

Advanced Practice

Key line of enquiry 5

Supervision, assessment and
continued professional development
of Advanced Practice professionals

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Phase 1 - Interim

Purpose of the paper

- 1 The purpose of this paper is to review, consider and provide consensus where possible about practice supervision, practice assessment, clinical supervision and continuous professional development (CPD) for professionals aspiring to or practising at an advanced level of nursing and midwifery.
- 2 This KLOE paper sets out to examine the existing national and international literature and consider the implications of regulation of advanced practice (AP) on supervision, assessment and CPD for nurses and midwives working in advanced practice (AP) roles.
- 3 Cross regulatory approaches to supervision will be considered in light of the proposed approach to provide a joint cross regulatory position statement for AP being undertaken in KLOE 6. Consideration of agreed definitions and approach are important due to the potential impact of regulation across multi-professional groups in terms of supervision and assessment.
- 4 The objective of KLOE 5 is to consider what approaches to supervision, assessment and CPD could be adapted or adopted if regulation of nurses and midwives working in AP roles is introduced in the UK.
- 5 This paper is presented in the following order: supervision, assessment, and CPD respectively. Evidence will be assimilated from both a UK and international perspective to ensure the findings are robust, inclusive and provide a rationale to justify the proposed outcomes.
- 6 For the purposes of clarity, supervision has been separated into practice supervision and clinical supervision. Definitions of practice supervision and clinical supervision will be provided as these terms and roles are often confused and used interchangeably within the UK and internationally.
- 7 Nursing and midwifery professionals will at times be considered separately due to specific professional requirements.
- 8 It should be noted that higher education assessment strategies are largely out of the scope of this paper as these assessment strategies lie within the higher education sector, although mention is made of some strategies that are currently utilised.

Context

Assumptions and considerations

- 9 Robust practice supervision and assessment is vital to enable and support transition to and ensure development of capability in AP roles. Variation in practice supervision and assessment is evident across the four UK countries, between regulatory bodies, higher education institutions (HEIs), NHS and Health Board areas and practice settings e.g. care homes, agencies and community settings.

10 A number of questions have guided this KLOE:

- What is the potential impact on public protection of not setting standards for supervision and assessment in AP?
- Would regulation of nurses and midwives working in AP roles better support professionals to transition to and develop capability in AP?
- Would regulation of nurses and midwives working in AP roles have an impact on the availability of appropriate practice supervisors and assessors?
- Are there different models of supervision that should be considered for AP?
- Would the regulation of nurses and midwives working in AP roles and setting standards address the inconsistent terminology that is used across health and care professional regulators and professional bodies?
- Would the regulation of nurses and midwives working in AP roles and setting standards provide better support to supervisors and assessors?

Methodology

11 This KLOE has been informed through desk-based research. This includes evidence from the Nuffield Trust report, evidence from KLOE 2, an additional independent rapid literature review and insights from our stakeholder engagement. This paper acts as a repository for the evidence gathered.

Analysis of findings

Practice supervision

- 12 Practice supervision may be defined as the supervision of nursing and midwifery students whilst undertaking the practice learning elements of an NMC approved education programme. A student is defined by the NMC as any individual enrolled onto an NMC approved education programme, whether full time or part time and whether pre- or post-registration. A student may be any professional regardless of their professional position or role.
- 13 The purpose of practice supervision is to enable students to learn and safely achieve proficiency and autonomy in the knowledge and skills they are learning as part of their programme of study.
- 14 The NMC is currently considering a range of options for the regulation of advanced nursing and midwifery practice in the UK. An option under consideration would include the regulation and approval by the NMC of AP programmes being delivered by NMC approved education institutions (AEIs). If this option is progressed, education standards and standards of proficiency would be developed.
- 15 Any such programme would be subject to the requirements of our Standards for education and training which include the three sets of standards that align to our [gateway approach](#) to quality assurance of education:

15.1 **Part 1:** Standards framework for nursing and midwifery education (SFNME) which provides the requirements for all NMC approved programmes.

15.2 **Part 2:** Standards for student supervision and assessment (SSSA) which provide the requirements for safe and effective student supervision and assessment in practice.

15.3 **Part 3:** Programme specific standards, for example pre-registration nursing or pre-registration midwifery.

16 There are a number of standards relevant to education for AP:

16.1 Sections 3.5 and 3.8 of our SFNME and section 2.1 of the SSSA.¹

16.2 Practice supervision must be suitably supported and overseen to ensure safe and effective learning (SSSA 2.2).

16.3 AEs must provide a level of supervision and support that reflects the learning needs and stage of learning of the student (SSSA 2.3).

16.4 AEs must ensure that public protection and safety is upheld (SSSA 2.4).

16.5 Supervision should be properly coordinated and provide continuity of support and supervision to the student (SSSA 2.5); and should facilitate independent learning (SSSA 2.6)

16.6 The practice supervisor's key role is to support and supervise students in practice learning, providing feedback on their progress and achievements as well as ongoing support (SSSA 3.3 & 3.5).

16.7 Supervisor feedback will contribute to the student assessments that inform decisions regarding progression and award (SSSA 4.2).

16.8 Practice supervisors can be any NMC registrant or any other registered health or social care professional (SSSA 2.7). Models are in place to facilitate 'indirect supervision' where practice learning is taking place in locations where NMC registrants or other registered health and social care professionals may not be located and are therefore not available to act as practice supervisors.

16.9 All practice supervisors must be suitably prepared for the role, must be provided with ongoing support for the role, and must have an understanding of the knowledge and skills they are supporting students to achieve (SSSA 5.1 and 5.2).

17 It is generally understood that a student will have a number of practice supervisors during the course of their learning, possibly even having more than one supervisor for each different placement or learning experience. It is also understood that supervision is task specific rather than role specific in nature i.e. that the practice supervisor should be the person best suited to the knowledge and skills that are being taught as part of a practice learning experience rather than having to be a particular type of registrant or other health or social care professional similar to the

¹ [Standards for student supervision and assessment \(nmc.org.uk\)](https://www.nmc.org.uk/standards-for-student-supervision-and-assessment)

student. Although AP practice is not viewed as task centred the requirement to have a number of supervisors is still relevant in this context.

- 18 If the NMC proceeds with a regulatory option that requires practice supervision to be in place, there are several considerations specific to AP that would need to be addressed which are summarised below.
- 19 There is currently no consistently adopted approach to practice supervision for AP and a variety of AP supervision models and accompanying terminology are implemented across countries, settings and regions.
- 20 Across the four UK countries there is no requirement for the practice supervisor to have the same professional registration as the student. Most of the current advanced midwifery practitioners (AMP) in England, for example, have a consultant obstetrician as their main practice supervisor and then work with anaesthetists or specialist registrars to gain experience and develop competence in other areas of clinical practice.
- 21 Many of the current maternal medicine professionals undertaking AP programmes in NHS England are working under the supervision of a consultant midwife. This is in part reflective of the higher level of AP and consequently the fewer number of suitably qualified and experienced professionals who can support APs during education and training.
- 22 In areas where the AMP role is well established though, supervision is being provided by APs. However, it is known anecdotally that supervisor preparation is not consistent within and across the four UK countries. This will be key to successful implementation of the role if the NMC proceed with the option of setting education standards for the regulation of AP.
- 23 There are specific requirements for practice supervision of AP students. In the main, our education programme standards do not make specific additional requirements for practice supervisors, particularly in the pre-registration sphere. However, our Standards for post-registration programmes² do have additional requirements in terms of prior knowledge and experience for those who are going to act as practice supervisors for Specialist Community Public Health Nursing (SCPHN) and Specialist Practice Qualification (SPQ) students.
- 24 It is important to consider whether such additional requirements would be necessary for practice supervisors of AP, and what these requirements would look like, particularly for practice supervisors who are not NMC registrants.
- 25 This includes consideration given to the number of appropriate professionals able to act as practice supervisors, recognising the growth expected in the number of professionals undertaking AP programmes and qualifications and the demand on professionals from other health and care learners.
- 26 Competition for access to a suitable practice supervisor may be fierce – registrants of other regulators may naturally prefer to supervise students from their own

² [Standards for post-registration programmes - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/standards-for-post-registration-programmes)

profession rather than nurses or midwives.³ There are also specific concerns about availability of suitable supervisors, particularly in remote and rural locations, social care, private care homes and independent practices. This would place an extra reliance on models of indirect supervision, and whilst many such models are already in place, as well as NMC guidance on indirect supervision⁴, consideration would need to be given as to whether such supervision models were appropriate for learning at AP level.

- 27 This potentially hampers role development in areas where access to healthcare services can be more challenging.
- 28 Alongside this the supervision that would be required would need to ensure that AP learning covers the four pillars of AP as well as ensuring that supervisors are practising at a suitably 'high' level.
- 29 A consideration is ensuring that non-NMC registrants fully understand and are suitably prepared and supported to undertake the practice supervisor role. This is particularly important to the AP student. In our post-registration education standards, we have limited the practice supervisor role for SCPHN and SPQ students, to those who are already SCPHNs or SPQs with suitable experience and training. A question remains as to whether we would/should adopt a similar approach given the demands outlined in paragraph 23. We would also need to understand the education requirements expected for the practice supervisor role.
- 30 Consideration must also be given to employers understanding of the role of students and practice supervisors, including ensuring adequate resource provision for development. We've heard from students on post-registration educational programmes that this is a concern as an area of concern.
- 31 We are aware that current pressure on sector-wide resources has impacted on both practice supervision and assessment of students in practice and it is likely that this would be the same for AP students. It is important that any regulatory decisions are properly consulted on and that stakeholders are supported and enabled to ensure appropriate mechanisms are in place.
- 32 The number of practice learning hours is also an important consideration. There is a current gap in the literature of the number of practice learning hours for AP programmes. There are already policies in place in some of the four UK countries which specify the number of practice learning hours required for AP programmes. Northern Ireland for example indicates 500 hours of supervised practice is required for the AP programme.
- 33 Evidence available from KLOEs 1 and 2 highlights the variation in practice learning hours internationally, from 300 hours in Australia to 500 hours in the Republic of Ireland. We've heard from our stakeholder engagement of the need to consider the balance between academic learning and practice learning.

³ <https://onlinelibrary.wiley.com/doi/10.1111/scs.12120>- The tortuous journey of introducing the Nurse Practitioner as a new member of the healthcare team: a meta-synthesis; [Anna-Carin Andregård](#), Eva Jangland; 3 March 2014.

⁴ [Supporting Information on Indirect Supervision - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/supporting-information-on-indirect-supervision)

- 34 [Practice learning](#), number of hours and quality of learning is an area being explored currently by the NMC.
- 35 Another point to consider is that any supervision model specific to nursing and midwifery professionals may impact other health and care professionals in a multi-professionals setting, causing confusion for employers and professionals themselves. This is also important in the context of the four country models and variation.
- 36 Across the higher education sector, there is variation in credit rating within educational programmes, leading to different approaches to embedding key content in AP programmes. Regulation of advanced practice is likely to improve this position but there are national drivers and varying legal systems within the respective countries which would need to be considered if Council decides we need to develop standards of education and proficiency for AP level practice.
- 37 Our independent evidence⁵ highlights the importance of clinical and practice supervision in terms of quality and safe care. However, this has not been established with specific relevance to AP.
- 38 An international review highlighted variation in provision of quality supervision and reluctance from some supervisors to support APs independent practice which impacted on the scope of the AP role. This is concerning and requires careful consideration.

Perceived facilitators, (benefits) and barriers for practice supervision

Facilitators and barriers for practice supervision in England

- 39 Health Education England's (HEE) workplace supervision for Advanced Clinical Practice (ACP)⁶ sets out an integrated multi-professional approach for developing AP students by having supervision by multi-professional supervisors (workplace supervision in this model refers to practice supervision). These supervisors are registered practitioners from a range of professional disciplines who have advanced level capabilities across the four pillars of AP - clinical, leadership and management, education, and research.
- 40 The key drivers for HEE producing this resource was to address the following issues:
- variation in how well established advanced clinical practice and ACPs are across England's health and care system.
 - the way current supervision practices adopt a profession-specific focus whereas supervision differs widely between and within healthcare professions.

⁵ [Thinks Report 2024](#)

⁶ [Advanced Practice - Website Content - Workplace Supervision for ACPs.pdf - All Documents \(sharepoint.com\)](#)

- that ACPs come from different healthcare professions and are now working in a more hybrid manner yet have differing pre-registration backgrounds.
- acknowledging that clinical supervision of ACPs will likely encompass supervision across traditional professional boundaries.

41 HEE sets out seven principal factors which underpin workplace (practice) supervision and make sure that patient/public and professional safety are preserved during the AP student clinical development. An infographic detailing this is provided below in figure 1. HEE has merged with NHS England to become NHSE Workforce Training and Education (WTE) and the current lead organisation for advanced practice in England is the Centre for Advancing Practice (CfAP) who have produced a number of supportive resources⁷.



Figure 1 seven principal factors underpinning workplace supervision

- 42 Public protection is core to NMC regulation. Our independent rapid literature review identified a gap in the literature in that there was no direct link between supervision of APs and patient safety or public protection. This is not surprising given the paucity of evidence and data of the impact on public protection/patient safety of those working in AP roles.
- 43 The following infographic in figure 2 however, demonstrates the importance of a tripartite approach to supervision of trainee APs and the links to public safety. Harding and Henderson⁸ report that the literature makes clear links more

⁷ [Supervision and assessment resources - Advanced Practice \(hee.nhs.uk\)](https://www.hee.nhs.uk)

⁸ Harding and Henderson *Supervision and Assessment IN Demystifying and Preparing for Advanced Practice: A Guide for Professionals* (*in print)

generally with regard to supervision and the quality of patient care, highlighting the importance of supervision for patient safety.

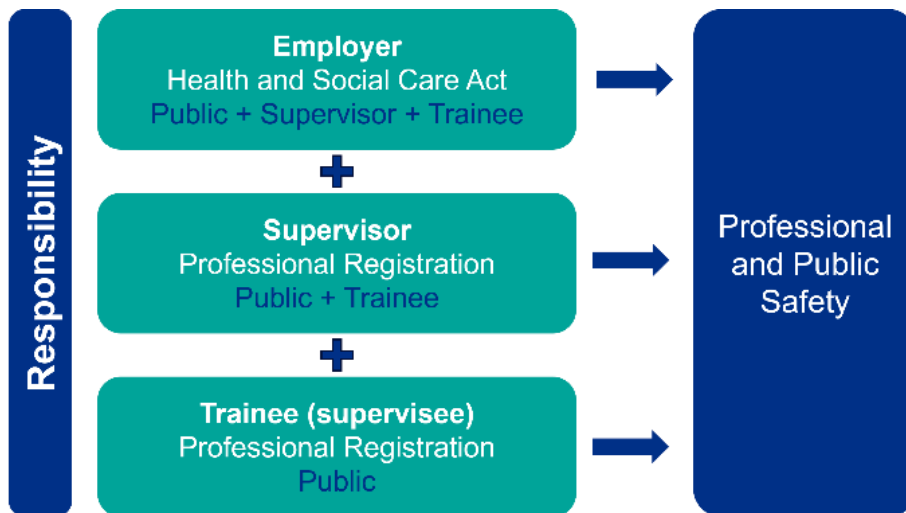


Figure 2 Supervision and public safety (CfAP)

- 44 In 2019, the Royal College of Nursing (RCN) explored whether the role of the practice supervisor should only be taken on by a registered nurse, but decided against, in favour of opening up the supervisory role to a range of multi-professionals, who could more effectively share their theoretical knowledge and competence in a wider range of skills.⁹ HEE propose that AP students choose the most suitable practice supervisor for them at each stage of their AP student lifecycle.¹⁰
- 45 Research conducted by Lee et al (March 2022) at Kings College London University, looked at the experience of AP MSc students of practice supervision whilst doing their clinical practice placements and, more specifically, what these students perceived as being the main facilitators and enablers to supervision in their clinical placement.
- 46 In terms of facilitators, the majority of respondents felt their clinical supervisor had a good understanding of AP and 80 percent felt their practice supervisor had a good understanding of the AP role. Only 50 percent of respondents reported having 'protected learning time' and 70 percent of AP students had medical doctors as their practice supervisors.¹¹

⁹ [Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice - Lee - 2023 - Journal of Clinical Nursing - Wiley Online Library](#) G Lee; E Baker; C Stewart; M Raleigh; Journal of clinical nursing; 29 March 2022. Page 782

¹⁰ Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice; G Lee; E Baker; C Stewart; M Raleigh; Journal of clinical nursing; 29 March 2022. Page 782

¹¹ Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice; G Lee; E Baker; C Stewart; M Raleigh; Journal of clinical nursing; 29 March 2022. Page 787

- 47 In terms of barriers, lack of time for clinician supervision¹², substantial workload and conflicting demands of AP students and their practice supervisors are often cited. This is exacerbated by workforce pressures, the impact of covid on service delivery and recruitment and retention issues. Another perceived barrier is the lack of practice supervisory support for AP students when they transition to becoming qualified APs.¹³ From the 145 AP students contacted, 79 responded (55 percent) and from this 73 were nurses.
- 48 Further barriers cited were shortage of staff, lack of managerial buy-in for supervision provision, poor training of practice supervisors, practice supervisors' unfamiliarity with professional standards and guidance and them also lacking competence and skills to be an effective supervisor. Sometimes employers failed to adequately support practice supervisors when concerns were raised about the performance of the supervisee. Also, there were instances where practice supervisors refrained from giving negative feedback to supervisees from concern this may lead to them receiving detrimental supervision feedback that could negatively impact on their future career.
- 49 Interprofessional supervision (practice supervisors from a different healthcare profession) can present barriers to supervision, such as differences between professional roles, responsibilities, levels of training and codes of conduct. There is an expectation on the practice supervisor to have a good understanding of the nursing profession and context of practice and this knowledge may not always be held by the practice supervisor. This would mean that there would need to be mechanisms in place to support supervisors themselves so that they can effectively support trainee APs recognising the requirements of that level of practice.

Practice assessment

- 50 Practice assessment may be defined as the assessment of nursing and midwifery students whilst undertaking the practice learning elements of an NMC approved education programme.
- 51 The purpose of practice assessment is to confirm proficiency and provide an effective and objective assurance of student achievements and competence. Practice assessors must be appropriately qualified and experienced professionals with necessary expertise for their assessor role.
- 52 Practice assessment must be suitably supported and overseen to ensure safe and effective learning. The practice assessor's key role is to conduct assessments of the students' progress and achievements (SSSA)¹⁴. Practice assessment should

¹² [Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice - Lee - 2023 - Journal of Clinical Nursing - Wiley Online Library](#) G Lee; E Baker; C Stewart; M Raleigh; Journal of clinical nursing; 29 March 2022. Page 787

¹³ Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice; G Lee; E Baker; C Stewart; M Raleigh; Journal of clinical nursing; 29 March 2022. Page 787

¹⁴ [Standards for student supervision and assessment \(nmc.org.uk\)](https://www.nmc.org.uk)

be properly coordinated to provide opportunities for evaluation of the student progress (SSSA 2.7).

- 53 If the NMC proceed with the regulatory option of setting education standards, there are a number of considerations relevant to AP.
- 54 Many of the challenges identified with regard to practice supervision are relevant to the practice assessor role. This includes consideration of four country models, multi-professional assessors, remote and rural placement locations, workforce pressures and employer requirements, suitable preparation and support for the role. For brevity these have not been referenced again but the nuances of the practice assessor role are outlined here.
- 55 An appropriate individual is needed to undertake the role of the practice assessor. Our SSSA require both nursing and midwifery students to be assigned to practice and academic assessors who are NMC registered nurses and midwives respectively (SSSA 6.3 and 6.4).
- 56 The NMC Standards for prescribing programmes (SfPP) - which is a post-registration programme - require a practice assessor who is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking¹⁵ (SfPP 4.5). As prescribing is a post-registration qualification, the requirements for assessors for AP programmes could be similar to the existing standards for prescribing programmes.
- 57 Our SSSA also requires that the practice assessor and practice supervisor are not the same individual unless in exceptional circumstances and this would need to be considered.
- 58 Within England, all supervisors follow the HEE model for workplace supervision outlined above. APs are also required to have an education supervisor who oversees and support the AP.
- 59 All practice assessors must be suitably prepared for the role, must be provided with ongoing support for the role, and must have an understanding of the knowledge and skills they are supporting students to achieve. Inconsistency in practice assessment has been identified from the research commissioned in 2023. It is known from the Nuffield Trust¹⁶ that variation exists across and within countries.

Other considerations

- 60 In terms of entry requirements to AP roles, currently each of the four UK countries sets the requirement for an MSc **level** qualification, as is indicated within each UK country framework and the ICN international guidelines on AP¹⁷. This MSc

¹⁵ [Standards for prescribing programmes - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/standards-for-prescribing-programmes)

¹⁶ [advanced-practice-report-final.pdf \(nmc.org.uk\)](#)- Nuffield Trust Report, 2023

¹⁷ [ICN APN Report EN WEB.pdf](#) ICN 2020

qualification has specific content but consideration needs to be given to APs whose qualification is not at MSc level but who have amassed significant experiential and/or certified learning. Some of these nurses and midwives may have undertaken RCN approved BSc level nurse practitioner programmes from the 1990's for example. Most higher education institutions have a process for accreditation of prior experiential or certified learning, often referred to as RPL (recognition of prior learning). If the NMC chooses an option that involves setting education standards for AP, an approach to RPL needs to be considered and agreed.

- 61 Consideration also needs to be given to the level of qualification required for the AP role. Currently, nurses and midwives exit programmes of education at point of registration with MSc level awards. Doctoral qualifications will be required in the USA as of 2025 for a point of entry to advanced practice^{*18}. The four UK countries stipulate MSc **level**¹⁹ awards which range from postgraduate diploma to MSc awards. Internationally MSc is the minimum level of academic award for advanced practice²⁰. An appropriate academic level of qualification therefore needs to be debated and established.
- 62 It is acknowledged that there is a current reliance on traditional forms of assessments developed for non NMC registrants²¹. The reliability and validity of these assessments utilised within AP curricula as well as more contemporary technology such as Artificial Intelligence (AI) will need consideration if the NMC proceeds an option that involves setting education standards. We know from a recent umbrella review that there is a gap in evidence relating to AI tools within advanced practice²².
- 63 We also know from a recently commissioned rapid literature review that there is limited evidence about advanced practice workplace assessment²³. There is, however, evidence to support utilising multiple methods combining self, peer and supervisor assessment. Self-assessment for example is promoted as being supportive for identifying needs in relation to improving care.
- 64 Thinking about the portability of qualification, often health and social care practitioners undertake a programme of education that equips them to work in a specific area of practice, for example hospital based or a community setting. Once qualified practitioners often move to vastly different areas of practice, for example from a hospital to community role often without additional education. This will need consideration if the NMC opts for regulation of AP. This includes thinking about

¹⁸ Moore, K. Lockwood, E, Henderson, C and Li, M *Education IN Advanced Practice Nurse Networking to Enhance Global Health* (*in print 2024)

¹⁹ [Transforming nursing, midwifery and health professions roles: advance nursing practice - gov.scot \(www.gov.scot\)](http://www.gov.scot) Scottish Government 2017

²⁰ [ICN APN Report EN WEB.pdf](#) ICN, 2020

²¹ [British Journal of Nursing - The reliability and validity of the OSCE as an assessment of capability within advanced practitioner curricula](#) Stirling, K and Henderson, C British Journal of Nursing 2021

²² [A global perspective of advanced practice nursing research: A review of systematic reviews protocol - PMC \(nih.gov\)](#)

where responsibility for the qualification would sit (for example with the employer) and whether a collaborative approach might address some concerns.

- 65 A current challenge faced is the recruitment and retention of academic staff²⁴ This is particularly relevant to AP programmes. In some areas of the UK, specialised AP programmes (such as neonatal AP programmes) are unable to recruit or retain staff to run these programmes. This means students may have to travel to another UK country to undertake this education.
- 66 In terms of clinical currency, in an attempt to encourage registrants into higher education roles, institutions have been reviewing the opportunity to offer clinical academic posts. Internationally, AP educators are known to maintain a clinical role. Arguably, this clinical currency is relevant for a clinically focused programme of education such as AP and needs further consideration.
- 67 Across the higher education sector there is variance in programme costs. Whilst harmonisation is likely to be unachievable, consideration of viability of programmes and impact on the higher education sector is important.
- 68 Any regulatory option/s will need to align with the agreed working principle of co-production with a diversity of stakeholders. Including and ensuring a system-based approach will support identification of challenges and collective actions required.

International context to supervision and assessment - primary evidence

- 69 As part of this KLOE, we spoke to international regulators and professional bodies about supervision and assessment for trainee APs.²⁵ This included conversations with partners in Australia, Ireland, and Switzerland. In this context and to ensure clarity of understanding we would consider clinical supervision as the practice supervision time required to successfully complete a programme of education for AP.
- 70 In Australia Nurse Practitioners (NPs) are supported by other NPs or by medical practitioners who are their mentors. As part of AP MSc programmes, student NPs are required to undertake 300 hours of supervised clinical practice.
- 71 In Ireland, the advanced nurse practitioner (ANP) must show they have been working in clinical areas, have passed an approved ANP programme and completed 500 supervised clinical practice hours, under supervision of an appropriate clinical mentor (either a medical doctor or registered ANP) who signs off their competencies and at the final review deems them competent if fulfilled requirements. For AMPs supervision was previously undertaken by medical doctors, but AMPs can now be supervised by experienced AMPs.

²⁴ [CODH.ASC.report_v4.pdf \(councilofdeans.org.uk\)](#) Council of Deans of Health, 2020

²⁵ See Appendix B- KLOE 1&2 for evidence mapping findings and Meeting with Dr Sònia Sevilla at the Catalan Health Service, Barcelona, on 27th September 2023.

- 72 In Switzerland, within the Master's programmes, clinical hours vary. For registration as an advanced practice nurse (APN), an individual must demonstrate that they have completed 50 hours of clinical supervision after completion of the programme, to be subsequently appointed as an APN.
- 73 Designated practice supervision hours for a nurse or midwife to complete a programme of education will need further debate and clarification.

Clinical Supervision

- 74 Clinical supervision may be defined as a formal process of support, reflection, learning and development that is of benefit to qualified and registered professionals by supporting their ongoing individual development.
- 75 Bond and Holland²⁶ define clinical supervision as the following: "Clinical Supervision is regular, protected time for facilitated, in-depth reflection on complex issues influencing clinical practice".
- 76 A recent report from Wales²⁷ highlights that nurse and midwife APs require a supportive infrastructure and it is argued that this supportive infrastructure should include adequate resources and funding to enable access to peer support networks as well as access to and support for CPD.
- 77 The RCN in their position paper on clinical supervision (2022)²⁸ have adopted the perspective of looking at clinical supervision through the "*lens of reflective practice*" and they advocate for protected time dedicated for reflective practice, and that their members share different views about the scope and purpose of clinical supervision.
- 78 The RCN state "The role of clinical supervision as a form of reflective practice is essential to the development of nurses and nursing careers in clinical, research, education and leadership. Clinical supervision models of delivery should be objectively reviewed and reevaluated if its function is to act as a conduit towards achieving this goal."²⁹
- 79 Within midwifery in the UK, varying models of clinical supervision are already embedded. Clinical supervision for midwives aims to motivate and support midwives to embrace the quality and safety culture that improves outcomes for women and their families. This will include the facilitation of a strong interface between clinical supervisors, risk management personnel, practice development midwives and clinical governance structures within board areas to ensure learning from events is embedded in practice and that any themes or trends identified are acted upon.

²⁶ Skills of Clinical Supervision for Nurses: A Practical. Guide for Supervisees, Clinical Supervisors and Managers. Second edition Bond M and Holland, S 1998

²⁷ heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/HEIW, 2023

²⁸ [RCN position on clinical supervision | Royal College of Nursing](#)

²⁹ [RCN position on clinical supervision | Royal College of Nursing](#)

- 80 Historically, supervision has been highlighted in investigations and inquiries. Following investigations into maternity services at Morecambe Bay NHS Foundation Trust, the Parliamentary and Health Ombudsman³⁰ recommended that midwifery supervision and regulation be separated and that the NMC should maintain direct control of regulatory activity.
- 81 The 2014 report found that the current system of statutory supervision of midwives operated in such a way that risked failure to learn from mistakes which it was argued cannot be in the interests of the safety of mothers and babies. As a consequence of the 2014 report, the NMC commissioned the King's Fund to review statutory supervision for midwives in the UK.³¹
- 82 The Kings Fund supported the recommendation that statutory supervision should end. Following this, statutory supervision of midwives was removed from the Nursing and Midwifery Order (2001) in 2017. This reflected a move away from statutory supervision of midwives towards clinical supervision for midwives which required employers and providers of midwifery services to take a direct ownership of the quality of services, including the supervision support to midwives.
- 83 Within England's multi-professional framework for ACP³², employers must ensure supervision is conducted by those people who are appropriately qualified to do so.
- 84 Simpson et al indicate clinical supervision "is a structured and, most importantly, protected time that enables learning within the clinical environment to take place".³³ The multi-professional framework for ACP in England requires frequent constructive clinical supervision to be embedded into the workforce organisational structure to support and aid AP to develop.³⁴
- 85 Clinical supervision creates an opportunity for APs to reflect on their practice (during and after being exposed to a clinical situation) and identify any skills gaps or learning goals they have. This supports professional development of clinical practice aligned to the NMC Code.³⁵

Perceived facilitators, (benefits) and barriers for clinical supervision

England

- 86 Our evidence has highlighted key facilitators and barriers to clinical supervision of AP students in England, but there is a need to consider how this can be applied to

³⁰ [Investigations concerning Morecambe Bay- report-140915.pdf \(ombudsman.org.uk\)](#) Parliamentary and Health Service Ombudsman, 2014

³¹ [Making sure health professionals are supported: untangling supervision and regulation | The King's Fund \(kingsfund.org.uk\)](#) The Kings Fund, 2014

³² [multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf \(hee.nhs.uk\)](#) 2017

³³ [British Journal of Nursing - Clinical supervision for advanced practitioners-](#) 8 April 2021, J Reynolds and G Mortimore.

³⁴ [British Journal of Nursing - Clinical supervision for advanced practitioners-](#) 8 April 2021, J Reynolds and G Mortimore.

³⁵ [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

qualified ANPs. Lee et al posit that the “role of the clinical supervisor is to provide opportunities for the AP to reflect on and review their clinical practice, discuss individual cases in depth and identify changes or modifications to practice required to maintain professional and public safety”.³⁶ The Care Quality Commission (CQC) suggest that clinical supervision enables a chance to identify training and CPD needs.³⁷

Scotland

- 87 In Scotland, the Transforming Roles programme³⁸ series of papers discusses clinical supervision in ANP. There are currently no ANPs in Scotland.
- 88 ANPs need effective clinical supervision to enable them to develop, maintain and continuously improve their practice³⁹. This may be achieved through competence frameworks and locally agreed supervision models. All ANPs should be prepared to make constructive use of supervision, have a named Clinical Supervisor and be offered at least four Clinical Supervision sessions per year. At least one of the Supervisors should be a senior registered nurse and ideally an ANP.
- 89 It is important to note that the Clinical Supervision model for qualified ANPs differs significantly from the practice supervision model used for student ANPs. The model that should be used for qualified ANPs is the NES Clinical Supervision model.⁴⁰
- 90 Qualified ANPs will have a network of support and supervision that will support day-to-day practice. In addition to this, each ANP will have a named Clinical Supervisor who will either meet with the supervisee on a one-to-one basis or in a group with other supervisees. Supervisees should meet with their Clinical Supervisor at least once a year and the ANPs line manager will be responsible for ensuring that each qualified ANPs has a named Clinical Supervisor.
- 91 In 2017, the Scottish Government indicate “ANPs need effective clinical supervision to develop, maintain and continuously improve their practice. This may be achieved through competence frameworks and locally agreed supervision models.”⁴¹ As part of the second phase of the Transforming Roles programme,

³⁶ Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice; G Lee; E Baker; C Stewart; M Raleigh; Journal of clinical nursing; 29 March 2022. Page 781' [Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice - Lee - 2023 - Journal of Clinical Nursing - Wiley Online Library](#)

³⁷ Advanced practice and clinical supervision: An exploration of perceived facilitators and barriers in practice; G Lee; E Baker; C Stewart; M Raleigh; Journal of clinical nursing; 29 March 2022. Page 781

³⁸ [Transforming NMAHP roles | NHS Education for Scotland](#)

³⁹ [Advanced nursing practice - transforming nursing roles: phase two - gov.scot \(www.gov.scot\)](#) – Scottish Government 2021

⁴⁰ [Clinical supervision | Turas | Learn \(nhs.scot\)](#).

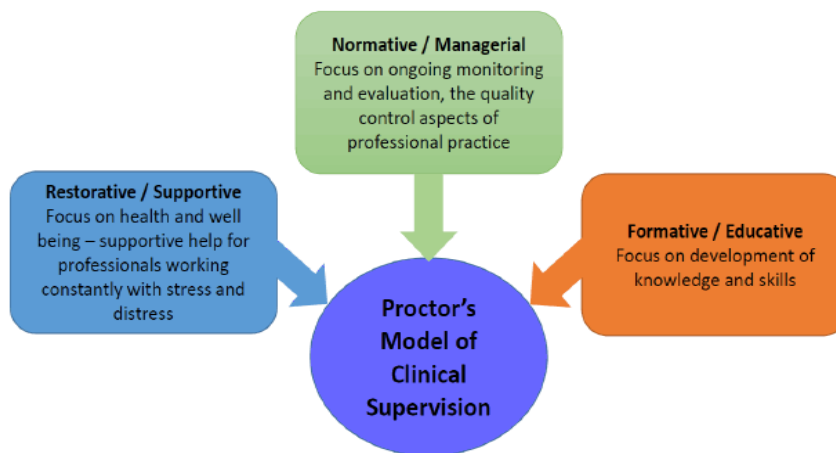
⁴¹ [Transforming nursing, midwifery and health professions roles: advance nursing practice - gov.scot \(www.gov.scot\)](#); Scottish Government, 2017.

the Advanced Practice Short Life Working Group (SLWG) agreed to a look more closely at supervision.⁴²

92 In Scotland, Proctor's Model of Clinical Supervision (1987) is one of the most commonly used models used to support APs and clinical supervisors through the clinical supervision journey. The three functions that need to be addressed as part of supervision are:

- Normative/managerial
- Formative/educative
- Restorative/supportive

93 The degree of focus on each function varies depending on the requirements of the supervisee and in some instances functions can overlap. The infographic below details Proctor's Model of Clinical Supervision.



Models of Supervision - Proctor's Model of Clinical Supervision⁴³

94 The Clinical Supervision model for qualified ANPs is significantly different to the practice supervision model used for student ANPs. Qualified ANPs based in Scotland follow the NES Clinical Supervision model⁴⁴. Qualified ANPs will have a network of colleagues offering both support and supervision of their day-to-day practice. This network may include on-call medical consultants, senior medical staff, ANP colleagues, other Advanced Practitioners, the individual's line manager, and lead and/or chief nurses or consultant nurses. Each ANP should also have a named Clinical Supervisor who will either meet one-to-one with the supervisee or collectively in a group with other supervisees at least once a year. It is the

⁴² [Advanced nursing practice - transforming nursing roles: phase two - gov.scot \(www.gov.scot\)](http://www.gov.scot) – Scottish Government, 2021

⁴³ [Transforming Nursing, Midwifery And Health Profession \(NMaHP\) roles: review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland - gov.scot \(www.gov.scot\)](http://www.gov.scot)

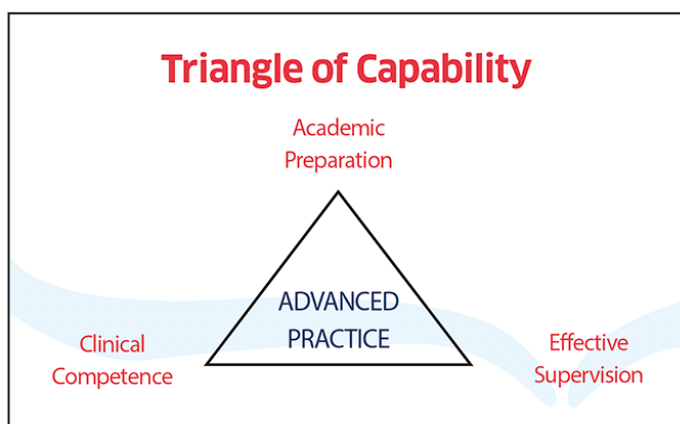
⁴⁴ [Clinical supervision | Turas | Learn \(nhs.scot\)](http://www.nhs.uk)

responsibility of the ANP's line manager to ensure that each qualified ANPs has a named Clinical Supervisor.

- 95 There are five key components to clinical supervision in advanced nursing practice:
- A reflective piece
 - Support from a skilled facilitator
 - Focus on clinical practice (including team dynamics, communication and personal coping)
 - Professional Development
 - Improving patient treatment and care
- 96 Both the Clinical Supervisor and Qualified ANP(Supervisee) are jointly responsible for keeping accurate records of their supervision sessions. Records are important and will help supervisees to reflect on their discussions, be a source of evidence demonstrating they have 'participated in clinical supervision' to submit as part of their NMC revalidation portfolio and be a record of any actions they agree to progress outside of their discussions. Those individuals permitted to act as clinical supervisors of qualified ANPs should be an experienced senior clinician who has experience of or is currently doing a similar role to the ANP. They can either be an experienced ANP (right skills and qualifications) or another healthcare professional, such as a medical doctor.
- 97 The Clinical Supervisor for a qualified ANP will be an experienced senior clinical who is doing or is able to do a similar job to the ANP. Ideally this individual should be a suitably qualified and experienced ANP however they may be another suitably qualified and experienced healthcare professional for example a GP.
- 98 Clinical Supervisors must undertake preparation for their role. Each year, the qualified ANPs should undertake an annual review where they have a meeting with their line manager. In preparation for this meeting the ANP must put together an ePortfolio that provides evidence that they are competent to practice as an ANP. If the line manager is not an ANP it is recommended the annual review is held in conjunction with the ANP's Clinical Supervisor, and if they are not available, then the Clinical Supervisor should provide a report covering the clinical supervision sessions. This process, however, is known to vary within NHS board areas.
- 99 From Scotland's Advanced Nursing Practice work, a 'triangle of capability' has been created to act as a "high-level framework for supporting the transformation of these roles".⁴⁵ Clinical Nurse Specialists and Nurse Practitioners who are working at Advanced Practice level are both referred to as Advanced Practice (Nurses).

⁴⁵ [Transforming Nursing, Midwifery And Health Profession \(NMaHP\) roles: review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2017/06/Transforming-Nursing-Midwifery-And-Health-Profession-(NMaHP)-roles-review-of-Clinical-Nurse-Specialist-and-Nurse-Practitioner-roles-within-Scotland-2017-18.pdf)

Triangle of Capability



- 100 All midwives in Scotland currently receive clinical supervision using the NES Clinical Supervision model⁴⁶. This model focuses on offering midwives an opportunity to reflect and respond which supports restoration. Midwives must have at least one supervision session per year which can be in either a group or on a one-to-one basis. Specialist midwives working with vulnerable groups will have regular clinical supervision. Clinical Supervision in midwifery contributes to safer outcomes, improved services and better outcomes for women and their families. Clinical Supervision supports midwives to advocate for women's needs, reflect on their clinical practice and their own wellbeing⁴⁷.

Wales

- 101 In the Welsh Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales⁴⁸ no specific supervision is mentioned for Advanced clinical practitioners. Advanced clinical practitioners should adhere to all Wales job descriptions to be adopted by employers to ensure standardisation of roles across Wales.
- 102 ACPs will work within a defined scope of practice that should expand through education and establishment of competence and follow a job plan that supports time to undertake four pillars of practice. Additionally, ACPs must develop and maintain a 'portfolio of evidence' to demonstrate that they can maintain the four pillars of practice at an advanced level.
- 103 Employers and organisations should identify suitable clinical supervisors to effectively support all elements of practice across the four pillars. In more recent times more experienced advanced practitioners are supervising skill acquisition among the medical workforces.

⁴⁶ <https://learn.nes.nhs.scot/3580/clinical-supervision>.

⁴⁷ The Scottish Clinical Supervision Model for Midwives Key, S., Marshall, H., and Hollins Martin, C British Journal of Midwifery 2 October 2019 [The Scottish Clinical Supervision Model for midwives | British Journal of Midwifery \(magonlinelibrary.com\)](https://www.magonlinelibrary.com)

⁴⁸ heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/HEIW, 2023

- 104 The overarching role of a clinical supervisor for midwives in Wales is to “*Provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice*”⁴⁹
- 105 Clinical supervisors for midwives provide motivation and support through two core elements:
- 105.1 Learning through group reflection developing midwives’ skills and understanding through reflective practice. There is a mandatory requirement for all midwives to access four hours of clinical supervision each year, two of which must be in a group session.
- 105.2 Individual support is offered on a one-to-one basis with individualised and structured support and learning for midwives who are at a critical moment in their career or who are undertaking organisational capability programmes of work. Reflection need not be formalised and may take place with peers in an informal way.
- 106 Variation in practice across Wales was highlighted during a recent stakeholder event with Advanced Nurses (neonatal and paediatric) and Midwives.
- 107 Stakeholders indicated that supervision for their advanced practice role was undertaken by medical or obstetric consultants and not the nursing or midwifery teams. Stakeholders advised that no consistent supervision model is utilised, and supervisory sessions were designed to discuss complex cases or decision making around care. In midwifery the advanced practitioners have supervision sessions with the clinical supervisors for midwives or professional midwifery advocates, but this supervision was generic in focus and was not specific to an AP role.

Northern Ireland

- 108 The framework for reflective supervision to support nursing and midwifery practice describes the supervision model used within Northern Ireland.⁵⁰ Reflective supervision is defined as a participative process of supported reflection that enables individual nurses and midwives to develop personally and professionally to improve the quality, safety and person-centredness of their practice. In the context of reflective supervision for nurses and midwives, a supervisor is currently registered on parts one, two or three of the NMC register. Supervisors should have a minimum of three years’ experience and have been prepared or approved against agreed regional criteria.

⁴⁹ Care Quality Commission (2013) Supporting information and guidance: Supporting effective clinical supervision

⁵⁰ [DoH Reflective Supervision – A Framework to Support Nursing and Midwifery Practice \(Final\) 31822 | NIPEC \(hscni.net\)](#)

- 109 A supervisor will have knowledge and skill specific to the composition of the supervisee's role, taking account of any specialised and expert requirements and will be on the organisational register of accredited supervisors. Each supervisor has a responsibility to maintain and develop his/her own skills and competencies, contributing to the models of learning and to the approaches used. They must seek and undertake reflective supervision, maintaining records for both personal supervision and professional supervision of others, in accordance with the guidance linked to this framework. A supervisor must be available to provide at least two formal sessions of reflective supervision annually for each supervisee in either one-to-one or group format⁵¹.
- 110 In Northern Ireland, the Advanced Nursing Practice Framework - Supporting Advanced Nursing Practice in Health and Social Care Trusts⁵² indicates that ANPs must receive supervision from a practitioner related to their area of practice. The supervision doesn't have to be from an advanced nurse practitioner, it could for example be a medical doctor.

International context to clinical supervision

- 111 As part of KLOE 5, we spoke to international regulators and professional bodies these stakeholders about supervision and assessment for trainee APs.⁵³ This included conversations with Australia, Ireland, and Switzerland. In this context and to ensure clarity of understanding we would consider clinical supervision as the practice supervision time required to successfully complete a programme of education for AP.
- 112 In British Columbia in Canada, initially newly qualified NPs are required to work under clinical supervision and support of another NP or a medical doctor. In Alberta in Canada, The College of Licensed Practical Nurses of Alberta (CLPNA) approves nursing education and authorisation for advanced practice. Employers work with educational institutions for clinical support and educational supervision. The College of Registered Nurses of Alberta's (CRNA's) Nursing Education Program Approval Standards⁵⁴ outline the specific clinical and educational requirements including preceptorship. Preferred preceptors for NPs are by other NPs however if a NP preceptor is not available a physician can be a preceptor.
- 113 In New Brunswick in Canada, the Nurses Association of New Brunswick (NANB) does not provide this clinical supervision support, as this is provided by educational institutions and employers. In Nova Scotia in Canada, clinical supervision support is also provided by the employer.

⁵¹ [DoH Reflective Supervision – A Framework to Support Nursing and Midwifery Practice \(Final\) 31822 | NIPEC \(hscni.net\)](#)

⁵² [Advanced Nursing Practice Framework | Department of Health \(health-ni.gov.uk\)](#)

⁵³ See Appendix B- KLOE 1&2 for evidence mapping findings and Meeting with Dr Sònia Sevilla at the Catalan Health Service, Barcelona, on 27th September 2023.

⁵⁴ [nursing-education-program-approval-standards.pdf \(nurses.ab.ca\)](#)

- 114 In Colorado, USA, the Department of Regulatory agencies stated that they do not have statutory authority to provide educational or clinical support to advanced practitioners. In Kentucky, USA, they informed us that once advanced practitioners become certified and licensed, there are no supervision requirements, except for prescriptive authority. In Oklahoma, USA, clinical supervision is done by education and practice specialists from the Oklahoma Board of Nursing. This reflects practice supervision and assessment as we would understand it in the UK.
- 115 In Spain, they reported that clinical supervision of APs is currently variable across regions in Spain, with many APs describing feeling “isolated in practice”.

Additional international evidence review

- 116 We have also reviewed the international literature about clinical supervision across the breadth of healthcare professions as there are relevant themes that apply across professions when it comes to examining, enablers, benefits and barriers to practice supervision in the workplace and this can be compared to the England or UK context.
- 117 Rothwell et al (August 2021)⁵⁵ conducted a Rapid Evidence Assessment (REA) looking at the international literature evidence over the last ten years about the enablers, and barriers to effective clinical supervision in the workplace and benefits of effective clinical supervision.
- 118 The literature derived from Australia, the UK, the USA, New Zealand and Canada looked at a range of health and social care professionals, including medical doctors, nurses, psychologists, social workers and allied health professionals.
- 119 Rothwell et al (August 2021) conclude that clinical supervision “needs to be provided in a neutral, open, supportive environment to facilitate discussion and reflection on clinical practice, career development and any personal issues that may arise in the workplace”.⁵⁶

Identified enablers to clinical supervision

- 120 The evidence identified several enablers to effective clinical supervision, including creating an open, safe, and supportive environment, where clinical supervisors are trusted and respected; spending time reflecting on clinical practice and receiving constructive ‘real-time’ feedback. When supervisors were perceived as being

⁵⁵ Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review; C Rothwell; A Kehoe; S Farhene Farook; J Illing; BMJ Open; 26 August 2021. [MJM open journal article.full.pdf](#)

⁵⁶ Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review; C Rothwell; A Kehoe; S Farhene Farook; J Illing; BMJ Open; 26 August 2021. [MJM open journal article.full.pdf](#)- page 6.

'experts' in their field, they were deemed as more 'credible' by supervisees and better able to support their clinical practice.⁵⁷

- 121 There was limited evidence regarding the 'frequency of supervision' but one study by Dilworth et al stated that supervision should occur monthly in order to ensure enough support to supervisees.⁵⁸ Whatever the timeframes decided on between supervisor and supervisee, it should be well planned and responsive to the supervisee's needs to deal with any emerging issues promptly and offer flexibility to enable healthcare professionals working irregular hours to still access supervision time. Ideally having a regular time each week or month and providing protected time to facilitate it happening effectively.
- 122 It was considered important the supervisors were appropriately trained in 'cultural awareness' and demonstrated good communication, reflection and problem-solving skills as well as a willingness to be receptive to feedback from their supervisees too. For clinical supervision to be productive, there should also be a "shared understanding of its purpose".⁵⁹

Identified barriers to clinical supervision

- 123 Typical barriers identified in the studies examined included shortage of time to dedicate to clinical supervision and non-conductive heavy workloads, and limited time for reflective practice within supervision discussions which impacted negatively on how supported supervisees felt.
- 124 Other barriers included a lack of financial incentives for supervision, impacting on how it was regarded by healthcare professionals and a lack of protected time for clinical supervision influencing supervisees motivation to partake in the process.

Identified benefits to clinical supervision

- 125 In terms of perceived benefits to effective clinical supervision, this included staff retention, increased job satisfaction and improved staff wellbeing. When clinical supervisors underwent CPD themselves, this was also found to be linked to improved supervisee retention.
- 126 Another positive outcome from effective clinical supervision was reduced levels of anxiety and stress through fostering a more supportive workplace environment, improved communication and increased reflective practice. Finally, our evidence

⁵⁷ Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review; C Rothwell; A Kehoe; S Farhene Farook; J Illing; BMJ Open; 26 August 2021. [MJM open journal article.full.pdf](#) – page 3.

⁵⁸ Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review; C Rothwell; A Kehoe; S Farhene Farook; J Illing; BMJ Open; 26 August 2021. [MJM open journal article.full.pdf](#) – page 4.

⁵⁹ Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review; C Rothwell; A Kehoe; S Farhene Farook; J Illing; BMJ Open; 26 August 2021. [MJM open journal article.full.pdf](#) – page 7.

showed a connection between improved clinical supervision and higher levels of quality in care of patients.

- 127 Consideration should be given to providing guidance about requisite clinical supervision requirements beyond point of registration as an AP.

Continuous professional development (CPD)

- 128 One of the potential regulatory options is the use of existing regulatory mechanisms such as revalidation to set standards for APs CPD.
- 129 Revalidation is the process that all nurses and midwives in the UK and nursing associates in England need to follow to maintain their registration with the NMC.⁶⁰ These requirements for revalidation are either prescribed in the Nursing and Midwifery Order 2001, the Education, Registration and Appeals Rules or are standards set by the NMC for revalidation and readmission.
- 130 Another key consideration is the potential of preceptorship to support newly qualified APs. The main aim of preceptorship⁶¹ is to support the integration of newly registered professionals into their new team and place of work. The principles aim to ensure a supported and structured period of preceptorship for newly qualified nurses. The principles focus on the organisational culture, quality and oversight, preceptee empowerment, preceptor preparation and the preceptorship programme.
- 131 Further considerations in relation to revalidation and preceptorship includes whether the potential quality assurance of CPD and whether there is an opportunity to align annual review/appraisal to CPN and revalidation.
- 132 In Scotland, the second phase of the Transforming Roles programme⁶² provides a policy approach to Continuing Professional Development (CPD). Paper 7 acknowledges the financial and time perspective investment made by the employer and healthcare professional to undertake CPD to continue to function competently as an ANP, therefore, to ensure this benefits both the employer and nurse, ANPs should have “*opportunity and access to high quality CPD.*” Transforming Roles paper 7⁶³ advises CPD is integrated into work programmes and that sufficient time is given to CPD activities enabling nurses to reflect on their practice as part of meeting their revalidation requirements and adhering to the NMC Code.⁶⁴
- 133 Anecdotally, feedback from Scotland indicates that a focus on CPD for qualified AP is warmly welcomed. There is a feeling that student APs are supported but

⁶⁰ [Revalidation - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk)

⁶¹ [Principles of preceptorship - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk)

⁶² [Advanced nursing practice - transforming nursing roles: phase two - gov.scot \(www.gov.scot\)](https://www.gov.scot)

⁶³ [Advanced nursing practice - transforming nursing roles: phase two - gov.scot \(www.gov.scot\)](https://www.gov.scot)

⁶⁴ [The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk)

once qualified, there is no specific support mechanism in place to ensure appropriate ongoing CPD.

Conclusion

- 134 One of the challenges with this KLOE has been the confusion and conflation of chosen terminology. This has been particularly evident with the use of the term 'clinical supervision'. This term has been confused between practice supervision for student APs to gain knowledge and competence for their AP role and the clinical supervision restorative function to support ongoing professional development.
- 135 The growth of AP across the UK has led to the individual UK countries developing specific and supportive guidance which has been embedded in practice but utilises a range of terminology inconsistently. To attempt to provide clarity, we chose to separate discussions, for example practice supervision is discussed separately where possible from clinical supervision. It has not always been possible to achieve this due to the variance internationally and within the literature. This highlights a need for clarity of terms and consistency in any proposed education and training standards and NMC communications.
- 136 HEIs and practice placement partners currently set their own curricula for their AP programmes, creating wide variability in experience and expectations of those undertaking these programmes. HEE (2021)⁶⁵ have raised concerns that these variations pose a risk to AP role development. Furthermore, Mallinson (2021)⁶⁶ argued the disparity between AP programmes has the potential to impact on patient safety. The option of setting education standards and standards of proficiency has the potential to address this variability and create consistency and this has been highlighted clearly through our stakeholder engagement.
- 137 The multiprofessional approach to AP and the absence of agreement and consensus across healthcare regulators regarding chosen nomenclature has the potential to create challenges for supervisors and assessors. A cross regulatory approach to AP practice definitions and/or a shared statement on AP should also consider harmonisation of terminology across regulators and we welcome this is being considered in KLOE 6.
- 138 Further work is required to explore supervision, assessment and CPD and to ensure the outcomes from commissioned literature reviews and stakeholder feedback is amalgamated.

⁶⁵ Health Education England (2021) *Workplace supervision for advanced clinical practice: An integrated multi-professional approach for practitioner development* Available at: <https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/>

⁶⁶ Mallinson, T. (2021) An exploratory study into the teaching of clinical examination skills in advanced practice *British Journal of Nursing* 30, 12, 712-720