

10 September 2020

Advanced Practice update

Executive Summary

This paper provides a comprehensive update on plans, progress and findings to date since the last verbal on the Advanced Practice (AP) project at ETC's May meeting. This paper is also to highlight the project plans and indicative timescales, and to seek any comments or recommendations from ETC on the information provided.

Previous consideration	The Committee last received a paper on advanced practice at its May 2020 meeting
Decision	The Committee is asked to discuss the update.
Next steps	The Committee will receive a further report at its November 2020 meeting.
Strategic priority	The strategic priorities set in 2018 are no longer current. We are developing a new strategy that we aim to confirm at the end of 2020.
Risk	<p>Strategic risk 1-3:</p> <ul style="list-style-type: none">• failure to deliver effective regulatory functions;• failure to anticipate and respond to changes in the external environment; and• failure to be a trusted regulator and meet stakeholder expectations. <p>Risk appetite. The following sections are relevant to this paper:-</p> <ul style="list-style-type: none">• Public protection - The Council takes a minimal approach to public protection risks. Public protection is our aim and our strategy and processes are intended to provide this.• Compliance - The Council takes a minimal approach to compliance and regulatory risk. We will meet the law, regulations or standards in place to protect the public and employees and to protect data.• Communication - The Council is open to communicating and taking decisions, even when this may be unpopular, to further public protection.• Innovation - The Council seeks innovation that supports public protection, quality and efficiency. We balance

embracing new technology and ideas with impact and financial investment and assess projects accordingly.

Financial and
resource
implications

Costs of development work included in 2020-21 budget.

Author Charlotte Rogers, Policy Manager
charlotte.rogers@hcpc-uk.org

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Project purpose

As a reminder, the purpose of this project is to:

- understand the risk, if any, presented by the advancement of registrants' practice
- identify the implications, if any, for our regulatory functions
- determine and communicate the HCPC's policy position for advanced practice
- identify any legislative changes that could/should be sought as part of regulatory reform

Project Governance and expertise/advice

We have appointed HCPC employee subject matter experts across our regulatory functions (Policy and Standards, Communications, Fitness to Practise, Education, Registrations) as members of a standing internal project team. This project team is meeting monthly (started in May 2020) and will provide input, expertise and strategic oversight for the project. This project team's primary responsibility will be to identify and advise on risks, issues, options and any potential implications for our regulatory functions. They will also be responsible for identifying any legislative changes that could/should be sought as part of regulatory reform, and for inputting into the development and implementation of the stakeholder communication plan.

We have also appointed several HCPC Council/ETC members who expressed an interest in inputting into the project as it progresses, as members of a standing expert reference group. This group is meeting bi-monthly (started in June 2020) to receive frequent updates on the project plans and research findings as they progress, and so that we can draw on members' expertise on the project contents/seek advice throughout the duration of the project. In particular, it will be used as a mechanism to gain group members' experience and expertise on how advanced practice operates in their area/profession, and to gain soft intelligence on plans for AP in future. It will also be helpful to gain the expert reference group's views on which organisations and individuals to engage in each of the four countries of the UK, when and how (for our stakeholder engagement plan).

High-level project plan and indicative timescales

The project will roughly be undertaken in three phases throughout 2020 and into early 2021, although with some overlap or with certain work streams being run concurrently:

1. Phase 1: initial research, planning and scoping (May – July),
2. Phase 2: engagement/evidence gathering (including external research) and options development (July – January), and
3. Phase 3: options appraisal and decision/approval (January– April).

This project will last up until Council's decision on outcome of whether or not to introduce new regulatory measures for AP in approximately April 2021, but it will not include the development phase that will come after that (namely the standards development, annotation and education QA preparation or policy position statement development depending on the outcome decision).

The planned timescales for this project are very ambitious but arguably necessary in the context of the fast-changing external environment in which our registrants practise, and the need for regulation to meet that pace to be effective. However, while we aim to be ambitious in our progress, it is important to note that the plans and projected timescales for this project will need to remain relatively flexible in order to meet the needs of our registrants in the context in which they are practising (especially the professions/stakeholders that will be experiencing additional demands in response to Covid 19).

It will also be highly necessary to review our plans and respond to the findings based on the evidence we gather at each stage of the project. Taking an iterative/incremental and adaptive approach is advisable in the context of there being so many 'unknowns' at this early stage.

It was worth stressing that the nature of this project is highly complex and contentious, the scope is wide ranging (potentially covering up to all 15 of the HCPCs registrants professions and noting the variation within a single profession), and AP is rapidly evolving and potentially diverging further across professions, geographies and areas of practice. There is also little existing evidence, precedence or comparators to the content and aims of this project (both nationally and internationally and across other comparable professions) to provide a foundation or learning from which we could draw upon to save time/resources.

Buy-in and input from the registered professions, their professional bodies, trade unions and employers will be required throughout the project to enable effective evidence gathering (to gain an accurate/true picture of AP), and the ultimate outcome will also need to be supported by registrants otherwise any additional regulatory measures will have little, to no effect. Therefore, systematic, extensive, careful and considered research and engagement with many stakeholder groups, to create a solid, reliable evidence base will be required for Council to ultimately make an informed decision on how to proceed.

Key findings from initial desk-based research

The HCPC has undertaken some initial desk-based research to scope available literature on AP in relation to our registrants' professions, and to attempt to map evidence against the following areas to inform the next steps of the project:

- What AP is: definition(s), scope of practice, level of practitioner autonomy, complexity and any evidence of patient safety risk.
- Available profile/workforce data on AP in England, Wales, Scotland, Northern Ireland and projected growth.
- Differences and commonalities across multiple professions, across health and care settings, geographies (including across the four countries of the UK).
- Educational preparation/requirements.
- The number/locations of Higher Education Institutions (HEIs) that deliver or plan to deliver AP education programmes, their content and pre-requisites to enroll.

- Information about existing regulatory measures for AP and voluntary/professional body measures (accreditation/credentialing).
- Brief history/background to the regulation of AP debate.
- Potential additional regulatory measures/options.
- Potential advantages and disadvantages to additional regulation.
- Any international comparators for regulation of AP for Allied Health Professionals (AHP).
- Potential implications for the HCPC's regulatory functions (if any additional measures were introduced).
- Evidence of existing key stakeholder viewpoints with regards to potential additional regulatory measures and any evidence in support of/against their reasoning/rationale.

The desk-based research presented a number of challenges in finding systematic evidence in alignment with the areas above:

- Defining AP itself is not straight forward, (both nationally and internationally) as there is substantial variation in terminology/proliferation of job titles within and across HCPC's registrant's professional groups and ways of describing AP.
- The majority of literature/research relates to advanced nursing practice (ANP), not HCPC's registrants' professions' AP. Existing AHP literature is limited to a small number of the professions of our registrants, which are those professions in which AP is most established.
- Research that has been done tends to be disparate, difficult to access and/or is of questionable reliability/robustness. Most, if not all, of the literature is predominantly qualitative and discursive and not really focused on the same core questions we are exploring in this project (about the potential for additional regulation).
- While there is some limited literature on experiences of AP in a selected country of the UK, there is no robust comparative analysis across all four countries.
- The literature identifies issues with the lack of effective post-implementation evaluation of AP, in terms of patient safety outcomes.
- The literature is not as up to date as we might hope (as is the nature of any peer reviewed academic literature) and therefore there is a possibility that AP may have evolved in the last couple/few years, along with perceptions about it.

This lack of consistent/available evidence is likely to be related to the relative newness of AP, particularly for some of our registrants' professions (some do not seem to have adopted AP but are perhaps likely to in future). It is also likely to be a result of the (piecemeal) way in which AP in particular professions has emerged in response to service needs in different geographies, areas of practice and settings.

What we found from this desk-based research was that there are a number of areas where further research and analysis is necessary to satisfy the evidence requirements. Additional data is necessary to justify any additional regulatory measures and to provide the HCPC with assurance about the nature/level of risk to patient safety presented by AP. It will also be necessary to gather additional evidence to undertake further engagement with stakeholders on an informed basis (so that we can describe AP accurately), and ultimately for the HCPC Council to appraise the options and make a decision based on the evidence. This is why we have commissioned a research team from the University of Bradford to undertake extensive research and engagement. This will be to identify a range of facts, opinions and

experiences, from a range of stakeholders, across a range of settings, professions and geographies.

External research commission and extensive stakeholder engagement plans

The commissioned research is due to produce a final report on 27 October 2020, with an interim report to be provided on 22 September, and includes both qualitative and quantitative methodologies (the [survey of registrants](#) is currently live until 25 September 2020). It will also include thematic analysis of the data. We have commissioned the research to ascertain:

- a. What exists in terms of AP in each of the four countries of the UK: how and which settings and localities is it manifested? The identification of metrics that capture structures, role levels (eg entry level registrant, AP, consultant), Agenda for Change pay bands, educational level, job titles, roles that exist across the multiple professions (only HCPC registrants) and settings that use AP and evidence of projected growth is also required.
- b. The nature, scope of practice, level of risk, complexity and degree of autonomy of AP across the multiple professions/ work settings, and to what extent these differ from an AP's cognate profession.
- c. The extent to which AP differs or has commonality between and within the multiple professions.
- d. Perceptions of AP registrants, employers, educators, professional bodies and other key stakeholders (including those listed in paragraph 21) about:
 - i. AP in practice including the areas listed in b (currently and projections for the future), AP education, training, support/mentoring, supervision and continual professional development;
 - ii. associated patient safety risk (if any);
 - iii. existing regulation, governance, assurance and accountability mechanisms in place to protect against such risk; and
 - iv. the prospect of additional regulation, if favoured, views on what that should look like/how it should work in practice.
- e. What exists in terms of AP educational and training preparation in each of the four countries of the UK (including HEI masters and apprenticeships)? The identification of metrics that capture commonalities/differences across entry requirements, competencies, practical and theoretical components and assessments, etc is also required.

Key areas to be addressed in the research

The commissioned research will cover views of registrants:

- a. across the four countries;
- b. across different professions;
- c. at different bands/levels (including those undertaking AP and those who aren't, and those who have undertaken or are undertaking educational preparation for AP);
- d. within different modes of practice (private, primary care, community, etc) and
- e. with and without line management or clinical supervision responsibilities.

In addition, the views of other stakeholders including: Chief Allied Health Professions Officers, Chief Scientific Officers, employers, professional bodies, representative/trade union

bodies, other professions (who work with APs) and educators (national bodies and HEIs) across the four countries of the UK. It will be helpful to gauge the views of those that do not use AP in their services to understand any reasons/barriers.

Throughout the duration of the externally commissioned research, we will continue to respond to enquiries from our registrants in relation to advanced practice and seek their input into the research where possible. We will gain regular updates from the appointed research team and will revise plans as appropriate.

Depending on the outcome of the externally commissioned research, we intend to hold an all-encompassing stakeholder workshop or conference on AP towards the end of the project (late 2020/early 2021). If the evidence from the research indicates that the nature of the risk of registrants' advancing their practice is sufficiently mitigated by the current regulatory measures (regulation at the level of an AP's cognate profession and local employer governance and oversight) and additional regulation is not supported by key stakeholders, then it is unlikely that such a workshop/conference will be beneficial. However, if the outcome of the evidence indicates that additional regulation may be necessary, then the workshop/conference should be used to identify and explore the range of views (including advantages and disadvantages) on the options available for additional regulation. It would also be used as a mechanism to ensure that the options development is robust (including consideration for how the process should operate in practice) and so that any potential implications/unintended consequences are fully explored.

We will also undertake service user engagement in Autumn (as part of our wider service user engagement plans) to ensure that we capture their views on advanced practice.

Next steps

We will bring Council and the Education and Training Committee updates on progress of the project throughout 2020/early 2021 and will highlight any barriers/risks and seek input and approval for direction of travel.