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Advanced Clinical Practice: Past and Present

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# The Development of Advanced Clinical Practice

Early historical accounts cite the growth of advanced clinical practice within the Canadian outback as a consequence of the First and Second World Wars, which resulted in a lack of available people with the correct skills and knowledge to provide health care (Kaasalainen et al. 2010). Within the United States of America (USA), the response to the growing demands placed on health care resulted in the expansion of specialist practitioners, who adopted the role and skills of junior doctors to help meet the needs of the population (Barton and Allan, 2015). Other initiatives stemmed from the arrival of anaesthetics as a branch of medicine within the USA, which at the time attracted less interest from medical doctors. Subsequently nurses were encouraged to develop skills in this role, with the first clinical programme of study appearing in the USA in 1954 (MacDonald, Herbert and Thibeault, 2006). However, advanced clinical practice remained controversial, as Nurse Practitioners who were advancing their nursing knowledge and skills, often adopted a form of medical model to do so. This challenged relationships not only within nursing, but with other health professions, including medicine (Barton and Allan, 2015).

The development of advanced clinical practice within the United Kingdom (U.K) has partly been in response to growing service need. The first steps towards advanced clinical practice came about in 1987. Stilwell et al (1987) conducted a study to consider the impact of a specially trained nurse, within an inner-city practice, on patient consultations and outcomes. The nurse had been provided with education in physical examination skills and management of acute and chronic conditions frequently seen in general practice. The outcome demonstrated that nurses could practice greater autonomy and by doing so provide a wider clinical service to patients (Stilwell et al. 1987). Further expansion of nursing knowledge and skills arrived with the introduction of the Scope of Practice (United Kingdom Central Council (UKCC), 1992) allowing care to be delivered more swiftly to patients with increasingly complex needs. To acknowledge such skills and knowledge the UKCC produced the Standards for Specialist Education and Practice which helped define higher level practice, although not all agreed (Castledine, 2002), as the document stipulated that the standards did not relate to advanced practice.

In 2005 the Nursing and Midwifery Council (NMC) began a process of consultation in connection with the development of a framework for post registration nursing and the proposed registration of advanced level practice. Unfortunately, this resulted in further confusion in relation to agreed titles and where the term 'advanced' could be adopted. A report in 2009 by the Council for Health Regulatory Excellence (CHRE) concluded that after considering whether advanced practice was a regulatory issue, the outcome was that no additional statutory regulation was required. This led to the Enabling Excellence Command Paper in 2011 (DH, 2011), allowing recognition of self-regulation by the profession. Both these papers led to some confusion over advanced level practice. However, in 2010 the Department of Health produced a Position Statement on advanced nursing practice which helped inform and structure this development (DH, 2010). With the addition of a restriction on junior doctors' hours of

work, required as part of the European Working Time Directives (DH, 2002) within the UK, and arguably the advent of non- medical prescribing, which was supported by the Standards of Proficiency for Nurse and Midwife Prescribers (NMC, 2006), a drive towards autonomous practice was further achieved.

Although direction and structure existed, advanced clinical practice within the UK varied throughout the four devolved nations. The Advanced Nursing Practice Toolkit, launched by the Scottish Government in 2008 (Scottish Government, 2008), updated in 2017 and expanded to phase two in 2021 (Scottish Government, 2021) helped encourage consistency through policy. The Welsh Framework for Advanced Practice (NLIAH, 2010), Northern Ireland Advanced Nursing Practice Framework (DHSSPSNI, 2016), the English Advanced Level Nursing document (DH,2010) and Multi-Professional Framework (HEE, 2017) followed suite. Although the polices from all four nations relate to the four pillars of advanced clinical practice which are, clinical practice, leadership and management, research and education, there are subtle differences which are noted by the Council of Deans for Health (2018) in their review.

In addition to national guidance, professional organisations, such as the Royal College of Nursing (RCN), have provided advise relating to advanced practice. Information from the RCN exists in the Standards of Advanced Level Nursing, the most recent publication being 2018. The Health and Care Professions Council (HCPC) have indicated that following a review into the regulation of advanced practice there was insufficient evidence to require a new regulatory framework to be developed. However, it was noted that clarity related to advanced practice would be of benefit to registrants, stakeholders, and regulators (HCPC, 2021). The Royal Pharmaceutical Society (RPS) have provided the RPS Roadmap to Advanced Practice (RPS, 2016), the purpose being too clearly identify the professional development, knowledge and skills required to meet the needs of the patients and workforce transformation. These professionally related policies along with the national guidance set by the devolved nations has helped guide the ongoing development of advanced level practice within the United Kingdom. From an international nursing perspective, the International Council of Nurses (ICN) produced Guidelines on Advanced Practice Nursing in 2020 to help clarify the definitions related to advanced clinical practice. These guidelines define terms associated with advanced practice, what the title means and what can be expected of someone who holds that title. This document makes clear that the Clinical Nurse Specialist (CNS) is a specialist within the field, dealing with patients who have a known diagnosis. The Advanced Practice Nurse (APN) or Nurse Practitioner (NP) has a broad knowledge, allowing them to make the diagnosis themselves, within their area of competence.

Within the UK West Midlands, a regional advanced practice programme was established which included higher education institutions, acute care, community, primary care and mental health organisations. The Advanced Clinical Practice Framework for the West Midlands (HEE, 2015) provided a definition of Advanced Clinical Practice and a clear model and competency framework, with a standardised core curriculum, to ensure consistency of both clinical practice and education across all nine universities in the region. Whilst this provided standardisation across the region, it could be argued that there were still variations in competencies and education of Advanced Clinical Practitioners throughout the rest of England.

In 2017, the development of the Multi-Professional Framework for Advanced Clinical Practice in England, produced by Health Education England, provided a definition of advanced level practice for all healthcare professionals and a national collective understanding:

"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." (HEE, 2017 pg. 8).

The Advanced Clinical Practitioner "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." (HEE, 2017 pg 8). This workforce comes from a range of professional backgrounds, including but not limited to nursing, physiotherapy, pharmacy, paramedic sciences, podiatry and occupational therapy. An example of such professional development is that of pharmacists. The Royal Pharmaceutical Society's Roadmap to Advanced Practice (2016), sets out the career pathways for pharmacists. This roadmap helps identify professional development towards advanced broad generalist practice and advanced specialist knowledge and skills. The road map outlines the practitioner's stage of development based on competence and capability. In addition, the Clinical Pharmacists in General Practice scheme identified the benefit provided within primary care to patients by pharmacists (NHS, 2019). This point was acknowledged by the British Medical Association (BMA) in May 2020, who suggested that the presence of clinical pharmacists in GP practices helped with reduction in waiting times, improved effectiveness, and eased workloads.

Therefore, the development of Advanced Clinical Practitioners, which were identified explicitly following the Five Year Forward view (NHS England, 2014, 2017), has allowed for workforce transformation and helped enable the needs of the population to be met (HEE, 2017). The Multi-Professional Framework for Advanced Clinical Practice in England, produced by Health Education England (HEE, 2017), which included collaboration with universities, professional bodies and Council of Deans for Health, provides the guidance for current and future professionals who wish to develop the knowledge and skills required for this advanced level of practice.

The Multi- Professional Framework for Advanced Clinical Practice (HEE, 2017) details the expected capabilities of advanced clinical practitioners across the four pillars. It provides educational guidance and indicates the support required by trainee advanced practitioners in their development towards advanced level competence and capability in the workplace. The frameworks capabilities use descriptors which are aligned to master's level study, reflecting the ability of practitioners to work autonomously and make sound judgements in complex and uncertain situations (HEE, 2017). The capabilities are therefore reflective of the level of practice and offer a national standardisation across multiple professional groups. To support the development of capabilities within clinical practice. HEE have also created guidance for effective clinical supervision which, is outlined in the Workforce Supervision for Advanced Clinical Practice document (HEE, 2020), enabling a recognised support

structure for developing advanced practitioners. However, other specialist capabilities have been acknowledged via The Royal College of Emergency Medicine (RCEM, 2017), The Royal College of General Practitioners (RCGP, 2015) and the Faculty of Intensive Care Medicine (FICM, 2015). These documents identify specialist capabilities required by advanced practitioners working within these clinical areas.

Additional work by HEE is being undertaken in the development of units of learning referred to as credentials. The purpose is to address workforce progression and to enhance the capabilities of advanced practitioners, which is in line with NHS Long Term Plan (NHS England, 2019). The credentials identify the required learning outcomes, which includes advanced practice within specialist areas, for example mental health. The intention is for the credentials to be adopted into master's programmes within Higher Educations Institutions and further work aimed at developing credentials is ongoing to ensure continued expansion of the workforce skills and knowledge to meet service need (HEE, 2022).

To help ensure the development of advanced practitioners, funding has traditionally been supported by commissioned places from HEE, the employer or more recently through the apprenticeship schemes. The Degree Apprenticeship Advanced Clinical Practitioner, agreed through the Institute for Apprenticeships (IFA) in 2018 (IFA, 2018), requires collaboration between Higher Education Institutions (HEI) and the employers of trainee advanced clinical practitioners to develop a programme of study that facilitates development of knowledge, skills and behaviours required for advanced clinical practice, with the addition of regulated and monitored supervision within the workplace. In addition to the development of an apprenticeship for Advanced Clinical Practice, there are further developments from HEE including the addition of an e-portfolio route (supported route) (HEE 2021). This route recognises that many practitioners may be working at an advanced practice level that aligns with the multi-professional framework (HEE 2017) but may not have completed a recognised master's degree. The e-portfolio route allows practitioners to develop a portfolio of evidence that demonstrates that they meet the multi-professional requirements across the four pillars of practice mapped to the capabilities. This is supported by an accredited education provider and allows those without a recognised master's degree to evidence educational equivalence of the multi-professional framework, providing further standardisation of those working at an advanced level of practice (HEE 2021). Further standardisation of master's programmes has emerged, which is supported by (HEE, 2020), requiring programmes to evidence how they meet the requirements set out in the Multi-Professional Framework for Advanced Practice in England (HEE, 2017). Once approved, the programme is accredited through the Centre for Advancing Practice, helping ensure education quality (HEE, 2020).

Although significant developments have been made towards the definition, education and training of advanced clinical practitioners challenges remain. These concerns may be addressed by recognising the priority status for the NHS of an advanced level workforce. To this end, Health Education England has established the Centre for Advancing Practice to oversee the workforce transformation of advanced level practice through the establishment and monitoring of standards of education, provision of programme accreditation and supporting the recognition of education and training equivalence.

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