

**Category:** xxx

**Study type:** xxx

**Author's declarative title:** ACPs have a significant impact on patient outcomes and healthcare services

**Commentary on:** Mann et al (2023) Exploring the role of advanced clinical practitioners (ACPs) and their contribution to health services in England: A qualitative exploratory study *Nurse Education in Practice* 67 (2023) 1035-46

### ***Implications for practice and research***

- Workforce planning needs to move from '*what role is needed*' and focus should be on the *level of practice* required for service demand. Planners must appreciate the contributions and limitations of practice different ACPs bring.
- Research is needed particularly with the current review of advanced practice regulation by the NMC and to move beyond capturing the advancement of roles to exploring changes, in practice and education, and evaluating the improvements made.

### ***Context***

Advanced Practice (AP) is a phenomenon which in the last century may be traced back to the post second world war era. During the 1960s, countries such as the United States of America (USA) as well as Canada led the way with the UK following with seminal developments in the 1980s. The nursing profession has dominated, demonstrating many added benefits both for the profession as well as patients. However, recent policy and political developments in the UK have borne the expansion to other professional health workforces culminating in the 'Advanced Clinical Practitioner (ACP)'. Despite this progress, disparity exists between the four UK nations both in terms of policy, standards and in appreciating the mechanisms which support this level of practice.

### ***Methods***

This qualitative study<sup>1</sup> collected data from 63 participants online in semi-structured interviews throughout 2020. Participants all worked within England and included trainee practitioners (n=13), educators (n=21) and 9 qualified ACPs of various professions. Recruitment was via email to ACP networks and subsequent targeted recruitment to ensure a mix of professions. The interview data was thematically analysed to find meaningful patterns.

### ***Findings***

The research team presented the three broad themes; the ACP role, barriers and facilitators to the ACP role and contribution of these roles to health services. The findings highlighted a variance in reported levels of practice including understanding and acceptance for the role. Similarly, this appeared to add a challenge for those who educate ACPs, with a varied population as well as developing structures when there is not always parallels to draw between services and practitioners. The research established the contribution of individual ACPs to health services and the wider body of ACPs supporting change in the way care and the workforce engage. Educational pathways, supervision in practice and organizational support are key for ACP success during and once qualified and competent.

### ***Commentary***

AP for nurses, midwives and allied health professionals continues to develop and this research along with others;<sup>1, 2, 3, 4</sup>, reaffirms the rapid development. Yet, significant challenges remain and are not being adequately addressed both in education as well as by governance mechanisms across the health service and regulatory bodies<sup>1, 2, 3, 4</sup>.

In the UK, the pandemic and recent strike action by healthcare professionals has exposed services chronically struggling, confounded by recruitment and retention concerns. AP has proven to be an important feature to mitigate these factors, However, there remains a disconnect between understanding and meaningfully acting upon the experiences of those working at this level against the need to sustain, progress, or change services. Equally, there is an absence of the service users voice and their relationship with these developments, both at a local and national level.

Healthcare in the UK is a devolved matter and whilst progress in relation to educational standards for ACPs across all professions has been made by bodies such as NHS England (formerly Health Education England HEE), the other three devolved nations have adopted differing approaches. This could complicate attempts to pursue regulation. The Royal Colleges and regulatory bodies who are involved in supporting the professions must collaborate, examining the strengths and limitations which come with standardization and regulation, including the costs involved, both financial and non-financial.

The inclusion of both qualified and trainees from differing professional groups within the data set is important as ACP as a level of practice covers many registered professionals, not just nursing. HEIs and stakeholders must work together so that Masters pathways support the differing learning needs of the professions and services. Similarly, the competitive UK education sector needs to have the courage to do things differently. For example, accepting not every programme can facilitate every ACPs learning needs nor service needs. The specialist needs of some populations and services likely requires a shift to investing in specific UK hubs of AP education, ensuring programmes attract the right expertise to sustain long term delivery.

## References

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## Competing interests

Nil.