

7th July 2023

Advanced Practice qualitative research

Report prepared for the Nursing and Midwifery Council by
BritainThinks

Contents

Executive summary	3
Introduction	5
Advanced Practice roles: how are they perceived and how do professionals attain their roles?	6
Opportunities and risks of Advanced Practice roles	15
Responses to regulation	20
Principles for the NMC	25
Appendix	26

Executive summary

In recent years there has been a notable increase in the use of 'Advanced' titles across nursing, midwifery and allied health professionals. It's well known that Advanced Practice roles offer many benefits to members of the public and people who use services, employers, and the health and social care system in the UK more widely. However, inconsistencies in use of job titles, variation in preparation for Advanced roles and levels of practice, and the potential knock-on impacts for members of the public and people who use services, practitioners themselves, and employers highlight the need to understand the potential risks associated with advanced practice.

The Nursing and Midwifery Council's 2020-25 corporate strategy commits to undertaking a comprehensive review of Advanced Practice in the UK, including determining whether regulation is needed. An important part of this review is hearing from those working in Advanced roles.

We at BritainThinks have conducted a programme of qualitative research to hear from those working in Advanced Practice roles in nursing and midwifery across the four nations, to ensure their voices are part of the ongoing review and response to any regulation is developed with that in mind.

49 nurses and 15 midwives from across England, Wales, Scotland, and Northern Ireland took part in the qualitative research via online focus groups and in-depth interviews. We heard about their experiences working in Advanced roles; their journey to becoming an Advanced Practitioner; their views on the opportunities and risks of the roles; and their views on potential regulation.

The research has confirmed that there is great variation in the scope and use of Advanced Practice roles in nursing and midwifery. Many professionals have shaped their role in response to the needs of their employer and the people they care for. This flexibility is welcomed; many feel it's allowed for service efficiencies and an improved experience for members of the public and people who use services.

However, professionals see flexibility as a double-edged sword. They feel the lack of standardisation in the role also carries risk. Firstly, professionals note the high degree of variation in preparation for Advanced Practice and a lack of title protection can lead to a great variety in the level of skill of professionals. This can result in mixed expectations of those working in Advanced roles from other multi-disciplinary colleagues. In addition, a lack of understanding of the Advanced role by members of the public and people who use services means there can be a lack of trust directed toward professionals.

Professionals also feel a lack of parameters or boundaries on the role itself can be a risk. It can lead to professionals potentially working beyond their scope and risking patient safety. In addition, others feel the lack of boundaries are risky to Advanced Practitioners themselves, as there is no clear protection.

With those benefits and risks in mind, professionals overwhelmingly feel the route to the role and to an extent the role itself ought to be standardised and saw regulation playing a role in delivering this in the future. That said, professionals emphasised a cautious approach. They do not want standardisation to stifle the innovation and flexibility that is valued and delivers important benefits to the people they care for.

There are five key findings of the research:

- 1. Nursing professionals see three core factors as common to most Advanced Practice roles, which differentiate them from other nursing roles.** These include **autonomy** to make decisions relating to patient care; undertaking **complex decision making and treating complex cases**; and providing **consistency**. **For midwives** who are already autonomous at the point of initial registration, the **Advanced Practice role is differentiated by dealing with complexity**.
- 2. Outside of those factors, the Advanced Practice role in nursing and midwifery is heterogeneous.** Professionals' roles vary according to the setting in which they practice (e.g. some professionals feel that the Advanced Practice role is more established in the intensive care compared to mental health); in terms of the responsibilities they are expected to carry out; and by their levels of qualifications and previous experience.
- 3. Professionals see enormous benefits to the Advanced Practice role for members of the public, people who use services, their employers and themselves.** Importantly they feel the role improves people's experience by providing continuity of care in the context of different approaches, for example rotating medical staff, and that their nursing/midwifery background means they also prioritise approachability and communication.
- 4. However, the heterogeneity or lack of standardisation in the role underpins many of the risks professionals associate with the Advanced Practice role,** e.g. neither people who use services nor other professionals are able to have consistent expectations of what an Advanced Practitioner does. This can contribute to a lack of trust, and a lack of defined parameters of the role means those employed in Advanced Practice roles may work beyond their scope of practice, risking the safety of people who use services.
- 5. Overall, professionals are in favour of regulating Advanced Practice.** They see regulation bringing standardisation to the knowledge and skills required to be an Advanced Practitioner which will address some of the risks from variability. In addition, they feel regulation will set clear parameters to their responsibilities which will give them greater protection. However, **professionals want regulation to be introduced carefully** to ensure innovation and flexibility to service delivery isn't stifled.

Introduction

Research aims

NMC commissioned BritainThinks to hear from Advanced Practice professionals in nursing and midwifery in the UK. The research sought to understand:

- What Advanced Practitioners do in their role and where they work
- What training and experience enabled them to attain their role
- What professionals see as the opportunities and risks in Advanced Practice roles
- The extent to which professionals think regulation is needed in Advanced Practice and the form it should take

The findings from the research will inform the NMC's next steps on advanced practice.

Overview of our approach

We used a qualitative approach of focus groups and in-depth interviews to understand the views and experiences of Advanced Practice professionals. Specifically, the methodology consisted of:

- 10 x 90 minute online focus groups
- 10 x 1 hour in-depth interviews

The data was structured and analysed using a thematic grid, which allowed us to see similarities and differences in experience by role and nation.

In total, 64 professionals participated in the research across the four nations. Further detail of our approach and a full sample breakdown can be found in the appendix.

Our approach for this report

Throughout the report, the total sample will be referred to as 'Advanced Practitioners' or 'professionals'. Where relevant, we have pulled out differences between those working in nursing and midwifery and differences between the four nations.

Advanced Practice roles: how are they perceived and how do professionals attain their roles?

Key take outs:

- Advanced Practice roles in nursing and midwifery are very heterogenous as they have often been shaped according to the needs and preferences of employers, but also the individuals.
- Advanced Practice roles in nursing are characterised by autonomy, complexity and consistency. In midwifery they are characterised as dealing with women with additional and more complex needs.
- There is no 'standard' route to becoming an Advanced Practitioner, though for the most part experience (often at least c. five years post-registration), possession of a Master's level qualification, and practical training play a role.

What characterises Advanced Practice roles in nursing and midwifery?

Discussions in the focus groups and interviews revealed that there is no single definition of Advanced Practice roles. Although there are common factors which span across settings and employers – most notably working across the four pillars of Advanced clinical practice, education, research and leadership – there is also significant variability as roles have adapted to the needs of local members of the public, people who use services and employers. This section explores what nursing and midwifery professionals feel characterises their role at Advanced Practice level. Given the considerable differences between the Advanced Practice role in nursing and midwifery, we have discussed each separately.

What characterises an Advanced Practice role in nursing?

Advanced Practice nursing roles are seen as 'hybrid roles' which bridge the gap between the nursing and medical teams.

Across countries, settings and employers, nurses see Advanced Practice roles as characterised by three core factors: autonomy, complexity and continuity.

Autonomy: compared to a typical nursing role, professionals note that Advanced Practice roles require a lot more autonomous decision making. For example, making decisions regarding a person who uses services' care that may have typically been made by the medical team or with their input. This increased level of autonomy is accompanied by an increased level of accountability for decision making, with those in Advanced Practice roles often providing the final level of 'sign off' for many decisions.

"We're all autonomous to a degree [nurses and advanced], but it's around the decision making, I would make decisions based on my assessment, whereas junior staff would pass it on for someone else." – Nurse, England

"Really the crux of it is around decision making and the level of decision making. I have that ability to refer. One of my nursing colleagues wouldn't have the confidence or aren't empowered to do it. I have the extra training to discharge, prescribe, refer." – Nurse, Northern Ireland

Complexity: professionals feel that those in Advanced Practice roles are working at the limit of their scope of practice as a nursing professional. This includes regularly innovating and undertaking complex procedures; for example, leading resuscitation and putting in central lines. In addition, many also hold their non-medical prescribing qualifications.

“We’re doing roles that were traditionally carried out by doctors. I class this role as the bridge between doctors and the nurses.” – Nurse, Wales

Although professionals note the Code places boundaries on their *behaviours*, most feel that there is no clear set of parameters for the *responsibilities* of Advanced Nurse Practitioners. As a result, for many their role and responsibilities have continued to grow and become increasingly complex. This is in response to the needs of local people who use services, and in part driven by pressures facing their employers regarding service delivery and in some cases, a shortage of doctors. Some professionals feel the clear lack of boundaries on their responsibilities gives them important flexibility, but also represents a risk.

Continuity: a hallmark of many Advanced Nurse Practitioner roles is that they see people from admission to discharge and are responsible for their care plan during this time. They feel this provides a point of consistency both for members of the public and people who use services and their families, enabling continuity of care. It also provides a point of consistency for the wider multi-disciplinary team, which many feel is reassuring. Some professionals feel the factor of ‘consistency’ is especially important in the context of junior medical staff who rotate through services.

“We have more autonomy, we look at the patient holistically and come up with a plan. Nursing colleagues may have this gut feeling that something is wrong, but ANPs can articulate clinically what is wrong with someone and act on it” – Nurse, Northern Ireland

Professionals also reference the four pillars of Advanced Practice (i.e. clinical practice, education, research and leadership) as underpinning their roles.

All professionals note that their practice was advanced across the four pillars and that these were essential to their education and training to become an Advanced Practitioner. Although many feel they use their clinical skills the most as part of their role, they all emphasised that the pillars are interlinked, for example, they are required to draw on their research and education skills to make clinical decisions.

In the context of a health and care system under pressure, some professionals feel it is challenging to carve out sufficient time in their working week to stay abreast of some of the pillars. For example, whilst they are regularly utilising their advanced clinical skills, it can be difficult to dedicate time to education and research. In some cases, this means professionals have to do this outside of their standard working hours.

Outside of the three core factors and the four pillars, Advanced Nurse Practitioner roles and responsibilities are characterised by significant heterogeneity.

This research made it abundantly clear that there is no unified set of roles and responsibilities for an Advanced Nurse Practitioner nor a consistent job title. Many were more established in their role and had a clear set of responsibilities and expectations from

their employers; on the other hand, some were just beginning to define what their role would look like within their organisation.

Advanced Nurse Practitioner roles varied across three levels: the setting in which they're based; their employer; and the individual practitioner themselves.

Setting: professionals report that Advanced Practice roles have been around longer and are therefore more established in certain settings, such as intensive care and Accident & Emergency. As a result, they feel their scope of practice (i.e. their role and responsibilities) is better defined and their colleagues have clearer expectations of their remit.

On the other hand, professionals feel that Advanced Practice roles are less well established in settings such as mental health and primary care. Professionals in these settings often describe having to 'define their role' themselves, e.g. taking on appropriate responsibilities and innovating depending on need. It is also the case that their colleagues in these settings are less familiar with Advanced Practice roles and are therefore less clear about what Advanced Nurse Practitioners can and can't do.

In particular, there is felt to be a high level of variation in the Advanced Practitioner role across primary care. This is due to each surgery being run independently and the roles therefore being defined by individual GPs, rather than wider governance processes in other organisations such as hospitals.

Employer: even within the same setting, professionals feel there is variability between different organisations. For example, an Advanced Nurse Practitioner working in an intensive care unit in a hospital in London, feels they would have a different set of responsibilities if they moved location to Southampton. This variability is attributed to many Advanced Practitioners who have been in their role for longer (e.g. qualified for over 5 years) and say they helped to create their role in their organisation. At the time, Advanced roles were introduced to 'fill gaps' in the medical service and therefore have adapted according to the needs of the people they care for locally.

Whilst Advanced Practice roles are now seen as very much a role in their own right, integral to the service, much of what Advanced Nurse Practitioners do continues to be based on the needs of their employer and the local population need.

Individuals: even within a specific setting at a specific employer, there can be several individuals working as Advanced Practitioners who hold different levels of competency and varying skillsets. This is due to the perceived lack of standardisation of experience and training required to become an Advanced Nurse Practitioner. For example, an Advanced Nurse Practitioner who entered the role after being a nurse for 15 years is likely to feel more confident performing certain clinical procedures compared to an Advanced Nurse Practitioner who entered the role after five years.

Professionals' experience of Advanced Nurse Practitioner roles over time are dynamic, rather than static.

Advanced Nurse Practitioners who have been in their role a longer time (e.g. over five years) feel that their position has evolved over time. Their role and responsibilities have expanded, driven by the needs of the people they care for and resources and capacity at their employer specifically. In this context, most professionals in this position feel their responsibilities are

more closely aligned to their medical, rather than nursing, colleagues. This is evidenced by them being scheduled on the medical rota and taking on more complex procedures.

Professionals feel that the expansion of their role and responsibilities has been facilitated by the growing trust of their employer and their medical colleagues. This tends to mean they are delivering their expanded set of responsibilities and accountability with less supervision compared to when they first started out in the Advanced role. For example, many say they are managing services (e.g. night shifts) without a medical staff member to escalate their concerns to.

“I think the demands on the health service mean the role has grown arms and legs. The role was meant to be an advanced nurse. But in fact, some ANPs are working at a higher level than some of the medical grades. The role has really spiralled in the last 10 years. I actually work on the medical rota, in the place of the medical staff. I'm on a mailing list with registrars and F2s to cover the shifts.” – Nurse, Scotland

What characterises an Advanced Practice role in midwifery?

Advanced Practice roles in midwifery are characterised by practising with women who have additional and more complex needs.

Unlike in nursing, midwives are autonomous at the point of initial registration and can provide a consistent point of care to women throughout their pregnancy. Therefore, the factors of ‘autonomy’ and ‘consistency’ cannot be used to characterise the Advanced role in midwifery. However, they reported that Band 6 midwives solely support women whose need are straightforward e.g. they practise within midwifery-led settings and see women whose pregnancy do not require medical assistance. Typically, if a woman has additional care needs – either existing prior to or as a result of pregnancy – then she is referred onto a medical pathway led by medical colleagues.

“[Explaining the difference between AP and midwives] I'd explain the role of the midwife, then I'd explain how I have completed further education to provide me with advanced skills in assessing pregnant service users for complex needs .” – Midwife, England

Advanced Practice in midwifery is characterised by practising autonomously with women who have additional or complex needs. These can be, but are not limited to:

- Women who have pre-existing health conditions prior to becoming pregnant, for example, diabetes or epilepsy.
- Women who develop health conditions or who have health concerns whilst they are pregnant (e.g. pre-eclampsia or thrush). These women may present in Maternity Triage Units.
- Women who have additional or complex needs.

In all of these settings, midwives are undertaking responsibilities previously conducted by the medical team. For example, running maternity triage units in the place of medical staff. This can mean in some cases women who were previously referred onto a medical pathway can remain under the care of a midwife for the duration of pregnancy.

“My training is based on maternity triage. People are coming because they have a problem. They’re the women I’ve been focusing on, I would review them (something which was historically done by a doctor). [...] Things like a UTI, reduced foetal movement, and then anything that is urgent we can commence the pathway of care and involve the [multidisciplinary team] MDT when we need it.” – Midwife, England

“In the post-natal setting, anyone who has had a C section or a big blood loss, I would do that review now [rather than a doctor]. That’s one of the biggest things for delaying people for discharge.” – Midwife, England

Given the level of autonomy that midwives have at the point of registration, the Advanced role is a more recent introduction in midwifery. Amongst the midwives in our sample, many assumed there were significantly less midwives practising with the title of ‘Advanced Practitioner’ compared to nursing. Indeed, many said the title and the concept of an Advanced role was only recently introduced to them and prior to that they were unfamiliar. Instead, they feel that ‘Specialist’, ‘Lead’ and ‘Consultant Midwives’ are more common than Advanced Midwife Practitioners.

All midwives in Northern Ireland said the ‘Advanced Practitioner’ role does not yet exist. Instead those who are working at a similar level to Advanced Practitioners in other nations use the titles ‘Consultant Midwife’ or ‘Lead Midwife’. However, responsibilities are not totally similar.

“There’s no Advanced Practitioner title in midwifery here. Instead there are lots of specialist advanced posts.” – Midwife, Northern Ireland

As a result, many of the midwives we spoke to across England, Scotland and Wales were the first Advanced Midwife Practitioner in their organisation. They were all shaping the role according to the needs of their employer and the people they care for. For example, Advanced professionals in smaller, district general hospitals are more likely to be responsible for managing maternity triage units. Their primary responsibilities are assessing, and in some cases, prescribing medication e.g. to women who present with thrush or assessing women experiencing reduced-fetal movement. On the other hand, midwives who are developing their roles in tertiary or teaching hospitals may be working closely with their maternal medical colleagues and developing care plans and seeing women with pre-existing health conditions.

“I went to a conference and there was such a broad mix of responsibilities. There were some people who were assisting at C-sections and then there were some people who were more diabetes midwives. We looked at where the gaps were in our particular service and how can we make our service better [with the AP role]. For us, it was never assisting in C sections and doing ventouse.” – Midwife, England

As with nursing, midwives indicated there is scope to shape the role depending on individual preferences and interests. For example, some are undertaking training and education to be able to assist with Caesarean sections because they want to but note this is not necessarily required by their employer for them to hold the Advanced Practitioner role.

What education, training and experience enabled Advanced Practitioners to get their roles?

A combination of experience and education led to most Advanced Practitioners achieving their role.

Along with the heterogeneous nature of the role and responsibilities, Advanced Practitioners in our sample had taken many different routes to achieve their current role and embarked on the journey at different points in their career. That said, for most of our sample across the four nations, a combination of experience and education led to their role.

The role of experience was varied across the sample.

Professionals say experience post-registration is a pre-requisite for attaining a position as a trainee Advanced Practitioner or often to receive funding from their employer to do an Advanced Practice course.

For the most part, professionals had between five to 10 years' experience post-registration before starting the journey to become an Advanced Practitioner. That said, there were cases at either end of the spectrum: some professionals were later in their careers and had over 20 years' before starting their journey to become an Advanced Practitioner and a handful had started training to take on an Advanced role soon after their post-registration (e.g. two years).

Professionals emphasised that the role of experience continues to play an important role as they develop their Advanced skills. Many developed their Advanced skills and practice under supervision from other colleagues (either medical or other Advanced Practitioners) alongside their formal education and training.

“Some courses require two years, others require five. There’s always a level of experience required.” – Nurse, Northern Ireland

Most Advanced Practitioners hold a Master’s level qualification. However, their routes to achieving this are not uniform.

Professionals across the four nations have typically done – or are working toward – a masters level qualification. For example, an MSc, PGDip or in England there is an apprenticeship route (the AP apprenticeship).

Qualifications are typically, but not always, funded by employers. This is often tied to a particular job post e.g. often in England, funding will be provided as part of the ‘Trainee Advanced Practitioner’ position. However, overall there is not a well-defined or consistent path to receiving funding. Many professionals reflected they were ‘lucky’ to receive funding as they were in the ‘right place at the right time’. Others felt they really had to push their employer to fund their qualifications.

“[I got onto training] With luck and funding from our charity. Part of that funding came from saying we would fill the doctors gaps.” – Nurse, England

Some professionals had self-funded their qualifications or already held a Master’s level qualification before beginning their Advanced training.

“I did mine at the local university as a Master’s course. I didn’t have a trainee role and there wasn’t a role at the end for me. I ended up working in primary care one day a week to use my skills until the role I’m in now was advertised and then it was elbows out to get in there.” – Nurse, England

A minority are – or know others who are - working in an Advanced roles without Master’s level qualifications or considerable experience.

Professionals reported several examples of people (either themselves or their colleagues) who are working in a role with the title ‘Advanced Practitioner’ but do not hold a Master’s level qualification or who only have a limited amount of experience post-registration (e.g. one to two years). For example, an Advanced Nurse Practitioner in our sample is working in primary care. She has a colleague who is also an Advanced Nurse Practitioner but does not hold a Master’s level qualification. Instead this professional has received on the job training from the GP in the surgery.

As noted above, there is considerable variation in the roles and responsibilities of Advanced Practitioners. Professionals in our sample feel that the lack of a standardisation of education, training and experience to become an Advanced Practitioner has contributed to that. For example, some feel those professionals who become an Advanced Practitioner with less post-registration experience can be more hesitant to take on certain procedures or cases.

“I’ve heard people called themselves an AP who didn’t even have a degree. I would expect that person to have a certain level of education and the public assume a level of education. So when they have a bad experience, they equate that to all APs” – Nurse, England

“It is a bit annoying as we both have the same job title, but a colleague of mine has less experience. So what it means is I take on the more complex procedures and patients. It’s annoying as we are meant to both do the same job.” – Nurse, England

Advanced Practitioners in our sample feel that education and experience should both play an important role.

Professionals feel neither experience nor education and training are more important than the other. Both play an important role to developing their advanced skillset.

In terms of education and training, professionals feel achieving a Master’s level qualification is highly important as it provides them with the enhanced critical analysis to take on caring for people with more complex needs and decision making. Some professionals feel this level of formal training is important to ‘fill any gaps’ in their experience. For example, if they have many years post-registration experience as a nurse but have not encountered a person with specific needs within a speciality setting or type of procedure, then education and training are necessary.

“I struggled with my dissertation for my Master’s, but it really gives you that critical thinking. It’s extremely valuable – it totally changed my ability to think about things from different angles and stuff like that.” – Nurse, England

In addition, professionals feel a good level of experience should also be required before starting the journey to become an Advanced Practitioner. Most feel this should be about five years' experience post-registration, however, they also recognise this depends on the individual. For example, it may be that a professional with many years' experience is less confident with their practice and therefore less 'ready' to be an Advanced Practitioner compared to a professional with fewer years' experience.

“Personally, it’s important that the nurses have a decent period of consolidation, assimilated and socialised into their career before pushing onto the next level. A lot of people feel like it’s ok, but having tried to support people who are relatively early career ANPs, it’s particularly hard for those who haven’t had the practice.” – Nurse, Scotland

Nevertheless, professionals emphasised those moving into Advanced roles should be sufficiently experienced as a nurse or midwife but also 'in life'. For example, professionals should be 'confident' and 'unflappable' in many different situations, due to the level of accountability (and in the cases of nurses, autonomy) involved with Advanced Practice roles.

“You need maturity. You need to be unflappable in situations and I think that comes with experience of having seen things [complicated patients] before, but it’s difficult to put a certain amount of years on it.” – Nurse, England

Diagram 1: Perceptions of how Advanced Practitioners in nursing differ from other nursing colleagues

Nurses	Advanced Practitioners	Consultant nurses
<ul style="list-style-type: none"> • They tend to have less experience and haven't had the additional education and training. • Their scope is more limited, for example, they can't prescribe treatment. • They have far less autonomy in their roles and have to seek approval from medical staff. 	<ul style="list-style-type: none"> • They tend to have Master's level qualifications and/or many years of experience. • They function autonomously and see patients through all aspects of their treatment. • They do much more complex procedures and can prescribe treatment. • Their practice is advanced across the four pillars of: clinical practice, education, research, and leadership. 	<ul style="list-style-type: none"> • They are seen as the level above Advanced Practice. • Training goes above and beyond Master's level, with many getting PhDs. • They have more 'strategic oversight' of the team as a whole. • They are perceived to have a more generalised skill set rather than clinical e.g. they spend less time doing clinical skills and more time managing.

Diagram 2: Perceptions of how Advanced Practitioners in midwifery differ from other midwifery colleagues

Midwives	Advanced Practitioners	Consultant nurses
<ul style="list-style-type: none"> • While midwives are considered to be autonomous practitioners, they will refer complex cases to medical colleagues. • They may not have studied at Master's level. • They do not tend to work within the four pillars of AP, and are usually immersed in clinical practice. • Typically Band 6. 	<ul style="list-style-type: none"> • They tend to have Master's level qualifications and/or many years of experience. • They manage women with additional and complex needs meaning they can follow women throughout their maternity journey, without referring to medical colleagues. • They work within the four pillars of AP. • Typically Band 8A. 	<ul style="list-style-type: none"> • They deal with out of guidance births and optimise normal physiological processes within community midwifery settings. • They have a caseload that they manage. • They tend to have broader oversight of midwifery team. • They work within the four pillars of AP, but also have a fifth pillar of 'strategy'. • Typically Band 8B.

Opportunities and risks of Advanced Practice roles

Key take outs:

- The flexibility of Advanced Practice means they offer several benefits to members of the public and people who use services, employers, and professionals. These include allowing more people to receive continuity of care and innovating to deliver new services.
- However, the flip side to the flexibility means the role lacks standardisation, which professionals also see as underpinning many risks. These include professionals with variable skillsets and a lack of trust from members of the public and people who use services and colleagues.
- Some organisations have developed their own internal governance in response to these risks, with the aim of standardising the role within their organisation.

What do professionals see as the benefits of Advanced Practice roles?

Across the groups and interviews, we heard that professionals feel their role plays an important part of the service where they work and delivers unique benefits compared to medical and other nursing and midwifery roles. Professionals can readily identify numerous benefits to the Advanced role in nursing and midwifery. They feel their role benefits the people they care for, their employer, but also delivers important benefits to them. An underlying feature of the benefits discussed below is the flexibility of the Advanced role: shaping the role to the needs of the service has allowed for important benefits.

Benefit 1: Continuity of care

The standout benefit across the four nations and amongst nurses and midwives, is that the Advanced role enables members of the public and people who use services to have continuity of care. Professionals emphasised that by holding an Advanced level of knowledge and skill, it means that people in their care do not have to be referred to medical colleagues. For example, Advanced Nurse Practitioners highlighted that their skill means they can see people through from admission to discharge and lead on decision making between those two points. Advanced Midwife Practitioners (AMP) are able to manage women on a 'midwife-led' pathway but deliver a higher level of skill which ensures more women with additional and complex needs are always dealt with appropriately. Or, if they are referred onto a medical pathway then the AMP can remain a continuous point of care.

Professionals feel continuity of care delivers numerous benefits to members of the public and people who use services, including: enabling them to foster a relationship with the people they care for and ensuring cases aren't 'missed' or 'fall through the gaps'.

"The Ockenden report showed that things were getting missed when they were midwife led, but should've been doctor led. We're here to bridge that gap and still provide continuity"– Midwife, England

"The continuity of care that isn't there with junior doctors. We have a huge amount of benefit to patients and it benefits the consultant. They can concentrate on things they have to do with their patients" – Nurse, Wales

Benefit 2: Care of people and experience

The second most important benefit is that professionals feel they are able to deliver a unique form of care. This is because they have a blended skillset, combining their nursing/midwifery background with their advanced knowledge and clinical skills. Professionals feel their background in nursing and midwifery means they are approachable and communicative. Others feel it allows them to see the people in their care more holistically, for example, picking up on small cues regarding mood or thinking about care arrangements.

Others note that studies show AP roles improve patient safety.

“Studies show that nurse led consultations show that patients feel like they’re heard and share more than they would otherwise.” – Nurse, England

Benefit 3: Service efficiencies

Across the four nations, both Advanced Nurses and Midwives feel their role is vital in the context of a health and care system under pressure. Professionals feel their role bridges the gap between medical and the nursing/midwifery teams, which allows them to make services more efficient. For example, Advanced Nurse Practitioners in primary care feel they are an additional ‘access point’ which means members of the public and people who use services can be seen more quickly. In addition, both Advanced Nurse and Midwife Practitioners are able to review and discharge which they believe vastly improves the flow through the hospital (as they do not have to wait for the doctor to discharge patients).

“It’s quicker for patients to get seen. There’s more workforce who is able to see patients. It means more access.” – Nurse, Scotland

“What the Advanced Practice does in primary care is maybe we’re seeing 20 odd patients a day? That’s 20 less a day for the GP.” – Nurse, Northern Ireland

Benefit 4: Staff retention

Alongside benefits to people and their employers, professionals feel the Advanced role has delivered an important benefit to them. This is because the Advanced roles widen career opportunities by providing a way to progress in nursing or midwifery that is outside of the traditional pathways into education and/or management.

We heard that for many professionals in our sample, they gained fulfilment in their role by seeing and interacting with members of the public and people who use services. They therefore felt disheartened that they may have to lose this part of their role if they wanted to progress. The ability to continue developing clinical skills, continuing to work closely with members of the public and people who use services, and innovate in service development is highly attractive, which can contribute to staff retention.

“I would have probably left nursing if it weren’t for the AP role. Previously the only way you could progress was into management and that wasn’t for me.” – Nurse, England

"[It] Made the job much more interesting. Another career option. [There was a] Clinical route to go down as well." – Nurse, Scotland

What do professionals see as the risks of Advanced Practice roles?

Professionals recognise a tension between the benefits and risks. Most see the flexibility which underpins many of the benefits as having a flip side. The flexibility is facilitated due to the lack of standardisation regarding roles and responsibilities, this allows them to be shaped accordingly. However, professionals see the lack of standardisation as underpinning all of the risks they associate with the Advanced role.

Risk 1: Variability of skillsets

Professionals note there is no single route to becoming an Advanced Practitioner, which leads to varying levels of education, training and experience. This is coupled with a lack of title protection for the 'Advanced' role. As a result, professionals in our sample feel that some professionals may hold the role of Advanced Practitioner but be unable to perform at the same level as others. For example, they do not have a Master's level qualification and may therefore lack the critical thinking ability of those that do.

Professionals see this variability in skillsets as a risk to the safety of members of the public and people who use services. Whilst professionals note that registered nurses and midwives are committed to the people they care for and would not intend to do harm, some may be operating beyond their level of training. In addition, professionals feel the variability of skillset within the Advanced Practice role means it can be challenging for their colleagues to have clear expectations of what they can and can't do.

"Anyone can call themselves anything... People can use advanced in ways that doesn't mean Master's level. That's a risk for the public." – Nurse, England

Risk 2: Lack of trust from members of the public and people who use services and colleagues

Professionals note that the role is not yet established in the eyes of the public and in some cases in the minds of their colleagues too. Indeed, many professionals report explaining their role to people as *'I'm a nurse who has been trained to an advanced level, which means I can prescribe you medication etc.'* rather than simply saying *'I'm an Advanced Clinical Practitioner'*.

Professionals feel this lack of role recognition is a key risk. It can be challenging for members of the public and people who use services and colleagues alike to know what to expect from Advanced Practitioners. This means professionals are often required to explain their role to the people they're caring for in the moment (as above). This can lead to a lack of trust being directed toward Advanced Practitioners from members of the public and people who use services. For example, professionals report being questioned as they are wearing a nurse's uniform but delivering care and procedures that are not expected from nurses.

Professionals also report having to explain their role to other professionals. This can be challenging in the context of rotating junior doctors, as it can mean they're regularly having to explain their role and, in some cases, encountering a lack of trust.

“I had to give a presentation to the GPs about what ANPs are and what they do. They don’t know what we can and can’t do.” – Nurse, Northern Ireland

Risk 3: Working beyond their scope

Professionals note there is no consistently defined scope of practice for Advanced Practitioners, unlike typical nursing and midwifery roles. As a consequence, professionals have been able to expand their roles to fill gaps in service provision and are increasingly working with less supervision (as they have won the trust of their multi-professional colleagues).

However, professionals do feel the expansion of their role carries risk. On a personal level, professionals describe ‘burning out’ due to feeling overwhelmed with their increasing responsibility and accountability. However, the lack of standardisation of the role also means professionals feel ‘pressured’ to carry out responsibilities they don’t feel comfortable with. For example, working with paediatric patients despite having little training in that area.

“I think you see ANPs with no background in paediatrics but are seeing children in primary care.” – Nurse, Scotland

The lack of a clear set of responsibilities means they can find it challenging to ‘push back’ on colleagues who ask them to carry out these procedures. They see this a key risk to patient safety and professional wellbeing.

“I’m like ‘I’m not doing that, it’s out of my scope’. but other ANPs say they don’t want to do it, but then do it because they’re scared to say no.” – Nurse, Scotland

Risk 4: Lack of professional protection

Professionals in our sample point to the lack of regulation of Advanced roles specifically as a key risk. They feel they are less well protected than other colleagues as they are protected only within their scope of primary registration (i.e. as a nurse or midwife) and, as their scope of an Advanced Practitioner is not standardised, they feel their legal protection is uncertain. This is particularly true for midwives who are working at Advanced level. They feel their role – managing the care of women with additional and complex needs– is markedly different from their scope of practice as a midwife.

“It’s not a regulated title, it’s not recognised by our governing body, and so it’s a risk to the public. You’re a little bit vulnerable.” – Nurse, England

“AP roles have evolved out the need for junior doctors. But to do the same jobs we have to jump through a lot of hoops. There has been a reluctance to have a centrally held governance for Advanced Practice, [instead] the governance has been placed on local employers. So, you have to figure it out. The exception is things like prescribing where there are standards linked to it.” – Nurse, Wales

In some cases, organisations have developed their own internal governance to mitigate the risks they see with Advanced Practice.

As noted above, some Advanced Nurse and Midwife Practitioners feel that they are practising beyond the scope of practice for a typical nurse or midwife. Along with uncertainty about their legal protection, many worry that members of the public or people who use services may question who or what have deemed them competent to carry out their advanced skills. If they were to be questioned, Advanced Practitioners feel the lack of standardised set of responsibilities and accountability may place them in tricky waters.

As a consequence, some organisations have developed their own competency framework and workbook for Advanced Practice roles. These documents have been developed internally within organisations, often by their governance teams, and are often aligned to wider frameworks (e.g. from the Royal Colleges and Health Education England). The aim of these documents is to state the competencies the professional should be able to carry out. The professional will then work to receive 'sign-off' on each competency, for example: 'can carry out with supervision' to 'can deliver autonomously'. These several layers of oversight and explicit sign-off help to provide protection to the professional should anyone raise questions about their competency.

“It’s very self-regulatory at the moment! There is a big reliance on someone knowing when they’re out of their depth, which I think as nurses and midwives we are pretty good at... That said, the workbook makes me feel a lot more comfortable. It gives really clear competencies and shows that someone has signed me off for each skill.” – Midwife, England

Response to regulation

Key take outs:

- Professionals welcome the prospect of standardising the Advanced Practice role and would be open to the introduction of several different regulatory mechanisms.
- However, they emphasise the need for a cautious approach which balances standardisation of the route to becoming an Advanced Practitioner and creates some boundaries on the role, with the flexibility and scope for innovation which allows them to adapt to the needs of local services which they presently value.
- Professionals also urge the NMC to consider existing standards from other organisations to avoid creating grey areas.

How do professionals respond to the prospect of regulating Advanced Practice?

For the final part of the qualitative sessions, we sought professionals' views on regulation. Professionals were highly engaged with the conversation and suggested different approaches to mitigating the risks they see with the role.

Professionals believe the Advanced Practice role ought to be standardised and regulation could achieve this.

Professionals feel introducing standardisation into the role will help deliver several benefits. Firstly, standardising the preparation to become an Advanced Practitioner will help to ensure a comparable level of knowledge and skill amongst professionals. For example, if Advanced Practitioners undertake comparable levels of education and training – and within that, education and training courses themselves were standardised – then it will mean there can be a more consistent set of expectations directed towards Advanced Practitioners regardless of their speciality, setting or people they care for.

“Standards bring clarity. There is so much variety. We need to level the playing field - how do you get informed consent if a member of the public doesn't know your background and what your training has been?” – Nurse, Scotland

Secondly, professionals feel that standards will help to define the Advanced Practice role in the eyes of members of the public and people who use services, and other professionals. This will help to build trust in the role itself, but also the level of Advanced skill.

“If we had a title that was registered, then it would help with public confidence. There would be more clout, rather than 'oh I'm just speaking to a nurse'.... It'd be much easier for patients to understand who they're speaking to and trust what they're getting.” – Nurse, Wales

Finally, professionals feel standardising the scope of practice for the Advanced level will prevent professionals being pressured to work beyond their scope. At the moment, the boundaries are flexible and therefore it relies on the confidence of professionals to push back on any asks they do not feel comfortable with.

“People are sometimes pushed outside the scope of their practice and if it's not regulated or governed that happens. Regulation would protect us.”

– Nurse, England

“I think that will make it safer. I don't think anyone is out to do a bad job, but this is what makes the public safe. We should be accountable and be responsible, I think it helps keep some understanding of the boundaries.

Yes, we do have additional skills, but we should still have some boundaries.” – Midwife, England

Professionals emphasised a cautious approach to standardisation as they do not want to jeopardise the innovation or flexibility of the Advanced Practice role.

Professionals think any attempt to standardise the route to becoming an Advanced Practitioner and the role itself needs to be done carefully and outlined several considerations for the NMC.

Firstly, any attempt to standardise the role must be mindful that its current flexibility and room to grow has delivered many benefits. For example, the Advanced Practice role has filled gaps in health and social care, relieved pressures on employers, and also improved the experience of members of the public and people who use services. Therefore, standardisation should not be heavy handed. It should be introduced in a way that allows nuance and adaption according to the needs of different services.

“There's so much diversity and variation, it means there's a greater risk to regulate it. Jobs have evolved over time. There should be governance and supervision of those, but that should maybe sit in an employment framework.” – Midwife, England

Secondly, professionals urge any attempt to standardise the role avoids creating 'grey areas' and thereby confusion about whether if something or a professional does or does not meet the standards. To do this, professionals feel any new standardisation should align to existing standards. For example, Health Education England approve Advanced Practice courses in England and professionals would want to see the NMC align to those standards.

“For us that are already regulated under the Royal Colleges, are we going to have other regulations? I don't know if I want another [set of] guidelines and regulations.” – Nurse, Wales

Thirdly, professionals wanted to see the NMC think holistically and join up with other regulators. They note that Advanced Practice spans beyond the NMC's scope, for example, there are professionals working at Advanced level in occupational therapy. Again, to avoid creating any discrepancies or grey areas, professionals feel it's important to take a unified approach to standardising Advanced Practice.

“They'll have to remember it's not just nurses. It's also people like Occupational Therapists who are outside of the NMC's jurisdiction.” – Nurse, England

Finally, professionals want the NMC to consider the existing variability within Advanced Practice. For example, there will likely be professionals who would not be considered to

meet the standards if official standardisation comes in (due to not holding a Master’s level qualification). Professionals want the NMC to be cognisant of this to ensure there are minimal job losses from the profession.

“I agree with it being regulated, but there are things to be aware of. There are different routes people have been taken so there needs to be clear guidance for people who don’t have an MSc but have equivalent.” – Nurse, Scotland

How do professionals respond to specific regulatory mechanisms?

We tested several different options for regulation with professionals to understand their views.

Professionals are generally in favour of education and training regulatory options.

As noted, professionals feel that a key risk to their role is a lack of standardisation regarding preparation to become an Advanced Practitioner. They therefore welcome regulatory mechanisms which they see as helping to standardise this element of the role. That said, this is a key area where professionals are concerned that introducing additional standards may create grey areas.

“For us that are already regulated under the Royal College [of Nursing], are we going to have other regulations? I don’t know if I want another [set of] guidelines and regulations.” – Nurse, Wales

Diagram 3: Professionals’ views on education and training regulatory mechanisms. Cells shaded green received positive views; cells shaded orange received more concerns.

Regulatory mechanism	Views of professionals
<p>For the NMC to set standards of proficiency for Advanced Practitioners, and programme standards for Advanced Practice courses</p>	<p>Professionals welcome standardisation of the Advanced Practice role, believing that a more defined scope of practice will lessen the ambiguity they currently face and build trust in their role. That said, some express concerns about whether – and if so, how - NMC will be able to standardise a heterogeneous role in practice.</p>
<p>For the NMC to approve and monitor Advanced Practice courses</p>	<p>Professionals welcome the NMC approving and monitoring Advanced Practice courses. They feel this happens currently for other training opportunities and brings a level of trust to the qualification. However, they want to make sure the NMC aligns to standards from other organisations where appropriate e.g. the Royal Colleges (of Nursing, Midwifery, and of Obstetrics and Gynaecology) and Health Education England.</p>

<p>For the NMC to set standards of behaviour for Advanced Practitioners, including revalidation guidance</p>	<p>Professionals are in favour of the introduction of revalidation guidance for the Advanced Practice role specifically.</p> <p>They are open to taking a different approach to how they revalidate as a nurse/midwife. However, they feel additional ‘standards of behaviour’ would be superfluous. This is driven by the belief that the nursing / midwifery Code is sufficient at Advanced Practice level – they question what else could be included.</p>
---	---

“It would be quite challenging [to set standards of proficiency for Advanced Practitioners] but it doesn’t mean it shouldn’t happen. We’ve standards of proficiency for nursing and midwifery, why would we not have the same scrutiny over the advanced element.” - Midwife, England

“HEE is already approving and monitoring AP courses... that’s already in process. I think they [NMC] need to set standards.” – Nurse, England

“I don’t see a difference - my standards of behaviour are the same as if I were a nurse.” – Nurse, Wales

“I’d be horrified if they believed they had to set behaviour standards as every registrant should have impeccable standards” – Nurse, Northern Ireland

Similarly, they feel additional regulatory mechanisms will help to build trust in the role.

In particular, professionals are strongly in support of protecting the title of ‘Advanced Practitioner’ and recording qualifications on the register. They feel both of these mechanisms will bring clarity to the role and therefore allow other people, including members of the public and people who use services, employers, and their colleagues, to have a consistent set of expectations.

Diagram 4: Professionals’ views on other regulatory mechanisms. Cells shaded green received positive views; cells shaded orange received more concerns.

Regulatory mechanism	Views of professionals
<p>For Advanced Practitioners to revalidate in line with their scope of practice</p>	<p>Professionals are in favour of revalidating in line with their scope of practice of advanced skill e.g. demonstrating they are meeting the four pillars of advanced practice. They feel it will build trust that they are continually working at Advanced Practice level. However, they want to avoid duplication i.e. to only revalidate once at Advanced Practice level, rather than twice (at Advanced and ‘standard’ level).</p>

<p>For Advanced Practice qualifications to be recorded on the register</p>	<p>Professionals strongly support qualifications being included on the register. Some liken it to additional qualifications being included on the register already (e.g. non-medical prescribing). They feel it will build trust in the role as they will be able to see who has done extra education and training. From a personal perspective, they feel this mechanism will build recognition of their work.</p>
<p>For ‘Advanced Practitioner’ to become a protected title</p>	<p>As above, professionals are strongly in favour of this mechanism to reduce ambiguity in the eyes of people who use services and their colleagues. For example, this will avoid situations where someone is in an Advanced Practice role but is unable to perform certain skills.</p>
<p>For Fitness to Practice concerns to be raised in relation to their practice as an Advanced Practitioner</p>	<p>Professionals are neutral about this regulatory mechanism, believing it does little to address any risks they see. But overall they support its introduction as part of regulating the AP role in general.</p>

“I agree with this [for Advanced Practitioners to revalidate in line with their scope of practice]. But I don’t have to have revalidate twice. Once as a nurse, and then again for advanced.” – Nurse, England

”This [for qualifications to be recorded on the register] is really important for the public as they should be able to know what I’m able to do as an ANP” – Nurse, England

“This [would mean less confusion around titles and no risks to patient care.” – Nurse, Scotland

“So long as the standards are clear, setting expectations for ANP roles, that [Fitness to Practice concerns to be raised in relation to their practice as an Advanced Practitioner] would be fine” - Nurse, England

Principles for the NMC

In summary, professionals are supportive of standardising the Advanced Practice role and see regulation as a possible means to do so. However, when thinking about the future of Advanced Practice professionals advise three principles be followed:

- 1. Take into account the wider context to avoid creating grey areas.** Whilst professionals are in favour of standardising Advanced Practice, they urge the NMC to consider existing standards pertaining to the role from other organisations. This is essential to avoid any perceived 'grey areas' e.g. where a course has been approved by a nursing, midwifery or medical royal colleges, but then is not approved by the NMC.
- 2. Aim to avoid too much disruption to the existing role.** Professionals are keen for the introduction of any standardisation to becoming an Advanced Practitioner and to the role itself to be minimally disruptive. For example, for the most part, they want to continue working as they have been doing. This will mean avoiding duplication of requirements (e.g. professionals are happy to revalidate differently in line with their advanced skills, but are opposed to revalidating twice) and making sure any standardisation does not diminish their responsibilities.
- 3. Keep listening to professionals.** Advanced Practice professionals emphasise that their role is continually adapting and innovating as it becomes more established and according to the needs of their employers and the people they care for. It is therefore important that standardisation is alive to the changing context of the role and will allow it to develop accordingly.

"Really important that regulation doesn't stop innovation and development. I would want to see the role develop and move forward, to meet the challenges facing the health service in the future." – Nurse, England

"Just don't reinvent the wheel. Take notice of what's out there and make sure it aligns... I also don't want to have to pay more in fees." – Nurse, England

"I agree with it being regulated, but there are things to be cognisant of. There are different routes people have been taken so there needs to be clear guidance for people who don't have an MSc but have equivalent." – Nurse, Scotland

Appendix

Methodology and sample overview

The fieldwork period ran from 16th November 2022 – 31st January 2023. It included:

- 10 x 90-minute online focus groups
- 10 x 1-hour online in-depth interviews

The focus groups and online in-depth interviews followed the same discussion flow and included:

- Understanding how professionals characterise their role and responsibilities
- Understanding professionals' journey to becoming an Advanced Practitioner, including the role of experience, education and training
- Understanding professionals' views on the opportunities and risks of Advanced Practice roles
- Understanding professionals' views on potential regulation, including specific regulatory mechanisms

As far as possible, participants in the focus groups were grouped according to role (i.e. nurse or midwife) and location (i.e. England, Wales, Scotland, and Northern Ireland) so they could build off similar experiences. That said, recruiting Advanced Midwife Practitioners was more challenging and therefore we engaged with 10 midwives on an individual basis via depth interviews.

The total number of participants by role and location is shown in the table below:

	49 Nurses	15 Midwives
England	24	7
Scotland	9	1
Wales	11	3
Northern Ireland	5	4

It's important to note that the approach was purely qualitative. Therefore, whilst it provides a rich picture of the views and experiences of professionals working at Advanced Practice level it does not aim to be a representative picture.

Sample breakdown in detail

A spread of demographics, sectors, and fields was collected as part of an online screening process on a best efforts basis. The total number of participants equalled 64. However, questions on demographics were not obligatory, which is why some totals below do not add up to 64. Some questions were multiple choice, so in some cases totals may add up to over 64.

Location

England	31
Scotland	10

Wales	14
Northern Ireland	9

Age

21 – 30	1
31 – 40	15
41 – 50	26
51 – 55	12
56 – 60	7
61– 65	2

Gender

Women	54
Men	10

Ethnicity

White - British, English, Northern Irish, Scottish or Welsh	52
White - Irish	6
Black - Caribbean	3
Asian - Indian	2
Any other mixed or multiple ethnic background	1

National identity

British	38
English	4
Scottish	4
Welsh	6
Northern Irish	6
German	1
Italian	1
New Zealander	1

Religion or belief

No religion	29
Christian	22
Hindu	2
Sikh	1
Prefer not to say	1

Disability

Yes – neurodiversity	1
Yes – learning disability	1

No	52
Prefer not to say	1

Sexual orientation

Heterosexual or straight	51
Bisexual	2
Prefer not to say	1

Caring responsibilities

None	14
Primary carer of a child or children (under 18 years)	34
Primary carer of disabled child or children	2
Primary carer of disabled adult (18 years and over)	1
Primary carer of older person or people (65 years and over)	2
Prefer not to say	2

Sector

NHS	60
Independent	11

Field (nursing only)

Adult nursing	38
Child nursing	10
Mental health nursing	9
Learning disability nursing	1
Not currently practising	1