




BMJ Open Nationwide evaluation of the advanced clinical practitioner role in England: a cross-sectional survey

Lauren Jade Fothergill,¹ Amani Al-Oraibi ,¹ Jonathan Houdmont,² Joy Conway ,³ Catrin Evans ,¹ Stephen Timmons,⁴ Ruth Pearce,⁵ Holly Blake^{6,7}

To cite: Fothergill LJ, Al-Oraibi A, Houdmont J, *et al*. Nationwide evaluation of the advanced clinical practitioner role in England: a cross-sectional survey. *BMJ Open* 2022;**12**:e055475. doi:10.1136/bmjopen-2021-055475

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-055475>).

LJF and AA-O are joint first authors.

Received 15 July 2021

Accepted 15 December 2021



© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

For numbered affiliations see end of article.

Correspondence to

Professor Holly Blake;
holly.blake@nottingham.ac.uk

ABSTRACT

Background and study objective In response to growing pressures on healthcare systems, the advanced clinical practice (ACP) role has been implemented widely in the UK and internationally. In England, ACP is a level of practice applicable across various healthcare professions, who exercise a level of autonomy across four domains, referred to as the four pillars of practice (education, leadership, research and clinical practice). A national framework for ACP was established in 2017 to ensure consistency across the ACP role, however current ACP governance, education and support is yet to be evaluated. This study aimed to analyse data from a national survey of the ACP role to inform the development and improvement of policies relating to ACP in the National Health Service (NHS) in England.

Design A cross-sectional survey with free-text comments.

Setting The survey was distributed across primary and secondary levels of care to three distinct groups in England, including individual ACPs, NHS provider organisations and Trusts and primary care settings.

Participants A total of 4365 surveys were returned, from ACP staff (n=4013), NHS provider organisations and Trusts (n=166) and primary care organisations (n=186).

Results Considerable variation was found in role titles, scope of practice, job descriptions and educational backgrounds of ACPs. Differing approaches to governance were noted, which led to inconsistent ACP frameworks in some organisations. A further challenge highlighted included committing time to work across the four pillars of advanced practice, particularly the research pillar. ACPs called for improvements in supervision and continuing professional development alongside further support in navigating career pathways.

Conclusions A standardised approach may support ACP workforce development in England and enable ACPs to work across the four pillars of practice. Due to the wide uptake of ACP roles internationally, this study has relevance across professions for global healthcare workforce transformation

INTRODUCTION

Over recent years, health systems such as the United Kingdom's (UK) National Health Service (NHS) have faced considerable pressures associated with workforce shortfalls,

Strengths and limitations of this study

- This is the first large-scale evaluation of the advanced clinical practice (ACP) role across professions, geographical regions and settings.
- Quantitative and free-text qualitative data allow rich exploration of ACP roles and has global implications for workforce transformation.
- The distribution of the online surveys may introduce a gatekeeper bias, although the sample was large and broadly representative.

ageing populations, increasing healthcare costs and more recently, the COVID-19 pandemic.^{1,2} In response to these challenges, NHS policies such as the NHS Long Term Plan (2019) have focused on transforming the workforce to enhance service provision and optimise standards of care.^{3,4} To meet growing service demand, NHS policies highlight the increasing need to establish innovative care models and develop advanced roles to contribute to the workforce transformation agenda.⁴ One strategy of importance is the introduction and formalisation of advanced clinical practice (ACP).

ACP is a level of practice that healthcare practitioners can attain. ACP roles span various professions, including nursing, pharmacy, paramedics, occupational therapy and other allied health professions.⁵ ACPs can complement tasks traditionally conducted by doctors, such as primary care duties.⁶ Shortages in healthcare professionals exist in many countries, and increasingly, advanced practice roles have been implemented internationally to maximise workforce capacity and help in workforce retention.⁷ ACP roles have been shown to have positive outcomes on clinical practice, service efficiency and team functioning, with consistently high patient satisfaction.⁶ However, historically, ACP roles have been unregulated and ill-defined,



leading to a proliferation of positions with different job specifications, educational requirements and scope of practice.^{8,9} Similar trends have been noted internationally, with levels of advanced practice and education varying considerably across Europe in the absence of educational requirements, limiting opportunities for expanded practice across countries.⁷ The lack of clarity surrounding ACP can result in confusion to the public, employers and commissioners and may impede workforce planning, professional support and development and ultimately patient safety.^{10,11} Research in this area is limited but suggests that there may be issues with current ACP governance, including lack of role clarity, inconsistent educational background, scope of practice, as well as training issues including lack of mentorship, support and unclear career pathways.^{8,12}

Health Education England (HEE) is a non-departmental public body, which provides coordination and support for the training and education within England's healthcare workforce.¹³ In 2017, HEE published a 'multiprofessional framework for ACP' to drive national consistency within ACP roles in England, and provide a common understanding across healthcare professions of ACP with agreed education and competency arrangements.¹⁴ HEE stipulates that healthcare professionals in ACP roles are educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice in relation to patient care. While studying for their Masters degree, they are classified as trainee ACPs which incorporates academic learning in a university and workplace-based learning. The university develop the competencies and capabilities to reflect the required knowledge, skills, experiences, behaviours and values in relation to advanced practice and some universities embrace the various Royal College curricula, for example, the Royal College of Emergency Medicine.

While in training, each ACP trainee should have a nominated education supervisor in their workplace. High quality workplace-based supervision is vital in order to achieve the competencies and capabilities required to become a safe and effective ACP. As some ACP roles are new, it is common for workplace-based supervisors to cross traditional professional boundaries. HEE (2020) published a 'Workplace supervision for Advanced Clinical Practice: an integrated multiprofessional approach for practitioner development' which outlines seven fundamental principles to underpin the trainees ACPs workplace-based supervision to enhance patient and professional safety.¹⁵ These are practice context, competence and capability, multiprofessional registrations, individual learning plan, professional development and transition, integrated approach and finally service development.

While the HEE framework may contribute positively to defining ACP level roles, the impact of this framework on current ACP governance, education and support is yet to be evaluated in practice. Developments in understanding of the ACP role, related workforce strategies, support and

training available to ACPs and underpinning governance structures may facilitate improved workforce transformation and planning, which may provide knowledge to international audiences on the impact of implementing an ACP framework.

This paper reports the results of a national survey conducted by Ipsos MORI in 2019, to inform the development and improvement of policies relating to ACP. Ipsos MORI is a social research institute that works closely with national governments, local public services and the not-for-profit sector to ensure that research makes a difference for decision makers and communities. This work was commissioned by HEE to survey the advancing practice workforce and key stakeholders. The aim of the survey was to provide information on the role of the advanced practitioner and to inform future work developing and improving advancing practice within the NHS in England. This survey will also provide a baseline to evaluate these future developments of the role of advanced practitioners. Specific objectives were as follows:

- ▶ To better understand the patterns of governance, education, clinical practice, accreditation and work-based learning in ACP roles.
- ▶ To explore the challenges affecting advanced-level practice implementation by sector, specialty and profession in England.
- ▶ To assess the outcomes and impacts of advanced-level practice roles by sector, specialty and profession in England.
- ▶ To identify the key gaps in governance, education, clinical practice, accreditation and work-based learning.
- ▶ To identify the most urgent areas for future investigation or provision.

METHODS

Study design

A mixed-method online survey was distributed via HEE to trainee and current ACPs in England.¹⁶ The survey utilised both quantitative and qualitative items in recognition of the multifaceted nature of the aim and objectives of the study.¹⁷

Materials and procedure

To evaluate current governance, education and support within advanced-level practice, HEE distributed three distinct questionnaire surveys to ACPs (online supplemental file 1), NHS provider organisations and Trusts (online supplemental file 2) and primary care organisations (online supplemental file 3). The questionnaire surveys were developed by the HEE AHP Lead and HEE ACP Steering Group member, HEE project manager, HEE Regional Chief Nurse, Deputy Chief Nurse, HEE Head of Clinical Education Transformation, HEE Advancing Practice Faculty Lead and members from the Ipsos MORI team. They were trialled with AAPE-UK members and refined by the HEE AHP Lead and HEE Steering group member, HEE Head of Clinical Education Transformation and Ipsos MORI. This trial helped in the decision to

distribute distinct questionnaires for participants' recruitment to allow for the exploration of ACP practice across different organisations, professions and settings. Data collection took place between 21 August and 1 November 2019.

The surveys were disseminated by a nominated survey lead within each region to the organisations and contacts identified by HEE. This lead was responsible for communication and engagement with the target groups in order to identify the relevant participants and to encourage a good response to the surveys. The subsequent method of dissemination beyond this across the HEE local offices, NHS organisation, ACP level staff and primary care organisations is outlined. For the ACP survey, organisational leads were responsible for dissemination, sending the survey to managers or professional leads to forward onto staff who considered themselves to be working at the level of an ACP, or ACP trainee, regardless of their job titles. For the NHS provider organisations and Trusts' survey, there was a named organisational lead (identified by HEE) responsible for responding to the survey. This person was typically responsible for workforce development within their Trust and worked with relevant colleagues and departments to collect the information required. For the primary care organisations, a named Clinical Commissioning Group lead was responsible for sending the survey out to relevant GP practices within their area. Practice Managers or GPs were then asked to complete the survey on behalf of their practice. Early exploration with HEE showed that it would not be possible to define the target population for the study at the outset, as the contact details required for distribution of each survey were held by a range of disparate and diverse organisations who took responsibility for onwards distribution, making it difficult to accurately collate information. Therefore, a programme of engagement and collaborative working was undertaken by HEE to engage local offices, NHS organisations, ACP level staff and primary care organisations in awareness-raising about the study and in onwards distribution of the survey. This was achieved through workshops, posters, information leaflets and an online webinar video.

Data analysis

Data from the quantitative and qualitative elements of the survey were analysed separately, and then triangulated and interpreted.¹⁶ Quantitative data were analysed using descriptive statistics (mean, SD and frequencies) in IBM SPSS Statistics for Windows, version 26 (IBM Corp., Armonk, N.Y., USA). Descriptive statistical operations were performed separately on data from each of the three surveys, to identify differences in roles and scope across various settings.

Free-text responses were analysed using a semantic level inductive thematic analysis in NVivo V.12.¹⁸ Two researchers (AA-O and LJF) familiarised themselves with the data, then coded the data using two existing conceptual frameworks to align the data analysis approach to the

research questions. These frameworks included the four pillars of advanced practice set out in the HEE multiprofessional framework for ACP and Bonsall multiprofessional framework for ACP and Bonsall and Cheater's (2008) framework which considers the development, barriers and facilitators of the ACP role.⁶ These two frameworks were utilised as they presented simple concepts to evaluate the ACP roles with, which were thought to facilitate a descriptive analysis of the free-text responses, rather than an in-depth analysis. The two frameworks facilitated code creation, with the themes presented in relation to the research questions of the study. Quantitative and qualitative data were merged by highlighting similarities in the data, to enrich findings and synthesise complementary results.¹⁶

RESULTS

A total of 4365 surveys were returned, of which 4013 surveys were from ACP staff (76.6% female, n=3073), 186 surveys were from primary care organisations and 166 surveys were returned from various NHS provider organisations and Trusts.

Governance and regulations

Variability of the ACP role

ACP job titles were varied and inconsistent (table 1). While nine out of 10 respondents of the ACP survey had a job description for their ACP post, many respondents stated that the job description was unclear and did not reflect their current roles. This inconsistency in ACP titles and job roles was suggested to contribute to discrepancies over banding between Trusts, and a lack of recognition of the ACP role within the wider team.

There is no job description and I feel very frustrated and the 'just get on with it' approach that seems to exist here and the lack of a defined role for me to go into once finished training. (RID:1875, Adult Nurse)

Governance structures

Participants in the ACP survey highlighted the importance of appropriate governance but suggested that there was a lack of a defined formal structure and provision for ACPs, leading to an inconsistent framework and dissatisfaction among ACPs.

There is no clear governance structure in place at present and no clear Advanced Practice lead. (RID:10258, Adult Nurse)

ACP's knowledge about the existence of governance was low (table 2), with fewer than one-third of respondents having access to meetings or a forum to discuss advanced practice (31.6%, n=1997), and only a small proportion were able to identify a lead for ACP (29.9%, n=1886) or an organisational policy on advanced practice (n=1155, 18.2%). Sixty-one per cent of respondents to the primary care survey reported that the practice had a process or

**Table 1** Job titles (n=4178)

	N		N
Acute care practitioner	13	District nurse lead	6
Acute nurse practitioner	14	Education lead/consultant	23
Acute oncology practitioner	8	Emergency care practitioner	44
Adult nurse practitioner	14	Emergency nurse practitioner	38
Advanced clinical practice	390	Extended scope physiotherapist	18
Advanced community practitioner	12	Extended scope practitioner	15
Advanced critical care practitioner	43	First contact practitioner	18
Advanced musculoskeletal Practitioner	17	Gastroenterology nurse specialist	6
Advanced nurse practitioner	645	Head of community services	3
Advanced occupational therapist	20	Highly specialist clinical/principal psychologist	5
Advanced orthopaedic practitioner	10	Inflammatory bowel disease clinical Specialist	7
Advanced paramedic practitioner	26	Lead advanced clinical practitioner	10
Advanced pharmacy practitioner	26	Lead chaplain	3
Advanced physiotherapy Practitioner	111	Lead practitioner	4
Advanced podiatrist	5	Manager/clinical manager	71
Advanced radiographer Practitioner	58	Matron/community matron	59
Advanced sonographer practitioner	16	Musculoskeletal practitioner specialist	4
Advanced specialist speech and language	15	Nurse lead/consultant	167
Advanced ultrasound practitioner	4	Nurse manager	20
Associate director	5	Nurse practitioner	147
Associate director of nursing	3	Older persons assessment and liaison practitioner	3
Cancer nurse	31	Older persons nurse practitioner	15
Specialist/practitioner			

Continued

Table 1 Continued

	N		N
Cardiac specialist	32	Paediatric advanced clinical practitioner	4
Cognitive Behavioural Therapist	7	Paediatric nurse	15
Children's specialist nurse	11	Paramedic practitioner	48
Clinical endoscopist	4	Pharmacist clinical lead	22
Clinical lead dietician	22	Physiotherapist practitioner	15
Clinical lead for minor Injuries/illness	11	Practice educator	3
Clinical lead medical	20	Practice nurse lead	19
Clinical lead non-medical	11	Principal pharmacist	5
Clinical lead occupational Therapist	6	Principal radiographer	4
Clinical lead physiotherapist	36	Radiographer lead	17
Clinical lead psychologist	5	Reporting radiographer	33
Clinical lead specialist	88	Respiratory nurse specialist/lead	24
Physiotherapist Specialist			
Clinical nurse endoscopist	40	Respiratory physiotherapist specialist	12
Clinical nurse specialist	289	Senior/team leader physiotherapist	15
Clinical podiatrist lead	9	Senior advanced practitioner	26
Clinical podiatrist	22	Senior clinical/biomedical scientist	5
Specialist/surgeon			
Clinical practitioner	24	Senior clinical pharmacist	13
Clinical scientist	8	Senior nurse practitioner	38
Clinical specialist extended scope Practitioner	4	Senior nurse specialist	5
Clinical specialist occupational Therapist	23	Senior occupational therapist	5
Clinical specialist sonographer	3	Senior radiographer	13
Community clinical practitioner	4	Site nurse practitioner	12
Community nurse specialist	20	Sonographer lead	27
Community specialist practitioner	4	Specialist midwife	3
Consultant/team lead dietician	5	Specialist paramedic	17

Continued

Table 1 Continued

	N		N
Consultant clinical scientist	16	Specialist pharmacist	13
Consultant midwife	11	Specialist practitioner	5
Consultant musculoskeletal practitioner	2	Specialist practitioner critical/urgent care	4
Consultant paramedic	3	Specialist radiographer	12
Consultant pharmacist	17	Speech and therapy language Specialist	33
Consultant physiotherapist	17	Surgical care practitioner	30
Consultant podiatrist	7	Trainee Advanced Clinical Practitioner	7
Consultant practitioner trainee	2	Team lead practitioner	9
Consultant practitioner	5	Trainee ACP	396
Consultant psychologist	11	Trainee specialist practitioner	13
Consultant radiographer	36	Trainee surgical care practitioner	7
Consultant therapist/CT lead	3	Urology nurse lead/consultant	14
Critical care outreach nurse	21	Ward sister	11
Critical care outreach specialist	9	No answer	9
Deputy director/lead pharmacist	2	Other	152
Diabetes specialist nurse	26		

ACP, advanced clinical practice.

governance structure in place to support and monitor the impact of ACP roles.

Education

The majority of ACPs were trained to at least degree level (82.7%, n=2886) and more than half to master's level (56.9%, n=1985), however the subjects studied varied considerably.

ACP respondents (12%, n=482) shared positive experiences of the educational support and training they had received and the improvements in educational opportunities over the last few years.

I have been on a training role for 18 months which has involved watching assessments, teaching and feedback. This has been very helpful in order to allow me to start a job in advanced practice. (RID:8462, Physiotherapist)

Almost 37% (n=1602) of the ACP survey respondents were currently undertaking masters level training. There

Table 2 ACP reports relating to forms of governance

Does your organisation have any of the following?	N (%)
Lead for advanced practice	1886 (29.9)
Forum or meetings where professionals for different groups can discuss advanced practice	1997 (31.6)
Organisational policy on advanced practice	1155 (18.2)
None of these	511 (8.1)
Do not know	769 (12.2)

ACP, advanced clinical practice.

were frequent reports of ACPs feeling overwhelmed by the volume of academic work alongside their clinical workloads. ACPs often highlighted the lack of protected study time offered by their organisation outside of study days to attend taught sessions. ACPs felt that this was the primary reasons for high stress and the 'immense struggle' experienced by ACPs, hindering their ability to fulfil their competencies. The impact of using personal time to complete studies had a negative impact on ACP well-being:

In the first year I had to work 70% of my time as a band 5 nurse with only 30% of my time being released to attend university (weekly) and gain the clinical exposure necessary to complete an extensive clinical portfolio of assessments and achievements across the 4 pillars (16 hours a month). This was extremely stressful, caused me significant anxiety and allowed me very little rest time. I nearly burnt out. (RID:4802, Paediatric Nurse)

Respondents challenged the concept of 'advanced' being based on educational qualifications and advocated that clinical experience should be considered in ACP accreditation.

I also don't think having an MSc in advanced practice makes you advanced. We need time under your belt. You can get a MSc but unless you have seen the 1000 chest pains or 1000 abdominal pains or seen things that others will not have seen due to experience, then you are not advanced. (RID:4393, Adult Nurse)

Supervision and support

Although ACPs reported that the role had evolved over the years in terms of support, there was significant inconsistency across organisations, and a mismatch between the views of organisational representatives and ACPs regarding the amount of supervision offered, and the processes for how it was provided.

In the NHS organisations and Trust survey, 42.8% (n=71) respondents reported that their organisation had a policy relating to supervision (regarding time allocated, when and where supervision should take place) and 65.1% (n=108) reported that their ACP workforce was required to have capability frameworks aligned to their

areas of clinical practice. However, ACP respondents indicated that only 32% of ACPs (n=1241) had a formal structure for their supervision; in the primary care survey, one in five (n=38, 20%) indicated there was no policy for ACP supervision in place. Supervision frequency was varied and there was no consistency in the guidance structure for supervision, with ACPs reporting that supervision was provided by numerous stakeholders including higher education institution (8.2%, n=98), organisation/Trust (53.7%, n=638), service (13.1%, n=156), professional group (13.3%, n=158), other (7.1%, n=85) and 'do not know' (4.5%, n=54).

Despite considerable variability in provision, those who had received mentoring support unanimously viewed this as a positive experience:

I feel very supported within my Trust for my training. We have regular supervision meetings monthly and have ARCP (Annual Review of Competency Progression) 6 monthly. Our ACP supervisor is always willing to meet up to discuss or review portfolio or anything else. (RID:10706, Mental health nurse)

However, many ACPs experienced difficulty in accessing practical support in terms of resources and funding, and this was clearly inequitable across organisations. One in four ACP staff (26.3%, n=138) had made a personal financial contribution to their studies. The lack of funding, combined with limited support was perceived by ACPs to restrict their performance in the ACP role and protected time for studies was flagged by NHS Trusts as an area for improvement.

It is extremely frustrating that staff such as myself are having to fully self-fund training to work at this advanced level. (RID:1462, Podiatrist)

Support to undertake master level study—time & finance—difficult to achieve at organisation level against competing demands. Needs Universities to open up the apprenticeship route as availability is limited this academic year. Also disadvantages those that have undertaken some master level study but need to complete their MSc. (RID: 1160)

ACPs described how their development pathway had been driven by personal needs rather than a consistent and standardised national policy. The lack of a defined structure was viewed as problematic, and the language used by ACPs alluded to worry and concern about their individual competencies and career progression, associated with the level of guidance, supervision and support provided. This led to a perceived lack of direction and concern about the future sustainability of the ACP role.

There is no standard competencies or practice for these roles. Also, where is the future of these roles? (RID:3998, Adult Nurse)

Working in accordance with the HEE framework

Knowledge of the HEE framework

Respondents' current level of knowledge of HEE's 2017 multiprofessional framework for ACP was indicated on a scale ranging from 'a great deal' to 'never heard of' (figure 1). NHS organisations had greater knowledge of the HEE framework, compared with individual ACPs. Knowledge of the HEE framework in primary care settings was particularly poor, as 36% (n=67) of respondents stated that they had never heard of the framework or had heard of it but knew nothing about it, while 40.4% (n=85) reported that none or hardly any staff working at the ACP level had been mapped against the HEE framework. In primary care settings, clinical practice was the area most likely to be prioritised for mapping against the HEE Framework (27.4%, n=51), although 46.2% (n=86) of respondents did not complete the item of framework and organisational mapping priorities may be low.

The four pillars of advanced practice

There was a widely held belief across the three surveys that the four pillars of advanced practice were integral to ACP roles. Yet mapping of ACP roles to the framework was not common, and the clinical pillar of practice appeared to be consistently prioritised over the remaining three pillars. This was attributed to the demanding nature of the role, making it challenging to allocate time to the other three pillars.

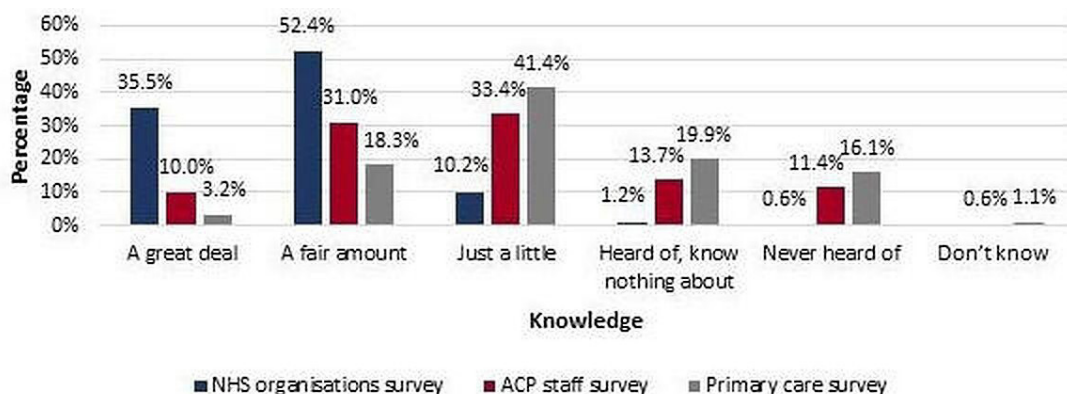


Figure 1 Knowledge of multiprofessional framework for advanced clinical practice. ACP, advanced clinical practice; NHS, National Health Service.

Table 3 Framework priorities from the primary care survey (n=186)

	N (%)
Clinical practice	51 (27.4)
Leadership and management	14 (7.5)
Education	8 (4.3)
Research	1 (0.5)
We do not have a priority	26 (14.0)
No response	86 (46.2)

There is no recognition that advanced practitioners should be working within the 4 pillars—the emphasis is on clinical work and no options for research, education or management. (RID:11429, Podiatrist)

The research pillar was a neglected area of focus, with only 0.5% of primary care trusts stating it was a framework priority (table 3). Only 11% of the ACP survey respondents (n=979) reported that they were involved in research (table 4). Research findings were most often disseminated within the Trusts and organisations, with 70.9% (n=2844) of ACPs reporting having presented their research in this way, and locally (36.7, n=1471). A minority of ACPs had disseminated research nationally (24.7%, n=992) or internationally (9.6%, n=386).

DISCUSSION

Main findings of this study

This is the largest national workforce survey of the ACP workforce in England, with global significance for healthcare workforce transformations, given the overlap of issues highlighted in England to an international context. A high level of variation in roles and specialities across ACPs was revealed, which subsequently led to confusion around the scope and expectations of the role and contributed to the lack of recognition of ACPs within teams. Significant variation in established governance approaches and defined ACP competencies across

Table 4 ACP survey reports of involvement in research (n=4013)

In which, if any, of the following areas of research are you involved?	N (%)
Quality improvement	2187 (24.4)
Service evaluation	2137 (23.8)
Economic evaluation of practice	290 (3.2)
Research	979 (10.9)
Audit	2696 (30.0)
Other	119 (1.3)
None of these	543 (6.0)
Do not know	30 (0.3)

ACP, advanced clinical practice.

employers was found. These inconsistent frameworks for ACPs contributed to frustration and demotivation among ACP staff. Significant variation in educational backgrounds of those in ACP roles was highlighted. Although participants acknowledged that supervision and support levels were evolving, considerable variation in the amount and quality of training and support was found across different professions and settings. Participants called for a defined career pathway for ACPs, to influence ongoing development, motivation and retention. ACP knowledge of the HEE framework was significantly lower than that of employing organisations. Few ACP roles were mapped onto the framework, and there was a clear focus on the clinical pillar, compared with the leadership, education and research pillars. Reasons for the neglect of other pillars included high workloads and competing time pressures in a clinical environment.

Lack of standardised governance structures and role regulation

Governance structures were viewed as important by ACPs and NHS provider organisations to support and develop ACP employees and ensure effective incorporation of the role into the organisational structure. However, in the absence of national guidance, the responsibility of forming governance structures for advanced practice was determined by each NHS Trust or organisation, leading to significant variation in established governance approaches and definitions of ACP competencies across employers. Although the HEE framework provides a definition of the ACP role and scope, there is little guidance for employers regarding suitable and supportive governance structures.^{5 19} Although the lack of national guidance on ACP governance has been discussed in literature,^{8 19} there are no prior studies specifically exploring ACP governance within healthcare settings in the UK. This study highlighted challenges faced by NHS Trusts, organisations and primary care settings to establish governance structures. Organisations spoke of specific barriers to establishing governance structures, including time commitments, lack of knowledge surrounding ACP competencies and subsequent reduced confidence in establishing ACP frameworks and governance structures. NHS provider organisations and Trusts suggested the creation of a national agenda for ACP roles, to provide advice on formally organising ACPs, alongside a standardised competency framework across all specialities. International studies have shown that governance is crucial in implementing ACP roles effectively into the workforce, however regulatory approaches require country-specific evaluations.²⁰ Further research to investigate appropriate regulatory approaches for ACPs in England may facilitate a standardised governance structure for advanced roles.

In line with recent reviews, this study identified a high level of variation in role and specialities across ACPs.¹² NHS provider organisations, Trusts and ACP staff reported great inconsistencies in ACP job titles and roles, which has been demonstrated in other studies



investigating variability in nursing titles in the UK.¹¹ The historic absence of regulation in ACP role definition has resulted in the proliferation of professional titles and roles, causing confusion among ACPs regarding the functions, scope and expectations of their role.^{6 12} Although most ACPs reported having a job description, it was commonly stated that job descriptions were unclear, and in some cases did not reflect their current roles. The inconsistency in ACP roles was suggested to contribute to a lack of recognition of the ACP role within the team.⁶ ACP respondents suggested that ACP job titles should be harmonised in healthcare. This may serve to enhance professional identity, potentially curb the proliferation of titles, enable clarity in job scope, improve cohesion of ACPs within the wider medical team and potentially enhance quality of care.^{11 12} It can be argued that the lack of clarity in ACP roles and scope of practice may contribute to difficulties in establishing governance structures, therefore exacerbating other challenges within the ACP workforce.

Diversity in education, supervision, and support

In line with previous research, this study showed great variability in the education and training undertaken by ACPs.¹² Although over half of ACPs held a Masters degree, the subjects studied varied considerably. Differing educational and training routes have led to advanced practitioners working with quite different skill sets, competencies, knowledge and experience, which may cause confusion among other healthcare professionals regarding the competencies of ACP roles.^{6 21} Although ACP was defined officially in 2017 by HEE, this study suggests that significant variation in the educational backgrounds of ACPs still exists, likely originating from the historic development of the ACP role, forming organically and asynchronously. Similar variations in educational backgrounds in advanced practice roles have been noted in international studies, suggesting a need to further standardise educational requirements.^{7 22} This study suggests stating an education requirement for ACP entry is not sufficient at standardising educational backgrounds. Further efforts are required to reduce the variability in qualifications undertaken by ACPs.²¹ This may enhance clarity regarding the ACP roles among healthcare professionals (including ACPs themselves), and other stakeholders, to enable the development of consistent clinical governance processes.

There was consensus from respondents that the ACP role had evolved over the years in terms of progression, supervision and support.¹² However, ACP respondents reported ongoing concerns regarding the variability and quality of training across different professions and settings. Supervision was highlighted as an area of concern, with respondents stating that supervision came from a variety of sources and at differing frequencies, particularly in primary care settings. ACPs reported vast differences in the numbers of study days, financial and professional support provided to them to complete their

training with many ACPs having to financially support their own development, which is likely to generate inequality of opportunity. ACPs also acknowledged the need for a defined career pathway, which can influence ongoing development, motivation and retention.¹² International studies have highlighted similar issues, with supervisors lacking understanding of the advanced practice role, leading to underutilisation and lack of career development.²³ Continuing professional development is important to career satisfaction and supervision can ensure competency and quality of practice.¹⁰ Further support is required to support high-quality supervision, support and training for ACPs nationally, to enhance ACP professional development and career progression.

Working in accordance with the HEE framework

Within the 2017 HEE framework, the four pillars of advanced practice represent the pinnacle focus point of ACP's 'core capabilities', which transferred to respondents, who held the belief that the four pillars of advanced practice were integral to the ACP roles. However, we identified a mismatch between organisations' and individual ACPs' knowledge of the ACP framework, since Trusts had a high level of knowledge of the HEE framework compared with ACP. There was also variability in knowledge between settings since knowledge was lower in primary care organisations. Knowledge and awareness did not necessarily translate into action since alignment of ACP roles to the HEE multiprofessional framework was not common. Prioritisation for mapping roles to the framework was particularly low in primary care settings.

Our study has established a need to increase understanding of the HEE multiprofessional framework among ACPs and their employing organisations, particularly in primary care settings, and organisations needs further support to enable them to map ACP roles into HEE's multiprofessional framework.

In this study, although several ACP job descriptions spanned the four pillars, respondents spoke of the clear focus on the clinical pillar of practice. Compliance with the four pillars was not necessarily acknowledged within NHS provider organisations, Trusts and primary care settings and respondents reported significant challenges and barriers to engaging with the educational, leadership and research pillars. The main barriers to engagement were high workloads, limited time or resources and competing pressures in a clinical environment. There was particular inactivity with relation to engagement in research and ACPs require time, resources and support for research activity and dissemination. This would contribute to personal development and facilitate sharing of good practice nationally and internationally. Although it may not be feasible or necessary to allocate equal time to each pillar, it is important to understand and acknowledge each of the four pillars within the ACP job roles, where a different attention can be paid to each one, but all are incorporated to ensure the core capabilities of ACPs reupheld.

The importance and added value of clinical, leadership, education and research aspects on practice are widely reported.^{24 25} Developing research and leadership skills for advanced practitioners have shown to contribute to building capacity in multidisciplinary teams, developing new initiatives for healthcare delivery and implementing evidence-based clinical practice.²⁴ Clarity around the importance and priority of the four pillars of advanced practice is needed, to ensure employers allocate adequate resources and support ACPs to work across all four pillars.²⁵

Strengths and weaknesses of the study

This is the first large-scale national evaluation of the ACP role in England since the 2017 HEE framework was established and it has global relevance for healthcare workforce transformation. The use of a cross-sectional survey with qualitative free-text responses allowed for the exploration of both the distribution and variety of roles, education and support across ACP roles and gain further understanding into the impact of these variations.²⁶ It was not possible to determine an accurate response rate since stakeholders at the organisations were asked to distribute the online survey. However, the survey was widely distributed across regions, ACP roles and settings and therefore provides a comprehensive insight into the ACP role across different professions and organisations, and the data presented highlight the similarities and differences across settings. Although the survey was sent to self-identified ACPs rather than strictly limited to those who held the title of ACP, in practice, there is little consistency in who regards themselves as an ACP and limiting the survey distribution to those holding the title of ACP would have limited the representation of ACPs experiences. Therefore, surveys were sent widely to capture a range of views from participants who regarded themselves to be working at an advanced level, regardless of their job title. Further standardisation of ACP definitions, roles and titles in practice will facilitate the identification of ACPs for future evaluative studies.

RECOMMENDATIONS

Governance and regulations

- ▶ There is a need to standardise job titles and descriptions for ACPs to ensure role recognition and support.
- ▶ There is a need for a structured governance framework for ACP roles within organisations across sectors, with guidelines on operational support and a visible lead for ACP. Guidelines providing information on operational support for ACPs may enable Trusts and organisations to improve the quality and credentials of the employees in ACP roles. An evaluation of current ACP governance may inform appropriate strategies in England.
- ▶ There should be a standard competency framework for ACPs that is applicable across specialities.

- ▶ Clear career pathways for ACPs should be established, to maximise retention and job satisfaction.

Education and support

- ▶ There is a need to further standardise required education and training for ACP roles across all specialities.
- ▶ There should be systems in place within organisations, and particularly primary care settings, to ensure ACPs have access to clinical supervision, continuing professional development and structured mentorship. Guidelines on providing adequate supervision for ACPs may be considered.

Working in accordance with the HEE framework

- ▶ There is a need to increase the level of knowledge of HEE's multiprofessional framework for ACP, particularly in primary care settings.
- ▶ Further support should be given to employing organisations, to enable them to map ACP roles onto HEE's multiprofessional framework.
- ▶ There is a need to highlight the value and importance of each of the four pillars of practice to employers, to encourage the allocation of adequate resources and support for ACPs to work across all four pillars.
- ▶ Increased efforts are needed to support ACPs with national and international research engagement to support professional development and share best practice.

CONCLUSION

As the first large-scale evaluation of the ACP role, this study highlights the need to establish structure surrounding the ACP role, relating to standardisation of job titles and descriptions, improved governance of advanced practice professions, standardised supervision approaches, improved knowledge and compliance with the HEE framework and further development of professional support for ACPs. This study has national and international implications for ACP workforce development.

Author affiliations

¹School of Health Sciences, University of Nottingham, Nottingham, UK

²School of Medicine, University of Nottingham, Nottingham, UK

³Centre for Health, Medicine and Life Sciences, Brunel University London, Uxbridge, UK

⁴University of Nottingham Business School, Nottingham, UK

⁵School of Nursing, AHPs and Midwifery, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

⁶NIHR Nottingham Biomedical Research Centre, Nottingham, UK

⁷University of Nottingham School of Health Sciences, Nottingham, UK

Twitter Amani Al-Oraibi @AmaniAlOraibi, Catrin Evans @Catrin_notts and Holly Blake @hollyblakenotts

Acknowledgements Ipsos MORI conducted the surveys. We would like to thank HEE, NHS England and NHS Improvement, Allie Carter Beverley Harden, Sarah Goodhew, Donna Poole and Charlotte Beardmore for their work to develop the surveys and engage with participants. We would also like to thank all those who took the time to take part in the surveys.

Contributors HB and JC designed the study, with input from CE, ST and RP. Data analysis was carried out by JH, LLF and AA-0. The manuscript was drafted by LJJ, AA-0 and HB. LJJ and AA-0 are joint first authors with equal contribution, HB is

corresponding author. All authors accept full responsibility for the work and/or the conduct of the study, had access to the data, and controlled the decision to publish. All authors read and approved the final manuscript.

Funding This study has been funded by Health Education England (grant number ASA273 HKAUR-HEER).

Disclaimer The funding bodies had no role in the design, conduct, interpretation or writing of the report on this research.

Competing interests JC is a consultant to Health Education England.

Patient consent for publication Not required.

Ethics approval The Ipsos-MORI surveys were undertaken outside the NHS setting and NHS Research Ethics Committee (REC) review is not required for healthcare market research conducted by professional market researchers. Ipsos-MORI is an independent research agency bound by the rules of the Market Research Society. Informed consent for personal responses to be used by Ipsos-MORI and HEE for research purposes is assumed from the completion of the survey. Personal identifiers (name and contact details) were not available to the research team. There were no financial or other incentives and respondents were free to decide whether to participate. All data processing and storage comply with the General Data Protection Regulation and UK Data Protection Act 2018.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available upon reasonable request. Data are available on reasonable request. The data sets generated and analysed during the current study are not publicly available due to the integrity of participant privacy but are available from the corresponding author on reasonable request and if approved by HEE.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iDs

Amani Al-Oraibi <http://orcid.org/0000-0003-1502-2627>

Joy Conway <http://orcid.org/0000-0001-6464-1526>

Catrin Evans <http://orcid.org/0000-0002-5338-2191>

REFERENCES

- de Bont A, van Exel J, Coretti S, *et al*. Reconfiguring health workforce: a case-based comparative study explaining the increasingly diverse professional roles in Europe. *BMC Health Serv Res* 2016;16.
- Hooks C, Walker S. An exploration of the role of advanced clinical practitioners in the East of England. *Br J Nurs* 2020;29:864–9.
- Evans C, Poku B, Pearce R, *et al*. Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review. *BMJ Open* 2021;11:e048171.
- NHS Long Term Plan [Internet]. Available: <https://www.longtermplan.nhs.uk/>
- Health Education England. Advanced Practice. Available: <https://www.hee.nhs.uk/our-work/advanced-clinical-practice>
- Bonsall K, Cheater FM. What is the impact of advanced primary care nursing roles on patients, nurses and their colleagues? A literature review. *Int J Nurs Stud* 2008;45:1090–102.
- Maier CB, Aiken LH. Task shifting from physicians to nurses in primary care in 39 countries: a cross-country comparative study. *Eur J Public Health* 2016;26:927–34.
- Evans C, Pearce R, Greaves S, *et al*. Advanced clinical practitioners in primary care in the UK: a qualitative study of workforce transformation. *Int J Environ Res Public Health* 2020;17:4500.
- Stasa H, Cashin A, Buckley T, *et al*. Advancing advanced practice - clarifying the conceptual confusion. *Nurse Educ Today* 2014;34:356–61.
- McDonnell A, Goodwin E, Kennedy F, *et al*. An evaluation of the implementation of advanced nurse practitioner (ANP) roles in an acute hospital setting. *J Adv Nurs* 2015;71:789–99. doi:10.1111/jan.12558
- Leary A, Maclaine K, Trevatt P, *et al*. Variation in job titles within the nursing workforce. *J Clin Nurs* 2017;26:4945–50.
- Evans C, Poku B, Pearce R, *et al*. Characterising the evidence base for advanced clinical practice in the UK: a scoping review protocol. *BMJ Open* 2020;10:e036192.
- Health Education England, 2021. Available: <https://www.hee.nhs.uk/>
- Nadaf C. Perspectives: reflections on a debate: when does advanced clinical practice stop being nursing? *J Res Nurs* 2018;23:91–7.
- Centre for Advancing Practice T. Developing people health and healthcare. Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development [Internet], 2021. Available: www.hee.nhs.uk
- Zheng M. Conceptualization of cross-sectional mixed methods studies in health science: a methodological review. *Int J Quantitative Qualitative Res Methods* 2015;3.
- Guetterman TC, Babchuk WA, Howell Smith MC, *et al*. Contemporary approaches to mixed Methods–Grounded theory research: a Field-Based analysis. *J Mix Methods Res* 2019;13:179–95.
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77–101.
- East L, Knowles K, Pettman M, *et al*. Advanced level nursing in England: organisational challenges and opportunities. *J Nurs Manag* 2015;23:1011–9.
- Maier CB. The role of governance in implementing task-shifting from physicians to nurses in advanced roles in Europe, U.S., Canada, New Zealand and Australia. *Health Policy* 2015;119:1627–35.
- Lawler J, Maclaine K, Leary A. Workforce experience of the implementation of an advanced clinical practice framework in England: a mixed methods evaluation. *Hum Resour Health* 2020;18:96.
- Jones A, Powell T, Watkins D, *et al*. Realising their potential? Exploring interprofessional perceptions and potential of the advanced practitioner role: a qualitative analysis. *BMJ Open* 2015;5:e009740.
- Brooten D, Youngblut JM, Deosires W, *et al*. Global considerations in measuring effectiveness of advanced practice nurses. *Int J Nurs Stud* 2012;49:906–12.
- Elliott N, Begley C, Kleinpell R, *et al*. The development of leadership outcome-indicators evaluating the contribution of clinical specialists and advanced practitioners to health care: a secondary analysis. *J Adv Nurs* 2014;70:1078–93.
- Price S, Reichert C. The importance of continuing professional development to career satisfaction and patient care: meeting the needs of novice to mid- to Late-Career nurses throughout their career span. *Adm Sci* 2017;7:17.
- Tariq S, Woodman J. Using mixed methods in health research. *JRSM Short Rep* 2013;4:204253331347919.

18-090780-01 HEE – Questionnaire 4 ACPs

**Questionnaire 4 – Individuals working in advanced clinical practice
VERSION 16**

Thank you for taking the time to complete this survey about advanced clinical practice which is part of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted by Ipsos MORI.

Those working at advanced clinical practice level play a critical role in enhancing capacity and capability within multi professional teams, and come from a range of professional backgrounds such as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended Scope Practitioners ESP's in Physiotherapy, OT, Pharmacy, and Podiatry Practitioners as well as many others).

They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is anticipated that the role of advanced practice staff will continue to develop and increase in importance over the coming years.

To help develop and improve their policies relating to advanced clinical practice, Health Education England is keen to understand the roles and experiences of staff working at advanced clinical practice level. The more people we hear from, the more we learn about what is working well and what could be improved.

For more information, a link to Health Education England's multi-professional framework for advanced clinical practice in England (2017) can be found [here](#).

We have also produced a short webinar about the purpose of this research, which can be found [here](#). This may help with completing the survey.

Please note, this survey should only be completed if it has been sent to you by your **Manager or Professional Lead** via your **ACP Organisational Lead** (or your named Organisational Lead for completing this survey).

NEXT BUTTON

Privacy Notice

How your data will be used

Health Education England have invited you to take part in this survey, and as a potential participant it's important that you are informed on how your personal data will be used and your rights under GDPR.

To process your data Ipsos MORI ("the processor") and Health Education England ("the controller") require a legal basis to do so. For this survey the legal basis for the processing of your personal data is your consent.

Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any time. If you would like to withdraw your consent at any point please contact healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.

You also have the right to object to, or restrict the processing of your personal data at any time. To do so please email gdpr@hee.nhs.uk.

18-090780-01 HEE – Questionnaire 4 ACPs

The personal data which may be collected in this survey includes your name, age, gender, email address and job title. However, you do not need to provide this information if you do not wish to and there are answer options in the survey that will allow you to remain anonymous.

Data from this survey may be reported at various levels including organisation/trust level, STP/ICS level and by profession and speciality. Some verbatim answers submitted as part of this survey will also be passed on to HEE for their own analysis purposes. However, no personal data or information submitted as part of this survey will be passed on to your employer.

Data collected through this survey will be retained for 3 months with personal data held for up to 12 months after completion of the research and will be deleted via secure methods. For more information on your rights please see Health Education England's privacy notice [here](#).

Toward the end of the survey you will also be asked if you consent to taking part in further research and other work on advance clinical practice. If you choose to do so, your personal data will be shared with Health Education England and this information will be held for up to 12 months.

NEXT BUTTON**How to complete this survey**

The information you provide will be held in the strictest confidence and no one will be able to identify you from the results, unless you include any personal identifiable information in the free text comments.

Depending on the extent of your comments, this questionnaire should only take around **25 minutes** to complete.

If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS BOX.

1. I would like to provide an email address.

If you need to change any of your answers, please use the back button to go back and change previous responses.

If you need help completing this survey, please let us know by emailing healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.

CONSENT BUTTON: I agree to participate in the survey and provide data about advanced clinical practice and understand that participation is voluntary and I can change my mind at any time.

By clicking the button, you agree to participate in the survey about advanced clinical practice and understand that participation is voluntary and you can change your mind at any time.

ASK ALL**Q1 Which of the following types of organisations do you work for?****MULTICODE**

1. Primary care trust
2. Acute trust
3. Community trust
4. Mental health trust

18-090780-01 HEE – Questionnaire 4 ACPs

5. Learning Disability trust
6. Other NHS commissioned Service
7. Independent Sector HC provider
8. Ambulance trust
9. Other - please write in (SPECIFY)
10. Don't know – THANK AND CLOSE

IF MORE THAN ONE CODE IS SELECTED AT Q1 ASK Q2

Q2 And which of these is your main employer? By main employer I mean the employer that you spend most of your time working for, excluding any paid or unpaid overtime.

SINGLE CODE

INSERT Q1 RESPONSES. ADD CODE FOR

- I am contracted for the same number of hours in each of these organisations.

IF ONLY ONE ORGANISATION SELECTED AT Q1, PLEASE ASK ALL QUESTIONS (Q3a -Q57). IF MORE THAN ONE EMPLOYER SELECTED AT Q1 PLEASE ASK ALL QUESTIONS FOR MAIN EMPLOYER THEN A LOOP OF Q3A, Q3B, Q4, Q6, Q10 FOR EACH ORGANISATION SELECTED.

IF MORE THAN ONE ORGANISATION SELECTED AT Q1 AND COULD IDENTIFY MAIN ONE AT Q2 SHOW THIS MESSAGE:

The following questions refer to the <<ENTER CODE FROM Q2>> you work in which you have selected as your main employer. At a later stage in the survey you will be asked about the other organisation(s) you work for.

IF Q2= I am contracted for the same number of hours in each of these organisations, THEN CHOOSE ONE EMPLOYER AT RANDOM AND SHOW THIS MESSAGE:

The following questions refer to the <<RANDOMLY SELECTED EMPLOYER>> you work for. At a later stage in the survey you will have the option to answer questions about the other organisation(s) you work for.

FOR MORE THAN ONE EMPLOYER: START OF NEW LOOP

REPEAT LOOP FOR EACH EMPLOYER SELECTED AT Q1 AND WAS NOT SELECTED AS MAIN EMPLOYER IN Q2

The next few questions refer to your work in [INSERT ORGANISATION SELECTED AT Q2]

ASK ALL. FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S).

Q3A Which area does your <INSERT ORGANISATION SELECTED> fall under?

SINGLE CODE

1. North
2. Midlands and East
3. London
4. South

CHOOSE FROM DATABASE. FILTER BASED ON ANSWER TO Q3A. ADD INSTRUCTIONS FOR SEARCHING.

18-090780-01 HEE – Questionnaire 4 ACPs

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q3B What is the name of your organisation? Please choose from the following list.

CHOOSE FROM DATABASE – FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

1. Other (please write in)

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q4 What is the name of your STP/ICS? Please choose from the following list.

1. I work outside of these STPS – i.e. in Wales or Scotland
2. Other – please write in (SPECIFY)

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM SUBSEQUENT LOOP(S))

Q5 To which of the following professional groups do you belong?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. **If you do not wish to answer this question, please select 'prefer not to say'.**

MULTICODE

- **Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and language therapist

- **Midwife**

- **Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability
- District Nursing
- Public Health Nursing (school nurse or health visitor)

Other (please specify)

- **Health Care Sciences**

- Clinical Scientist - Life Sciences

18-090780-01 HEE – Questionnaire 4 ACPs

- Clinical Scientist - Physical Sciences
 - Clinical Scientist - Physiological Sciences
 - Clinical Scientist - Bioinformatics and Digital Healthcare Sciences
- **Optometrist**
- **Pharmacist**
 - Clinical pharmacist
 - Community pharmacist
- **Psychological professions**
 - Clinical Psychologist
 - Counselling Psychologist
 - Forensic Psychologist
 - Health Psychologist
 - High Intensity Therapist
 - Psychological Wellbeing Practitioner
 - Counsellor
 - Cognitive Behaviour Therapist
 - Systemic Family Therapist
 - Adult Psychotherapist
 - Child Psychotherapist
 - Children’s Wellbeing Practitioners
 - Other - please write in (SPECIFY)
- **Dental**
 - Dental nurse
 - Other – please write in (SPECIFY)
- Other – please write in (SPECIFY)
- None of these – CLOSE THE QUESTIONNAIRE .
- Prefer not to say

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q6 Below is a list of clinical specialities, please tell us which one(s) you work in, and your specific area within it.

1. Emergency medicine (including urgent and emergency care) - please write in (SPECIFY)
2. Acute Medical – please write in (SPECIFY)
3. Medical specialities (e.g. gastro, cardio-vascular, respiratory, stroke etc) – please write in (SPECIFY)
4. Surgery – please write in (SPECIFY)
5. Critical Care – please write in (SPECIFY)
6. Neonates – please write in (SPECIFY)
7. Paediatrics – please write in (SPECIFY)
8. Older people – please write in (SPECIFY)
9. Ophthalmology – please write in (SPECIFY)
10. Musculoskeletal services (including orthopaedics, primary care etc) – please write in (SPECIFY)
11. Mental health – please write in (SPECIFY)
12. Cancer – please write in (SPECIFY)
13. Diagnostics (e.g. ultrasound, reporting radiographers etc) – please write in (SPECIFY)
14. Learning disability – please write in (SPECIFY)
15. Obstetrics and gynae – please write in (SPECIFY)
16. Community care (health and care) – please write in (SPECIFY)

18-090780-01 HEE – Questionnaire 4 ACPs

17. Primary care – please write in (SPECIFY)
18. Dental – please write in (SPECIFY)
19. Other – please write in (SPECIFY)
20. None of these (SINGLE CODE)
21. Don't know (SINGLE CODE)
22. Prefer not to say

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM SUBSEQUENT LOOP(S))

Q9 What is your current level of working practice?

SINGLE CODE

1. Working at Trainee advanced clinical practitioner level
2. Working at advanced clinical practitioner level
3. Working at Trainee consultant practitioner level
4. Working at consultant practitioner level
5. Other – please write in (SPECIFY)
6. Prefer not to say

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q10 What is your job title (or titles, if you hold more than one role)? Please note that your answers will be shared with Health Education England and therefore your answer may make you identifiable. If you would rather not answer this question, please click 'I would prefer not to say' and press next.

OPEN ENDED

- I would prefer not to say

LOOP(S) FOR OTHER EMPLOYERS ENDS HERE.

ASK ALL

Q11 Do you have a job description for your current role?

SINGLE CODE

1. Yes, I do have a job description
2. No, I do not have a job description
3. Don't know

IF YES AT Q11

Q12 When was the last time your job description was reviewed?

SINGLE CODE

1. Within the last 6 months
2. 6 months ago, but less than a year
3. 1 year ago, but less than two years
4. Two years ago or more
5. My job description has never been reviewed
6. Don't know

ASK THOSE WHO HAD THEIR JOB DESCRIPTION REVIEWED WITHIN THE LAST TWO YEARS – Q12

Q13 Were you personally involved in the review of your job description?

SINGLE CODE

1. Yes
2. No
3. Don't know

18-090780-01 HEE – Questionnaire 4 ACPs

ASK ALL

Q14 Does your job description cover the following areas?

MULTICODE

1. Leadership and management
2. Research (service development and evaluation)
3. Education
4. Advanced Clinical Practice
5. Scope of your practice
6. None of these
7. Don't know

ASK ALL

Q15 Do you currently have a job plan?

SINGLE CODE

1. Yes
2. No
3. Don't know

IF CODED 1 AT Q15

Q16 Does your job plan separate out the clinical elements of your role from the non-clinical elements (e.g. research)? By clinical we mean the direct and indirect contact you have with patients

SINGLE CODE

1. Yes
2. No
3. Don't know

IF CODED 1 AT Q16

Q17 Is the non-clinical part of your job plan protected?

SINGLE CODE

1. Yes – all of the time
2. Yes – some of the time
3. No – not protected
4. Don't know

ASK ALL

Q18 Before today, how much, if anything, would you say you know about Health Education England's multi-professional framework for advanced clinical practice?

SINGLE CODE

1. A great deal
2. A fair amount
3. Just a little
4. Heard of, know nothing about
5. Never heard of
6. Don't know

IF CODE 3, 4 AND 5 AT Q18 SHOW DEFINITION

18-090780-01 HEE – Questionnaire 4 ACPs

The following questions link to the multi-professional advanced clinical practice framework and you can find this link at the beginning of the questionnaire.

Definition of advanced practice:

“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.

Advanced clinical practice 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.”

The four pillars (taken from the multi-professional framework for advanced clinical practice in England):

This framework requires that health and care professionals working at the level of advanced clinical practice 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. The core capabilities **across the four pillars...**

- clinical practice
- leadership and management
- education
- research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

ASK ALL**Q19 Are you working to align yourself with the capabilities in the HEE multi-professional framework?**

1. Yes – I already aligned to the capabilities
2. Yes – I have a developmental plan in place
3. No – I am not currently working towards aligning myself with the capabilities in the framework
4. No – I don’t think the capabilities apply to my job role.
5. Don’t know

IF CODE 3 and 4 AT Q19**Q20 Have you reviewed the HEE multi-professional capabilities with your employer?**

1. Yes
2. No
3. Don’t know

ASK ALL**Q21 Are you evidencing the impact of your role in each of the following areas?**

1. Leadership and management
2. Research (Service Development and evaluation)

18-090780-01 HEE – Questionnaire 4 ACPs

3. Education
4. Advanced Clinical Practice
5. I am not evidencing my role in any of these areas.
6. Don't know

ALL WHO ARE EVIDENCING THE IMPACT OF THEIR ROLE AT Q21 (CODES 1, 2, 3, 4)

Q22 Overall, are you using this evidence...

1. For appraisals
2. Internally as part of service line reporting
3. Professional body accreditation of advanced level practice
4. Externally through posters and publications
5. In another way – please write in (SPECIFY)
6. None of these
7. Don't know

Education

The next section is about the types of formal and informal education you may be receiving regarding advanced clinical practice, including consultant practitioners.

ASK ALL

Q23A Which, if any, of the following types of formal learning and development are you currently completing?

MULTICODE

1. Full Masters (PG cert and PG Dip)
2. Specific modules
3. Royal College (credential)
4. Credentialing other
5. None of these
6. Don't know

ASK IF CODED 1, 2, 3, 4, at Q23A

Q23B What is the name of the module or programme of study you are currently undertaking?

OPEN ENDED

1. Don't know

ASK IF CODED 1, 2, 3, 4, at Q23A

Q24 How many days study leave did your employer agree to give you to support you in undertaking this course? When answering this question please think about the leave given to you over the whole duration of the course.

1. I was not given any study leave days
2. Less than 1 day (e.g. half a day)
3. 1-4 days
4. 5-9 days
5. 10-19
6. 20-29
7. 30+ days
8. Don't know

IF GIVEN TIME AT Q24 (codes 2-7)

18-090780-01 HEE – Questionnaire 4 ACPs

Q25 Since agreeing the amount of time you could have for study leave, to what extent has your employer been able to honour this arrangement?

1. Fully
2. Partially
3. Hardly at all
4. Not at all
5. Don't know

ASK ALL

Q26 To what extent have your advance education and training opportunities prepared you for the reality of your job role?

- A great deal
- A fair amount
- Not very much
- Not at all

ASK ALL

Q28 Which, if any, other education and training options are open to you within your organisation?

1. Joining in junior doctor training
2. Other advanced clinical practitioner learning
3. Other medical training
4. Training provided by your trust / organisation
5. Other
6. None of these

ASK ALL

Q29 In an average month what proportion of your total work time is spent delivering training to others?

1. I do not deliver learning to others
2. 1-9%
3. 10-19%
4. 20-29%
5. 30-39%
6. 40-49%
7. 50-59%
8. 60-69%
9. 70-79%
10. 80-89%
11. 90-99%
12. 100% - all of my time
13. Don't know

IF DELIVERING TRAINING TO OTHERS (CODES 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)

Q30 To which of the following groups do you deliver training to?

MULTICODE

1. Patient groups
2. Students in your organisation
3. General staff in your organisation
4. Those in Higher Education Institutions
5. Others working in advance clinical practice roles

18-090780-01 HEE – Questionnaire 4 ACPs

6. Other – please write in (SPECIFY)

IF DELIVERING LEARNING TO OTHERS Q30 – CODE 4, 5 and 6

Q31 Thinking about the training you deliver external to your organisation, do you consider yourself to be...

1. A visiting lecturer
2. A subject area expert
3. Something else – please write in (SPECIFY)
4. None of these
5. Not applicable

Research

The next section is about research in which you may be involved.

ASK ALL

Q32 In which, if any, of the following areas of research are you involved?

MULTICODE

1. Quality improvement
2. Service evaluation
3. Economic evaluation of practice
4. Research
5. Audit
6. Other – please write in (SPECIFY)
7. None of these
8. Don't know

ASK ALL

Q33 Have you presented or shared your work in any of the following ways....

This could be either verbally or in writing.

1. Within your organisation / trust
2. Locally
3. Nationally
4. Peer reviewed journal
5. Internationally
6. I have not presented or shared my work
7. Don't know

IF CODED 4 AT Q33

Q33A

Please can you state which peer reviewed journal, and provide the online link?

Providing an answer to this question may make you identifiable to Health Education England. If you would like to remain anonymous please select prefer not to say

OPEN ENDED

1. It has not been published yet
2. Prefer not to say

ASK ALL

Q34 To what extent would you be happy or not to share your learnings and evaluation with HEE?

1. Very happy

18-090780-01 HEE – Questionnaire 4 ACPs

2. Fairly happy
3. Not very happy
4. Not at all happy
5. Don't know

Advanced Clinical Practice

The next section is about advanced clinical practice for advanced clinical practitioners, including consultants.

ASK ALL

Q35 Typically, what proportion of your average working week is spent on all patient facing related activity? This includes direct and indirect contact with patients.

1. 0% - I spend no time on patient facing related activity
2. 1-9%
3. 10-19%
4. 20-29%
5. 30-39%
6. 40-49%
7. 50-59%
8. 60-69%
9. 70-79%
10. 80-89%
11. 90-100%
12. It varies too much to say
13. Don't know

ASK ALL

Q36 Did you take a portfolio route or an academic route to get to your current level of advanced clinical practice?

1. Portfolio route
2. Academic route
3. Both portfolio route and academic route
4. Don't know

IF CODED 1 AND 3 AT Q36

Q37 Can you please tell me what education and training accredited or non-accredited courses you have taken to build your portfolio?

OPEN ENDED

1. Don't know

IF CODED 2 AND 3 AT Q36

Q38 What is your highest level of qualification?

1. Undergraduate degree or equivalent
2. Master's degree or equivalent
3. PhD
4. Other – please write in (SPECIFY)

ASK ALL

Q39 What, if any, funding did you personally receive for your <<INSERT ANSWER FROM Q38>>

MULTICODE

1. I did not receive any funding – I self-funded (SINGLE CODE)

18-090780-01 HEE – Questionnaire 4 ACPs

2. My employer/another paid for 100% of the costs (SINGLE CODE)
3. My employer/another paid towards some of the costs but also had to contribute myself
4. Other
5. Prefer not to say

ASK ALL

Q40 How many months and years have you been working as a fully trained advanced level practitioner?

ENTER YEARS AND MONTHS

1. I am still in training

ASK IF YEARS AND MONTHS ENTERED AT Q40

Q41 How long did your training take to allow you to work in advanced practice?

ENTER YEARS AND MONTHS

Leadership & management

The next section is about leadership and management.

ASK ALL

Q42A

What proportion of your average week is typically spent leading on....

- a) Service provision and innovation
- b) People management

ENTER PROPORTION OF TIME

1. None of the time
2. 1-9%
3. 10-19%
4. 20-29%
5. 30-39%
6. 40-49%
7. 50-59%
8. 60-69%
9. 70-79%
10. 80-89%
11. 90-100%
12. Don't know

ASK ALL

Q43 What support, if any, have you been given by your organisation to help you develop your leadership and management skills? Support from...

MULTICODE

1. Others in the team I work in
2. Department level
3. Service/Speciality level
4. Organisation wide
5. Other – please write in (SPECIFY)
6. None of these
7. Don't know

ASK ALL

18-090780-01 HEE – Questionnaire 4 ACPs

Q44 What support, if any, have you been given by organisations outside your trust to help you develop your leadership and management skills?

MULTICODE

1. Leadership Academy programme
2. Mentoring or coaching
3. Shadowing others trained in advanced clinical practice
4. Structured reflective learning
5. Action learning sets
6. Leadership Fellowship e.g. Darzi
7. Other – please write in (SPECIFY)
8. None of these
9. Don't know

Competency framework and supervision

The next few questions are about competency frameworks and supervision.

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM LOOP)

Q45 Which, if any, of these do you have which are related to your job?

MULTICODE

1. Competency Framework
2. Personal Development plan
3. Neither a Competency Framework or a Personal Development plan
4. Other – please write in (Specify)
5. Don't know

ASK ALL

Q46 Which, if any, of the following do you have in your job role?

MULTICODE

1. Appraisals
2. Educational supervision for trainees
3. Clinical supervision (e.g. mentoring and coaching on the job in their clinical practice)
4. Regular one to one with line managers to support role development
5. None of these
6. Don't know

REPEAT FOR EACH OPTION SELECTED AT Q46

Q47 – From whom do you receive your <<TEXT SUBSTITUTE FROM Q46)

MULTICODE

1. Operational lead
2. Professional lead
3. Clinical lead medical
4. Clinical lead non-medical – please write in (SPECIFY)
5. Senior Advanced Care Practitioner
6. Other – please write in (SPECIFY)
7. None of these
8. Don't know

REPEAT FOR EACH OPTION SELECTED AT Q46

Q48 Typically, how often do you receive your <<TEXT SUBSTITUTE FROM Q46)

1. Daily
2. Weekly

18-090780-01 HEE – Questionnaire 4 ACPs

3. Monthly
4. Annually
5. Less often
6. Don't know

IF CODED 1, 2, 3, 4 AT YES AT Q46

Q49 How much formal guidance are you receiving from your supervisor?

1. A great deal
2. A fair amount
3. Hardly any
4. None
5. Don't know

IF CODED 1, 2, 3, 4 AT YES AT Q46

Q50A Is there a formal guidance structure for your supervision?

1. Yes
2. No

IF CODED 1 AT Q50A

Q50B Who provides the formal guidance structure for your supervision?

1. Higher Education Institution
2. Organisation / trust
3. Service
4. Professional group
5. Other – please write in (SPECIFY)
6. Don't know

Governance

The final section is about Governance.

ASK ALL

Q51 Does your organisation have any of the following?

MULTICODE

1. Lead for advanced practice
2. Forum or meetings where professionals for different groups can come together to discuss advanced practice
3. Organisation policy on advanced practice
4. None of these
5. Don't know

ASK ALL WHO CODED 2 – 9 AT Q1 AND SELECTED CODES AS MAIN EMPLOYER

Q52 To whom does the person who leads on advanced clinical practice report into?

1. Trust board
2. Governance group
3. Workforce committee
4. Other – please write in (SPECIFY)
5. The person leading on advanced clinical practice does not report to anyone else
6. Don't know

18-090780-01 HEE – Questionnaire 4 ACPs

ASK ALL WHO CODED 1 AT Q1 AND SELECTED PRIMARY CARE AS MAIN EMPLOYER
Q60 To whom does the person who leads on advanced clinical practice report into?

OPEN ENDED.

1. Don't know

ASK ALL

Q53 Is there any other information that you would like to share about your experience of working in advanced practice?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select "prefer not to say".

OPEN ENDED

1. I have nothing else to add
2. Prefer not to say

Demographics

We would now like to ask a few questions about yourself. These questions are for analysis purposes only.

Q59 Who invited you to take part in this survey?

1. Peer/colleague
2. Manager/team lead
3. Professional lead
4. Organisational lead
5. Other
6. Don't know/can't remember

ASK ALL

Q54A Are you registered with a Statutory regulatory body?

1. NMC, HCPC etc
2. Voluntary register
3. Not on any
4. Don't know

ASK ALL

Q54B Which of the following describes how you think of yourself

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select 'prefer not to say'.

1. Male
2. Female
3. In another way
4. Prefer not to say

18-090780-01 HEE – Questionnaire 4 ACPs

ASK ALL

Q55 What is your age?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select 'prefer not to say'.

OPEN ENDED

1. Prefer not to say

IF REFUSED AT Q55

Q55A What is your age?

If refused probe for age bands

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65+
7. Prefer not to say

IF MORE THAN ONE EMPLOYER SELECTED ASK Q57 ONCE AT END OF LOOP(S).

Q57 Re-contact Question

Thank you for taking part in this survey.

Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research as part of this project within the next 12 months.

If you are willing to be contacted as part of this project we will need to collect some contact details. All details provided will be treated in the strictest confidence, held only for 12 months by HEE, and will only be used to invite you to take part in further research as part of this project.

Are you willing to provide your contact details to HEE so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
2. No

IF YES AT Q34

Q58 You previously agreed that you were happy to share your learnings and evaluations with HEE. Are you happy for someone on behalf of HEE to contact you about this?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS (IF NOT CODED 1 AT Q57)
2. No

Thank and close.

HEE Questionnaire 3 – Organisations

Questionnaire 3 – Organisations/Trusts

Thank you for taking the time to complete this survey about advanced clinical practice which is part of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted by Ipsos MORI.

Those working at advanced clinical practice level play a critical role in enhancing capacity and capability within multi professional teams, and come from a range of professional backgrounds such as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, and some Clinical Nurse Specialists as well as many others).

They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is anticipated that the role of advanced practice staff will continue to develop and increase in importance over the coming years.

To help develop and improve their policies relating to advanced clinical practice, Health Education England is keen to understand the training and roles that advanced clinical staff are currently undertaking in your organisation, your workforce strategy, the support and training advanced practice staff are offered, and the governance structures underpinning it all. The more people we hear from, the more we learn about what is working well and what could be improved.

For more information, a link to Health Education England's multi-professional framework for advanced clinical practice in England (2017) can be found [here](#).

We have also produced a short webinar about the purpose of this research, which can be found [here](#). This may help with completing the survey.

NEXT BUTTON**Privacy Notice****How your data will be used**

Health Education England have invited you to take part in this survey, and as a potential participant it's important that you are informed on how your personal data will be used and your rights under GDPR.

To process your data Ipsos MORI ("the processor") and Health Education England ("the controller") require a legal basis to do so. For this survey the legal basis for the processing of your personal data is your consent.

Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any time. If you would like to withdraw your consent at any point please contact healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.

You also have the right to object to, or restrict the processing of your personal data at any time. To do so please email gdpr@hee.nhs.uk.

The personal data which may be collected in this survey includes your name, email address and job title. However, you do not need to provide this information if you do not wish to and there are answer options in the survey that will allow you to remain anonymous.

HEE Questionnaire 3 – Organisations

Data from this survey may be reported at various levels including organisation/trust level, STP/ICS level and by profession and speciality. Some verbatim answers submitted as part of this survey will also be passed on to HEE for their own analysis purposes.

Data collected through this survey will be retained for 3 months with personal data held for up to 12 months after completion of the research and will be deleted via secure methods. For more information on your rights please see Health Education England's privacy notice [here](#).

Toward the end of the survey you will also be asked if you consent to taking part in further research and other work on advance clinical practice. If you choose to do so, your personal data will be shared with Health Education England and this information will be held for up to 12 months.

NEXT BUTTON

How to complete this survey

We only require one response per Organisation, please liaise with colleagues and other departments before completing this survey to avoid duplication.

You may also wish to download a PDF version of the questionnaire, available [here](#) to share with others in your organisation to help you gather their views and staff numbers, before you respond to the survey online.

We have also produced an excel form which can be found [here](#), to help you collect some of the information required for this survey. You may have already received this document from Health Education England. Before proceeding, please make sure you have collected this information as it will help you answer questions in relation to staff headcounts and whole-time equivalents (WTE).

Please note that the answers that you provide on behalf of your Organisation may be shared with Health Education England so they can understand what is happening at a local level. You won't personally be identified in the data unless you choose to provide information which could identify you.

Depending on the extent of your comments, this questionnaire should only take around **30 minutes** to complete.

Please note, your answers will only be saved once you have completed and submitted the survey. However, if you would like to save your progress and submit your answers later, please tick the box below to provide your email address. We will then send you a unique link to the survey which will allow you to access your answers and pick up where you left off. We will only use this email address to send you the unique link and this will not be shared with Health Education England or any other organisation.

If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS BOX.

1. I would like to provide an email address.

If you need to change any of your answers, please use the back button to go back and change previous responses.

If you need help completing this survey, please let us know by emailing healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.

HEE Questionnaire 3 – Organisations

CONSENT BUTTON: I agree to participate in the survey and provide data about advanced clinical practice and understand that participation is voluntary and I can change my mind at any time.

By clicking the button, you agree to participate in the survey about advanced clinical practice and understand that participation is voluntary and you can change your mind at any time.

Organisation information

The first few questions are about the organisation that you work for.

ASK ALL

Q1 Which of the following categories does your organisation fall under?

MULTICODE

1. Primary care
2. Out of Hours care
3. Acute trust
4. Community trust
5. Mental health trust
6. Learning Disability trust
7. Other NHS commissioned Service
8. Ambulance trust
9. Community pharmacy
10. Education
11. Social Care
12. Something else – (please write in)
13. None of these - THANK AND CLOSE

IF CODED 1 AT Q1. SHOW SCREEN.

Thank you for your interest in this survey. We have developed a slightly different questionnaire for organisations in Primary care. Please use the link below to access this survey.

QUESTIONNAIRE 5 (PRIMARY CARE) OPEN LINK.

Thank You.

END SURVEY.

ASK ALL

Q2A Which area does your STP/ICS fall under?

SINGLE CODE

1. North
2. Midlands and East
3. London
4. South

ASK ALL

Q2B What is the name of your STP/ICS? Please choose from the following list.

CHOOSE FROM DATABASE. FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

HEE Questionnaire 3 – Organisations

1. Other – please write in (SPECIFY)

ASK ALL**Q3 What's the name of your organisation? Please choose from the following list.****SINGLE CODE**

CHOOSE FROM DATABASE – FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

1. Other (please write in)

ASK ALL**Q3A Are you responding to this survey on behalf of your organisation overall or on behalf of one part of your organisation?**

1. On behalf of my organisation overall
2. On behalf of one part of my organisation

IF CODE 2 AT Q3A – PLEASE CLOSE – Thank you for your interest in this research. Please liaise with your organisation ACP lead/designated ACP lead for this survey to complete your answers, as we respectfully request one response per organisation.**Awareness of the framework and workforce**

The next few questions are about your workforce and your awareness of the multi-professional advanced clinical practice framework.

ASK ALL**Q4A Is there currently a lead person in your organisation for advanced clinical practice?**

1. Yes – A lead for single professions
2. Yes – A lead for multi-professions
3. No – But we are intending to have a lead in the future
4. No – We do not intend on having a lead
5. Don't know

IF YES AT Q4A**Q4B Are you the lead person?****Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select 'prefer not to say'.**

1. Yes
2. No
3. Prefer not to say

ASK ALL**Q5 Do you have a lead person for multi-professional Consultant Practitioners?**

1. Yes
2. No
3. Don't know

IF CODED 1 AT Q6

HEE Questionnaire 3 – Organisations

Q5B Is it the same person as the lead for multi-professional advanced clinical practice?

1. Yes
2. No
3. Don't know

ASK ALL**Q6 Before today, how much, if anything, would you say you know about Health Education England's multi-professional framework for advanced clinical practice in England (2017)?****SINGLE CODE**

1. A great deal
2. A fair amount
3. Just a little
4. Heard of, but know nothing about
5. Never heard of
6. Don't know

IF CODED 3, 4, 5 AT Q6

The following questions link to the framework. You can find the framework [here](#).

Definition of advanced practice:

“Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterized 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.

Advanced clinical practice 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.”

The four pillars (taken from the multi-professional framework for advanced clinical practice):

This framework requires that health and care professionals working at the level of advanced clinical practice 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. The core capabilities **across the four pillars**...

- Clinical practice
- Leadership and management
- Education
- Research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

HEE Questionnaire 3 – Organisations

ASK ALL

The next few questions are about staff working at advanced clinical practice level and the professions and specialities they work within. When answering these questions please refer to the excel form provided to you and the information you have collected on staff headcount and whole time equivalents.

Please click [here](#) to download the form if you have not already done so.

ASK ALL

Q7A Does your organisation have staff working at an advanced level of clinical practice, in any of the following professions across your organisation?

Please note, job titles for staff working at an advanced level of clinical practice may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, and some Clinical Nurse Specialists as well as many others.

MULTICODE**1. Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and Language Therapist

2. Midwife**3. Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability
- District nurse
- Public Health Nursing (school nurse or health visitor)
- Other – please write in (SPECIFY)

4. Health Care Sciences

- Clinical Scientist - Life Sciences
- Clinical Scientist - Physical Sciences
- Clinical Scientist - Physiological Sciences
- Clinical Scientist - Bioinformatics and Digital Healthcare Sciences

5. Optometrist

HEE Questionnaire 3 – Organisations

6. Pharmacist

- Clinical pharmacist
- Community pharmacist

7. Psychological Professions

- Clinical Psychologist
- Counselling Psychologist
- Forensic Psychologist
- Health Psychologist
- High Intensity Therapist
- Psychological Wellbeing Practitioner
- Counsellor
- Cognitive Behaviour Therapist
- Systemic Family Therapist
- Adult Psychotherapist
- Child Psychotherapist
- Children’s Wellbeing Practitioners
- Other – please write in (SPECIFY)

8. Dental

- Dental nurse
- Other – please write in (SPECIFY)

9. None of these – CLOSE QUESTIONNAIRE**ASK ALL**

Q7B Does your organisation have staff working at a consultant level of clinical practice, in any of the following professions?

MULTICODE**1. Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and Language Therapist

2. Midwives**3. Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability

HEE Questionnaire 3 – Organisations

- District nurse
 - Public Health Nursing (school nurse or health visitor)
 - Other – please write in (SPECIFY)
- 4. Health Care Sciences**
- Clinical Scientist - Life Sciences
 - Clinical Scientist - Physical Sciences
 - Clinical Scientist - Physiological Sciences
 - Clinical Scientist - Bioinformatics and Digital Healthcare Sciences
- 5. Optometrist**
- 6. Pharmacist**
- Clinical pharmacist
 - Community pharmacist
- 7. Psychological Professions**
- Clinical Psychologist
 - Counselling Psychologist
 - Forensic Psychologist
 - Health Psychologist
 - High Intensity Therapist
 - Psychological Wellbeing Practitioner
 - Counsellor
 - Cognitive Behaviour Therapist
 - Systemic Family Therapist
 - Adult Psychotherapist
 - Child Psychotherapist
 - Children’s Wellbeing Practitioners
 - Other – please write in (SPECIFY)
- 8. Dental**
- Dental nurse
 - Other – please write in (SPECIFY)
- 9. None of these**

Advanced Practice staff

The next few questions are about staff working at advanced clinical practice level.

The information you provide in the following questions is particularly important as it will allow Health Education England to assess the current level of staff working at advanced level of clinical practice across professions and within specialities.

ASK IF CODED 1-8 AT Q7A AND/OR CODED 1-8 AT Q7B (profession)

LOOP: PLEASE ASK FOR EACH PROFESSION SELECTED AT Q7A AND/OR Q7B

Q8 You previously stated that your organisation has staff working in advanced clinical practice in the following professions <<ENTER LIST FROM Q7A AND/OR Q7B>>.

Please select the specialities that a <<INSERT CODE SELECTED AT Q9A AND Q9B>> may work in within your organisation. (Respondent selects all specialities which cover profession selected)

MULTICODE

1. Emergency medicine (including urgent and emergency care)
2. Acute Medical

HEE Questionnaire 3 – Organisations

3. Medical specialities (e.g. gastro, cardio-vascular, respiratory, stroke etc)
4. Surgery
5. Critical Care
6. Neonates
7. Paediatrics
8. Older People
9. Ophthalmology
10. Musculoskeletal services (including orthopaedics, primary care etc)
11. Mental health
12. Cancer
13. Diagnostics (e.g. ultrasound, reporting radiographers etc)
14. Learning disability
15. Obstetrics and gynaecology
16. Community care (health and care)
17. Primary care
18. Dental
19. Other – please write in (SPECIFY)
20. Unknown/not specified
21. None of these (SINGLE CODE)
22. Don't know (SINGLE CODE)

ASK IF CODED 1-8 AT Q7A AND/OR CODED 1-8 AT Q7B (profession), AND CODED 1-20 AT Q8 (speciality).

Q9 You previously stated that your organisation has staff working in advanced clinical practice in the following professions <<ENTER LIST FROM Q7A AND/OR Q7B>> (professions).

LOOP: PLEASE ASK QUESTION FOR EACH CODE SELECTED AT Q9A AND/OR Q9B.

For << INSERT CODE SELECTED AT Q7A AND/OR Q7B>> please now record the number of staff working at advanced level practice or consultant level in each speciality.

Please use the excel form provided to help you complete this question. You can also download the form here if needed.

Please record both the actual number of staff and the whole time equivalents.

BRING FORWARD LIST OF SPECIALTIES SELECTED AT Q8 (speciality)

1. Trainee advanced level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)
2. Advanced level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)
3. Trainee consultant level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)

HEE Questionnaire 3 – Organisations

4. Consultant level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)

ASK ALL

Q10 Has your workforce been mapped against HEE’s multi-professional framework for advanced clinical practice in England? When answering this question please think about those who are working at advanced clinical practice level or consultants.

SINGLE CODE

1. All staff have
2. Some staff have
3. Hardly any staff have
4. None have
5. Don’t know

ASK IF WORKFORCE MAPPED AT Q10 (CODES 1 &2)

Q11B Approximately, what proportion of your advanced practice staff have skills gaps in <INSERT PILLAR>?

- A. Advanced clinical practice
 - B. Leadership and management
 - C. Research and service development
 - D. Education
1. Enter percentage (MIN 0%-MAX 100%)
 2. Don’t know

Q11D Has your organisation developed a plan to support staff who have skills gaps relating to HEE’s multi-professional framework pillars?

1. Yes
2. No
3. Don’t know

IF PLAN HAS BEEN DEVELOPED (CODED 1 AT Q11D)

Q12 Please list up to three areas you have identified where your organisation needs further focus or support to ensure your advanced practice staff meet the capabilities of the advance clinical practice framework.

OPEN ENDED

1. We have not done this yet.

HEE Questionnaire 3 – Organisations

2. Prefer not to say

Q16 Which of the following, if any, does your organisation have in place for those working at advanced clinical practice level?

GRID**MULTICODE**

1. A workforce plan
2. An advanced practice forum/meeting bringing together different professions
3. Standardised job titles
4. Core job descriptions aligned to the framework
5. A generic job planning template
6. An organisation wide agreed grading system
7. An organisation governance policy
8. Annual appraisals

- a) Yes
- b) No
- c) Don't know

Training, Development and Supervision

The next section is about the, training, supervision and support that is given to people working in Advanced Practice roles/at advanced practice level.

ASK ALL

Q17 Is there an organisational standard policy for the supervision and support offered to those training to advanced clinical practice level? Please think about each of the following roles...

- a) Trainee advanced practitioner
- b) Advanced practitioner
- c) Trainee Consultant
- d) Consultant

SINGLE CODE

1. Yes
2. No
3. Don't know

ASK ALL

Q18 Overall, is there a standard as to how supervision is given? When answering this question please think about things like how much time, when and where this supervision takes place?

SINGLE CODE

1. Yes
2. No
3. Don't know

Competencies and Training

The next few questions are about the competencies and training of advanced clinical practitioners.

HEE Questionnaire 3 – Organisations

Q19 Thinking more generally, are your advanced clinical practice level workforce required to have capability frameworks (competencies) aligned to their areas of clinical practice?

SINGLE CODE

1. Yes
2. No
3. Only in specific areas – please write in (SPECIFY)
4. Don't know

ASK ALL

Q20 Thinking about your training and development programs. How do you...

- a) Currently provide local training to your advanced clinical practice level staff?
- b) Plan to provide local training to your advanced practice staff in the future?

MULTICODE

1. Training posts
2. In-house training
3. Higher Education Institution training places
4. Working with postgraduate schools of medicine
5. System wide training opportunities which are speciality specific
6. Other
7. None of these
8. Don't know

ASK ALL

Q21 How is the advanced clinical practice level /consultant training generally funded? Please select all that apply.

MULTICODE

1. Trust training fund
2. HEE funded
3. Charity funded
4. Trust service improvement funded
5. Individually Funded
6. Other
7. Don't know

Service Development, New posts and Evaluation

The next section is about service development, new posts and evaluation.

ASK ALL

Q22 In your opinion what are the main drivers for new advanced clinical practice level positions and services within your organisation? Please select the three main drivers.

MULTICODE – ALLOW UP TO THREE REPSONSES.

1. Retention of your existing workforce
2. Service improvements
3. Population needs/STP plan
4. Improving productivity/reducing locum spend
5. Workforce shortages
6. Individual career development

HEE Questionnaire 3 – Organisations

7. Waiting list initiatives
8. Government priority
9. System wide pathway development
10. Other
11. Don't know

OPEN ENDED**ASK ALL**

Q23 Are advanced clinical practice level staff expected to provide evidence about their impact? For example, service evaluation, quality assurance measures or outcome measures.

1. Yes
2. No
3. Don't know

ASK ALL

Q24 How do you support and enable your staff to share examples of good practice? For example, please describe here if any individuals from your organisation have presented national or international work, or written papers in peer reviewed journals.

OPEN ENDED

1. Don't know

Q25 Are there any other thoughts you would like to share with us around advanced clinical practice?

OPEN ENDED

1. No, I have nothing further to add

Q26 RECONTACT QUESTION

Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research as part of this project within the next 12 months.

If you are willing to be contacted as part of this project we will need to collect some contact details. All details provided will be treated in the strictest confidence, held only for 12 months by HEE, and will only be used to invite you to take part in further research as part of this project.

Are you willing to provide your contact details to HEE so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
2. No

SHOW IF CODED 2 AT Q26

Q27A Would you be happy to be contacted by Ipsos MORI or Health Education England to discuss your role and advanced clinical practice in more depth?

1. Yes
2. No

IF YES AT Q27A, CODE 1

HEE Questionnaire 3 – Organisations

Q42B Please could you put your contact details here? Please write in your email address / contact number.

OPEN ENDED

IF CODED 4 AT Q16

Q43 You stated earlier that you had a job description for your advanced clinical practice level staff, would you be happy to share this core job description with HEE?

SINGLE CODE

1. Yes
2. No

IF CODED 7 AT Q16

Q44 You stated earlier that you had a governance policy for your advanced clinical practice level staff, would you be happy to share this document with HEE? If you agree to this your details will be passed to HEE for someone on behalf of HEE to contact you about this.

SINGLE CODE

1. Yes
2. No

Thank and close

18-090780-01 Primary Care Questionnaire 5 – Version 14

Questionnaire 5 – Primary Care

Version 14 30.07.19

Thank you for taking the time to complete this survey about advanced clinical practice which is part of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted by Ipsos MORI.

Those working at advanced clinical practice level play a critical role in enhancing capacity and capability within multi professional teams, and come from a range of professional backgrounds such as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, Advanced Nurse Practitioners, and some Clinical Nurse Specialists as well as many others). They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is anticipated that the role of advanced practice staff will continue to develop and increase in importance over the coming years.

To help develop and improve their policies relating to advanced clinical practice, Health Education England is keen to understand the training and roles that advanced clinical staff are currently undertaking in your organisation, your workforce strategy, the support and training advanced practice staff are offered, and the governance structures underpinning it all.

For more information, a link to Health Education England's multi-professional framework for advanced clinical practice in England (2017) can be found [here](#).

We have also produced a short webinar about the purpose of this research, which can be found [here](#). This may help with completing the survey.

NEXT BUTTON

Privacy Notice

How your data will be used

Health Education England have invited you to take part in this survey, and as a potential participant it's important that you are informed on how your personal data will be used and your rights under GDPR.

To process your data Ipsos MORI ("the processor") and Health Education England ("the controller") require a legal basis to do so. For this survey the legal basis for the processing of your personal data is your consent.

Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any time. If you would like to withdraw your consent at any point please contact healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.

You also have the right to object to, or restrict the processing of your personal data at any time. To do so please email gdpr@hee.nhs.uk.

The personal data which may be collected in this survey includes your name, email address and job title. However, you do not need to provide this information if you do not wish to and there are answer options in the survey that will allow you to remain anonymous.

18-090780-01 Primary Care Questionnaire 5 – Version 14

Data from this survey may be reported at various levels including organisation/trust level, STP/ICS level and by profession and speciality. Some verbatim answers submitted as part of this survey will also be passed on to HEE for their own analysis purposes. However, no personal data or information submitted as part of this survey will be passed on to your employer.

Data collected through this survey will be retained for 3 months with personal data held for up to 12 months after completion of the research and will be deleted via secure methods. For more information on your rights please see Health Education England's privacy notice [here](#).

Toward the end of the survey you will also be asked if you consent to taking part in further research and other work on advance clinical practice. If you choose to do so, your personal data will be shared with Health Education England and this information will be held for up to 12 months.

NEXT BUTTON**How to complete this survey**

We only require one response per practice, please liaise with colleagues and organisation leads before completing this survey to avoid duplication.

You may also wish to download a PDF version of the questionnaire, available [here](#) to share with others in your organisation to help you gather their views and staff numbers, before you respond to the survey online.

Please note that the answers that you provide on behalf of your practice may be shared with Health Education England so they can understand what is happening at a local level. You won't personally be identified in the data unless you choose to provide information which could identify you.

Depending on the extent of your comments, this questionnaire should only take around **15 minutes** to complete.

Please note, your answers will only be saved once you have completed and submitted the survey. However, if you would like to save your progress and submit your answers later, please tick the box below to provide your email address. We will then send you a unique link to the survey which will allow you to access your answers and pick up where you left off. We will only use this email address to send you the unique link and this will not be shared with Health Education England or any other organisation.

If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS BOX.

1. I would like to provide an email address.

If you need to change any of your answers, please use the back button to go back and change previous responses.

If you need help completing this survey, please let us know by emailing healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.

CONSENT BUTTON: I agree to participate in the survey and provide data about advanced clinical practice and understand that participation is voluntary and I can change my mind at any time.

By clicking the button, you agree to participate in the survey about advanced clinical practice and understand that participation is voluntary and you can change your mind at any time.

18-090780-01 Primary Care Questionnaire 5 – Version 14

Organisation information

The first few questions are about the practice that you work in.

ASK ALL

Q1 Which STP/ICS does your practice fall under? Please choose from the following list.

SINGLE CODE

CHOOSE FROM DATABASE. ADD INSTRUCTIONS FOR SEARCHING.

1. Other – please write in (SPECIFY)

ASK ALL

Q2 Please state which training hub your practice falls under? This may previously have been referred to as CEPN/CPEN.

OPEN ENDED

1. Don't know

ASK ALL

Q3 What is your job role?

MULTICODE

1. Practice manager
2. Practice administrator
3. GP within the practice
4. Other health care professional within the practice – please write in (SPECIFY)
5. Other - please write in. (SPECIFY)
6. Don't know

ASK ALL

Q4 Before today, how much, if anything, would you say you personally know about Health Education England's multi-professional advanced clinical practice framework?

SINGLE CODE

1. A great deal
2. A fair amount
3. Just a little
4. Heard of, but know nothing about
5. Never heard of
6. Don't know

IF CODES 3 TO 6 AT Q4 SHOW THE FOLLOWING INFORMATION

The following questions link to the HEE advanced clinical practice framework. You can find the framework [here](#).

Definition of advanced clinical practice:

“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

18-090780-01 Primary Care Questionnaire 5 – Version 14

practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice 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."

The four pillars (taken from the multi-professional advanced clinical practice framework):

This framework requires that health and care professionals working at the level of advanced clinical practice 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. The core capabilities **across the four pillars...**

- Clinical practice
- Leadership and management
- Education
- Research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

ASK ALL

Q5 Have those in your workforce who are working at advanced practice level been mapped against HEE's multi-professional advanced clinical practice framework?

When answering this question please think about those who are qualified advanced clinical practitioners or consultants. This may include nurses, midwives, health scientists, pharmacists, allied healthcare professionals and psychological professions.

SINGLE CODE

1. All staff have
2. Some staff have
3. Hardly any staff have
4. None have
5. Don't know

ASK ALL

Q6 Does your practice have staff working at advanced clinical practice level, in any of the following professions? Please include staff that you employ directly and staff that provide services to your practice/network. For example, please include staff from private organisations commissioned to provide NHS services or staff from any Community Interest Companies (CICs).

MULTICODE

1. Nurses
2. Midwives
3. Pharmacists
4. Physiotherapists

18-090780-01 Primary Care Questionnaire 5 – Version 14

5. Paramedics
6. Other allied healthcare professionals
 - a) Art Therapists
 - b) Drama Therapists
 - c) Music Therapists
 - d) Podiatrists
 - e) Dietitians
 - f) Occupational Therapists
 - g) Operating Department Practitioners
 - h) Orthoptists
 - i) Osteopaths
 - j) Prosthetist and orthotists
 - k) Radiographer – Diagnostics
 - l) Radiographer – Therapeutics
 - m) Speech and language therapists
7. Psychological professionals (including both statutory and non-statutory regulated)
8. Healthcare scientist
9. Other professions – please write in (SPECIFY)
10. In none of these professions – CLOSE QUESTIONNAIRE
11. Don't know

ASK ALL WHO CODED 1-10 AT Q6 (I.E. WHO HAVE ADVANCED CLINICAL PRACTITIONERS WORKING IN EACH OF THE PROFESSIONS)

LOOP: PLEASE ASK FOR EACH PROFESSION SELECTED AT Q6.

Q6B You previously stated that your organisation has staff working at advanced clinical practice level in the following professions <<ENTER LIST FROM Q6>>

Please select the specialities <<INSERT CODE SELECTED AT Q6>> work in within your organisation. REPEAT QUESTION FOR EACH CODE SELECTED AT Q6.

MULTICODE

1. GP nursing
2. Musculoskeletal Services (e.g. physio)
3. Paramedic Services
4. Other – please write in (SPECIFY)
5. Non-specific specialties
6. None of these (SINGLE CODE)
7. Don't know (SINGLE CODE)

ASK IF CODED 1-9AT Q6 (profession), CODED 1-5 AT Q6B (speciality).

LOOP: PLEASE ASK Q7 FOR EACH CODE SELECTED AT Q6.

Q7 How many <<<INSERT CODE SELECTED AT Q6>>> does your practice have working at advanced clinical practice level for each of the following specialities?

Please record both the actual number of staff and the whole time equivalents. If you are unsure, please give your best estimate.

BRING FORWARD LIST OF SPECIALITIES SELECTED AT Q6B.

1. Trainee advanced level practitioner – RECORD NUMBER
 - a. Number of staff headcount

18-090780-01 Primary Care Questionnaire 5 – Version 14

- b. Whole time equivalent (WTE)
2. Advanced level practitioner – RECORD NUMBER
 - a. Number of staff headcount
 - b. Whole time equivalent (WTE)
3. Trainee consultant level practitioner – RECORD NUMBER
 - a. Number of staff headcount
 - b. Whole time equivalent (WTE)
4. Consultant level practitioner – RECORD NUMBER
 - a. Number of staff headcount
 - b. Whole time equivalent (WTE)

ASK IF CODED 1-9 AT Q6 (profession)**LOOP: PLEASE ASK QUESTION FOR EACH PROFESSION SLECTED AT Q6**

Q22 Of those in your workforce working at advanced clinical practice level, as <<CODE SELECTED AT Q6>> how many are directly employed by you, and how many are employed by someone else?

Please record both the actual number of staff and the whole time equivalent. If you are unsure, please give your best estimate.

1. Employed by you – RECORD NUMBER
 - a. Number of staff headcount
 - i. Don't know
 - b. Whole time equivalent (WTE)
 - i. Don't know
2. Employed by someone else – RECORD NUMBER
 - a. Number of staff headcount
 - i. Don't know
 - b. Whole time equivalent (WTE)
 - i. Don't know

Supervision

The next few questions are about the supervision of staff working at advanced clinical practice level.

ASK ALL

Q9 Is there a policy or a standard for supervision of staff employed within your practice working at an advanced clinical practice level?

1. Yes – across all specialties
2. Yes – across some specialities
3. No – no policy or standard for supervision within our practice
4. Don't know

IF CODED 1 OR 2 AT Q9

Q10 Does the policy or standard for supervision within your practice address either of the following areas?

1. Frequency of supervision

18-090780-01 Primary Care Questionnaire 5 – Version 14

2. Set proforma for supervision
3. Neither of these
4. Don't know

Governance

The next question is about any processes or governance structures you may have in place.

ASK ALL

Q10B Do you have a process or governance structure in place to support and monitor the impact of your advanced clinical practice level roles?

1. Yes
2. No
3. Don't know

Training

The next few questions are about the training your staff are involved in either locally (i.e. within your practice or CCG) or externally.

ASK ALL

Q11 Do any of your advanced clinical practice level staff receive training locally– e.g. within your practice or CCG?

MULTICODE

1. Yes, training alongside the medical team
2. Yes, profession specific training
3. Yes, speciality specific training
4. Yes, other training, please write in (SPECIFY)
5. No, none of these
6. Don't know

Q12 Do any of your advanced clinical practice level staff receive training externally – e.g. outside of your practice or CCG?

1. Yes, Full Masters (including PG cert and PG Dip)
2. Yes, specific modules
3. Yes, Royal College (credential)
4. Yes, credentialing other
5. Yes, other (please write in)
6. No, none of these
7. Don't know

ASK ALL

Q13 What collaboration, if any, does your practice currently have with your local training hub/CEPN/CPEN? E.g. through meetings, attending or providing training courses etc.

OPEN ENDED

1. Meetings
2. Training

18-090780-01 Primary Care Questionnaire 5 – Version 14

3. Open contact/access
4. Other
5. We do not have any collaboration with our local training hub
6. Don't know

ASK ALL

Q14 Are practice staff who are working at an advanced clinical level represented at your training hub/CPEN/CEPN meetings?

SINGLE CODE

1. Yes – fully
2. Yes – partly
3. No – hardly at all
4. No – not at all
5. Not applicable – we do not have any training hub meetings
6. Don't know

Alignment to HEE's Multi-professional framework for advanced clinical practice

Please think about the staff in your practice, who are working at an advanced clinical level, and how they may align to the multi-professional framework for advanced clinical practice.

ASK ALL

Q15 Which, if any, of the four pillars from the HEE multi-professional framework do you think you will need to provide training on in the near future (e.g. within the next six months) to ensure that your advanced clinical practice level staff comply with the HEE advanced clinical practice framework?

MULTICODE

1. Clinical practice
2. Leadership and Management
3. Education
4. Research
5. None - we will not need to provide any training on these pillars in the near future
6. Don't know

ASK ALL WHO SELECTED MORE THAN ONE CODE AT Q15 (CODES 1-4)

Q16 Which pillar, if any, is your practice's priority to ensure your staff align to the framework?

BRING FORWARD LIST FROM Q15

1. We do not have a priority

ASK ALL WHO SELECTED CODES 1-4 AT Q16

Q17 What plans if any do you have in place to address this training gap?

OPEN ENDED

1. We do not have any plans in place
2. Don't know

ASK ALL

18-090780-01 Primary Care Questionnaire 5 – Version 14

Q18 How many staff, if any, do you currently have in your practice who may be able to move towards an advanced clinical practice level role for each of these specialties? If you are unsure please provide your best estimate.

1. GP nursing – RECORD NUMBER
 - Don't know
2. Musculoskeletal Services (e.g. physio) – RECORD NUMBER
 - Don't know
3. Paramedic Services – RECORD NUMBER
 - Don't know
4. Other – please write in (SPECIFY) – RECORD NUMBER

ASK IF CODED 4 AT Q18

**Q18B You mentioned at the previous question, that you have other staff who may be able to move towards an advanced clinical practice role. For which specialities would this be for?
OPEN ENDED**

Q19 What, if any, are the main barriers preventing staff from working towards an advanced clinical practice role?

1. Support/supervision
2. Time
3. Funding
4. Course/training availability
5. Backfill
6. There are no barriers preventing staff from working towards an advanced clinical practice role
7. Don't know

Q20 What support, if any, does your practice need to help staff work towards advanced clinical practice roles?

1. Support/supervision
2. Time
3. Funding
4. Course/training availability
5. Backfill
6. We do not need any support to help staff work toward advanced clinical practice roles
7. Don't know

Q21 Who invited you to take part in this survey?

1. Peer/colleague
2. Manager/team lead
3. Professional lead
4. Organisational lead
5. Other
6. Don't know/can't remember

RECONTACT QUESTION

18-090780-01 Primary Care Questionnaire 5 – Version 14

Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research as part of this project within the next 12 months.

If you are willing to be contacted as part of this project we will need to collect some contact details. All details provided will be treated in the strictest confidence, held only for 12 months by HEE, and will only be used to invite you to take part in further research as part of this project.

Are you willing to provide your contact details to HEE so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
2. No