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The Nursing and Midwifery Council

**Thematic Analysis Report on Advanced Practice
Engagement**

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Background, objectives and methodology

Background

As part of their 2020-2025 corporate strategy, the Nursing and Midwifery Council (NMC) pledged to conduct a thorough examination of advanced practice in nursing and midwifery. This included consideration of whether additional regulation is needed.

All nurses and midwives on the register are regulated professionals who abide by the Code and standards and revalidate every three years in line with their scope of practice, knowledge, and competence.

However, experienced nurses and midwives across the UK are increasingly taking on complex, autonomous and expert roles, commonly referred to as 'advanced practice' (AP). This has substantial benefits for care, with evidence demonstrating that it can support better service delivery and health outcomes.

Over the years, there have been calls for more specific regulation of AP nursing and midwifery to protect the public from the risk of harm and maintain public confidence.

As part of its review of AP, the NMC commissioned two pieces of research across 2022 and 2023. These pieces of research were conducted by:

- **The Nuffield Trust**, who looked at the existing literature on the regulation of AP and international approaches to regulating AP. This included a review of the current AP landscape across the UK.
- **BritainThinks** (now renamed Thinks Insight & Strategy or '**Thinks**'), who conducted and attended discussion groups with AP professionals across the UK.

Reports from these pieces of research highlighted a number of risks arising from the status quo, which this report will build on:

- Variation in how professionals enter and practice AP roles across the UK, and across sectors within health and care, leading to:
 - Different understandings of AP amongst professionals;
 - Inconsistent outcomes for service users, with particular risks associated with diagnosis and interventions, which sit increasingly within the scope of AP.
- Lack of clarity regarding scope of practice.
- Poor public understanding of AP, which could undermine both consent to treatment and confidence in and amongst professionals.
- Variation in educational preparation and requirements.
- Variation in employer requirements and approaches.

Objectives

The NMC has delivered a series of engagement events with the public and health and care professionals to help understand views of:

- The benefits and risks of AP to:
 - Health and care service user safety,
 - The quality of care that the public receives,
 - Trust or confidence in nursing and midwifery,
 - The promotion of professional standards.
- The role of regulation in mitigating risks from AP.
- The different regulatory approaches open to the NMC.

This engagement is part of the evidence-gathering phase of the NMC's work on the review of AP. As such, discussions in sessions tended to focus on high-level aspects of regulation rather than the fine detail of the exact regulation that participants would like to see implemented.

Thinks was commissioned by the NMC to conduct an independent thematic analysis of these sessions. The objectives for this thematic analysis were presented as five research questions:

1. How could the additional regulation of AP nursing and midwifery mitigate any risks to public protection and benefit people who use health and care services?
2. Which factors should the NMC account for when considering the need for additional regulation of AP?
3. What additional education/training/qualifications do participants expect a nurse or midwife working at advanced level to have undertaken?
4. What are the greatest risks to public protection and confidence in health and care sector professions in relation to nurses and midwives working at AP level?
5. What are participants' initial views of potential regulatory options for AP?

This report provides analysis of the key themes from this engagement.

Methodology

The NMC's AP team designed and facilitated a range of engagement sessions as part of this phase of work. This involved:

- 14 workshops and roundtables, conducted between 21st November 2023 and 8th February 2024.
- A quantitative survey with 2,000 members of the general public.
- Two meetings with the NMC's Public Voice Forum and four meetings with the Public Advisory Group that was set up to ensure that the voice of the public is considered.
- A roundtable with other health and care sector regulators.

- Six meetings of a joint regulatory group and one meeting with the health and care system regulators in each of the four countries of the UK.
- Engagement in each of the four countries led by the NMC’s AP advisers (one each for nursing and midwifery per country and one AP in health and social care)
- A webinar, attended by 350 professionals, and viewed by an additional 1,000+ members of the public online after the event.

Thinks then used the following approach to conduct the thematic analysis:

- **Data collection:** Thinks attended workshops, took notes and verbatim quotes, and recorded the key points of discussion.
- **Coding the data:** The compilation of an analysis grid, structured around the topics of discussion and research questions outlined above.
- **Identifying key themes:** As well as patterns and differences in views between participants.
- **Reporting:** Writing up the research findings, with multiple stages of internal review before presenting to NMC.

Further detail on this process can be found in the appendix.

Sample and engagement

The 14 workshops and roundtables hosted by the NMC included all groups for whom regulatory changes to AP would be relevant, including practitioners, educators, and the public. These workshops ensured an equitable input from all four nations of the UK, and were part of a wider engagement that reached 1,693 professionals.

Summary of professionals engaged¹

14 professional audience roundtables	358
Four-country adviser engagement (nursing)	638
Four-country adviser engagement (midwifery)	341
Webinar (with an additional 1000+ views on YouTube)	356
TOTAL	1,693

Participants engaged in the professional audience roundtables included:

- **Researchers:** people currently undertaking or who have just completed research around AP nursing and/or midwifery roles.

¹ Some individuals attended more than one engagement event.

- **Educators:** people who currently work in the education of AP nurses/midwives.
- **Learners:** people currently studying for or who have recently completed an AP nursing/midwifery qualification.
- **Specialist practitioners:** people who worked/have expertise in a clinical specialism within nursing/midwifery.
- **Employers:** people who employ AP nurses and/or midwives.
- **Primary and urgent care professionals:** people who work in primary or urgent care at an AP level.
- **Internationally educated professionals:** professionals educated outside the UK.
- **Midwives:** midwives working in, or interested in working towards, an advanced, specialist or consultant role; or an employer or educator of midwives.

In addition to this professional engagement, the NMC also delivered public engagement, involving people from England, Wales, Scotland, and Northern Ireland. This public engagement reached 2,142 people:

Summary of public engaged

Public Advisory Group	12
Public Voice Forum	46
Four-country engagement (qualitative focus groups)	44
Women who use maternity services	40
Public survey (quantitative and qualitative feedback)	2,000
TOTAL	2,142

This means that the NMC reached at total of over 3,800 individuals as part of this research, professional and public, across all four UK nations.

In this report, the term 'participant' is used to refer to all of the different participant groups (public, educators, employers etc.) that took part in any of the NMC engagement activities listed in this methodology.

Findings presented in this report are consistent across all participant groups, unless differences are explicitly highlighted.

Executive summary of findings

There is widespread positivity about the AP role overall.

Participants feel that it contributes to the delivery of high quality care for service users. It does this by increasing the capacity of skilled professionals, which in turn helps to relieve pressure on health and social care professionals elsewhere in the system.

Inconsistencies in how AP is defined across the UK is a source of concern.

There is consensus that there is significant inconsistency in the standard of care delivered by APs across organisations. Two factors were presented by participants as drivers of this inconsistency:

- A lack of standardisation in the role.
- A lack of consistency in the assessment processes that maintain competence within the role after qualification.

This inconsistency risks varying levels of capabilities amongst AP nurses and midwives, which poses a risk to public protection. It is also seen to lead to a range of other issues, such as difficulties for employers when recruiting and, for educators, a lack of clarity around standards required to become an AP to inform the development of training.

When the public and health and care service users were engaged on this topic, they were surprised at the current inconsistency around standardisation in the role. There is an expectation from the public that APs should deliver a consistent, high quality level of care across the health and care system.

Participants are looking for additional regulation to ensure greater consistency and improve health and care service user and public safety

The consensus view around the potential risks to public protection resulting from inconsistency in the AP role means that there is a widespread desire to move away from the status quo. Additional regulation is viewed as a solution.

There is agreement that additional regulation will lead to better outcomes in relation to health and care service user safety, and public protection. This feeling is particularly strong amongst members of the public.

In addition to enhancing safety, there is an expectation that additional regulation will lead to greater clarity regarding the capabilities of APs. This in turn will reduce the likelihood that APs are asked to undertake responsibilities outside their scope of work.

Participants also stress the importance of consistent competency reviews as part of ensuring that any additional regulation delivers as intended.

Participants want assurances that any additional regulation will consider existing AP professionals.

Whilst there is recognition that additional regulation is needed, there are concerns about potential negative impacts if it is poorly designed or implemented.

The most front-of-mind concern for many participants, especially professionals, is that existing APs may lose out as a result of regulation. A new standardised definition and/or standards of education and proficiency could potentially lead to many current APs no longer meeting the required standards, putting their jobs at risk. A loss of clinically experienced nurses and midwives is seen as a potential risk to public safety. Therefore, there is a desire for the NMC to both build in a provision (or provisions) for 'grandparenting'² existing APs into the role and to help 'legacy' APs to attain the necessary skills and/or qualifications to bring them in line with new APs.

Participants feel it is vital that the NMC sets the standard for APs in both nursing and midwifery at the right level.

Participants recognise that issues could arise from the NMC not setting the standard for APs at the right level.

If AP standards are overly complicated (defined as adding increased complexity to the four pillars: clinical practice, leadership and management, education, and research), there is a concern that few professionals will find it practicable to achieve AP status. This would then reduce the likelihood of professionals training for the role, and limit the benefits the AP role can bring to the health and care system.

Conversely, participants state that the standard cannot be set below the current expectations of the AP role. Doing so would present a risk to public protection.

Participants are looking for additional regulation to incorporate objective, measurable standards and to build on existing regulatory mechanisms.

Given the strong desire for additional regulation of AP, most participants were receptive to all the potential regulatory options they were prompted with.

² 'Grandparenting' (often referred to as 'grandfathering') is a term used to describe a provision where new rules or standards to attain a job role do not apply to those who already have that role but do not meet the new standards. It is also used in contexts outside of health and social care when considering policy changes and the impact on existing stakeholders.

Participants are most positive about potential regulatory approaches which incorporated objective, measurable standards. Conversely, approaches with broader, and potentially more subjective, principles are seen to increase the risk of the AP role being interpreted inconsistently.

Approaches which build on existing regulatory mechanisms are also favoured. Participants (particularly health and care professionals) clearly understand how these could be applied to the AP role.

When considering a long list of potential regulatory approaches, participants favour setting educational standards and quality assuring programmes, a revalidation-linked approach, and credentialling. However, it is worth noting that discussions of potential regulatory approaches were high-level in this phase of engagement; views of the different options may shift when participants engage with them in greater detail.

It should be noted that despite starting from low understanding of what additional regulatory options would entail, the public are firmly in support of objective and measurable standards. This is seen to be essential to building public trust.

There is consensus amongst participants on the high-level aspects of AP regulation.

Across this engagement, there is a notable and perhaps unexpected level of consistency in views expressed by the different groups of participants. Whilst participants' experiences vary in terms of how they interact with the NMC, their roles in the health and care system, and geographical location, they are in broad agreement about many of the 'higher-level' aspects of AP regulation:

- The current context, including:
 - The positive role AP plays in the health and care system, and its benefits.
 - The risks to public protection associated with the status quo.
- Their overarching views of potential regulation, including:
 - Their receptiveness to the idea of additional regulation of AP and perceptions of the benefits could bring.
 - Their concerns about the impact of poorly designed and/or implemented approaches to additional regulation.
 - The key points that the NMC will need to consider when designing and implementing additional regulation.
- The strengths and weaknesses of potential regulatory options for AP.

However, when beginning to consider the detail there are greater levels of divergence amongst participants.

For example, whilst there is agreement that both education and clinical experience are important, educators are more likely to emphasise the importance of academic

qualifications, whilst professionals and the public tend to give greater weight to the importance of clinical experience.

Given the above, and that discussions were relatively high-level in their focus, it is likely that there will be more divergence in views between groups once regulatory proposals are more developed.

The current context

Summary of the topics covered in this section:

This section covers participants' views of the AP role at the moment, as well as the current regulation in place across the four nations. This includes both the perceived benefits and risks of the AP role, and the work that has already been undertaken to standardise the AP role.

Key findings in this section:

- The AP role is not widely recognised by members of the public, meaning that awareness and expectations of an advanced practitioner's responsibilities are limited.
- Amongst the NMC's more closely engaged participants (AP employers, educators, and current AP staff), there is consensus on the benefits and risks of the AP role as it currently stands, namely:
 - Benefits: Providing high-quality, safe care for the public; reducing demand on other healthcare professionals; retaining experienced nurses and midwives.
 - Risks (in cases where AP training or standards are inconsistent): Health and care service user safety; the safety and confidence of AP professionals themselves; difficulties in educating and/or employing AP professionals; the undermining of trust in the AP role and in the wider health and care system.

Advanced practitioners' current role in the health and care system

Currently, the AP role is available for both nurses and midwives throughout the UK, with the exception of Advanced Midwife Practitioners (AMP) in Northern Ireland. Participants widely agree that APs fill an important role in the health and care system, addressing the increasing demand for advanced and high-quality care. APs treat complex cases, are expected to have greater ownership over care, and (for nurses) have more autonomy to make decisions relating to care (midwives are already autonomous at the point of initial registration).

APs undertake various roles within different parts of the health and care system, often dependent on the setting. However, the title 'Advanced Practitioner' comes with expectations:

- **Clinical experience and expertise**
Participants expect that APs have a certain level of experience working within their particular role. This experience should lead to an increased standard of clinical expertise.
- **A degree of autonomy**

Higher expectations of experience and expertise come with an expectation of autonomy. APs should be using high-level decision-making skills to deliver person-centred care. They should maintain professional accountability for those decisions.

- **An advanced level of education (typically a Master’s degree)**

This view was common across participants and was a view held particularly strongly by educators and employers.

- **Working across the ‘Four Pillars’: Clinical Practice, Leadership and Management, Education, and Research**

Existing ACP frameworks and communications identify that APs must demonstrate capability across the four pillars in order to practise as an AP.

These expectations are mostly driven by participants with some experience in the health and care space: employers, educators, and/or regulators. However, amongst the public, awareness of the role is relatively low. Members of the public, particularly maternity service users, are more likely to be familiar with ‘Consultant’ or ‘Specialist’ nurses and midwives.

“The title of the midwife role in question, does it have to have advanced in it? The reason I say that is that I’ve been attached to many different midwives with different expertise like specialist etc. but I cannot remember having one with advanced. What is the difference?” – Maternity service user, England

However, when the public learn about the AP role (either before or during the engagement), a higher standard of clinical expertise is expected relative to those without the AP title.

Benefits of the AP role to the health and care system

There is widespread agreement that the AP role plays an important part in the current healthcare system, helping to deliver better outcomes for service users. Across groups, participants identify the following benefits of AP:

- **Providing high-quality, safe care for the public**

The AP role is seen to identify that a nurse or midwife is both experienced and capable. They can safely take on a broader range of more advanced responsibilities with greater independence and less oversight than other nurses and midwives whilst continuing to operate within the broader frameworks of nursing and midwifery. Participants also note that AP nurses and midwives can provide more holistic care, delivering greater continuity of care than other healthcare professionals.³ Taken together,

³ Alongside ‘holistic’ care, continuity of care was seen as particularly important in midwifery and was a key theme of these sessions.

this is seen to enable APs to improve the quality of care given to service users.

- **Reducing demand on other healthcare professionals**

The capacity of advanced practitioners to handle a wider range of tasks with minimal oversight compared with other nurses and midwives alleviates time pressures on other healthcare professionals, especially doctors. This allows those professionals to focus their time on the responsibilities that they are best placed to deliver.

- **Retention of professionals**

Participants see AP as a key route for nurses and midwives to pursue if they are looking to progress in their roles. By providing an additional route for progression, AP is thought to play a role in the retention of experienced nurses and midwives, and to support Government workforce development plans.

This benefit was particularly emphasised by current professionals, employers, and by midwives (who perceive their role as having fewer opportunities for advancement when compared with nurses).

"We met with the RCM, NMC and HCE; we articulated the importance of the role and how the role differs from the role of midwives. The role gives midwives career progression." –

Midwife, England

"[The role] adds to workforce retention and does help people move up." – **Employer, England**

Risks associated with the AP role

There is positivity about the AP role in principle. However, there is also a consensus view that there are multiple risks associated with the role in its current form.

Participants say that the main cause of these risks is lack of consistency in how AP roles are defined across the sector, with significant divergence between different trusts and health boards. They also note a lack of consistency in educational preparation for AP.

Participants agree that the biggest risk arising from this inconsistency is the risk to health and care service user safety.

Given the variation in the precise nature of the AP role between employers, there are concerns that APs may be asked to take on roles and responsibilities outside their scope of practice – and AMPs say that they have experienced this in their roles. Similarly, variation in educational standards means that advanced practitioners may not have a consistent skill level. Both of these factors undermine their ability to deliver safe, high-quality care to service users. This is highlighted

particularly strongly by professionals, the public, and health and care service users.

"As a lay person, my experience with APs is that they are absolutely brilliant, but I would now be expecting that kind of brilliance from anybody who's saying they're an AP. That this might not be the case concerns me." – **Health and care service user, England**

Beyond this, participants highlight five further risks arising from the status quo:

- **Safety and confidence of professionals**

There are concerns for APs' own safety and confidence when performing their role. Professionals and employers say that inconsistency in standards is stressful for AP professionals and may also make them more vulnerable to litigation if something were to go wrong.

"People can interpret their own job descriptions ... I worry about patient safety and litigation." – **Employer, England**

- **Employment**

Different understandings of the detail of AP roles can make it harder to fill positions. An example given by employers is requiring an AP to undertake certain autonomous responsibilities, but receiving applications from APs outside their organisation who lack the skills and/or experience. On the other hand, due to the absence of an established, UK-wide competency framework, AP professionals may be unclear about what a prospective employer requires.

- **Education**

The educational requirements for becoming an advanced practitioner vary between settings. Certain courses may be recognised in some locations but not others. This impacts learners and professionals (who may gain qualifications with only limited utility in getting them an AP role), employers (who may be uncertain about the level of skills and educational attainment that prospective employees have), and educators (who may have to caveat the extent to which their courses actually qualify someone for an AP role). It is a particular concern for the public, who feel it jeopardises safety.

"I live right on the border between England and Wales – my husband is working in Wales and I'm working in England. I'm sure there are people that practise in England and will do the Wrexham course. It's important [to have UK-wide standards] because the staff change over, both clinical and the students and other staff." – **Learner, England**

"If we did regulate education and training, it would provide greater confidence and provide consistency across care for us as service users." – **Health and care service user, England**

- **Trust in the health and care system and the role**

There is concern that a lack of consistency in the level of care may undermine public trust in the role (and, therefore, the wider health and care system). This risk is thought to be particularly likely to materialise when APs carry out enhanced responsibilities, because service users are more likely to query why they are not being seen to by a doctor.

"It's important for the public to know we are regulated like nurses and doctors. It provides reassurance that we're not just winging it, that we are accredited and have the skills and training to work within regulations." – **Learner, England**

This risk is more consistently drawn out by the public, who want and expect care to be consistent. The public are also more likely to extend any lack of trust in the AP role to a lack of trust in the health and care system as a whole.

"It needs to be consistent and crystal clear how [the AP role] is communicated to the public. As a patient you only know the colour of the uniform, so you need to know that you can trust people with that title." – **Health and care service user, England**

- **Recruitment of APs**

A small number of employers and members of the public suggested that these overall risks may also make the AP role less appealing to nurses and midwives, undermining efforts to recruit into the role.

Existing work in relation to standardising AP

Given the risks that participants see in relation to the AP role outlined above, it is unsurprising that some efforts have already been undertaken to standardise the definition of AP.

Currently, these efforts have tended to be focused within individual nations (i.e. England, Scotland, Wales and Northern Ireland) and have not covered the entirety of the UK. Additionally, through the development of AP frameworks, in some nations the work to standardise the definition of AP has only been undertaken in nursing, rather than both nursing and midwifery.

The work to standardise AP in each of the four nations is summarised in the table below:

Country	Nursing	Midwifery	Both
England	Royal College of Nursing (RCN) Advanced practice standards (2018).	Health Education England (HEE) midwifery framework (2022).	Multi-professional framework for ACP in England (2017). NHS Advanced Practice Toolkit.
Scotland	Advanced practice nursing toolkit (2008). Advanced nursing practice – Transforming nursing roles phase 1 (2017) and 2 (2021).	No existing framework	N/A
Wales	N/A	N/A	NHS Wales Framework for Advanced Nursing, Midwifery and AHP Practice (2010). Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (2023).
Northern Ireland	Advanced Nursing Practice Framework (2016).	No existing framework	N/A

This work was referenced throughout sessions by participants, especially those sessions conducted with participants from Scotland, Wales and Northern Ireland.

Overarching views of regulation of AP

Summary of the topics covered in this section:

This section covers participants' views of the prospect of additional regulation of AP. This includes what they hope regulation will achieve if implemented well, and their concerns about the potential negative impact of regulation if it is not implemented in a considered manner.

Key findings in this section:

- Participants are strongly supportive of the additional regulation of AP and believe the NMC is well placed to deliver this. Participants believe that regulation will bring consistency, starting with standardising the definition of AP across the health and care sector and across the four nations.
- However, despite strong support for additional regulation of AP, there are concerns about the potential impact of regulation if it is poorly designed and implemented.
 - The three overarching concerns in this area are:
 - The impact of any additional regulation on current APs and the potential for workforce depletion.
 - Standards for AP in a new definition being overly complicated (defined as adding increased complexity to the four pillars) or less rigorous than the current expectations.
 - The potential creation of an overly burdensome process for becoming an AP.

Support for the prospect of regulation

There is strong support for additional regulation of the AP role across all participants. This reflects the widespread and consistent concerns about the risk of the current 'state of play' in relation to AP and the potential impact on service user safety. Participants agree that the NMC, as the only UK-wide regulator of nursing and midwifery, is in the best place to deliver additional regulation. There is an expectation across all groups that the NMC will lead on the development and delivery of this regulation.

"I believe strongly that the status quo can't continue. [...] It is leading to inconsistencies in pay and performance; the latter worries me in terms of patient safety." – **Employer, England**

Hopes for what additional regulation of AP will achieve

Participants focused in particular on the role of additional regulation in providing consistency across the AP role, by establishing a standardised definition.

Ultimately, they say that standardisation would increase trust in the AP role: the public and health and care service users say that it would give them confidence that they are being treated by people with the right skills to deliver care. Employers, on the other hand, say that it would reassure them when making hiring decisions that there is a shared understanding of what the role is and that candidates have the skills and training to deliver.

"It gives consistency and minimum standards. Previously, people have done a one day or half day programme and said they're qualified to treat people at an 'advanced level'. It's about the quality, so that we've got standards that we can say APs have, no matter what background they're from." – **Employer, Wales**

Beyond trust, it is expected that regulation will deliver a range of additional benefits.

- **Enhancing the confidence and reputation of AP nurses and midwives**

A shared understanding of what APs do (and do not do) would help to reduce the risk of AP nurses and midwives being asked to perform roles outside their scope of practice. This would, in turn, help advanced practitioners to feel more confident in their role – and avoid perceptions of the role being undermined as a result of colleagues' expectations not being met. Ultimately, it is expected that understanding of this role would become embedded amongst the public, leading to greater levels of trust in AP practitioners.

"[Midwives/Nurses] feel very deflated about their lack of recognition, it's important to find a way to elevate our status with the public." – **Advanced Nurse Practitioner, Scotland**

- **Recruitment and retention**

An increase in the status of AP nurses and midwives is expected to have additional benefits in relation to recruitment and retention. Greater trust and status will encourage more nurses and midwives to try and attain the role, increasing the number of professionals who see AP as part of their career development. Once they are in the role, it is expected that they will feel greater job satisfaction and be less likely to find that they are working outside their training and / or being under-utilised. This is thought to be likely to encourage advanced practitioners to stay in the health and care service.

"It's about raising the profile of nurses and midwives ... and having a clear development pathway" – **Advanced Nurse Practitioner, England**

- **Consistent standards for education**

A final benefit educators highlight is that clear regulation would allow them to design courses that meet requirements across the whole of the UK.

Concerns about the potential impact of regulation

Participants agree that the current risks to public protection are such that maintaining the status quo is not an option. They strongly feel that in order to mitigate the perceived risks, additional regulation is required. However, participants state that poorly planned and/or implemented regulation would prevent the achievement of the benefits described above.

Participants highlighted four overarching concerns about the potential impact of regulation:

- **The impact on existing APs**

Currently there is variation in the experience and academic qualifications of APs. There is therefore a concern that further regulation of the AP role may lead to a large cohort of current APs being adversely affected. If support is not provided by the NMC to manage 'grandparenting'⁴, some APs could potentially lose their titles. This would have negative impacts on the care received by health and care service users. Current professionals also flag that they, or their colleagues, may suffer a loss of status and income.

"400 people have advanced in their title (out of 1200) in my trust who aren't advanced ... what will happen to them?" –

Researcher, England

- **The 'standard' for APs being set incorrectly**

Whilst participants are keen for the definition of AP to be standardised, there is concern that the standard may either be overly complicated or be set below the current expected AP standards⁵.

If the standards are overly complicated (often defined as adding increased complexity to the four pillars), then capable nurses and midwives may be unable to become APs (leading to a shortfall in the number of APs).

Conversely, if the standard is not strict enough, and / or falls below the current expected AP standards⁵, then there is a concern that

⁴ 'Grandparenting' (often referred to as 'grandfathering') is a term used to describe a provision where new rules or standards to attain a job role do not apply to those who already have that role but do not meet the new standards. NMC's participants' understanding of how grandparenting would apply to AP are covered in more detail in the next chapter.

⁵ Details on the factors participants feel should inform the NMC's decision about how to set the standard are covered in the next chapter.

⁵ Highlighted in 'The current context' section under 'Advanced practitioners' current role in the health and care system'.

underqualified nurses and midwives may become APs. At best, this could cause the status of the role to be undermined and, at worst, public safety and protection would be harmed.

Alongside this, there is a concern about the risk that the definition of AP may be too undifferentiated from other existing job roles. This would lead to more confusion about the exact nature of the role.

Finally, there is concern that standards should acknowledge the nuances between nursing and midwifery. Autonomy is considered an important part of the AP role, but midwives highlight that they are autonomous at registration. Current standards within midwifery, for example, must be considered when defining the AP standards.

- **The creation of an overly burdensome process for becoming an AP or proving AP credentials**

Participants recognise that adding additional regulation to the AP role, will require the NMC to create some form of accreditation for professionals. This will provide proof that they meet the requirements of the newly defined role. There is some concern that if this process is poorly designed then professionals may have to engage in a time-intensive (and potentially costly) process to prove their AP credentials. This would create additional time pressures on an already time poor workforce, and may even lead to some professionals opting out of applying for AP status.

"For Scotland, we have a more standard approach, people in my programme have a pathway that is agreed. For them to have done that path and that Master's, to then make them do something else is unfair." – **Educator, Scotland**

- **The risk of appearing to supersede or undermine existing work done within the four nations to standardise AP**

Participants, particularly in the 'four nations' sessions, highlighted the potential risk of ignoring existing work. It could damage the NMC's reputation and relationship with bodies that have previously or are currently working to address this issue.

"Both Scotland and Wales have already introduced frameworks for APs; I hope it adds to these established frameworks, rather than disrupting the format and the effort it took to get them in place." – **Employer, Scotland**

Views of how to design and implement regulation of AP

Summary of the topics covered in this section:

This section covers participants' views of how the NMC should design and implement additional regulation of AP. This covers: factors that participants believe should inform the NMC's approach; initial views of the potential regulatory options presented during sessions; the importance of governance within the regulatory options (where relevant); and views on consistency of competency assessments.

Key findings in this section:

- There is strong consensus about the factors that the NMC will need to consider when designing and implementing additional regulation for AP. These are:
 - Providing a standardised definition for AP within nursing and midwifery across the four nations.
 - Tailoring that definition to different work settings across nursing and midwifery.
 - Providing an explanation and plan for 'grandparenting' existing APs.
 - Outlining the balance of generalist skills vs. specialist skills.
 - Defining the levels of education and experience required to become an AP (and the weighting between the two).
- While participants agree about the factors the NMC should be considering, there is greater divergence in views about what position the NMC should take on these factors.
 - For example, when considering the level of education and experience required to become an AP and the weighting between the two, educators are more likely to emphasise the importance of academic qualifications, whereas NMC registered professionals and the public tend to give greater weight to clinical experience.
- In a context of overall positivity towards additional regulation, participants are receptive to all the potential regulatory options presented in sessions. However, three are more positively received than others: credentialling, a revalidation-linked approach, and setting education standards in AP (and quality assuring these standards).
 - Driving positivity towards these is a preference for objective measures and familiar processes.
- However, participants across primary, secondary and social care raise a range of practical concerns about how to deliver any additional regulation in such a way as to ensure continued competence and consistency in the AP role going forward.

Factors that should inform the NMC’s design of additional regulation

During sessions, participants were asked what factors they thought the NMC should consider when designing additional regulation. As in other aspects of the discussions (covered in previous chapters), there is a great deal of consensus in views.

These factors are summarised in the table below, alongside the reason why participants feel they are important, any indications of what participants believe to be the ‘correct’ position for the NMC to take, and emerging differences in views between participants.

Regulation must provide a standardised definition for AP, with clearly defined responsibilities, expertise, and qualifications

Participants feel additional regulation must provide a standardised definition for AP roles. This will in turn address inconsistencies in care.

- Health and care service users and the wider public emphasise that a consistent, clearly communicated job description would assure them that APs are highly qualified and fit to look after them.
- For employers, a standardised definition would make recruitment easier. They feel this could be particularly beneficial when recruiting professionals from another of the four devolved nations.
- Current nurses and midwives expect this standardised definition to simplify application processes. It would help provide a clear pathway showing what they need to achieve to progress to an advanced level. They also feel that this would make it easier to move job roles between the four devolved nations.

Participants state that a standardised definition should focus on the four existing pillars of AP. They also agree that the AP role should encompass these qualities and build upon existing frameworks established within the four UK nations.

Tailoring the definition of AP for specific professions and work settings and ensuring consistency in assessment

Participants working across primary, secondary, and social care settings all feel that the AP standard has not been consistent within or across settings. In combination with inconsistencies in assessments, they feel that this has contributed to the overall lack of consistency within the role.

However, despite the want and need for a standardised definition of the AP role, professional participants in particular feel that the reality of the nuanced health and care landscape needs to be acknowledged in additional regulation.

For example, midwives already practice autonomously. Professionals therefore highlight that the 'autonomy' element of the definition will need to be bolstered for midwives compared to nurses to ensure that the definition is not referring to a minimum standard. Midwives themselves stress that just because they work autonomously at the point of registration, this does not mean they are immediately working at AP level. These types of nuances need to be reflected in regulation.

"If I look across the social care landscape in Scotland, where lots of MSPs (Member of the Scottish Parliament) are working hard on this, we recognise there is a natural nursing shortage in social care. The way we regulate care homes, they are not defined as nursing so there are no standard models to adhere to." – **System regulator, Scotland**

Providing an explanation and plan for 'grandparenting' existing APs

'Grandparenting' refers to retrospectively considering whether an applicant's education, skills and competencies enable their registration as an advanced practitioner. Due to lack of prior regulation, some nurses and midwives who are currently practising as APs might not meet the new standards under additional regulation. Participants feel that alternative routes will need to be provided for these individuals. For example, if someone does not meet the education standards, they should be able to prove standards through clinical experience. To ensure that individuals are not deterred from staying in the role, alternative routes will need to be clear and not overly burdensome: current nurses and midwives flag that they are busy and often struggle to protect time for things outside their direct responsibilities.

A particular consideration highlighted by employers, current midwives and nurses and the public is that decisions on who is grandparented, and how they transition, must be consistent.

If grandparenting is not considered, current professionals worry that they, or their colleagues, could suffer demotion or monetary loss. This could cause experienced nurses and midwives to leave this profession, impacting Government workforce plans and the performance of the health and care service.

"Grandfathering is going to be absolutely essential. The genie is well out the bottle, we can't say that people are no longer APs. We need to ensure they have a simple mechanism to be regulated – they've jumped through hoops to get where they are, we don't want to put up too many more hoops; there should be an easy route for these guys." – **Educator, Scotland**

Outlining the balance of generalist vs. specialist skills

The majority of participants feel that AP should be defined as a set of generalist skills, with a standardised definition being built around the existing four pillars of AP.

For most, the key benefit of a generalist approach is that it allows more flexibility with respect to grandparenting. For example, it would allow individuals to evidence their skillset against the four pillars, regardless of their educational background.

Some groups identify additional benefits, for example:

- Non-specialised nurses see a 'generalist' vision of AP as a way of reinforcing the holistic and patient-centred nature of their role.
- Employers believe it would help to run services more efficiently as they could expect all employed APs to share the same base level of generalist skills.

However, all participants consider it important for AP to find a balance between encouraging a generalist skillset and accommodating relevant specialisms.

- In particular, nurses who work in specialist care and midwives are concerned that the AP role may become too generalist, meaning they are asked to perform clinical duties which fall outside their scope of work. This is thought to risk undermining the autonomy of their role and limiting the specialist care they can offer to service users. These professionals want to see space given in any definition for their specialism, and clear expectations for an ANP and AMP.

"The thing is the variation of where people are working and in what department. Neo-natal 'standards' are not necessary for someone in a geriatric ward. You want [standards] to allow measurement but not be too restrictive to become stifling."

Educator, England

Defining the level of education and experience required to become an advanced practitioner

There is consensus amongst participants that advanced practitioners should have a combination of higher education and clinical experience. Currently, there are inconsistencies in how AP courses are taught and whether they are accredited (and if so, by whom). Coupled with inconsistency in clinical experience at the AP level, this suggests to participants that a clearly defined minimum level of education and experience is needed.

"I think there's a risk that just because you've done a Master's doesn't mean you are working at AP level in clinical practice. You also need to have undertaken a clinical curriculum and supervision and employer process to assess whether that person is working at an AP level in clinical practice." –

Educator, Wales

Participants feel that a standardised approach to education would deliver greater consistency of care for service users. Whilst this is seen as important across the board, the public and service users are particularly likely to highlight it as a benefit. Professionals and employers identify further benefits too, for example:

- Nurses and midwives believe a standardised approach to education would encourage those in the workforce to progress in their careers. It would do this by giving potential APs confidence that their qualification is applicable across settings.
- For employers, standardised qualifications are likely to increase the consistency of skills amongst qualified ANPs and AMPs. This would give employers greater confidence when hiring candidates from other settings or devolved nations.

All participants agree that both education and experience are important pre-requisites for practising at AP level. However, when considering their relative weight, most give greater emphasis to clinical experience. The public are particularly likely to make this judgement.

- Driving this is a sense that nursing and midwifery are professions where skills are developed by practical application, and that clinical experience positively impacts on delivery of care.

However, it should be noted that educators and learners are more likely to emphasise the importance of academic qualifications for APs:

- They stress that consistent academic qualifications would ensure that newly qualified APs start their role at the same standard.
 - Furthermore, they believe that this would be beneficial for public trust, as it would allow service users to have confidence in any newly qualified AP.
- In addition, for these participants, academic qualifications equip future ANPs and AMPs with both the skills they need and the ability to keep abreast of and implement future development and learnings.

As shown in the table above, whilst there is consensus on the factors themselves, perceptions of the 'correct' position to take on each of these factors varies between participants. Given that discussions were, at this stage, at a relatively high level (i.e. with little in-depth exploration of the best position for the NMC to come to on each option), it is reasonable to assume that participants' views may vary further upon more detailed discussion the factors.

Views of the potential regulatory options

The NMC defines 'maintaining the status quo' as:

- “The NMC could continue with the current approach not to have additional regulation of nursing or midwifery AP. The NMC would not regulate AP programmes or protect an advanced practitioner title or qualification.”

Participants consistently agree that there is a need to move away from the status quo, and additional regulation of AP is seen as a solution.

Five options for what a move away from the status quo (and towards additional regulation) could involve were reviewed in the engagement. These options are:

- Credentialling
- Revalidation-linked approach
- Setting education standards in AP and quality assuring programmes
- A principles-based approach
- Test of competence

In line with their positivity towards potential regulation, participants are receptive to all the regulatory options stated above. However, when probed, three of the options (credentialling, a revalidation-linked approach, and setting standards in AP and quality assuring programmes) are preferred. At an overarching level, the reasons for preferring these options are:

- **The creation of objective measures**
Participants favour approaches which include measurable standards. These measures are seen to reduce the likelihood of inconsistency between AP roles (which participants typically view as the main risk that regulation is mitigating).
- **Familiarity with the regulatory mechanisms proposed**
Professionals are more familiar with credentialling and revalidation as regulatory approaches and can clearly see how these could be applied to AP. These options are also seen to build upon existing mechanisms that professionals engage with, such as professional registration. Participants believe that building upon existing mechanisms reduces the risk of APs having to engage with burdensome and difficult new processes (another risk of introducing regulation).

Responses to each of the potential options is summarised in the table below:

Credentialling
<i>Credentialling is a way of assessing and validating the identity and competency of advanced practitioners, based on their education and practice background.</i>

With respect to AP, this could entail either direct credentialling by the NMC or indirect credentialling in partnership with other organisations, such as nursing, midwifery and medical royal colleges.

Overall, credentialling is looked upon favourably as a potential regulatory option by participants:

- Credentialling is already well established within nursing and midwifery more generally, meaning there is widespread understanding from professionals, learners, educators, and employers about what this process would entail.
- The factors suggested for credentialling were typically well-received, with the importance of education well-received by learners and educators.

However, there is some concern, particularly amongst employers and current professionals, that credentialling by itself may be insufficient. This is because credentialling is seen to offer only a 'snapshot' of a professional's capabilities at the point at which it is awarded. Employers raised that this may make it harder to ascertain an AP's current level if their credentialling is not recent.

"I mean I think it's a sensible approach. The only problem I can think of is that over half won't go down the Master's route because they can't get the funding or the time to do it. Credentialling doesn't show how I perform in front of a patient at that time." – Professional, England

Revalidation-linked approach

Revalidation is the process that all NMC professionals need to follow to maintain their registration. The revalidation process ensures professionals continue to provide safe, effective and kind care for the public.

Professionals who self-declare that they work in an AP role would be expected to revalidate against their primary registration and AP qualification, to ensure they remain fit to practise and continue to provide safe and effective care.

As with credentialling, a revalidation-linked approach is positively received by participants overall:

- Revalidation is seen to ensure that APs consistently meet the required standards for their role (rather than having met those skills once, with no guarantee that they continue to have those skills consistently). In its ability to demonstrate continued competence and development, revalidation is seen to go a step beyond a purely credentialling-based approach.
- Alongside this, as with credentialling, there is widespread familiarity with revalidation-linked approaches. Participants (particularly

professionals and others operating within health and care settings) can easily understand how this approach would work in practice.

*"Having the four pillars of practice in revalidation is good, we have to do the portfolio that has to be consistently updated, to show that you are meeting those pillars." – **Midwife, England***

However, participants often feel that the assessments done as part of the existing revalidation approach can be inconsistent. This belief is widespread but particularly prominent amongst professionals, educators, and employers.

Learners also raise concerns about the current capacity available for revalidation; they mention often struggling to find someone who can or will revalidate them in their trust/health board.

Setting education standards in AP and quality assuring programmes

The NMC could set and regulate standards of proficiency and education programme standards, including quality assuring, approving and monitoring education institutions and their AP education programmes. Professionals would need to meet these standards of proficiency and qualify from these programmes to have their AP qualification recorded on the register. Only nursing and midwifery professionals with an NMC-approved AP qualification would be able to practise as an advanced practitioner.

Responses to the NMC setting and quality assuring standards suggest that participants take this approach to be a 'best of both' version of credentialling and revalidation-linked approaches. Participants are highly positive about the creation of measurable and enforceable standards, as well as the ongoing assurance of those standards. When taken together, they are seen to address the current inconsistency within the AP role. This is seen to ensure:

- High levels of care for health and care service users and the public and increased confidence and trust in the nursing and midwifery professions.
- Assurances for employers about the standard of APs they may wish to hire.
- Clarity for educators about the standard that professionals would need to meet to become an AP (thus helping them to design courses which meet these standards).

Whilst there is significant positivity about this approach, participants have questions about the design and practical application of this, for example:

- How would standards be set? (E.g., would they be based upon existing frameworks and revalidation approaches, or created 'from scratch'?)
- How 'flexible' would the standards be? (E.g., would they be inclusive to APs working in midwifery or more specialised roles?)

Participants also have similar concerns to those raised in relation to credentialling and revalidation, namely the (lack of) consistency of assessment and availability of assessors. There is also a concern that the need for an NMC-approved AP qualification could cause more time-poor APs to struggle to achieve it.

A principles-based approach

The NMC could collaborate 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.

Participants have a relatively muted response to the idea of a principles-based approach. The consensus view is that, on its own, this would be insufficiently robust as a regulatory option.

However, participants are much more positive about the idea of combining a principles-based approach with other options. They agree, for example, that the four pillars of AP are well-established and that these principles should inform the design of regulation, assuming that clear ways of measuring these pillars (and therefore of defining who meets AP standards) are established.

"There is the principles and pragmatism... it's the principles we have to go for first and agree on. Establish that, and then start to think about the pragmatic issues." – Educator, Wales

Test of competence

A Test of Competence (ToC) could be developed to assess the capability of a professional to practise as an advanced practitioner, by evaluating them against high-level standards set by the NMC. Successful completion of an AP ToC could be used as evidence for an employer to provide assurance about the competency of an advanced practitioner to join the workforce, or for the purpose of publishing information on the NMC register.

ToC as an approach is the least familiar with participants. As noted above, participants generally prefer structures and processes they are already familiar with, meaning ToC is looked on less favourably than alternatives.

Taken on its own, the approach is seen to share similar limitations to credentialling as a regulatory approach. However, it is also seen to lack the clear and consistent measure of AP skills that credentialling would have.

Whilst a ToC is not seen as a strong regulatory option by itself, participants do feel that it could be useful if deployed in combination with other potential regulatory approaches.

- Employers feel that having a consistent set of competency standards and a test (or set of tests) to measure them would help them to ensure that the APs they employ are meeting a baseline standard for the role.
- Participants from Wales and Scotland can see how a test of competence would work effectively within their existing AP frameworks, allowing them to get a quick snapshot of APs' current skills.

"That won't be on its own, in order to have a test of competence there needs to be some standards shown consistently so that could be a combination of the options." –

Midwife, Northern Ireland

Maintaining regulation and ensuring consistent competence in the AP role

Participants feel it is very important to consider how regulations would be applied *in practice*. This is especially in relation to assessing qualified APs and ensuring consistent competency that lasts post-assessment.

As outlined in the responses in the table above, there is concern about consistency of assessment. Inconsistency in assessment is experienced by professionals across the primary, secondary, and social care space when engaging with assessors. Many participants, for example, think that different assessors interpret measures differently.

There is additional concern, raised particularly strongly by learners, about the availability of assessors. Many of these participants report that it is currently difficult and time-consuming to find a clinical supervisor. At worst, this process can feel practically impossible.

These findings point towards the importance of:

- Designing regulation in such a way that it can be implemented consistently across different AP settings.
- Ensuring the availability and consistency of supervisors and assessors.
- Communicating that there is consistency is across the primary, secondary, and social care space to ensure competency across all settings.
 - Health and care service users flag that this would increase confidence in the health and care system if communicated.

Governance is also highlighted as factor that has led to inconsistency in the role. It will be key in establishing effective regulation. Participants therefore stress that it will be an important part of any regulatory options the NMC chooses.

Conclusions and implications for the NMC

Conclusions

The NMC engaged with a diverse and wide-ranging set of participants throughout this work. Whilst these participants have very different experiences and perspectives on many aspects of the NMC's work, there was a notable level of consistency in their views of AP and potential regulation.

This consensus is strongest in relation to participants' views of the current context. Most, if not all, participants recognise that the AP role offers real benefit for people receiving care and value to the health and care sectors. However, there is concern about the impact of a lack of consistency in how the role is defined. At its least severe, this inconsistency is felt to lead to inefficiencies in the health and care system; at its worst, participants think it presents a threat to health and care service user safety. There is agreement across all participants that the status quo cannot remain, and that additional regulation is needed to strengthen consistency within the AP role.

Participants also agree about the benefits and potential risks of any regulation and therefore, about the factors that the NMC would need to consider should it choose to put additional regulations in place.

In relation to outcomes, participants felt that if it is designed well, regulation could:

- Result in a more standardised definition of AP, leading to higher standards and greater consistency of care.
 - Ultimately, this would enhance service user trust in the health and care system, whilst APs would benefit from increased profile and status.
- Ease the transition from the current, non-regulated context through the use of 'grandparenting', ensuring that current APs are not disadvantaged as a result of the introduction of regulation.

Similarly, there are several considerations that participants say will need to be addressed when developing additional regulation, for example:

- Ensuring standards are set at the right level, to avoid negative impacts on standards of care or help employers recruit and retain APs.
- Avoiding the creation of burdensome (i.e. time-consuming and expensive) processes for becoming an AP, making it unnecessarily harder to become an AP.

In a context of high levels of support for regulation in principle there is openness to all the potential regulatory options that were tested either on their own, or in combination with one another. Of these options, those which would entail the creation of standardised, objective measures and would involve the use of existing regulatory mechanisms are typically viewed most positively, suggesting that the

NMC should use these principles (alongside the four pillars of AP) when designing its approach to regulation.

Whilst there is consensus amongst participants about regulation of AP at a high-level, there are signs that views may diverge more in relation to the detail. For example, there is already some disagreement between different participants when discussing what position the NMC should take in relation to specific elements of regulation:

- Whilst there is agreement that AP nurses and midwives should have both clinical experience and academic qualifications, there is disagreement about the relative weighting that should be given to each. Most participants - and in particular the public - highlight clinical experience, whilst educators and learners give greater weight to academic qualifications.
- Similarly, whilst most emphasise the importance of a standardised definition, midwives say that any definition of AP would need to be tailored for their profession due to the centrality of autonomy to all levels of midwifery.

Given that these divergences appeared mostly when discussing the detail of regulation, it is reasonable to assume that further differences will emerge as the NMC moves further along the process of designing and eventually consulting upon potential regulation of AP.

Implications

There are five key implications from our analysis:

- 1. Participants are in favour of the NMC introducing additional regulation of AP.** Participants note that there are real risks with the 'status quo' in relation to AP and feel that regulation is required to address these.
- 2. In order to introduce additional regulation, participants feel the NMC will need to begin to draft a definition of the AP role.** This definition would need to cover both nursing and midwifery, and health and care settings, outlining the requirements for the role that professionals will need to meet. As a starting point, participants feel the NMC should refer to existing frameworks, build on those where possible and provide a clear rationale for divergence from them where alignment is not possible.
- 3. Participants feel it will be vital to design a plan for 'grandparenting' existing APs.** The cohort of existing APs is seen as being at risk of being left behind if they are not taken into consideration by plans. It will also be important to have a plan for helping APs who have been 'grandparented' into the newly defined role to align with new standards for the role, ensuring that there is consistency between them and newer APs.

- 4. Participants feel the NMC should outline its preferred regulatory method.** Whilst participants are more positive about three of the potential regulatory approaches they were prompted with, none of the options were clear, outright 'winners'. This presents the NMC with the opportunity to outline its preferred option. This approach should align with the definition of the role the NMC drafts (with objective, measurable standards to ensure consistency of assessment) and, ideally, would build on existing regulatory mechanisms.
- 5. It will be important to consult and undertake further engagement on these options with the participant groups worked with during this engagement.** Whilst there is currently a strong consensus on regulation amongst the participants, there are signs that their views differ more when it comes to the detail. Further engagement with the detail will be important to ensure that the views and expertise of participants are captured and factored into the final set of proposals around regulation.

Appendix

Ways of working:

- **Preparing the data:** During the workshops the Thinks researcher(s) in attendance in each breakout room took written notes of discussion, capturing verbatim quotes and recording the key points of discussion. The results of polls taken during the plenary sessions were also recorded and collated by researchers.
- **Coding the data:** Thinks compiled an analysis grid. This was structured with the key topics of discussion (e.g. the prompting questions used by the NMC) along the top and the characteristics of each group (e.g. by nation and area of clinical focus) along the left-hand side. This grid was then populated by the verbatim quotes and key points of discussion recorded by researchers. This approach allowed Thinks to review the qualitative data in one place and understand differences in perspective between the different nations and clinical areas. The NMC also provided data and notes from the wider engagement sessions, that was treated similarly to the data captured by Thinks and collated into the analysis grid.
- **Identifying key themes, patterns, and differences:** Throughout the course of the fieldwork, the research team held regular internal discussions about emergent analytical themes, including two extended internal 'challenge' sessions to identify key points of agreement and differentiation within and between groups. Thinks also held an analysis session with the NMC, to jointly examine emergent findings and identify any key areas of focus going forward. The purpose of these sessions was to discuss the emerging analytical themes and crucially, what these meant for the NMC going forward.
- **Internally scrutinising the findings:** The reporting outputs were reviewed by a Director before they were shared with the NMC. This ensured that the analysis was relevant, focused, and useful to the NMC in their review of AP regulation.