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Title:

Investigating the retention and attrition of Emergency Care Advanced Clinical Practitioners, in the United Kingdom: A Scoping Review.

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Abstract

Background. Advanced Clinical Practitioners (ACPs) are an integral part of the healthcare workforce, recognising growth in these roles is a priority for the future. ACPs within Emergency Care (EC) are often senior clinical decision makers that work within the multidisciplinary team to provide high quality care to a variety of patients, presentations, and acuity. Reflecting upon clinical practice over the last seven years has identified an issue with retention of experienced ACPs. Losing ACPs in a service that is already stretched because of increasing attendance and subsequent longer waiting times places burden on strained departments. Whilst there has been research examining the retention and attrition of Emergency Medicine trainees and Consultants, there is a dearth of literature on ACPs.

Aims. The aim of this scoping review is to investigate what is already known about retention of ACPs in EC and examine why ACPs leave EC for other areas of practice.

Methods. A database search was conducted using key words (2nd to the 21st November 2022), across five databases (CINAHL, British Nursing Index (BNI), Medline, PsycInfo and Cochrane). This identified 892 studies which were examined in a two-stage process against inclusion and exclusion criteria, which resulted in seven articles being included in the review.

Findings. Three themes were identified including; importance of a clear career pathway, a structured training program and education and concerns regarding working conditions in EC.

Conclusion. The review identifies a gap in the literature on the reasons for attrition rates of ACPs in EC. Future research is required to identify the reasons why some ACPs leave EC and what aspects make others stay.

Keywords. Advanced Practitioners, Emergency Care, Retention, Attrition, Scoping Review.

Key Points:

- Anecdotally there is a retention problem with ACPs in EC, this is a concern due to the increasing pressures on EC departments directly affecting the wellbeing of staff and patient outcomes, it is a timely thought directly relating to the NHS Long Term Workforce Plan (2023).
- This scoping review identifies the scarcity of research on the topic of retention and attrition of ACPs in EC but does identify themes that can be drawn upon from other areas of the workforce.
- Future research into the reasons for attrition rates in ACPs in EC is a well-timed consideration and important in the long-term growth and development of an essential role in supporting improved patient care and enriched EC.

Reflective Questions:

1. Why is it so important that we investigate reasons for attrition of ACPs in EC?
2. Read the scoping review from Darbyshire et al., (2021) which focuses on the retention of emergency medicine doctors, read the themes identified in the review and reflect on the comparisons that could be made within advanced practice.
3. Review the NHS Long Term Workforce Plan (2023) and consider how, in your place of work, retention could be improved, and staff supported to develop in the future.

Introduction.

Advanced Clinical Practitioners (ACPs) are highly skilled, experienced professionals and an integral part of the workforce (Health Education England, 2017), however, retention of staff within Emergency Care (EC) is anecdotally poor which negatively impacts patient care and other staff groups.

Health Education England (HEE) (2017) identified the need to recruit and retain more clinicians including senior decision-makers to help address the increasing pressure on EC. This was further supported by the NHS Long Term Plan (NHS, 2019) and Interim NHS People Plan (NHS, 2020) which both identified a need to change the way staff are utilised in different areas moving away from a medical only model of care. Although implementing an alternative workforce into EC ensures coverage of staff, it has also provided greater stability of the workforce, as ACPs do not rotate every six to twelve months like junior Doctors. Having an established workforce leads to opportunities to improve patient safety, enhance educational opportunities to junior doctors when rotating and to provide an effective clinical governance structure incorporating ACPs (HEE, 2017). Williams (2017) and Pearce and Breen (2018) propose that ACPs in EC improve patient satisfaction, by reducing delays in treatment and diagnosis.

Considering the value of ACPs in EC it is therefore worrying that some ACPs do not consider EC as a long-term career option. Anecdotally, reasons for this include the significant increase in EC attendances and time in departments (Care Quality Commission (CQC), 2018) and the associated increased pressure of seeing patients in a timely manner. Making rapid decisions in a busy, often chaotic, environment is starting to impact the health and well-being of front-

line staff. This attrition of staff leads to a negative impact on all areas of staffing. EC departments are seeing an increase in patient activity, surpassing levels pre-pandemic. NHS digital (2022) recorded 24.4million attendances in 2021-22, an increase of 12.1% in comparison to 2012-2013. This increase in number of patients results in lengthy waits in the department; in 2021-22 23.3% of patients were in ED more than four hours, an increase of more than 10% in the last decade (NHS Digital 2022). RCEM (2023a) estimate that there have been more than 23,000 excess deaths directly associated with extended waits in EC. NHS England (2023a) have an ambitious plan to ensure that 76% of patients attended EC will be admitted, transferred or discharged within four hours by March 2024. It is more important than ever to ensure that EC is maintaining levels of senior decision makers and research is required to explore the reasons for levels of attrition across ACPs within EC. Therefore, this review seeks to identify research that has been completed investigating the retention of ACPs in EC and why ACPs are leaving this area of practice.

Methods.

Arksey and O'Malley's (2005) scoping review framework was used (see table 1) alongside the Preferred Reporting Items for Systematic reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) (Trico et al., 2018), to ensure a structured and rigorous approach. The PRISMA-ScR details twenty-two items on the checklist to be used for scoping review reports which has been followed for this review.

Stage 1: Identifying the research question

The first stage of a scoping review, according to Arksey and O'Malley (2005) is to identify the research question. This includes a review of PICO criteria which ensures consideration of the population, intervention, control and outcome (Aslam & Emmanuel, 2010).

The two questions that framed the review were:

1. What is already known about retention of ACPs in EC?
2. Why do ACPs leave EC for other areas of practice?

Stage 2: Identifying relevant studies

The second stage of the scoping review includes identifying relevant studies (Arksey & O'Malley, 2005). Initially the search consisted of a very basic library search using terms such as Advanced Practitioner and Retention and Emergency Department. This enabled development of more specific search terms to identify more relevant and focused results (Bramer et al., 2018). Table 2 details the search terms used. Advanced search strategies were then used to identify English language papers only and date limiters from 2010 to 2022. Boolean operators were used to widen the search using AND, OR. Five databases were used for search terms related to retention and attrition of ACPs in EC (CINAHL, British Nursing Index (BNI), Medline, PsycInfo and Cochrane). These databases have robust peer reviewed literature available so provided high quality papers to consider for the review. CINAHL was used for its large nursing and allied health professional emphasis as well as the potential grey literature it includes. British Nursing Index was also used due to its potential for specific nursing text from the UK. A total of 892 articles were identified from all five databases.

Stage 3: Study Selection

The third stage of a scoping review is study selection (Arksey & O'Malley, 2005). The criteria for inclusion were developed from the JBI Manual for Evidence Synthesis guidance due to the transparency and unambiguous approach (Aromataris & Munn, 2020) and was related back to the review question. The inclusion criteria considered the types of participants, the core concept of the scoping review, the context of the review and the types of evidence sources (Trico et al., 2018). Table 3 details the inclusion and exclusion criteria.

Initially articles that did not focus on ACPs were going to be excluded, but due to a lack of specific ACP evidence a decision was made to include medical staff, nurse practitioners and senior nurses to identify any evidence available for comparison. There was a three-stage approach to selection of papers reviewed as recommended by the PRISMA-ScR framework (Trico et al., 2018).

Stage one and two – Title and Abstract review: 722 papers had the title reviewed and if this did not have any relevance to the research questions they were immediately excluded. The remaining thirty-one papers abstracts were reviewed against the inclusion and exclusion criteria and if they clearly did not meet these they were excluded.

Stage three – Full Paper Review: The full paper was reviewed in the remaining twenty-eight, again papers that then did not meet the inclusion and exclusion criteria, or that on reviewing the whole paper did not answer the research questions, were then excluded. To ensure quality processes and clarity on the screening process, ten percent of the stage two and three papers were reviewed by the other researchers, this is the gold standard by JBI guidance (Aromataris

and Munn 2020). Seven papers remained and were included in the findings of this study. Grey literature searching was conducted via Google Scholar, ProQuest Dissertations and Thesis website and OpenGrey. Table 4 explores the screening process in more detail.

Stage 4: Charting the Data

The next stage of the scoping review includes charting the data (Arksey & O'Malley, 2005) this includes reading the final seven articles in full again and then analysis using data charting to identify key areas for further discussion (Aromataris & Munn, 2020). The final seven articles cover a range of countries in Great Britain from England (Fothergill et al., 2022., Lawler et al., 2020), Wales (James & Gerrard, 2017)) and Ireland (Pflipsen & Kennedy, 2019), with three just detailing the UK (Dawood & Garmston, 2019., Darbyshire et al., 2021., Evans, et al., 2021.) as place of study. The final studies are a mixture of study types with three qualitative studies (Dawood & Gamston, 2019., James & Gerrard, 2017., and Lawler et al., 2020), two scoping reviews (Darbyshire et al., 2021 and Evans et al., 2021), one quantitative study (Pflipsen and Kennedy, 2019) and one mixed-method study (Fothergil et al., 2022). See table 5 for a detailed synopsis of the final review articles.

Each of the seven articles were critically analysed for robustness and rigor and then analysed to identify themes. A Critical Appraisal Skills Programme (CASP, 2022) tool was used to critically analyse the research to ensure consistency was maintained when reviewing the studies. This also ensures that a systematic approach is being undertaken to ensure all factors are considered with each study. The CASP (2022) tools considers three issues. Firstly, are the results valid? Secondly, what are the results? Thirdly, will the results help locally? All the studies reviewed were of high quality but there are still discussion points detailed in the

themes during critical appraisal. As stated previously due to the paucity of evidence available, none of the studies reviewed answered the two scoping review questions. There was no research identified that specifically examined the reasons for ACPs leaving EC, there was however research conducted on nurses, ENPs and doctors in EC that could be drawn upon.

Stage 5: Collating, Summarizing, and Reporting the Results

The final stage of the scoping review is to collate, summarize and report the results (Arksey & O'Malley, 2005). Thematic analysis was undertaken as part of the scoping review (Braun & Clarke, 2022). Key themes included: a clear career progression pathway was integral; a structured training program and education reduced attrition rates; and working conditions in EC. To identify themes the final seven papers were read numerous times with notes written on topics covered. Initially the papers were read in detail with no notes taken to ensure minimal disruption and the full paper could be understood and assessed against an appropriate CASP tool. The second phase of the analysis was to read the papers again at different times of the day to ensure fatigue later in the day was not contributing to missed elements. During this second phase notes were taken and stuck to the printed documents and important details were highlighted. The papers were also read in different places to ensure distractions were minimised. For example, if the papers were read at work often disruptions occurred therefore the papers were re-read in coffee shops where interruptions were minimal and again at home. Braun and Clarke (2022) suggest that familiarisation with the data set is imperative to be able to generate initial candidate themes and recognise important patterns. Often different concepts were detected dependent on the surroundings so a change in scenery played a part in the thematic analysis of the papers. Reading the papers electronically and in printed format again assisted in identifying different thoughts in different forms. The

third part of the analysis was to use a visual mapping technique which was completed by hand (see figure 1). This was used to support the development of themes and potential sub-themes, enabling the recognition of layers within the analysis of the final papers. Thematic maps support the development of recognising the connections between the papers, relationships between the different data collected and any differences (Byrne, 2021).

Theme 1: Career Pathway

A clear career pathway was detailed in four of the seven papers reviewed (Evans et al., 2021; Dawood and Gamston 2019; Fothergill et al., 2022, and Lawler et al., 2020), as a reason for either attrition from EC or frustration of staff. The papers recognise that a career pathway for ACPs is required to maximise retention and improve job satisfaction with an assurance of ongoing development, ensure continued motivation and ultimately retention of ACPs. The same was recognised for EC nurses that a clear career pathway is important in the retention of the most experienced staff (Dawood & Gamston, 2019). Although a career pathway requirement was highlighted as important to EC staff, it is likely an aspect of development required in all fields of advanced practice, where role sustainability would be enhanced by the development of a structured career pathway (HEE, 2022). It was recognised that a lack of lucidity surrounding the structure of the ACP role and the future of the position was described as a frustration and concern of staff. While all four papers were clear on the requirements of a career pathway, the scoping review (Evans et al 2021), identified a baseline of evidence on ACP roles and outcomes, that successful ACP implementation programs had good role preparation and a clear local career progression pathway. Agreement was found across all four papers on the requirement of a clear career pathway; as a poor structure can cause anxiety,

uncertainty, and apprehension to staff, thereby impacting their ability to perform in the role and potentially contributing to attrition rates of staff.

Differences recognised in the four papers are the level of practice across respondents. Fothergill et al. (2022) conducted a large-scale evaluation (n=4365) across England, on the ACP role as a cross-sectional survey, the ACPs were from a variety of specialisms not solely from an EC role. In total there was 125 different job titles described in this evaluation, interestingly one of the roles that received three responses was from Lead Chaplain, which is likely a response from inappropriate dissemination of the survey. The paper did not describe which responses were from which clinicians or areas of practice. The paper did not detail the questions asked in the survey but did summarise the objectives; to better understand governance, education, clinical practice and accreditation in the ACP role. Whereas Dawood and Gamston (2019) focused on EC but the participants were from an ENP role as opposed ACP, however this did re-iterate that at whatever level of practice, a form of career progression and structure is desired. In comparison to the other papers, Dawood and Gamston (2019) conducted a small-scale investigation of only twelve responses and as the authors worked in the same unit the information therefore there is the potential for response bias (Althubaiti, 2016). Lawler et al. (2020) conducted a large-scale survey (n=528) of ACPs across the UK but the difference to the other papers is that 35% of responses were trainee ACPs. Trainee ACPs will potentially have different responses to more experienced practitioners regarding career pathway needs. What was interesting was this paper provided the survey and interview questions as an appendix. The interview questions contained five pre-determined questions, that in summary investigated the reasons for becoming an ACP and the training experiences alongside what challenges there have been and what has worked well in the role. As this

research was not targeted specifically at EC ACP there are no questions regarding attrition or satisfaction of EC as a career choice.

One of Lawler et al. (2020) key findings recognised that 52% of the 528 responses to the questionnaire stated that they felt ACP was the only viable route to progress clinically, without going into managerial roles. Although there are many roles to progress into within the NHS, the majority become less patient facing such research positions, senior nursing management, educational posts, and secondments to university. As a large proportion of ACPs that have progressed into advanced practice see it as the only feasible route to develop a clinical career, this may demonstrate one of the potential reasons for attrition rates from advanced practice. If ACPs are entering this career path without a thorough and in-depth understanding of the role, the responsibilities and the demands then this could potentially cause a lack of longevity in the position.

Theme 2: Structured training program.

The second theme found in two of the seven papers (Fothergill et al. 2022 and Evans et al. 2021) was that of the importance of a structured training program. There was agreement across both papers that a structured approach to training ACPs was required to ensure consistency and quality in academic components. Not only as part of the MSc in advanced practice but recognition that ACPs funding for further professional courses was very inconsistent across the county. The other feature recognised by both papers included the need for systems to be in place that provide ACPs with ongoing clinical supervision and mentorship, within a structured training program, in clinical practice. Although the educational components of an MSc course provide education on examination skills and diagnostic

interpretation this needs to be supported in clinical practice to further enhance ACPs development. The university qualification for advanced practice is only one component of training an ACP, the clinical supervision and mentorship is imperative in developing the skills to work as an ACP.

A significant benefit for ACPs working within EC is the potential to credential with the RCEM. The credentialing portfolio was developed by the RCEM and HEE, with endorsement from the Royal College of Nursing (RCN), as a standardised curriculum that provided consistency across ACPs in EC (RCEM, 2022). All ACPs that complete credentialing are signed off by their work place supervisors as working at a level of at least a specialist trainee year 3 junior doctor. This provides future employers with an understanding as to the rigorous work undertaken and the capabilities that come with being a credentialed ACP (RCEM, 2022). There are now over 120 ACPs credentialed with the RCEM since its pilot launch in 2017, with two credentialing windows across the year this number is predicted to continue to grow (RCEM, 2022). The credentialing portfolio is now a standard part of the colleges work and there is also an acknowledgement that a fulfilling career in Emergency Medicine (EM) is the hope for all EC staff to ensure a sustainable workforce for the future (RCEM, 2021). There are other colleges that are integrating a credentialing portfolio pathway to ensure a structure for ACPs in clinical practice that goes beyond the university MSc. The Faculty of Intensive Care Medicine (FICM) developed their first portfolio credentialing plan in 2015 and continue to support credentialing (FICM, 2023) and the Royal College of Paediatric and Child Health (RCPCH) have just had their portfolio approved by NHS England with the hope to release in the coming months (RCPCH, 2023).

Theme 3: Working conditions in EC.

Three of the studies (Darbyshire et al., 2021; Pflipsen and Kennedy 2019; James and Gerrard 2017), investigated the retention and attrition of Doctors in EC. Although the three papers investigated different aspects of doctors in EC all three reported findings of poor working conditions as a significant concern, alongside low levels of staffing. Pflipsen and Kennedy (2019) specifically investigated why EC trainees were leaving as opposed to James and Gerrard (2017) who reported on why EC Consultants stay.

Pflipsen and Kennedy (2019) identified that trainees felt the workload and intensity alongside poor work-life balance and stress were significant contributing factors to leaving EC. James and Gerrard (2017) conducted focused interviews on ten consultants across seven hospitals in Wales, these were all medical consultants, not ACP Consultants. The questions focused on motivation to work and stay in EC, and discussion on the reasons of attrition. The questions were not pre-set instead a fluid discussion was had that covered the above topics. Pre-set questions give the benefit of being standardised so that all participants are asked the same questions, they also require fewer interviewing skills. However, considering interview bias is important as the interviewers' expectations may influence the answers provided by the participants (Brinkmann & Kvaalem 2015). Overall, the responses were very positive stating numerous reasons for a career in EC including a positive work-life balance and clinical satisfaction. This contrasts with the findings of Pflipsen and Kennedy (2019) in Ireland on trainee EC doctors who found negative responses surrounding work-life balance, poor working conditions and training programs. However, James and Gerrard (2017) recognised that work-life balance whilst training was a contributing factor to attrition from EC. Furthermore, a recognition that overcrowding due to bed capacity in the hospital and inadequate staffing

levels were also factors for attrition recognised across all three papers, *'It's not the job that gets you down, It's the inability to do your job'* (James & Gerrard, 2017, p. 439). This quote was given by a consultant in relation to factors for attrition from EC surrounding exit blocking and bed capacity in the hospital. Generally, the consultants in James and Gerrard (2017) paper were still positive about their choice of career into EC, however there are aspects to be considered in this paper. Firstly, it is a small-scale study of only ten consultants. Although a wide range of departments were chosen, most sites chosen to participate only had one participant so was therefore not representative of a larger sample size. Secondly, the position of the hospitals varies significantly, some were rural, others inner city and others coastal. There is likely a difference in patient presentations to EC in these varying Emergency Departments and may provide a difference in work-life balance satisfaction, potentially less stress and less economic pressures in some areas as well. This was not an area discussed in the paper. Although there are certainly comparisons to be made to ACPs and doctors, there are certainly differences that may play a part such as shift pattern working and rate of pay. Consultant doctors will certainly have a higher rate of pay than ACPs and at consultant level often have no night shift work commitments and less out-of-hour obligations than ACPs potentially do thereby providing an overall positive response in this study.

Discussion.

The review identified three themes, recognising the need for a structured training programme, particularly post MSc qualification, demand for a clear career progression and poor working conditions in EC contributing to attrition rates. From the review of the literature there was no specific evidence regarding retention and attrition rates of ACPs in EC.

This highlights a gap in the literature surrounding why ACPs leave EC and if there is any correlation to career structure or role progression. There is also a gap regarding why ACPs choose to stay in EC and whether there are any correlating factors such as age, ethnicity, gender, and caring responsibilities. The review identified that the focus to date has largely been on trainee EC doctors rather than ACPs and considering the growth of these roles we argue it is an important area to consider. There are opportunities to learn from the literature surrounding junior doctors and retention in emergency medicine where burn out is a common finding and work-life balance are cited as reasons for attrition.

The Royal College of Emergency Medicine (RCEM, 2023b) recognise that retention of staff in EC is of great concern, and without a focus on retaining the current workforce investigating expansion is futile. The House of Commons, Access to urgent and emergency care report (2023) acknowledge that by 2026 the NHS will have a shortfall of at least 260,000 staff if action is not taken. As acknowledged in this scoping review career progression was seen as a key component to staff retention. NHS England workforce plan (2023b) recognise the importance of retention and specifically the consideration of a continuous career development pathway. After the launch of an NHS retention programme pilot across 23 trusts, retention doubled in the pilot sites compared to the rest of the NHS. The NHS England workforce plan (2023b) also recognises the need to continue funding educational opportunities for NHS staff directly linking this to retention of staff currently working in the NHS.

Conclusion.

HEE (2017) identified the need to recruit and retain more clinicians including senior decision-makers to help address the increasing pressure on EC. Recent literature from the NHS Long

Term Workforce Plan (2023b) and the RCEMs Emergency Medicine Workforce report (2023b) recognise not only the importance of recruitment for the safety of patients in EC but also the emphasis on retention. The RCEM (2023b) also appreciate that staffing must increase from all areas including that of emergency nurses and advanced practitioners. This scoping review is a timely acknowledgement of the need to ensure that ACPs continue to provide a vital role in EC. Therefore, it is important we address retention issues with research that answers these questions.

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Scoping Review – Table Document

Table 1: 5 stage review of a scoping review Arksey and O’Malley (2005)

Stage 1	Identifying the research question
Stage 2	Identifying relevant studies
Stage 3	Study selection
Stage 4	Charting the data
Stage 5	Collating, summarizing, and reporting the results

Table 2: Search Terms

1	Advanced Practitioner or AP
2	Advanced Clinical Practitioners or ACP
3	Advanced Nurse Practitioner or ANP
4	Physician OR Senior Doctor or Consultant
5	OR/1-4
6	Emergency Department/ or paediatric emergency department
7	Accident and Emergency or A&E or A & E
8	Emergency Medicine or Paediatric Emergency Medicine
9	Emergency Room or ER
10	Casualty
11	OR/6-10
12	5 and 11
13	Retention or work-life balance or sustainable career or intent to stay
14	Attrition or burnout or turnover or occupational stress or intent to leave
15	OR/13-14
16	12 and 15

Table 3: Inclusion and Exclusion Criteria

	Criteria	Reason for inclusion/exclusion
Inclusion	Written in English.	First language of the researcher. Most articles are written in English language.
	Studies focusing on retention of staff in ED.	These results were included as they directly answered research question one.
	Studies that reviewed attrition rates in the ED.	These results were included as they directly answered research question two.
	Studies from the UK and Ireland were included.	As the information to be understood is based on ACPs within the UK and Ireland these studies were included.
Exclusion	Studies that were conducted outside of the UK and Ireland.	Studies were excluded if they were not within the United Kingdom or Ireland due to the differences in training and level of professional qualifications gained in different countries. The scope of practice

		and level of autonomy and decision making in advanced practice vary significantly across the world so other countries were excluded from the search. Also, departmental pressures, private healthcare and staff ratios vary significantly across other countries which ultimately will affect the reasons for attrition of staff and retention.
	Journals from 2010 to 2023.	The journals reviewed were limited to a timeframe from 2010 to present as prior to this the training of ACPs was varied and drawing current comparisons before this time frame may not provide relevant data or insight.
	Articles that did not have a focus on either attrition or retention of ACPs, medical staff, nurse practitioners or senior nurses.	Articles that didn't have a focus on either attrition or retention of ACPs, medical staff, nurse practitioners or senior nurses were also excluded as other healthcare workers role are likely to have very different reasons for attrition such as support staff, radiology, porters.

Table 4: PRISMA 2020 Flow Diagram for new systematic reviews

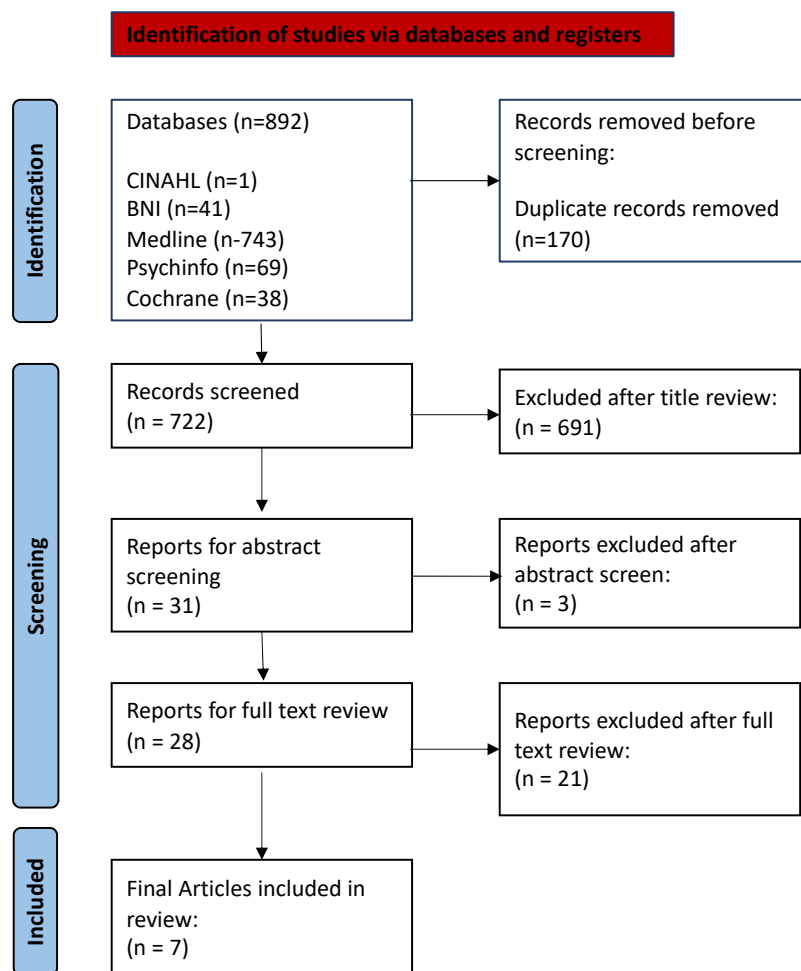


Table 5: Final Review Articles

Author, year and origin	Journal and type of paper	Aims and Purpose	Methods	Key findings	Critical Appraisal
Dawood & Gamston, 2019 UK	Emergency Nurse Journal.	To explore why nurses were leaving ED and what alternatives were explored.	<p>Qualitative, exploratory study design. Convenience sampling was used and two separate surveys.</p> <p>One survey was used for ENPs who had left ED n=4 and one survey for ENPs undertaking a dual role of ED nurse and ENP n=8.</p> <p>4 full time ENPs responded (100%) and 8 part-time responded (72%).</p> <p>Small sample size but there was a high concordance of views.</p>	<p>Crowding of EDs appears to result in nurses leaving the service due to burnout and compassion fatigue.</p> <p>Structured educational programme and career opportunities appear to reduce attrition rates.</p> <p>By providing senior nurses with ENP opportunities 50/50 split between the UCC and ED it reduces the pressure of working FT in the ED as this is felt to be untenable.</p> <p>Improved job satisfaction and increased retention of senior staff.</p>	<p>CASP Checklist for Qualitative Research was used.</p> <p>Appreciation that a clear career pathway is important in the retention of experienced EC nurses. Although this paper investigated the role of ENPs it does highlight that by ensuring a career progression there was a link to retention of staff.</p> <p>While the limitations of this paper are that it is a small-scale investigation it does re-iterate that staff, at whatever level of practice, want some form of career structure and progression.</p> <p>A consideration of honest answers needs to be questioned with this paper. Identified ENPs that were working in the same unit as the authors therefore the responses may not be fully honest. Staff may not of wanted to disclose certain</p>

					concerns regarding training, development or contentment in case there were repercussions on their position or training at work.
Darbyshire et al. 2021 UK	Emergency Medicine Journal	To map the extent of the literature directly pertaining to retention of doctors in Emergency Medicine (EM).	Scoping review of the available literature on Doctors working in EM. Excluded ACPs from this scoping review. 12,120 records initially identified and 18 papers included in qualitative synthesis.	Scoping review identifying themes of retention and attrition of ED Doctors in the UK. Research available lacks the appreciation of complexities of reasons for retention.	CASP Systematic reviews checklist used as there is currently no scoping review one. PRISMA-SCR was used to document the findings in this scoping review with clear themes and conclusions documented. This was a scoping review on EM trainees only and does not take into account ACPs but this is clearly documented as a limitation. There are comparisons that can be made with medical staff and ACPs.
Evans, et al. 2021 UK	British Medical Journal.	Intention to establish a baseline of evidence on ACP roles. Also, to identify outcomes, impacts and implementation	Scoping review using JBI methodological guidance. Journals and grey literature that included ACPs and the other terminology used for the role. 191 papers met inclusion criteria.	Limited evidence related to impact of ACPs on recruitment and retention of staff practicing as ACPs. Need greater supervision, mentorship, continuing professional development and a clear career pathway – where these were not in place it was linked to a lack of funding and strategic planning. All these linked to future role retention and role sustainability.	Scoping review to identify a baseline of evidence on ACP roles and the outcomes. One of the findings was that role sustainability would be enhanced by the development of a structured career pathway. Interestingly the papers that identified a successful ACP implementation program had good role preparation and a clear local career progression pathway.

		challenges of ACPs.			Although these findings were across different specialism and there is no documentation in the scoping review as to any link to EC.
Fothergill et al. 2022 England	British Medical Journal	To analyse data to inform the development and improvement of policies relating to ACPs in the NHS in England.	<p>Cross sectional-survey on ACPs across England with free-text comments.</p> <p>Primary and Secondary care in three areas: individual ACPs, NHS provider organisations and primary care settings.</p> <p>4365 surveys returned. ACPs (n=4013). NHS organisations (n=166) Primary care (n=186)</p> <p>Analysis of quantitative and qualitative data was performed separately and then triangulated. Quantitative data analysed using SPSS descriptive statistics. Qualitative data was analysed using semantic level analysis in NVivo.</p>	<p>Clear career pathways to maximise retention and job satisfaction is needed.</p> <p>Considerable variation identified in job titles, scope of practice and job description.</p> <p>Lack of time committed to the research pillar was identified.</p> <p>ACPs wanted improved supervision and Continuing Professional Developmental and career pathway navigation support.</p>	CASP tool used to critique. ACPs acknowledged in the survey that there was a need for a clear career pathway to ensure ongoing development, ensure continued motivation and ultimately retention of ACPs. The limitations of this paper are that the ACPs completing the survey were from a wide range of specialisms so not solely from EC. However, it does acknowledge that career pathway requirements are likely an aspect of development required in all fields of advanced practice.

James & Gerrard, 2017 Wales	Emergency Medicine Journal	Explore what attracted EM consultants to working in this speciality and why they stay. Aim is to inform recruitment strategies in the future to increase popularity of EM as a speciality.	Semi-structured interviews with 10 Welsh EM consultants, a narrative approach was used. 10 EM consultants (medical not ACP) from the same ED in Wales. Analysis included transcribing audio recorded transcripts – Ritchie and Spencers data analysis model was used to identify themes. Three themes emerged: 1. Early exposure to positive role models makes the job more inviting. 2. Liking the non-hierarchical team structure 3. Flexible working	Consultants in Wales are generally positive about their careers and work life balance. Potential reasons for attrition are given as inability to their job to the best of their ability was a major frustration. Feeling of being powerless when not able to provide best possible care. Unsure if able to maintain high-pressure throughout their entire career. Main reason for leaving was pressure of the job impacting patient care.	CASP qualitative checklist used. This is a small-scale interview size of only ten consultants, although a wide geographical range of departments were chosen it is only one participant from most hospitals therefore a different opinion may have been given from another staff member. Secondly, the position of the hospitals may provide a better work-life balance therefore causing less stress and less economic pressures. This was not an area discussed in the paper.
Lawler et al., 2020 England	Human Resources for Health	To understand how the implementation	Self-completed questionnaire sent out by the Association of	No progression in the ACP role.	CASP qualitative checklist used.

		<p>of the ACP framework was experienced by ACPs.</p>	<p>Advanced Practice Educators to trainee ACPs.</p> <p>Semi-structured interviews were then carried out with the same group.</p> <p>Over 500 responses from the questionnaire and 15 interviews carried out.</p>	<p>Move to Primary care seen as a potential for progression.</p> <p>Feel stuck at this level.</p> <p>Advanced practice seen as only viable career progression.</p> <p>Balancing education and working full time was a challenge. Often trainee ACPs underestimated the workload.</p>	<p>Key findings recognise that 52% of the 528 responses to the questionnaire stated that they felt ACP was the only viable route to progress clinically, without going into managerial roles. Considering the plethora of opportunities in the NHS that still ensure patient contact such as research positions, educational posts and secondments to university posts, I was surprised by the large proportion of ACPs that have progressed into advanced practice as the only feasible route to progress their careers. This may demonstrate one of the potential reasons for attrition rates from advanced practice. If ACPs are entering this career path without a thorough and in-depth understanding of the role, the responsibilities and the demands then this could potentially cause a lack of longevity in the position.</p> <p>Survey was on ACPs across different specialisms 20% of respondents were from EC.</p>
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<p>Pflipsen & Kennedy (2019) Ireland</p>	<p>Irish Journal of Medical Science</p>	<p>Gain insight into the reasons for attrition of EM trainees in Ireland.</p>	<p>Quantitative and free-text survey.</p> <p>Analysis of the data is not detailed in this paper.</p> <p>43 Doctors left EM training from 2011-2016. 71% response rate.</p>	<p>ED Doctors leaving training in Ireland due to poor supervision, high workload, poor working conditions and lack of training.</p> <p>Frustration of EM training programme and working conditions. Concluded that improvements are needed to reduce attrition of EM staff.</p> <p>Attrition increased eightfold from 2011 to 2014.</p> <p>Twice as many Drs enrolled on the Australian training program compared to the Irish training programme in 2015.</p>	<p>This paper only gave very brief themes, the questionnaire was not available to review and critique. Therefore, it is not known what the EM trainees were asked and how these link to the findings.</p> <p>This was on EM trainees only not on ACPs and the questionnaire was sent to EM Doctors that have left Ireland and moved to Australia – these are therefore a group of staff that are likely to provide only negative feedback which will limit the information available for comparisons to EC ACPs.</p>
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Figure 1: Visual Mapping in relation to thematic analysis

