

# Advanced Practice

## Key line of enquiry 6

Comparative analysis of approach  
by other professional regulators in  
the regulation of Advanced Practice

March 2024

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## Purpose of paper

- 1 The purpose of this paper is to present a comparative analysis of approaches by other professional regulators in the regulation of AP. This forms the work undertaken as part of key line of enquiry (KLOE) 6. The evidence from KLOE 1, a comparative analysis of current Advanced Practice (AP) frameworks across the four countries of the UK and the potential for developing a unified UK wide AP framework, has also informed KLOE 6. This paper also includes consideration of the commonalities and differences of professionals working in a range of advanced practice roles.
- 2 This KLOE has provided a starting point to consider the approaches taken by other professional regulators. Building on this work, we set up a Joint Regulatory Group (JRG) on AP that included representatives of other professional health and care regulators. We also engaged with the four country devolved governments and four country systems regulators to explore their views on the impact of additional regulation of nurses and midwives working in advanced practice (AP) roles. This has resulted in the development of one of our regulatory options, developing a set of principles/joint statement on AP, and we have explored through our discussions the opportunities, risks, benefits and challenges of such joint approaches.
- 3 As we proceed to Phase Two of the review of AP, we will continue to collaborate and co-produce through joint approaches.
- 4 As part of the review, we have met regularly with other health and care professional regulators through our Joint Regulatory Group and their input and work has fed directly into our independent steering group. This group committed to the development of a joint position statement on advanced practice.

The JRG consists of the following organisations:

- a. The Health and Care Professions Council (HCPC) – also a member of our independent steering group.
  - b. Social Work England (SWE)
  - c. The General Medical Council (GMC)
  - d. The General Chiropractic Council (GCC)
  - e. The General Osteopathic Council (GOsC)
  - f. The General Optical Council (GOC)
  - g. The General Dental Council (GDC)
  - h. The General Pharmaceutical Council (GPhC)
- 5 The purpose of our discussions with the JRG in the context of KLOE 6 was to:

- a. Debate joint regulation and its impact on the public understanding and trust.
- b. Debate joint regulation and its impact on regulators and wider professional bodies, for example impact on accreditation.
- c. Debate joint regulation and its impact on multi-professional practitioners working in AP roles, as well as trainee Advanced Clinical Practitioners (ACPs) in relation to original scope.
- d. Debate joint regulation and its impact on employers and wider stakeholders.
- e. Debate joint regulation and its impact on commissioning bodies.
- f. To produce reports of debate and perspectives according to set timescales.

## Assumptions

- 6 There is no one definition of AP that applies to all professions. The development of a joint position statement may support the breadth of AP across professions to be captured.
- 7 None of the professional regulatory bodies listed above have any additional regulatory requirements for individuals working in AP roles.
- 8 Scope and level of practice are important considerations within the multi-professional context that APs practise in.
- 9 There are some considerations in the development of a joint regulatory position statement on AP. These include:
  - a) Focus on the risk to public protection and regulatory responsibilities.
  - b) Meeting the additional/more complex needs of people who use health and care services with the multi-professional context of care delivery.
  - c) The impact of a shared statement on/definition of professionals' primary registration and role in public protection, patient safety and public confidence in our professions.

As the key line of enquiry (KLOE) work progresses, this paper will be updated.

This includes new evidence following review and feedback from the Joint Regulatory Group, AP nursing and midwifery advisers and internal and external challenge sessions, Public Advisory Group, Project Board and Steering Group, roundtable events, and stakeholder events in each of the four countries.

## Methodology

10 KLOE 6 has been explored through desk-based evidence gathering. This includes evidence from the Nuffield Trust report; a rapid literature review; through engagement with our joint regulatory group, four country system regulators and four country administrations; and insights from our stakeholder engagement.

## Drivers for AP

11 A key driver for the growth of advanced clinical practice has been to enable practitioners to meet the evolving needs of populations and individuals, families and carers through different models of service delivery and multidisciplinary working ([Welsh Government \(WG\) 2021](#), HEIW 2023<sup>2</sup>, HEE 2017<sup>3</sup>, NES 2024a and b<sup>4</sup>, [NHS England 2021](#)<sup>5</sup>, Royal College of Midwives 2023 a, b and c<sup>6</sup>, NI Government 2021<sup>7</sup>). Other drivers include ensuring improved access to services, quality & continuity in care and carer.

12 This sits alongside supporting career progression and opportunities for nursing, midwifery and Allied Health Professions (AHP); retaining skilled and experienced clinical staff ([NI Government 2016](#)<sup>8</sup>, NIPEC 2023<sup>9</sup>, Welsh Government 2019<sup>10</sup>)

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<sup>1</sup> Welsh Government A Healthier Wales 2021. Available [online] at: A Healthier Wales (gov.wales) Accessed 20240207

<sup>2</sup> Health Education and Improvement Wales (HEIW) 2023 Professional Framework for Enhanced, Advanced and Consultant Practice. Available at [online]: <https://heiw.nhs.wales/workforce/workforce-development/professional-framework-for-enhanced-advanced-and-consultant-clinical-practice/> Accessed 20240209

<sup>3</sup> Health Education England (HEE) 2017a Multi Professional Framework For Advanced Clinical Practice in England. Available at [online]: <https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-clinical-practice-in-england/> Accessed 20240207

HEE 2017b Multi-professional consultant-level practice capability and impact framework. Available at [online]: <https://www.hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf> Accessed 20240207

<sup>4</sup> NHS Education for Scotland (NES) 2023a. Nursing, midwifery and allied health professionals (NMAHP) development framework. Available at [online]: <https://www.nmahpdevelopmentframework.nes.scot.nhs.uk/> Accessed 20240207

NHS Education for Scotland (NES) 2023b. Nursing, midwifery and allied health professionals (NMAHP) development framework. Post-registration Development Framework. Available at [online]: <https://www.nmahpdevelopmentframework.nes.scot.nhs.uk/post-reg-framework/> Accessed 20240207

<sup>5</sup> Health Education England 2021. Available [online] at Allied Health Professional Education Workforce Capability and Career Framework Allied health professions | Health Education England (hee.nhs.uk) Accessed 20240207

<sup>6</sup> Royal College of Midwives 2023a. Scotland State of Maternity Services. Available at [online] <https://www.rcm.org.uk/media/7011/scottish-state-of-maternity-services-report-2023.pdf> Accessed 20240207

Royal College of Midwives 2023b. Wales State of Maternity Services. Available at: [online]: <https://www.rcm.org.uk/media/7011/wales-state-of-maternity-services-report-2023.pdf> Accessed 20240207

Royal College of Midwives 2023c. England State of Maternity Services. Available at: [online]: [england-soms-2023.pdf](https://www.rcm.org.uk/media/7011/england-state-of-maternity-services-report-2023.pdf) Accessed 20240207

<sup>7</sup> Northern Ireland Government 2021. Available [online] at: Rebuilding Health and Social Care Services - Phase 5 Plans | Department of Health (health-ni.gov.uk) Accessed 20240207

<sup>8</sup> Northern Ireland Department of Health 2019. Advanced AHP Practice Framework Available at [online]: <https://www.health-ni.gov.uk/sites/default/files/publications/health/AHP-Framework.pdf> Accessed 20240207

<sup>9</sup> NIPEC 2023. Advanced Nursing Practice in Northern Ireland Analysis and Recommendations. Available [online] at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-nipec-anp.pdf> Accessed 20240207

<sup>10</sup> Welsh Government 2019. Allied Health Professions (AHP) Framework Available [online] at: Allied Health Professions (AHP) Framework | GOV.WALES Accessed 20240207

and [2022](#)<sup>11</sup>, [Scottish Government 2023](#)<sup>12</sup>, NHS England 2019<sup>13</sup> and [HEE 2017 a and b](#)<sup>14</sup>); and supporting the retention of a skilled workforce as key to public and people who use services safety and minimising risk.

- 13 An ageing population, combined with the increase of chronic conditions, increasing health inequalities, rising costs and workforce shortages have increased the demands for health and care services and have put pressure on systems to ensure high quality, coordinated care. Additionally, within maternity services, increased complexities in birth and rising co-morbidities are putting increased pressure on those delivering services.
- 14 The evidence base for the expansion of ACP roles 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 the public and people who use health and care services needs are the primary driver, along with the fact that historical professional hierarchies should not but do dictate boundaries of working or roles.

#### **Evidence from comparative review from other professional regulators in the UK**

- 15 The Health and Care Professions Council (HCPC) in their 2021<sup>15</sup> independent research report identified the complexity of AP as a concept, due in part to the differing speeds that professions and health and care organisations were developing AP roles. There was clear recognition of the service drivers for the changes being seen and the development of AP roles. Education was also found to be led and developed specifically to support local AP initiatives. The HCPC (2021) report concluded that additional regulation of AP was not required at that time to protect the public, however the HCPC did acknowledge that as a regulator with a broad remit, they may have a role in

‘achieving unification across the four nations in relation to the future role expectations, educational standards, and governance of advanced level practice’ (HCPC 2021 p6).

- 16 From an allied health professions perspective, there is variability in the establishment and recognition of AP roles. AP in radiography is well established and recognised, with support from the Society of Radiographers.<sup>16</sup> In contrast,

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<sup>11</sup> Welsh Government 2018. (updated 2022) Available [online] at: A healthier Wales: long term plan for health and social care | GOV.WALES Accessed 20240207

<sup>12</sup> Scottish Government 2023. Available [online] at: NHS Recovery Plan 2021-2026 (www.gov.scot) Accessed 20240207

<sup>13</sup> NHS England Long Term Plan 2019. Available [online] at: The NHS Long-term Plan Explained | The King's Fund (kingsfund.org.uk) Accessed 20240209

<sup>14</sup> Ibid.

<sup>15</sup> HCPC 2021 Advanced Practice Final Independent Research Report. Available at [online]: <https://www.hcpc-uk.org/resources/policy/advanced-practice-full-research-report/>. Accessed 20240305.

<sup>16</sup> Society of Radiographers 2020. Available [online] at: What is advanced practice in radiography? | SoR Accessed 20240207

the AP role in pharmacy is less well defined, however there is a recognition of the need for APs by the Royal Pharmaceutical Society (RPhS)<sup>17</sup>.

- 17 Current discussion and conflict regarding the regulation of Physicians Associates (PA) by the General Medical Council (GMC) should be recognised, and lessons learned<sup>18</sup>. The GMC have been engaged with us through our JRG and shared information of their progress in relation to the roles and regulation of both PAs and Anaesthetic Associates (AAs).
- 18 Social work is regulated by separate regulators across the UK, such as The Care Council for Wales, The Northern Ireland Social Care Council (NISCC) and Social Care England, whilst in Scotland Councils have a duty under the Social Work (Scotland) Act 1968 to assess social work support needs of individuals.
- 19 See Appendix One for the range of professions where AP is practised.
- 20 More broadly, comparison with other professional regulators such as the Legal Services Board, covered by the legislative framework of the Legal Services Act 2007 (LSA), offers insight into complex relationships and management of regulation across professionals that can be authorised to carry out a range of reserved legal activities such as solicitors, barristers, legal executives, licensed conveyancers, patent attorneys, trademark attorneys, cost lawyers, notaries and chartered accountants. This may offer a wider perspective to our work.

## **Potential regulatory option – development of principles/joint statement**

- 21 As Phase One has progressed, one of the potential regulatory options that has been developed has been to consider collaboration with key stakeholders to develop a joint approach to AP, either via a set of principles or a joint statement on AP. This proposal would not see the NMC taking on any additional regulation of AP but convening partners to develop a new voluntary approach for advanced nursing and midwifery practice.
- 22 Our most likely partners would be four country devolved governments, including Chief Nursing Officers and Chief Midwifery Officers; other health and care professional regulators; and four country systems regulators. Employers would also have an integral role to play in developing, implementing and maintaining this proposal.
- 23 This approach could include continued work with national governments to understand how any proposal we develop aligns to and creates consensus amongst individual national frameworks. We could also continue work with health and care professional and systems regulators, even though they may be at different stages, to develop a consistent approach where possible.

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<sup>17</sup> Royal Pharmaceutical Society 2024. Advanced Practice (rpharms.com) Advanced Practice (rpharms.com) Accessed 20240207

<sup>18</sup> Joint Regulatory Group meeting 06.10.2023

24 Further details about this potential approach, including benefits, risks and challenges can be found in our [options appraisal](#) paper. This paper highlights the evidence and stakeholder feedback considerations through KLOE 6.

### **Factors to consider in developing joint regulatory approaches**

25 Current joint regulatory discussions through our JRG have attempted to develop common principles for and a joint statement on AP. This has resulted in a draft set of high-level principles which need further development/refinement as work progresses into Phase Two.

26 Through stakeholder engagement, much discussion has taken place around how the impact of these approaches on AP professionals, employers, public, learners and educators will also differ:

- For the AP learner/practitioner in terms of individual accountability and responsibility, there may be increased recognition of professional identity whilst potentially working within multidisciplinary teams. There may also be increased costs for further registration and in potential additional revalidation requirements.
- For employers, regulation would result in potential changes in governance, scope of practice and role, access to appropriate supervision and support, and an impact on accrediting and credentialing bodies e.g. Royal Colleges, faculties, the Centre for AP (NHSE).<sup>19</sup> Regulation may assume the role that some current systems have in standardising education and recognising APs through credentialing e.g. digital badging (NHSE). The differences in four country approaches to AP Frameworks will need further consideration.
- The impact of commissioning drivers on students/learners, for example interdisciplinary education, and the current governance frameworks in place across all four nations, all have implications for students/learners and would need to be explored accordingly.
- For the public, a joint regulatory approach could result in greater levels of understanding of the level of practice, roles and potentially titles, raising the level of trust and confidence in professionals working at an AP level.
- For professional regulators, there is debate around whether joint regulation is possible due to the differing requirements of each unique profession. If joint regulation is not possible, then consideration of balancing joint regulatory approaches, using an agreed, joint statement/ definition of AP will be necessary.
- Consideration of differing educational levels and scopes of practice will be necessary within the generalist/specialist debate, as this could limit practice and individuals in specialities. There is however a need to define the risk of not regulating AP to the public.

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<sup>19</sup> Health Education England 2017 Multi Professional Framework For Advanced Clinical Practice in England. Available at [online]: <https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-clinical-practice-in-england/> Accessed 07.02.2024



- Consideration of joint approaches will require continued collaboration and co-production which has been central to Phase One of the AP review. Our JRG is committed to continuing to work together as the review progresses, sharing learning. This includes our four-country devolved administrations and four country system regulators. This will be explored further in Phase Two.
- Our stakeholder engagement across both public and professionals highlighted the need for careful consideration so as not to create a two-tier system whereby multiprofessional practitioners working in AP roles, working within the same health and care system, have different regulatory requirements<sup>20</sup>. This is a concern that has been echoed throughout our roundtable engagement with various professional stakeholders.

### **Impact on people who use health and care services and members of the public**

27 The following section outlines the evidence of impact on stakeholder groups, including members of the public and people who use health and care services, professionals and employers. This evidence has been collated from our stakeholder engagement.

28 The following points represent the key highlights from discussion with our Public Voice Forum (PVF) and feedback from our Public Advisory Group members' network. These have been included in the [independent analysis](#) of stakeholder engagement:

- a. The PVF voiced that additional regulation is necessary to protect them, however this should not result in hierarchy within practice.
- b. There is a need for awareness raising of the role. Should regulation or otherwise ensue, clarity from all regulatory groups around what constitutes AP is required, with recognition of the differing health and care setting where APs practise.
- c. That the public perception of application of additional expertise by APs should be qualified and clarified by the regulatory bodies.
- d. The groups identified the benefits of APs, who are seen as providing quicker access to care which is streamlined, and the importance of retaining professionals with advanced clinical practice skills.
- e. Other considerations exist for APs working in social care, where signalling and role expectations differ and are less apparent in comparison to those in secondary care. This relates to public and patient confidence and understanding of the level of practice of the practitioners attending to them.

### **Wider consideration of benefits and potential challenges on people who use health and care services and members of the public**

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<sup>20</sup> Steering Group feedback 16.10.2023

- 29 Our evidence suggests that joint regulatory approaches could provide more consistency to positively influence standards of care, clarity of roles and clarity of titles across different professions and countries/regions, fostering a sense of trust, reliability and predictability for the public.
- 30 Additionally, co-ordinated regulation may contribute to improved public safety by ensuring that practitioners meet similar competency, education, training and qualification standards.
- 31 Our evidence suggests some potential challenges of joint regulatory approaches. Different professions may not account for variations in professional requirements, this may potentially lead to a standardised approach that does not align with specific professional requirements. Our engagement was clear that professional identity for individual professionals was important.
- 32 Differences in professional regulatory frameworks might cause confusion to the public and erode confidence and trust if they perceive variations in the qualifications, competence and capabilities of health and care practitioners working in AP roles.

### **Impact on professionals**

- 33 Our evidence suggests that there is need for role definition and clarification for and of individuals practising at AP level, and for and of inter and multi-disciplinary teams, to assure the public and people who use services that practitioners are not working outside of their scope.
- 34 Potential financial impact on individuals if further regulation would add to the cost of initial recognition and revalidation as an AP. This would also impact on equality of access to education and training.
- 35 Accreditation would need to be standardised, which may result in attrition if overly onerous or costly to the individual practitioner.
- 36 The concept of 'Grandparenting' would need to be clarified and processes aligned across professional regulatory bodies to ensure standardisation, recognising the impact that such a process may have on existing experienced practitioners working in AP roles. Further implications are consideration of qualifications and experience of internationally educated practitioners.
- 37 Continuous Professional Development (CPD) would need individual regulatory requirements to ensure competence/capabilities are met, as identified in the specialities group roundtable.

### **Wider consideration of benefits and potential challenges on professionals in AP roles**

- 38 Our evidence suggests that collaborative efforts in joint regulation could lead to increased standardisation of AP and potential efficiency in accreditation processes and in evaluating and approving education programmes and CPD

requirements. Joint regulation allows regulators and professional bodies to share best practices, fostering a culture of continuous improvement.

- 39 Coordinating changes and future changes among different regulatory bodies may result in bureaucratic hurdles, potentially slowing down progressive decision-making processes.
- 40 Professional regulators and bodies may feel that joint regulation compromises their autonomy and ability to tailor standards/regulation to the unique needs of their professions.

### **Impact on employers**

- 41 The Thinks<sup>21</sup> report concludes that employers believe regulation will make recruitment of staff easier. As role expectations would be standardised across employing bodies, it will be easier to understand the prospective member of staff's level of practice.<sup>22</sup>
- 42 Should regulation be introduced, it will impact on staff numbers working at AP level, and that would require consideration of the risk that established APs may not engage with the AP regulatory process, either due to lack of personal agency or time<sup>23</sup>.
- 43 Ensuring that all APs/ACPs are working to a set level as set out in job descriptions will offer challenges, as scope of practice is different for individuals and changes over time and as experience grows. Scope differs across professions and may have wider impact on pay grades according to Agenda for Change (A4C) in the NHS; the social care and independent sector pose a different set of challenges.
- 44 A midwife is a legally defined role and scope of practice. A midwife's scope of practice may change depending on the nature of their roles and the learning they have undertaken. The Code requires midwives not to practise outside of their skills, knowledge or competence. It is important that providers of maternity services are mindful of this professional duty when they deploy midwives as AMPs.
- 45 There may be an impact on future proofing services/service planning and commissioning of APs given the inter-professional nature of AP. Currently APs are employed to ensure that service requirements are met. Should an agreed definition/joint statement and a form of regulation be introduced, then review of how services are planned and resourced may need to be re-thought/re-adjusted, with the potential need to fund AP further to a standardised pay scale. The advantage of a joint regulatory approach across professions also prevents the creation of a two-tier system where APs from different professional backgrounds

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<sup>21</sup> Thinks 2023 Advanced Practice Regulation Interim Note 8th Dec prepared for the NMC

<sup>22</sup> See KLOE3

<sup>23</sup> Thinks 2023 Advanced Practice Regulation Interim Note 8th Dec prepared for the NMC

could face different regulatory burdens impacting their employability, career progression and pay scale.

- 46 Our evidence suggests that regulation may help with reducing risk to the public and people who use services as currently service demand for agency workers is driven by employer demand, which is to service a shortfall in staffing to fit specific needs. For example, a gap in nursing service provision in primary care may have been identified, and a GP practice manager may employ an AP without an independent prescribing qualification which doesn't meet the service requirements, creating confusion and inconsistency. If AP was regulated, standardisation of education would lead to better matching of service requirements to recruitment which in turn would enhance assurance to the public.
- 47 Our professional stakeholder engagement identified the need to recognise the current four nation AP frameworks, as these offer clarity in the educational requirements for AP, and a potential benchmark for individuals' level of practice within their individual scope and context. There is an opportunity to explore a unified UK wide AP framework as part of this work.
- 48 Mitigation of risks as identified by employers include the use of AP competency frameworks and standardised job descriptions, local governance mechanisms and policies, and we heard about good practice in this area through our engagement.
- 49 The challenges faced by employers include lack of understanding of the role of APs by the public, health and care staff in general including APs themselves, inconsistencies in educational preparation and entry to AP, lack of understanding of strategies to support the AP role, lack of understanding of roles and responsibilities, workforce planning with limited budgets, multiple roles and confusion with titles. Such issues impact CPD and the delivery of safe and effective care of and by the AP.

## **Impact on educators and learners**

- 50 Preparation for AP roles will need to be standardised as there is risk in the lack of standardised approach to education and training (BritainThinks).<sup>24</sup> Our evidence suggests that clarity around the different routes to becoming an AP will be required including recognition of qualifications of, for example, overseas APs, grandparenting, portfolio, MSc, accreditation and/or credentialling. Equality, diversity and inclusion is core to all joint regulatory AP.
- 51 There is a need to closely reference KLOE 5 and the education, supervision and assessment of AP, and continuing developmental needs of those in AP roles to ensure public protection through providing clarity for the individual practitioner, their employers and the public of what is required in terms of education to meet the requirements of the level of practice and role.

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<sup>24</sup> BritainThinks 2023 Advanced Practice qualitative research report prepared for the Nursing and Midwifery Council 7th July

52 Our evidence suggests that there is scope and value in learning with and from other professionals; this can even be more formalised in the form of other professionals taking on clinical supervision and contributing to formal assessments. Our evidence suggests that joint regulatory working is key to enabling this. Workforce pressures and pressures on service providers that also provide placement learning are often challenged by the multiple goals that they're having to fulfil. The additional workload created for health and care professionals who are currently already stretched is an issue raised by students in the NMC engagement session.

## **Conclusion**

53 A comparative analysis of regulatory approaches to AP reveals a dynamic landscape shaped by the unique needs and contexts of different healthcare professions. The emphasis on collaboration, education, public and people who use services, safety and adaptability underscores a shared commitment to optimizing health and care delivery.

54 The evidence presented throughout this paper reflects some of the work undertaken in the joint regulatory space and we have ensured that collaboration and co-production has been key in our discussions and considerations. This paper has focussed on the approaches taken by other professional regulators, we will continue to work in collaboration with four country devolved governments, four country systems regulators and other professional health and care regulators as we proceed to Phase Two of this AP review if our Council proceeds with Option 2, the development of a set of principles/joint statement.

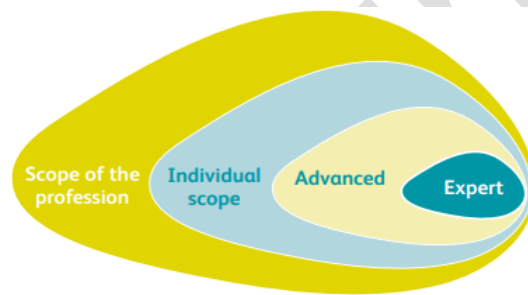
## **Annexe A**

### **Definitions of AP**

- 1 **International Council of Nurses (ICN)** - Advanced Nursing Practice (ANP) is a field of nursing that extends and expands the boundaries of nursing's scope of practice, contributes to nursing knowledge and promotes advancement of the profession (RNABC Policy Statement, 2001).
- 2 ANP is 'characterised by the integration and application of a broad range of theoretical and evidence-based knowledge that occurs as part of graduate nursing education' (ANA, 2010 as cited in Hamric & Tracy, 2019, p. 63).
- 3 **Royal College of Nursing (RCN)** defines AP as a level of practice, rather than a type of practice. Advanced Nurse Practitioners are educated at 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 patients.
- 4 Definitions of AP from the four countries in the UK:
  - 4.1 **England** - Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes (Health Education England, 2017).
  - 4.2 **Northern Ireland** - An Advanced Nurse Practitioner practises autonomously within his/her expanded scope of clinical practice, guided by The Code. Professional standards of practice and behaviour for nurses and midwives (Nursing and Midwifery Council (NMC) 2015). The Advanced Nurse Practitioner demonstrates highly developed assessment, diagnostic, analytical and clinical judgement skills (Northern Ireland Practice and Education Council for Nursing and Midwifery, 2016).
  - 4.3 **Scotland** - Advanced nurse practitioners (ANPs) are experienced and highly educated registered nurses who manage the complete clinical care of their patients, not focusing on any sole condition. ANPs have advanced-level capability across the four pillars of practice: • clinical practice • facilitation of learning • leadership • evidence, research and development. They also have additional clinical-practice skills appropriate to their role. AP represents a level of practice, rather than being related to a specific area of clinical practice. Advanced and specialist practitioners may be functioning at an extremely high level of practice, but with a different clinical focus. A Master's degree is recommended for entry level (Scottish Government, 2008).

4.4 **Wales** – “A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills, and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant Master’s level education is recommended for entry level” (NLIAH 2010) (Health Education and Improvement Wales, 2023).

5 **Chartered Society of Physiotherapy** - Advanced physiotherapy practice is a level of practice rather than a specific role. However, where a role has been developed to include advanced level practice the term AP Physiotherapist should be adopted. Advanced level practice is within the scope of the profession whereby; “the scope of practice of physiotherapy is defined as any activity undertaken by an individual physiotherapist that may be situated within the four pillars of physiotherapy practice where the individual is educated, trained and competent to perform that activity. Such activities should be linked to existing or emerging occupational and/or practice frameworks acknowledged by the profession and be supported by a body of evidence.



6 **The Society of Radiology** - Advanced practitioners will have developed advanced clinical competence in their specialist area or across a broad range of practice. They will display a high degree of autonomy and complex decision-making skills that are underpinned by a wider foundation of knowledge, skills and expertise from their previous roles to enable safe, effective and person-centred care. Possessing a full master’s degree relevant to advanced clinical practice, they will meet the four pillars of advanced clinical practice (clinical practice, education, leadership and management and research and development), using critical thinking and problem-solving to research and analyse complex situations throughout their practice. Drawing on their education and training and clinical experience, and employing the available evidence base, they will have extensive clinical responsibilities and input into the education of interprofessional colleagues and service development. Advanced practitioners will demonstrate leadership capabilities, managing whole episodes of clinical care in their area of practice. Those wishing to progress to consultant practitioner level will need to embark on doctoral-level study to gain the education and training to support their future research activity.

7 **Royal College of Speech and Language Therapists** - [RCSLT-Professional-Development-Framework-2023.pdf](#)

- 8 **Royal College of Occupational Therapist** - [Advanced practice - RCOT](#)
- 9 **The UK Association of Dieticians** - [Advanced Practice | British Dietetic Association \(BDA\)](#)
- 10 **Royal College of Podiatry** - Advanced Clinical Practitioner roles related to musculoskeletal podiatry, high-risk foot podiatry, and podiatric surgery. The Faculty of Podiatric Surgery and related special advisory groups affiliated to the Royal College of Podiatry are working towards the development of sub-specialty foot and ankle capability frameworks that will align the Clinical Practice domain of the PCF up to the award of Fellowship in Podiatric Medicine or Podiatric Surgery of the Royal College of Podiatry. The fellowship pathways will be available for clinical podiatrists with general practice careers, general practice with a special interest in a sub-specialty career, and sub-specialty focused careers. The fellowship pathways can also be weighted towards the non-clinical domains (research, development and innovation, Podiatry Career Framework leadership and management, and education) for non-clinical podiatrists striving for fellowship. [Four pillars of practice \(rcpod.org.uk\)](#). RCPod base their definition on that of HEE.
- 11 **Paramedicine** [Advanced Paramedic Practitioners - London Ambulance Service NHS Trust](#) - **Advanced Paramedics in Urgent Care** - Our Advanced Paramedic Practitioners in Urgent Care (APP-UC) respond to a variety of different calls for patients with a variety of illnesses and injuries. They have an advanced level of clinical practice in terms of assessment, clinical decision making and diagnosis and have completed, or are working towards, a Master's Degree in AP. Their extra post-graduate education, skills and the medicines they carry mean they are able to treat more public and people who use services in their own homes, rather than in hospital where a trip to the emergency department can be avoided.
- 12 **Royal College of Emergency Medicine (RCEM)** [Emergency Medicine Advanced Clinical Practitioner | RCEM](#) takes its definition of ACP from Health Education England (HEE 2016) which defines Advanced Clinical Practitioners as “professionals from a range of backgrounds including nursing, pharmacy, paramedic and occupational therapy. ACPs hold Master's level education, as well as having skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients”.
- 13 **Faculty of Intensive Care Medicine (FICM)** [ACCP Curriculum v2 2023 Part I Handbook.pdf \(ficm.ac.uk\)](#) The role of the ACCP and underpinning structure was set up in 2009. An advanced practitioner is defined as: Achieving a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice: • Leadership and management • Education and research • Demonstration of core capabilities • Area specific clinical competence