 (March), 102708 (2020)

³⁸ Goemaes, R et al - Factors Influencing the implementation of advanced midwife practitioners in healthcare settings: A qualitative study (2018)

³⁹ Task shifting between physicians and nurses in acute care hospitals Maier, Claudia B.; Köppen, Julia; Busse, Reinhard; Archibald, Daryll; Ökem, Z Güldem. University of Dundee (2018)

⁴⁰ The similarities and differences between advanced nurse practitioners and clinical nurse specialists, Cooper et al, *British Journal of Nursing* (2019)

⁴¹ actors perceived to influence implementation of task shifting in highly specialised healthcare: a theory-based qualitative approach, E. Feiring et al, *BMC Health Services Research* (2018)

and organisational interventions to build a team-oriented culture could encourage nurses to take on non-traditional responsibilities.

- 54 In 2020 a paper on rethinking task shifting in health care⁴² argued that task shifting should be evidence-based and well planned, with appropriate resources, transparency and be supported with appropriate training. 'Tasks' should be seen as skills that should be 'mastered' and can be seen as an important part of building, effective, efficient and sustainable health systems. The paper found that the evidence-base for task shifting remains limited in scope, specifically the distribution of costs and benefits being under-explored. The researchers proposed that task shifting be organised into three broad areas with distinctive roles: enhancement, substitution/delegation and innovation.
- 55 The paper proposes that **enhancement** involves expanding the depth and breadth of a role, which can be of a health worker, in obtaining new skills and competencies. **Substitution and delegation** involve the transfer of responsibility of a task or role traditionally associated with one type of health worker to another or to a patient or carer. For example, many roles once reserved for doctors are now undertaken by nurses, or by new roles such as physician associates (PAs) or anaesthesia associates (AAs). In this context, delegation would be a transfer to a 'lower' point in a hierarchy.
- 56 PAs have gained significance as one of the new roles to address workforce gaps. PAs in the UK have been shown to complement the roles of doctors and nurses without reducing either quality or efficiency of care.⁴³ The role however has not been without its criticism and concerns for the impact on care delivery and associated risks.
- 57 In some instances, specialist nurses, such as diabetes specialist nurses, may delegate tasks such as education on self-management, insulin administration, or monitoring to trained healthcare assistants or community nurses. Task shifting in some cases involve the delegation of some clearly defined tasks to specific health care professionals.
- 58 There is difficulty of defining task shifting in the context of midwifery services, as task shifting interventions are not often labelled as such.⁴⁴
- 59 From a regulatory perspective, our new post-registration specialist community public health nurses (SCPHNs) and specialist practitioner qualifications (SPQs) standards include some advanced level proficiencies, which can support career progression and development towards AP roles.
- 60 Thirdly, **innovation** involves the introduction of a new set of roles or tasks, for example following adoption of a new technology or a new diagnostic or therapeutic

⁴² The best person (or machine) for the job: rethinking task shifting in healthcare. van Schalkwyk, May, Bourek, Aleš, Kringos, Dionne et al. White Rose Research Online: <https://eprints.whiterose.ac.uk/165054/> (2020)

⁴³ 'What can you do then?' Integrating new roles into healthcare teams: Regional experience with physician associates – Sam Roberts et al (2019)

⁴⁴ A systematic review of qualitative evidence on barriers and facilitators to the implementation of task-shifting in midwifery services. Colvin, C.J., et al., (2013), <http://dx.doi.org/10.1016/j.midw.2013.05.001>

strategy (such as evidence-based medical guidelines allowing APs or CNSs to take responsibility for a variety of long-term or chronic conditions), which sometimes involves creation of a new occupational group, examples of which include ANPs, CNSs, phlebotomists, PAs, AAs, community health workers and more recently social prescribers.

- 61 In community settings⁴⁵, such as community nursing teams and health visitor services, task shifting is often employed to provide care closer to service users' homes. Registered nurses (RNs) and Registered midwives (RMs) may delegate certain tasks to healthcare assistants (HCAs), such as administering medications, dressing wounds, or conducting basic health assessments under supervision.
- 62 Task shifting within midwifery has been implemented in areas such as midwifery-led units⁴⁶, where midwives take on expanded roles and responsibilities. They may provide antenatal and postnatal care, perform assessments, order tests, and make referrals without direct medical supervision. This allows obstetricians to focus on complex cases, while midwives handle uncomplicated pregnancies.
- 63 To manage the increasing demands in emergency departments⁴⁷, nursing staff often practise task shifting. ANPs may provide initial assessments, order diagnostic tests, be the lead in resuscitation and prescribe medications for patients. This helps to reduce the workload on doctors and expedite patient care.
- 64 [Advanced Clinical Practitioners \(ACPs\) in emergency medicine](#) play an integral role in the delivery of emergency care across the UK. They now make up over 10% of the Royal College of Emergency Medicines (RCEM) membership. There are over one thousand ACP members, and this number is rapidly increasing. EM-ACPs are represented on all major RCEM Committees.
- 65 [Advanced Critical Care Practitioners \(ACCPs\)](#) are members of the multidisciplinary intensive care unit (ICU) team. They are clinical professionals responsible for patients' care during their critical care admission. They are highly experienced and educated practitioners who have developed their skills and theoretical knowledge. They make high-level clinical decisions to ensure that patients receive timely, personal and effective care.
- 66 In settings where patients require ongoing management of long-term conditions, task shifting may be used.⁴⁸ The complex nature of some long-term/chronic conditions may result in longer consultations by nurses than by physicians, possibly due to the complexity of the chronic disease but often associated with

⁴⁵ Setting the Direction For Nursing and Midwifery Education in Scotland, The strategic aims from the Chief Nursing, Officer's Education Review, (2014)

⁴⁶ Maternity Workforce Strategy – Transforming the Maternity Workforce Phase 1: Delivering the Five Year Forward View for Maternity, Higher Education England (HEE) (2019)

⁴⁷ Improving our understanding of multi-tasking in healthcare: Drawing together the cognitive psychology and healthcare literature, Heather E. Douglas, Magdalena Z. Raban, Scott R. Walter, Westbrook, Johanna I <https://www.sciencedirect.com/science/article/pii/S0003687016301740> (2017)

⁴⁸ The impact of physician–nurse task shifting in primary care on the course of disease: a systematic review. Nahara A. Martínez-González, Ryan Tandjung, Thomas Rosemann (2015) <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-015-0049-8>

additional education around the condition to ensure that the person accessing care is able to manage their condition.

- 67 A study on the implementation of ANP roles in primary care in Scotland⁴⁹ found that most ANP roles involved undertaking clinical tasks previously undertaken by GPs. This 'shifting of workload' included clinical tasks appropriate for nurses with advanced decision-making skills and tasks that GPs felt 'safe' to relinquish. The ANPs holistic approach and interpersonal skills were highlighted as being valued, while acknowledging that GPs also demonstrated these skills too.
- 68 The ANPs' professional identity was perceived as firmly within the nursing domain. ANPs in the study were believed to perform thorough comprehensive assessments. Their holistic approach and interpersonal skills were frequently highlighted as being valued, while acknowledging that GPs also demonstrated these skill sets. Most participants thought that ANPs brought something different to the role.
- 69 Similarly, evidence has found that effective task shifting generally requires ongoing supervision and support as well as careful integration into clinical protocols and the broader delivery of care. This is a medium-term process that can require significant management planning and support.⁵⁰
- 70 Task shifting should not undermine the primary objective of improving benefits for people and public health outcomes.⁵¹

The perspective of people who use services (from the literature)

- 71 Evidence suggests that people using services and the public wish to be seen as individuals first (rather than patients only) within the health and care system.⁵² This requires health and care professionals to see the individual and for care to be tailored to respond to the needs, preferences and values of those receiving care. Continuity and consistency of care is essential to those receiving care that is effective and appropriate.⁵³
- 72 Within social care, clarity of role and scope of practice can be confusing, especially for older people who call all staff 'nurse', therefore clarification is essential and care providers will have responsibility to ensure confidence, reassurance and clarity. In many care settings, uniforms are not worn which

⁴⁹ A realist evaluation case study of the implementation of advanced nurse practitioner roles in primary care in Scotland, Heather Strachan et al, *Journal of Advanced Nursing* (2022)

⁵⁰ A systematic review of qualitative evidence on barriers and facilitators to the implementation of task-shifting in midwifery services. Colvin, C.J., et al, *Midwifery* (2013), <http://dx.doi.org/10.1016/j.midw.2013.05.001>

⁵¹ Task shifting in HIV/AIDS: opportunities, challenges and proposed actions for sub-Saharan Africa, *Tropical Medicine & Hygiene* (2009)

⁵² Person-centred care made simple What everyone should know about person-centred care [PersonCentredCareMadeSimple.pdf \(health.org.uk\)](#) (2016)

⁵³ What is needed for continuity of care and how can we achieve it? – Perceptions among multiprofessionals on the chronic care trajectory. Ljungholm et al (2022) [What is needed for continuity of care and how can we achieve it? – Perceptions among multiprofessionals on the chronic care trajectory | BMC Health Services Research | Full Text \(biomedcentral.com\)](#)

although considered to be best practice does make identification of professionals challenging.

- 73 Evidence shows that people who use health and social care services and their carers or significant others are generally satisfied with AP associated care. They appreciate the person-centred approach and highly developed communication skills that APs bring to the role.⁵⁴
- 74 When it comes to task shifting in nursing and midwifery in the UK, people who use services have expressed potential concerns. While task shifting can help alleviate workforce shortages and improve access to care and efficiency, it is essential to ensure that person-centred principles are embedded in the care experienced and the quality and safety of healthcare delivery is maintained.

The perspective of employers (from the literature)

- 75 There is limited evidence from which to understand the views of task shifting from an employer's perspective.
- 76 Employers use job descriptions to provide assurance that employees have the necessary knowledge, skills and attributes for the AP role. The Nuffield Trust report noted that job titles, job descriptions and banding vary notably in England. The variation across health and care settings is in part to ensure roles fit with local employer and service user needs.
- 77 The understanding of task-shifting in midwifery is limited by the variability of definitions in implementation of maternity services, resulting in a mixed workforce of professional and non-professional staff, many of whom provide only some components of care.⁵⁵
- 78 Some areas of concern (particularly in primary care) related to variation in "ACPs"⁵⁶ backgrounds, education and competence leading to uncertainty around defining an appropriate scope of practice."⁵⁷

The perspective of professionals (from the literature)

- 79 The Nuffield Trust report⁵⁸ identified a small number of participants in studies evaluated (mainly professionals) who voiced concerns that extending any task shifting too far within their scope of practice may impact on the value of nursing as a discipline. By this, they refer to "the conceptual and pedagogical differences

⁵⁴ Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review, Catrin Evans et al, British Medical Journal (2021)

⁵⁵ Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care, MJ Renfrew, A McFadden, MH Bastos, *et al.* Lancet, 384 (9948) (2014), pp. 1129-1145

⁵⁶ Advanced Clinical Practitioners (ACPs)

⁵⁷ Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review, Catrin Evans et al, British Medical Journal (2021)

⁵⁸ Independent report on the regulation of advanced practice in nursing and midwifery, Nuffield Trust (2023)

between medicine and nursing and the difficulty of reconciling these both theoretically and in everyday practice.”

- 80 There are philosophical and epistemological differences between the medical model and nursing models. The medical model is based on the idea that illness is a biological problem that can be diagnosed and treated by medical interventions. The nursing model views health as a holistic concept that includes physical, psychological and social aspects.⁵⁹ However this is changing as health and care evolves and approaches become more focussed on population and community needs and the right of individuals to receive the right care at the right time by the right person (or professional).
- 81 In a study published in 2021⁶⁰, evidence indicated that ACPs recognised that they were filling gaps left by doctors but many ACPs had different professional identities and therefore thought they ‘speak a different language to the medics.’ One particular quote highlighted the ACP role was a more ‘meaningful way of helping people than just replicating a doctor’s role’.

Person-centred care in task shifting

- 82 Person-centred care is an approach that prioritises an individual's needs, preferences and goals in the care planning process. It recognises that each person is unique and has a unique set of circumstances that must be considered in order to provide optimal care.
- 83 Person-centred care is an integral part of being a nurse and midwife⁶¹ and this approach is used by APs to distinguish themselves from doctors, as professional boundaries became more blurred. Nurses and midwives are cautious in undertaking tasks within a medical model, with many seeing this as losing the chance to provide holistic person-centred care they value⁶².
- 84 Kitwood (1995)⁶³ states that to enable healthcare professionals to deliver optimum levels of person-centred care that would retain and enhance personhood for people with dementia, nurses have to act as role models so that family and members of the public who come into contact with the person with dementia will be able to replicate person-centred practices. The essential message of Kitwood’s work is that all people are equal, regardless of their cognitive ability. The task of

⁵⁹ [Medical Model vs Nursing Model – FRESHRN](#), by Kati Kleber, MSN RN | (2022)

⁶⁰ The Advanced Clinical Practitioner (ACP) in UK healthcare: Dichotomies in a new ‘multi-professional’ profession, SSM – Qualitative Research in Health (2023)

⁶¹ A systematic review of qualitative evidence on barriers and facilitators to the implementation of task-shifting in midwifery services. Colvin, C.J et al - *Midwifery*, [online] 29(10), pp.1211–1221 <https://doi.org/10.1016/j.midw.2013.05.001> (2013)

⁶² Factors perceived to influence implementation of task shifting in highly specialised healthcare: a theory-based qualitative approach by Feiring, E. and Lie, A.E. *BMC Health Services Research*, 18(1). doi: <https://doi.org/10.1186/s12913-018-3719-0> (2018)

⁶³ Positive long-term changes in dementia: some preliminary observations, Tom Kitwood *Journal of Mental Health* (1995)

those providing care is to maintain and enhance the personhood of people in their care.

- 85 McCormack et al's (2006) seminal work on person-centred care focuses on the attributes of the nurse; the environment in which care is being provided, which in itself focuses on the context in which care is being delivered; person-centred processes, which focus on delivering care through a range of activities; and expected outcomes, which are the results of effective person-centred nursing. To deliver person-centred outcomes, account must be taken of the prerequisites and the care environment that are imperative for providing effective care through the care processes.
- 86 Person-centred care involves building a relationship of trust and respect with those receiving care, understanding their values, beliefs, and preferences, and involving them in decision-making about their care. AP nurses and midwives can provide person-centred care by taking the time to listen to those receiving care, understanding their needs, and working collaboratively with them to develop a care plan that is tailored to their individual circumstances.
- 87 Building on the person-centred⁶⁴ nature of our pre-registration standards for nurses and midwives, our new post-registration standards aim to support registered nurses and midwives to advance their clinical, managerial, research and educative practice. This enables professionals to develop greater clinical autonomy, independent decision making and leadership in complex situations for the benefit of people and services.
- 88 While task shifting can be a useful strategy for addressing workforce shortages and improving efficiency, it is important to ensure that the care provided is still person-centred. This means that whoever is providing care, they should ensure that people's needs, preferences, and goals are being prioritised and that the care provided is tailored to their individual circumstances. With the increase of people with complex and multi-morbid care needs, it is necessary to ensure the best person to provide that care is appropriately qualified/experienced.
- 89 In Canada and the US the introduction of regulation of AP has been shown to improve the quality of patient care. NPs in the main spend more time with people in their care, providing more joined up 'holistic care'. They look at medical issues with 'nursing lenses', and by providing continuity of care, people have anecdotally reported increased levels of satisfaction being cared for by NPs. There is evidence that NPs are reported to have a positive impact on treating co-morbidities and being confident in linking health conditions.⁶⁵

⁶⁴ An approach where the person is at the centre of the decision making processes and the design of their care needs, their nursing care and treatment plan – Standards of proficiency for registered nurses, Nursing and Midwifery Council (2018)

⁶⁵ KLOE 2: Examine and compare AP models in other countries and identify elements which we could adapt to the UK context, Nursing and Midwifery Council (2024)

Conclusion

- 90 It is acknowledged that task shifting is widely referred to within the literature, particularly in relation to the origins of the advanced practice role within nursing. It is clear however that people who use services have an expectation that whoever delivers their care has the right knowledge and skills to be able to meet their unique health and care needs regardless of their profession. There is a need for clarity around roles, responsibilities and expectations of those in AP roles.
- 91 Our evidence suggests that AP currently involves complex activities and tasks (which vary from one setting to another and are unique to the specific AP role). Task shifting between health and care professionals and in particular between APs and doctors is practised widely. However, the extent and depth of the tasks being performed by ANPs and other professionals APs in practice is unclear.
- 92 The implication of role expansion and enhancement combined with the development of AP in nursing and midwifery and four country workforce plans means that there is an even greater need for clarity and consistency for the public. Professional regulation measures need to include collaboration with employers and systems regulators for developing this clarity and consistency.
- 93 This KLOE evidence will continue to inform the review as we progress to Phase Two.