

# **The knowledge and skills required of advanced level practitioners for accreditation and safe practice**

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## **Introduction**

Change, for better or worse, seems to be endemic in Western societies and during the past two decades advanced practice has not been exempt from its effects. Healthcare leaders and lecturers in the United Kingdom (UK) have adapted education programmes that are preparing for increasing numbers of health professionals to take on Advanced Practice (AP) roles that meet policy and practice developments emerging from population need and government influenced changes. Such change has included advanced practice policy from National Health Service (NHS), Health Education England (HEE) regarding funding for AP students, and the introduction of an Advanced Clinical Practitioner (ACP) award title.

This is the xxth paper in a series that spotlights Advanced Practice (AP), with this paper exploring AP/ACP education. To understand the context for AP education, provided first is the brief overview to AP in the UK, drawing on international comparisons.

## **Overview of Advanced Practice**

The AP role started within the nursing profession in the 1960's in the United States of America (USA). AP has a mixed history in the UK since the role was first defined in 1993 by the United Kingdom Central Council (UKCC). International AP comparisons tend to focus predominantly on nursing roles whereas the UK deliberately broadened their AP remit to include non-medical allied health professionals (AHP) such as radiographers, physiotherapists and others (BCU 1999; NLIA 2010; Gardener et al 2016; HEE 2016).

A UK structure for AP was proposed in 2008 following the publication of NHS Scotland's Advanced Practice Toolkit depicting a 'four pillars' role framework: clinical practice; research; leadership, and education. The height of the pillars were considered flexible depending on the current activity of the AP, although the clinical pillar seems to have been prioritised ahead of the other three pillars

The simplicity of this four pillar framework proved resilient despite it seeming reductionist when compared with the complexity of emergent senior AP roles in healthcare. With adaptations, this framework was adopted for nurses and AHPs in Wales by the National Leadership and Innovation Agency for Healthcare (NLIA 2010) and informed a Position Statement for Nurses in England (DH 2010). This four pillar framework continues to be advocated by NHS Education for Scotland (2021) (see figure 1) and is cited by Health Education England in their Multi-professional framework for advanced clinical practice in England (HEE 2017). Interesting to note is the slightly different terminology to head up each

pillar, such as NHS Scotland uses the pillar term facilitating learning whilst HEE apply the term education.

**Figure 1: NHS Education for Scotland Pillars of Practice:**

<https://www.advancedpractice.scot.nhs.uk/education/pillars-of-practice.aspx>



## The Four Pillars

**Clinical Practice:** AP's will be working autonomously in a role that requires them to assess, diagnose, and manage complexity, working in collaboration with the wider health team.

**Facilitating Learning or Education:** This pillar is important for supporting staff, patients and for AP self-awareness to assess and address their own learning needs.

**Leadership:** Effective leadership is required to influence and motivate others to work effectively and cooperatively with health and social care practitioners, senior and junior staff and to meet the goals and objectives of the service and the wider organisation (Chadwick and Leigh 2018). Understanding leadership styles is essential for leading staff of all disciplines and leading new services designs. Leadership also embraces communication skills, supporting patient groups and acting as a role model for less experienced staff (NHSLA 2014).

**Research:** AP's need an understanding of all research methodologies in order to evaluate research evidence relating to new methods of treatment and care (NILAH 2010). Students can feel daunted by research but need sound knowledge to be able to communicate and debate issues related to evidence based practice with patients and healthcare staff (Linsley et al. 2019).

## Advanced Practice Education

AP's must meet their professional standards and requirements as mandated by their regulatory body, such as Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC) or General Pharmaceutical Council (GPhC). AP's are accountable for their actions and must be able to justify their clinical decision making with appropriate evidence. It is proposed that advanced level practice reflects a set of responsibilities, competencies

and capabilities on the career continuum and as such, practitioners are always accountable to their regulatory body whatever the context of their practice and level (NLIAH 2010).

The NMC admit how the lack of regulation for AP's has resulted in a 'patchwork' of advanced practice education across the UK with each country establishing their own standards and frameworks. Indeed, the NMC is currently exploring its role in the regulation of AP's as part of its major evaluation into its post-registration standards- publication due for consultation in 2021. Furthermore, there is also a growing debate about whether advanced practice requires regulation, mindful that approaches to advanced practice across the four countries of the UK are at different stages of maturity. Seen as a priority in its Strategy 2020-2025 Consultation on draft strategic themes, the NMC is exploring the potential regulatory approaches to specialist and/or advanced practice, including whether there should be common approaches across a number of professions (NMC 2020).

### **The Emergence of Advanced Practice Education Programmes**

Education programmes that prepared AP's for their role began to emerge in UK universities from the 1990's, with programme content initially replicating Hamric's (1996) North American Advanced Nursing Practice broad conceptual model (Hamric & Hanson 2009). Reflecting the complexity of the role, programme content included key topic areas such as collaboration, ethical decision making, consultation, research, expert guidance and coaching, and leadership.

The amount and level of study required for AP's has continued to cause controversy both in the UK and internationally. The International Council of Nurses (2002) and Northwestern Ontario Medical Course (NOMP) in the USA have long argued that advanced practice should be a full Master's degree and there is also evidence of doctoral level programmes offered in the states. However HEE (2017) only require 'a masters level award' for Advanced Clinical Practice thus implying practitioners can use the 'Advanced' title without completing a full Master's degree. In reality what has emerged are organisations who are supporting AP's to complete a Postgraduate Certificate or Postgraduate Diploma and not the full masters programme.

The UK Quality Assurance Agency (QAA) are clear how *"all master's degree graduates will have in-depth and advanced knowledge and understanding of their subject and/or profession, informed by current practice, scholarship and research. This will include a critical awareness of current issues and developments in the subject and/or profession; critical skills; knowledge of professional responsibility, integrity and ethics; and the ability to reflect on their own progress as a learner"* (QAA 2020: 4).

One could argue that AP's who have not completed the full masters programme are unlikely to have studied the breadth or depth of subjects represented by the four pillars now synonymous with AP role requirements

In the UK, the current situation for AP/ACP preparation is fluid. For example, there is now the Advanced Clinical Practitioner (Integrated Degree)- an apprenticeship route for ACP role

development that is at masters level (Skills For Health 2017). Programme accreditation has also been introduced by HEE together with a number of credentialing frameworks however the Royal College of emergency medicine (RCEM), Royal College of Nursing (RCN), and The Faculty of Intensive Care Medicine (FICM) have been around since 2016.

## **HEE Multi-professional framework for advanced clinical practice in England (HEE 2017)**

Useful to consider is the HEE Multi-professional framework for advanced clinical practice in England (HEE 2017) to demonstrate education development for ACP's.

The Multi-professional framework sets out its definition for ACP that sets the scene and tone for the programme and level of education required:

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence (NHS 2017: 8).

The language used to describe the capabilities in the framework is deliberately mapped to level 7 (masters) taxonomy to support and make clear the expectation that health and care professionals working at this level are required to operate at master's level and should have developed and can evidence the underpinning competencies applicable to the specialty or subject area, i.e. the knowledge, skills and behaviours relevant to the health and care professional's setting and job role.

Masters level requires the ability to make sound judgements in the absence of full information and to manage varying levels of risk when there is complex, competing or ambiguous information or uncertainty.

Taken from the HEE Multi-professional framework, tables 1-4 provides an example of the knowledge, skills and behaviours relevant to the health and care professional's setting and job role that span the four pillars that is then applied to the specialist competencies.

**Table 1 Clinical Practice**

<b>Knowledge and Skills</b>		<b>Behaviours</b>
Evidence underpinning subject-specific competencies	Partnership working with individuals, families and carers	Comply with respective code of professional conduct and within their scope of practice,
Assessment methods, e.g. of history-taking; holistic assessment; identifying risk factors; mental health	Effective communication skills;	Being responsible and accountable for their decisions, actions and

		omissions at this level of practice
Synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses	Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations	Promote person-centred approaches in health and care

**Table 2 Leadership and Management**

Knowledge and Skills		Behaviours
Develop practice in response to changing population health need, engaging in horizon scanning for future developments	Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working	Role model the values of their organisation/place of work
	Lead new practice and service redesign solutions; working across boundaries and broadening sphere of influence	Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns necessary

**Table 3 Education**

Knowledge and Skills		Behaviours
Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of ACP	Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning	Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services
Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice		

**Table 4 Research**

<b>Knowledge and Skills</b>		<b>Behaviours</b>
Critically engage in research activity, adhering to good research practice guidance	Evaluate and audit own and others' clinical practice; acting on the finding	Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers
Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others	Develop and implement robust governance systems and systematic documentation processes	

For further information about the multi-professional framework and access to a toolkit, which looks at the practical implementation of this approach, go to Health Education England website <https://www.hee.nhs.uk/our-work/advanced-clinical-practice>

Useful in the Multi-professional framework is the flowchart that provides guidance on the possible ways of evidencing the capabilities within the four pillars of ACP and indeed, Health Education England (HEE) has also set up its Centre for Advancing Practice, ensuring a more standardised approach to ACP accreditation. The Centre enables practitioners to accredit with no formal education through an independent portfolio route and will oversee educational institutions which deliver ACP education by requiring them to accredit programmes in accordance with their local Standards for Education and Training.

### **Practice Based Learning and Assessment**

Practice based learning is normally supported in parallel throughout the university taught clinical modules. Indeed, HEE promotes continued assessment against, and progression through, the capabilities identified within the framework (HEE 2017: 11) It therefore forms a vital component for the integration of theoretical and clinical learning at each stage of the education programme.

Clinical examination / assessment is most often assessed in a University setting by Objective Structured Clinical Examination (OSCE). OSCE assessments in universities are artificially staged, normally with actors or volunteers, playing the patient role. University based OSCE are probably more valid and reliable than those performed in practice due to the ability to

standardise them by replicating scenarios for all students in a cohort at each simulated clinical station and for them to be assessed by the same lecturer/practitioner team.

## **Practice Based Mentors and Managers**

Practice based learning has been viewed as essential and so it is often a requirement for entry to all education programmes, with organisational support required to complete most programmes.

Practice based mentors are often identified as medical staff, consultants and General practitioners (GP's) with the more recent addition of qualified AP's. Most education programmes require manager and mentors' signature to confirm the student's clinical learning. Hours of mentored support and protected learning time in practice is not specified by professional bodies and anecdotally there is enormous variation and inconsistency for protected learning time in practice and in university with the potential of leading to unsafe practice for some with fewer hours potentially, placing patients and advanced practitioners at risk.

## **Maintaining Effective AP Practice**

For public and student safety, practice learning and assessments are needed but methods of reassessment are also required at regular intervals to ensure the AP is maintaining the safe level of knowledge and skills acquired during a programme. Without mandatory regulation this may not occur as a requirement for all practitioners and safety could be compromised. HEE in its multi-professional framework are clear that ongoing professional development is a requirement of the AP role.

## **Conclusion**

ACP embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes (NHS 2017: 8).

ACP programmes at master's level is generally acknowledged across the higher education sector as required to assess critical analytical thinking skills, scrutiny and challenge of existing published evidence and knowledge. This thinking is synonymous with the QAA requirement of the master's graduate who have in-depth and advanced knowledge and understanding of their subject and/or profession, informed by current practice, scholarship and research (QAA 2020)

Standing the test of time is the four-pillar framework for defining and understanding the AP role. The height of the pillars is often considered flexible depending on the current activity of the AP. The danger is the prioritisation of the 'clinical' pillar making the other pillars invisible. Effective AP practice requires equal prioritisation of the four pillars. Whilst there is consensus that the masters level education (or equivalent), is required for the ACP, this does not extend to those practitioners working in AP roles. If an AP practice title can be used by

practitioners whose education programme falls short of the full master's degree (or equivalent), this lack of clarity and expectation from the role will persist

The Association of Advanced Practice Educators (AAPE UK) continue to petition for improved standards and regulation for master's degree graduates. This group represents an influential collaborative network of Higher Education Institutions (HEI's) across the United Kingdom (UK) who are providers of advanced clinical practice programmes of education for interprofessional groups.

HEE's Centre for Advancing Practice, is exciting and timely, ensuring a more standardised approach to ACP accreditation. Its role with Advanced practice and the accreditation of programmes could also promote the consistency that is currently missing with the educational preparation for this role.

Finally, the NMC is currently reviewing the regulation of Advanced Practice (NMC 2020). Regulation would assist in safeguarding the public. The current situation allows any individual without any qualifications whatsoever, to call themselves an advanced practitioner. Indeed, Leary et al. in 2017 found over 300 titles being used for AP with some not even qualified "A total of 323 posts were recorded as holding titles such as Advanced Nurse Practitioner or Specialist Nurse who were not registered with the NMC.

Optimistically, by opening AP to all AHP's and pharmacists in addition to nurses and midwives could lead to a strong AHP professional group achieving regulation and other professions following due to requirements for equity and equality.

Recommended is a longitudinal study to evaluate the current impact of the 'four pillars' framework on ACP/AP education programme. Research could also be undertaken to understand and evaluate the learning needs and support required to develop these high functioning safe Advanced Practitioners. Crucially, all education programme teams should be encouraged to maintain a culture that debates what advanced practice is and is not throughout their programmes.

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