

# Evidence Brief: Advanced Clinical Practice

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

**Please acknowledge this work in any resulting paper or presentation as:**

Evidence Brief: Advanced Clinical Practice. Katie Nicholas. (February 2021). UK: Health Education England Knowledge Management Team

## Key publications – the big picture

[Long Term Plan](#) January 2019, NHS

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

p. 90 “The mental health sector is already delivering innovative workforce solutions to meet the needs of patients. As well as an increase in the recruitment and retention in mental health medical training, new roles, such as physician associates, nursing associates, AHP associates and Advanced Clinical Practitioners are an important part of meeting current and future workforce demands. The evidence for these approaches is strong – introducing Peer Support Workers to acute settings has been shown to reduce readmissions.”

“4.38. We will expand multi-professional credentialing to enable clinicians to develop new capabilities formally recognised in specific areas of competence. This will allow clinicians to shift or expand their scope of practice to other areas more easily, creating a more adaptable workforce. With partners, we have already developed several credentials, for example the Royal College of Nursing’s Advanced Level Nurse Practitioner credentialing scheme and the Royal College of Emergency Medicine’s credentialing for Emergency Care Advanced Clinical Practitioners. We will accelerate development of credentials for mental health, cardiovascular disease, ageing population, preventing harm and cancer, with the intention of publishing standards in 2020.”

[What is advanced clinical practice?](#) HEE

Advanced clinical practitioners come from a range of professional backgrounds such as nursing, pharmacy,

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paramedics and occupational therapy. They are healthcare professionals educated to Master’s level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients.

The NHS Long-Term Plan highlights how advanced clinical practice is central to helping transform service delivery and better meet local health needs by providing enhanced capacity, capability, productivity and efficiency within multi-professional teams. Developing advanced clinical practice roles, as well as the level of practice just below and above ACP level should be considered a key component of contemporary workforce planning, as described in the NHS Long Term Plan.

- [ACP webinar introduction and practice](#)
- [Advanced clinical practice – looking across the system](#)
- [Developing advanced practice in clinical care: analysis of physical and online workshops](#)

[Advanced clinical practice education in England](#) November 2018, Council of Deans

On 14 September, the Council of Deans of Health (the Council) hosted a conference, with the support of Health Education England (HEE), to bring universities/higher education institutions (HEIs) in England together with HEE and other stakeholders to discuss the future of advanced clinical practice (ACP) education in England. Most delegates had institutional responsibility in universities for advanced practice programmes. This was followed by a smaller workshop on 11 October, which gave Council members – deans and heads of school – an opportunity to discuss the topics covered at the conference. This report is a product of those events and of the Council’s wider involvement in the development of advanced clinical practice in England. It includes recommendations for next steps. Advanced practice policy differs across the four nations. The Council, as a UK-wide

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organisation, is involved in advanced practice policy across the UK but this report relates only to ACP education in England.

[Advanced Level Nursing Practice: Introduction](#) 2018, Royal College of Nursing

With an ever increasing demand for health care and financially constrained budgets it has never been more important to have the right staff who are educated and competent, delivering the best care possible at the right time for patients. Leadership and innovation are the key to developing and delivering the right services and care and improving health and wellbeing outcomes for people. Registered nurses are increasingly extending and expanding their scope of practice beyond initial registration in all health care settings developing their skills, competence and confidence. These updated RCN competencies recognise the changing landscape of advanced level practice in nursing and other allied health professions and uses the term advanced level nursing practice to acknowledge this. It is relevant to any nurse working at this level of practice. The educational level required for this level of practice is discussed in section 3.

[Advanced critical care practitioner infographic](#) October 2018, NHS Employers

This infographic explores the role of the advanced clinical care practitioner (ACCP). This relatively new role offers employers an opportunity to upskill nursing and physiotherapy staff to become highly-trained clinicians within critical care teams. ACCPs can bridge occupational boundaries and ensure a focus on holistic patient-centred care and can often improve communications between medical and nursing staff.

## Case Studies

Several [case studies are available on HEE's Advanced Clinical Practice](#) page.

[Advanced clinical practitioners: University Hospitals of Derby and Burton NHS Foundation Trust](#) 2019, NHS Improvement

A case study describing action by University Hospitals of Derby and Burton NHS Foundation Trust to overcome workforce issues. How University Hospitals of Derby and Burton NHS Foundation Trust recognised and developed a multidisciplinary team to work at more advanced levels, leading to a reduction in reliance on the locum workforce.

[Case studies – reshaping the workforce to deliver the care patients need](#) May 2016, Nuffield Trust in association with NHS Employers

See case study 5 on p. 28 – “Sheffield Teaching Hospitals NHS Foundation Trust: advanced clinical practitioners”

## HEE Star

More resources and tools are available in the **Up-skilling** section of the [HEE Star](#) or by searching “**Advanced Clinical Practice**”

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### Statistics

You can find statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Workforce**” filter

### HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

### Published Peer Reviewed Research

#### Barriers and Facilitators

[An exploration of the role of advanced clinical practitioners in the East of England](#) August 2020, British Journal of Nursing  
Medical staff shortages in the UK have provided impetus for the introduction of advanced clinical practitioners (ACPs). This case study explored the views of 22 ACPs, managers and doctors in primary and acute settings in a region of England, to understand how the role is used, and barriers and facilitators to its success. ACP roles improved the quality of service provision, provided clinical career development and enhanced job satisfaction for staff and required autonomous clinical decision-making, with a high degree of self-awareness and individual accountability. Barriers included disparate pay-scales and funding, difficulty accessing continuing education and research, and lack of agreed role definition and title, due to a lack of standardised regulation

and governance, and organisational barriers, including limited access to referral systems. Facilitators were supportive colleagues and opportunities for peer networking. Regulation of ACP roles is urgently needed, along with evaluation of the cost-effectiveness and patient experience of such roles.

#### Primary care

[Advanced Clinical Practitioners in Primary Care in the UK: a qualitative study of workforce transformation](#) June 2020, International Journal of Environmental Research and Public Health

Abstract: Escalating costs and changing population demographics are putting pressure on primary care systems to meet ever more complex healthcare needs. Non-medical ‘advanced clinical practitioner’ (ACP) roles are increasingly being introduced to support service transformation. This paper reports the findings of a qualitative evaluation of nursing ACP roles across General Practices in one region of the UK. Data collection involved telephone interviews with 26 participants from 3 different stakeholder groups based in 9 practice sites: ACPs (n=9), general practitioners (n=8) and practice managers (n=9). The data was analysed thematically. The study found a high degree of acceptance of the ACP role and affirmation of the important contribution of ACPs to patient care. However, significant variations in ACP education, skills and experience led to a bespoke approach to their deployment, impeding system-wide innovation and creating challenges for recruitment and ongoing professional development. In addition, a context of high workforce pressures and high service demand were causing stress and there was a need for greater mentorship and workplace support. System wide changes to ACP education and support are required to enable ACPs to realise their full potential in primary care in the UK.

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[Scoping the application of primary care advanced clinical practice roles in England](#) May 2020, International Journal of Health Governance

**Purpose:** This study aims to scope the profile and application of an advanced clinical practitioner (ACP) roles in primary care in the North of England and how these roles meet the requirements of Health Education England's (HEE's) ACP workforce capability framework. **Design/methodology/approach:** A two-stage design was used. Stage 1 analysed health and social care workforce intelligence reports to inform scoping of numbers of ACPs working in primary care. Stage 2 used two surveys. Survey 1 targeted ACP leads and collected strategic-level data about ACP application. Survey 2 targeted staff who perceived themselves to be working as ACPs. Survey 2 was in three parts. Part 1 collected demographic data. Part 2 required participants to record their perceived competence against each of the HEE ACP framework capability criteria. Part 3 required respondents to identify facilitators and barriers to ACP practice. **Finding(s):** Despite the introduction of HEE's ACP capability framework, there is inconsistency and confusion about the ACP role. The results indicated a need for standardisation of role definition and educational and practice requirements. The results also suggested that some ACPs are not working to their full potential, while some staff who are employed as "gap-fillers" to provide routine clinical services perceive themselves as ACPs despite not working at the ACP level. **Originality/value:** Although previous research has explored the application of ACP practice in primary care, few studies have considered ACP application in the light of the introduction of workforce capability frameworks aimed at standardising ACP practice.

[Advanced Nurse Practitioners impact across Primary Care](#) October 2018, International Journal of Integrated Care

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**Primary Care in an Integrated System:** NHS Lanarkshire has recognised the need to redesign general practice to ensure its services meet the health needs of the people of Lanarkshire now and in the future. Our innovative Primary Care and Mental Health Transformation Programme PCMHTP is a major improvement programme that aims to improve patient access to general medical practice in Lanarkshire. The Lanarkshire approach to transforming primary care got underway 18 months ago and is reflected in the recent proposal for the new Scotland-only GP contract. General Practice and Community Redesign work stream of this programme is exploring how an advanced practice, multi-disciplinary team MDT approach improves access for patients to health services in the community, maximising the contribution of all health and social care professionals in delivering the 'right person, first time' outcome for patients. This work includes a team of nine trainee Advanced Nurse Practitioners ANPs recruited by NHS Lanarkshire to support primary care. ANPs are highly experienced nurses who are working towards completing a competency framework that will support and evidence their learning in Advanced Nursing Practice. The trainee ANPs are currently enhancing their clinical skill set, and are supported in developing their clinical skills by General Practitioners GPs, whilst undertaking Masters level study in Advanced Clinical Practice. The aim of the project is to develop the team in order to test and evidence how they can support MDTs as a resource for supporting complex care delivery, releasing time for GPs to focus on care delivery as the lead clinicians in primary care. The project is utilising quality improvement methodology in testing and developing the approach and has a comprehensive set of evidence data. ANPs are currently being supported within out-of-hours primary care centres and general, testing how they can best support an MDT approach to patient care in community hospitals and care homes. ANPs will be able to assess life-span as generic

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practitioners with advanced clinical assessment skills, and prescribing qualification. Following further development they will have full access to diagnostics to enable them to manage the full clinical care of the individual requiring assessment of health needs. The development of ANPs in primary care in Lanarkshire is demonstrating the considerable impact they can make as part of a multi-disciplinary team, and supported by the Scottish Government's commitment to invest in training an additional 500 ANP's by 2021. The ANPs are developing in key areas of practice through leadership, facilitating change and improvement in patient experience creating better easier access to GP's. Through the ANPs leading on research within their areas, they are building up an evidence base that provides confirmation of improved patient experience and quality person-centred care across all age groups. Whilst learning and developing as a new service within NHS Lanarkshire, the team members have a clear governance structure that supports their clinical practice and identifies limitations of practice. The team are developing as a sought-after resource to support person centred care delivery in general practice as autonomous practitioners in the near future.

[Quality of primary care by advanced practice nurses: a systematic review](#) 2015, International Journal for Quality in Health Care

**PURPOSE:** To conduct a systematic review of randomized controlled trials (RCTs) of the safety and effectiveness of primary care provided by advanced practice nurses (APNs) and evaluate the potential of their deployment to help alleviate primary care shortages. **DATA SOURCES:** PubMed, Medline and the Cumulative Index to Nursing and Allied Health Literature. **STUDY SELECTION:** RCTs and their follow-up reports that compared outcomes of care provided to adults by APNs and physicians in equivalent primary care provider roles were selected for

inclusion. **DATA EXTRACTION:** Ten articles (seven RCTs, plus two economic evaluations and one 2-year follow-up study of included RCTs) met inclusion criteria. Data were extracted regarding study design, setting and outcomes across four common categories. **RESULTS OF DATA SYNTHESIS:** The seven RCTs include data for 10 911 patients who presented for ongoing primary care (four RCTs) or same-day consultations for acute conditions (three RCTs) in the primary care setting. Study follow-up ranged from 1 day to 2 years. APN groups demonstrated equal or better outcomes than physician groups for physiologic measures, patient satisfaction and cost. APNs generally had longer consultations compared with physicians; however, two studies reported that APN patients required fewer consultations over time. **CONCLUSION:** There were few differences in primary care provided by APNs and physicians; for some measures APN care was superior. While studies are needed to assess longer term outcomes, these data suggest that the APN workforce is well-positioned to provide safe and effective primary care.

## Acute and Emergency care

[Productivity of Advanced Clinical Practitioners in Emergency Medicine: A 1-year dual-centre retrospective analysis](#) July 2020, International Emergency Nursing *Abstract only*\*

**BACKGROUND** The ACP role is relatively new in Emergency Medicine (EM) nationally (RCEM, 2017). This work sought to establish the productivity of EM ACPs within our service, to enable evidence-based workforce planning and national benchmarking of this aspect of the role. **METHODOLOGY** Data from 1st January 2018-31st December 2018 was retrospectively collected from two hospitals in the United Kingdom (UK) via electronic patient records. In addition to the number of patients seen by ACPs (attending), the number of patients who were

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seen by an ACP as a senior review (SR) was collected. The productivity was mapped to ACP experience, with patient acuity and disposal reported. RESULTS In the study period 239,951 patients were seen in the Emergency Departments (EDs) of the two study hospitals. Overall 20,442 (8.5%) patients received care from an ACP. Mean productivity was 1.03 patients per hour (attending) and 1.53 patients per hour (attending and senior review).DISCUSSIONEM ACPs form part of the RCEM future workforce strategy to overcome some of the contemporary challenges in EM (Hassan, 2018). To our knowledge, this is the first study which has examined and reported the productivity of ACPs in UK EM. CONCLUSION This paper sets a national benchmark for other EDs by reporting ACP productivity and contributes to the evidence by reporting productivity in other clinician groups. The data presented may be helpful in future national workforce planning for UK EDs.

[Advanced clinical practitioners in emergency care: past, present and future](#) September 2018, British Journal of Hospital Medicine

Developing a consistent and skilled workforce is critical to the sustainability of any clinical service. Nurses and paramedics have formed part of the emergency care workforce for many years and the extended role of these staff groups has supported patient care as the demand has risen and outstripped the capacity of the medical staff. In many hospitals and health-care systems, these extended roles have developed in response to local demand and case mix, resulting in inconsistent role descriptions and lack of transportable qualifications. Even for established roles such as emergency nurse practitioners, there is no UK-wide defined scope of practice or curriculum to support the role. In 2014 a joint working group of the Royal College of Emergency Medicine and Health Education England agreed a programme of work to support a sustainable emergency care

workforce. One stream of that work focused on developing non-medical roles within emergency care and in particular the role of the advanced clinical practitioner in emergency medicine. Advanced practice has developed in the UK in many specialties and the new advanced practice framework from Health Education England (2017) allows a cross-discipline understanding of the principles and key aspects of advanced practice. However, this framework is naturally generic and does not focus on what a practitioner is capable of within a specific clinical area, but more on the core capabilities. This article outlines the development of a UK-wide curriculum and credentialing process for emergency care advanced clinical practitioners and reports on progress to date.

## Mental Health

[The nurse consultant in mental health services: A national, mixed methods study of an advanced practice role](#) June 2019, Journal of Psychiatric and Mental Health Nursing

WHAT IS KNOWN ON THE SUBJECT?: Internationally, systematic reviews have identified evidence of equal or improved clinical outcomes comparing advanced practitioner treatment with medical treatment as usual, across a range of specialities. Studies of nurse consultants in the United Kingdom have largely been non-empirical. Most studies specifically related to nurse consultant roles in mental health services are case studies or reports of views on this role. WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?: The study demonstrates that nurse consultant numbers vary over time and by clinical specialty. This is influenced by the value invested in the role by local nursing leadership and by national policy change. A lack of role clarity affects the uptake and sustainability of advanced practice roles internationally and is also an issue for the nurse consultant role



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in England's mental health services. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: Successfully introducing advanced practice nursing roles in mental health services requires role clarity and support from local nurse directors. The continued absence of robust evidence as to the clinical/cost-effectiveness of nurse consultant roles in mental health settings places an onus on individual posts to generate data to justify the role at a time of financial constraint. Detailed post holder characteristics reported in this paper provide a basis for future comparison with other advanced practice roles in mental health services and other specialties nationally and internationally.

**Abstract Introduction** The nurse consultant is an advanced practice role providing expert clinical practice, consultancy and professional leadership. To date, few studies have examined this role within mental health services and none have described the professional characteristics of post holders.

**Aims** The main aims of the study were to identify changes in nurse consultant numbers in mental health services, identify post holder characteristics and factors influencing number of posts.

**Method** We used a triangulated mixed methods approach comprised of a longitudinal examination of national workforce data, a national cross-sectional survey of post holder characteristics and semi-structured interviews with directors of nursing.

**Results** Of 58 mental health organizations, 51 (88%) responded, identifying 123 nurse consultant posts, and a range of 0-12 posts per organization. One in 229 mental health nurses and 1 in 186 learning disability nurses were nurse consultant. An average of 40% of nurse consultants' work time was reported as being in clinical practice. Themes identified as important in relation to role sustainability were cost and value, contribution of individual post holders, role clarity and domains of work.

**Discussion** Nurse consultants are represented to a greater extent in the mental health service workforce than in nursing generally, but their roles often lack clarity. Attitudes of local professional leaders and

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national policies are likely to affect post numbers. Implications for practice Developing and sustaining nurse consultant roles requires role clarity and active support from nurse leaders. Roles need to demonstrate their value to the clinical systems in which they work.

## Pharmacy

[The advanced clinical practice pharmacy role and its implementation to practice in England](#) 2020, Pharmacy Education

**Objectives:** Advanced clinical practice (ACP) (pharmacy) aims to address workforce challenges within the rapidly changing, complex National Health Service (NHS) landscape in England. This review explores the current role, scope of practice and impact of ACP, with a focus on pharmacists.

**Method(s):** An integrative review across three databases from April 2019 to June 2019. Key criterion for inclusion was ACP and pharmacist in England.

**Key Findings:** Thirteen articles were used. Four key themes identified: ACP scope of practice and benefits; facilitators, challenges and barriers to ACP role implementation; role implementation and sustainability; and the patient's perspective. Most studies found it difficult to formally evaluate the impact of ACP. Positive anecdotal feedback was often reported.

**Conclusion(s):** To further develop and sustain ACP, it is essential for future work to focus on evaluating impact of the role.

[A global survey on trends in advanced practice and specialisation in the pharmacy workforce](#) April 2020, The International Journal of Pharmacy Practice *Abstract only*\*

**OBJECTIVES** Despite the increasingly complex care and demanding health challenges shaping pharmacy, little work has been carried out to understand the global status of advanced and/or specialised pharmacy practice scopes and the models in

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which they exist. This study aims to describe the current global status of initiatives relating to advancement of pharmacy practice. METHODS A global survey was conducted between January and May 2015 to collect country-level data from member organisations of the International Pharmaceutical Federation (FIP), and national-level contacts from regulatory, professional and government agencies or universities; data requests were sent to 109 countries. The collected data were triangulated (comparing multiple sources from single countries, e.g.), cleaned and analysed by descriptive and comparative statistics. KEY FINDINGS Full data sets from 48 countries and territories were obtained. The findings demonstrate varying systems of advanced pharmacy practice and specialisation often linked to income level. The study found that there are variations within terminology and definitions, frameworks for specialisation and advanced practice, professional recognition mechanisms and benefits across countries. CONCLUSION This survey of 48 countries and territories was the first of its kind to describe the range of specialisation and professional recognition systems for advanced pharmacy practice worldwide. Despite the variance, it is clear from this global study that professional advancement and the recognition of advancement in practice are developing around the world and this could be due to the increasingly complex nature of pharmaceutical care delivery and a consequent need to be able to endorse professional capabilities.

[Essential Elements for Core Required Advanced Pharmacy Practice Experiences](#) May 2019, American Journal of Pharmaceutical Education

Since 2004, concerns and calls for greater quality assurance in experiential education have been published. The Accreditation Council for Pharmacy Education (ACPE) "Standards 2016" provide limited differentiation across the four required practice experiences, and, as such, schools interpret them differently.

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Both schools and accreditation site visit teams would benefit from a common set of guidance for the required Advanced Pharmacy Practice Experiences (APPEs), so that they can ensure consistency and quality in student experiences across practice sites. To address this need for greater standardization, a taskforce of the American Association of Colleges of Pharmacy (AACCP) Experiential Education (EE) Section conducted a peer-reviewed, consensus-building process, including experiential faculty and staff across multiple colleges and schools of pharmacy, to determine a common set of elements that could be used to bring consistency to the experiences and expectations for student learning in practice. Over a two year period, the taskforce reviewed the relevant literature and then drafted and revised the elements through an iterative process which allowed for established EE consortia and members of the EE section to review the draft and provide input for revision. The resulting essential elements presented here can be used to guide faculty and staff within experiential education programs in their quality assurance processes in ensuring students receive consistent experience as part of their education prior to graduation.

## Allied Health Professions

[The role and development of advanced clinical practice within allied health professions: a mixed method study](#) 2020, Journal of Multidisciplinary Healthcare

Objective: To investigate the profiles of advanced clinical practitioners (ACPs) in the allied health professions (AHPs) and their skills, attributes, experiences and involvement in new models of care. Methods: A 2 phase, cross sectional, mixed method survey of AHP ACPs across London was conducted in 2018–2019. Online questionnaires were completed by 127 AHP ACPs and then semi-structured interviews were conducted with 15 AHP ACPs. Results: The survey results gave a

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comprehensive overview of the attributes of AHPs in ACP roles across London. There was considerable variability between role titles, types and levels of qualification, and evolution of the roles. The respondents predominately worked in clinical practice, and less frequently in other ACP domains (research, leadership and management, education). The interview findings provided in-depth insights into the AHP ACP roles within four themes: being advanced, career pathways, outcomes of the advanced practitioner role and influencing and transforming. The “Being advanced” theme highlighted that expert practice comprised confident and autonomous practice, leadership, and applying specialist and expert decision-making skills. “Career pathways” highlighted the diversity within the participants’ roles, titles, career opportunities and development. In the “Outcomes of the advanced clinical practitioner role” theme, the ACPs described their services as prompter, more accessible and providing an improved patient journey. The “Influencing and transforming” theme highlighted networking and dissemination and ideas for innovation, influencing and transforming services. Conclusion: This is the first comprehensive profile of ACP roles across AHPs and indicates that these roles are already having a positive impact on healthcare services and supporting new models of care. However, establishing the necessary infrastructure, standardization and governance for ACP roles across sectors, along with the career pathways, funding, sustainability and education, could increase impact in the future.

[What are the clinical practice experiences of specialist and advanced paramedics working in emergency department roles? A qualitative study](#) December 2019, British Paramedic Journal

Aim Little is known about paramedics who have left the ambulance service to work in emergency departments (EDs). This study sought to explore the lived experiences of paramedics working in specialist/advanced ED roles, focusing on role

transition, influences on effective clinical practice and perceptions of role optimisation. A secondary aim of the study was to make recommendations on the future development of specialist/advanced ED roles for paramedics. Methods This was a qualitative study utilising descriptive phenomenology to collect and describe the lived experiences of participants via semi-structured interviews. The final sample comprised three emergency care practitioners (ECPs), three student ECPs and two advanced clinical practitioners (ACPs), all Health and Care Professions Council registered paramedics. Interview data were transcribed verbatim and analysed using inductive thematic analysis. Results Transition to the ED involves significant adjustment to a new clinical environment, responsibilities and decision making. Pre-hospital physical assessment and history taking skills, and experience of autonomous working are pertinent enablers to effective practice within the ED. Difficulties in accessing medication in the ED emerged as a significant barrier to daily practice that could affect the patient experience and influence perceptions of sub-optimal working. Misconceptions by ED staff regarding paramedic competencies could lead to role confusion and make inter-professional working difficult. Opportunities exist for future role expansion into areas such as resus, majors and paediatrics within the ED environment. Conclusions While role transition to the ED represents a turbulent period for paramedics, elements of pre-hospital paramedic practice transfer directly into ED roles and contribute to effective practice. Participants found that they were accepted and supported to work in the ED setting and spoke positively of future role expansion. A lack of access to medicines presents a significant barrier to current clinical practice and a disparity in practice between paramedics and their nursing counterparts. The change in legislation to allow independent prescribing for advanced paramedics will address some of these issues, but interim improvements are required to extend existing

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arrangements to paramedics, improving the quality and safety of care they provide and ultimately the patient experience.

[What influences the effective practice and role optimisation of specialist/advanced paramedics working in emergency departments? A qualitative study](#) June 2019, British Paramedic Journal

**Aims** Little is known about the experiences of paramedics who have left the ambulance service to work in emergency departments (ED). This study sought to explore the lived experiences of paramedics working in specialist/advanced ED roles, focusing on role transition, influences on effective clinical practice and perceptions of role optimisation. A secondary aim of the study was to make recommendations on the future development of specialist/advanced ED roles for paramedics.

**Methods** This was a qualitative study utilising descriptive phenomenology to collect and describe the lived experiences of participants via semi-structured interviews. Purposive and convenience sampling identified three emergency care practitioners (ECP), three student ECPs and two advanced clinical practitioners working across five EDs to participate in the study; all were Health and Care Professions Council (HCPC) registered paramedics. Interview data were transcribed verbatim and analysed using inductive thematic analysis.

**Results** This research produced a number of key findings: Transition to the ED involves significant adjustment to a new clinical environment, and new responsibilities and decision making, which can lead to a perception of regression to a novice practitioner. Pre-hospital assessment and history taking skills, and experience of autonomous working are pertinent enablers to effective practice within the ED. Support and mentorship from ED colleagues is available to enhance practice development. A limited access to medicines emerged as a significant barrier to daily practice,

which could affect the patient experience. This also contributed to perceptions of sub-optimal working for many participants. Misconceptions over paramedic competencies could lead to role confusion and make inter-professional working difficult. Opportunities exist for future role expansion into areas such as resuscitation, majors and paediatrics within the ED environment.

**Conclusion** While role transition to the ED represents a turbulent period for paramedics, elements of pre-hospital paramedic practice transfer directly into new roles and contribute to effective practice. The paramedics in this study found that they were accepted and supported to work in the ED setting and spoke positively of expanding their roles into other areas of the ED in the future. A significant barrier to current clinical practice emerges from a lack of access to medicines, which impacts directly on the patient experience. The change in legislation to allow independent prescribing for advanced paramedics will address some of these issues, but interim improvements are required to extend existing arrangements to include paramedics; ultimately this will improve the quality and safety of care they are able to provide and the patient experience.

## Radiography

[An analysis of advanced and specialist posts in diagnostic radiography: Do job descriptions describe advanced practice?](#) October 2020, Radiography *Abstract only*\*

**INTRODUCTION** Underpinned by a multi professional advanced clinical practice (ACP) framework, role consistency in practice level and education has been advocated across allied health professions. However little research has evaluated ACP expectations in radiography. This study identified the capability requirements of advanced and specialist diagnostic radiographers and mapped these to home country advanced

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practice frameworks and the Society and College of Radiographers (SCoR) Education and Career Framework. METHODSA consecutive sample of UK job advertisements was collected over six months and analysed for role focus, professional and clinical responsibilities, reporting or procedural expectations and knowledge and experience. Qualitative content analysis was used to scrutinise capabilities during role mapping. RESULTS A total of 42 job descriptions were analysed across UK Trusts and Health Boards, with 31 roles (73.8%) containing the terms advanced or specialist. Half of the advertised roles expected proficiency in reporting (n = 21; 50%). Responsibilities mapped to the practice outcomes of the SCoR framework in 31 roles (n = 31/42; 73.8%). The English documents (n = 40/42; 95.2%) evaluated against the multi professional framework identified significantly ( $\chi^2 = 14.6$ ;  $p < 0.01$ ) fewer capabilities (n = 13/40; 32.5%). Clinical practice was reflected broadly in textual behavioural descriptors however, leadership, education and research responsibilities were internal and operational in nature. CONCLUSION This analysis of diagnostic radiographer job descriptions has demonstrated that many posts advertised as 'advanced' differ from advanced practice roles defined by the multi professional ACP framework, although they meet professional body standards. IMPLICATIONS FOR PRACTICE Utilisation of diagnostic radiographers as 'true' advanced clinical practitioners remains intermittent. Greater consistency in job descriptions is required to strengthen radiography advanced practice and support radiographer development.

## Role transition

[Overcoming the challenges of role transition for trainee advanced clinical practitioners](#) June 2020, Gastrointestinal Nursing

Advanced clinical practitioners (ACPs) are being recruited in England to improve care continuity and safety, meet complex needs and ease workforce pressures. These roles are open to experienced, registered health professionals from a variety of backgrounds. This significant career change typically involves a transitional training programme. This article explores the challenges presented by this transition and how they can be overcome. Attaining the postgraduate qualification can be daunting for those who have been outside academic education, especially the initial degree module. The generalist ACP role can be confused with that of clinical nurse specialist, and an ambiguous role identity can cause problems for management, expectations and morale. Trainee ACPs gain wide experience from ward rotations, although they can specialise in some areas. Thus, trainees experience de-skilling as they go from being an expert in one role to a novice in another, as well as potentially developing imposter syndrome. Trainees may be anxious about being expected to fulfil the competencies of a qualified ACP, and their trainee status should be evident in their uniform. Those entering advanced practice can face interpersonal hostility and institutional resistance. Any bullying should be addressed directly, and potential misconceptions should be clarified. There is no overarching national regulatory body for ACPs, and relevant guidelines can diverge. While a clinical supervision assesses a trainee's performance, a separate mentor should support their learning and develop their competence and confidence, especially in the first year. Mentorships should be defined and structured. Trainees can be supported by experienced qualified ACPs. Flexible individual induction plans,

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with information spaced throughout the year, can help overcome these challenges, and these should make the most of the trainee's achievements in their previous role.

### [How does role transition affect the experience of trainee Advanced Clinical Practitioners: Qualitative evidence synthesis](#)

February 2018, Journal of Advanced Nursing *Abstract only\**

**BACKGROUND** Advanced Clinical Practitioners have been developed to address current and future gaps in the medical workforce. Insight into problems associated with Advanced Clinical Practitioner transition may help present and future trainees adapt to their changing and demanding health environment. **AIMS** To identify potential problems experienced by trainee Advanced Clinical Practitioners during transition and what the implications might be for workforce planning. **DESIGN** A qualitative evidence synthesis to examine the issue of role transition for Advanced Clinical Practitioners. **DATA SOURCES** The electronic databases accessed (1997-2016) were MEDLINE, EMBASE, CINAHL, BNI, AMED and PubMed and also included Researchgate, thesis publications, hand searching and NHS staffing reports. **REVIEW METHODS** Eleven studies were identified between 1997 - 2016. Thematic synthesis was undertaken, creating codes, descriptive and analytical themes. Quality appraisal of individual studies was conducted using the tool of Walsh and Downe. **FINDINGS** Six analytical themes were identified that addressed the key issues of transition discussed in the 11 articles and which were directly related to the proposed research project: experience of change, orientation to role, mentorship, clinical skills, clinical supervision and Masters' level education. **CONCLUSIONS** Findings from all 11 articles were similar. Where these six themes were ignored, there was often either a failure to reach expected goals or resignation from the role. Future employers must ensure that they establish a

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comprehensive orientation and education programme to be certain that qualified Advanced Clinical Practitioners are suitably prepared for their role in health care.

## Staff views, perceptions, and experiences

### [Workforce experience of the implementation of an advanced clinical practice framework in England: a mixed methods evaluation](#)

December 2020, Human Resources for Health

**BACKGROUND** This study aims to understand how the implementation of the advanced clinical practice framework in England (2017) was experienced by the workforce to check assumptions for a national workforce modelling project. The advanced clinical practice framework was introduced in England in 2017 by Health Education England to clarify the role of advanced practice in the National Health Service. **METHODS** As part of a large-scale workforce modelling project, a self-completed questionnaire was distributed via the Association of Advanced Practice Educators UK aimed at those studying to be an Advanced Clinical Practitioner or who are practicing at this level in order to check assumptions. Semi-structured phone interviews were carried out with this same group. Questionnaires were summarised using descriptive statistics in Excel for categorical responses and interviews and survey free-text were analysed using thematic analysis in NVivo 10. **RESULTS** The questionnaire received over 500 respondents (ten times that expected) and 15 interviews were carried out. Advanced clinical practice was considered by many respondents the only viable clinical career progression. Respondents felt that employers were not clear about what practicing at this level involved or its future direction. 54% (287) thought that 'ACP' was the right job title for them. 19% (98) of respondents wanted their origin registered profession to be included in their title. Balancing advanced clinical practice education concurrently with a full-time

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role was challenging, participants underestimated the workload and expectations of employer's training. There is an apparent dichotomy that has developed from the implementation of the 2017 framework: that of advanced clinical practice as an advanced level of practice within a profession, and that of Advanced Clinical Practitioner as a new generic role in the medical model. CONCLUSIONS Efforts to establish further clarity and structure around advanced clinical practice are needed for both the individuals practising at this level and their employers. A robust evaluation of the introduction of this role should take place.

[An evaluation of the role of the advanced nurse practitioner on an elective orthopaedic ward from the perspective of the multidisciplinary team](#) October 2020, International Journal of Orthopaedic and Trauma Nursing *Abstract only*\*

Aim: To evaluate the role of the advanced nurse practitioner on an elective orthopaedic ward from the perspective of the multidisciplinary team. Background: The development of advanced practice roles worldwide has been influenced by an ageing population with complex needs. There is evidence that these roles can have a positive impact in hospital settings, but little is known about the role of the ANP in an elective orthopaedic ward. Design: A qualitative evaluation study (n = 10). Methods: A purposive sample of 4 junior doctors and 6 nurses working on an elective orthopaedic ward was recruited. Participants were interviewed individually using semi-structured interviews. Findings: There were three overarching themes found from the analysis: 1) role identity, 2) a valued member of the team, and value-added care. The ANPs were identified as being part of the medical team, while their nursing background was valued. They provided continuity and clinical expertise to the ward team. They were perceived as being supportive and as working closely with the ward team. Conclusions: The ANPs

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were perceived to deliver effective, person-centred care. The evaluation adds to the recognition that the ANP has a unique identity. The study adds to the limited literature on ANPs working on elective orthopaedic wards.

[Experiences of advanced clinical practitioners in training and their supervisors in primary care using a hub and spoke model](#)

August 2020, Practice Nursing *Abstract only*\*

Advanced clinical practitioners are in demand in primary care. This study looked at the experiences of participants in a hub and spoke training model using a qualitative approach Background: Advanced clinical practitioners (ACPs) have been fundamental in ensuring the provision of expert care, resulting in an increase in demand in primary care. This demand has incentivised innovation in approaches to education, to maximise the benefits of training with limited resources and harnessing the expertise in the workforce. Aim: To develop a method of educating and supervising advanced clinical practitioners in training (ACPITs) in primary care settings situated in a novel hub and spoke environment. Methods: A qualitative approach with close methodological links to the philosophical work of Heidegger was used to capture the nature of existence and reality in the hub and spoke environment. Results: Three main themes emerged from the study: support; supervision; and vision. Conclusion: The hub and spoke format of training is a useful alternative to traditional methods in developing practitioners who work in a bespoke yet broad practice environment, such as primary care.

## Upskilling and workforce development

[Evidence-informed policymaking: Modelling nurses' career pathway from registered nurse to advanced practice nurse](#)

February 2020, International Journal of Nursing Practice *Abstract only*\*

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**AIM** To formulate, validate, and disseminate policy, modelling nurses' career pathway from registered to advanced practice nurse. **METHOD** The evidence-informed policy and practice pathway framework was utilized. Multiple methods were used, including scoping review of literature, consultation of key informants, survey study, and expert group round-table discussions during 5-year project between 2013 and 2018. **RESULT** Through (a) sourcing, (b) using, and (c) implementing the evidence, the expert group worked systematically to formulate a policy on a career pathway from registered to advanced practice nurse. The formulated career pathway includes three competence levels: registered nurse, specialized nurse, and advanced practice nurse, which includes the roles of nurse practitioner and clinical nurse specialist. In addition, validation and dissemination of the policy, as well as its effective implementation and the process of integrating it into practice, were examined. **CONCLUSION** Evidence-informed policymaking is an effective, interactive way to work collaboratively in achieving consensus and translating knowledge into practice. The formulated policy will contribute to the increased awareness, acknowledgement, and implementation of the registered nurses' traditional and new roles within health care environments. Implementing and integrating the policy in national health care policy, legislation, education, and organizations across the country is a work in progress.

[Establishing an advanced care academy and its role in advanced practitioner development](#) October 2019, Nursing Management *Abstract only\**

Advanced clinical practice (ACP) roles evolved to fill gaps in healthcare provision and improve consistency in standards of care. Historically, variance in service specific requirements, combined with inconsistent approaches to role governance and

education, resulted in a multitude of ACP roles and remits. Definitions of roles and titles vary, but there is agreement on academic level and role competency assessment. Irrespective of these definitions, staff and services need support to operationalise guidance. In Scotland, development of advanced practice roles is supported through regional NHS Advanced Practice Academies. One Scottish Board has initiated a local board level advanced care academy to fulfil the three key components of advanced practitioner development: master's level theoretical knowledge, effective supervision and robust clinical competency assessment in practice. This development model, known as the 'triangle of capability', has allowed rapid progress with the advanced practice agenda, which is a central component of sustainable healthcare provision.

[Reshaping Nursing Workforce Development by Strengthening the Leadership Skills of Advanced Practice Nurses](#) June 2019, Journal for nurses in professional development *Abstract only\**

A nurse leadership program provides advanced practice nurses, many of whom have nursing professional development roles within their agencies, with a year of education, mentoring, and guidance to create and implement innovative models of care designed to improve population health. This article highlights program participants' leadership development outcomes, along with strategies to educate and mentor rising nurse leaders.

[The Coaching Experience of Advanced Practice Nurses in a National Leadership Program](#) April 2019, Journal of Continuing Education in Nursing *Athens log in required\**

**BACKGROUND** Coaching is a relatively new application to promote the development of leadership skills in health care and nursing. Coaching circles are a technique used in the Duke-Johnson & Johnson Nurse Leadership Program to provide



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guidance and expertise to small groups of advanced practice nurse (APN) Fellows to facilitate completion of a transformational project. The purpose of this report is to describe the current literature related to coaching among APNs and the results of this coaching experience. **METHOD** A serial cross-sectional survey design was used to evaluate the coaching circle experience of four cohorts of Fellows from 2013-2017. **RESULTS** Evidence in the literature related to the use of coaching specifically among APNs is limited. Participants evaluated the structure and function, as well as the value, of the coaching circle. **CONCLUSION** This report offers insight into strategies of coaching that would be useful in a variety of health care settings to promote the advancement of nurse leaders.

[Competency-based Professional Advancement Model for Advanced Practice RNs](#) February 2019, *The Journal of Nursing Administration Abstract only\**

The process of developing a 3-tiered advanced practice RN (APRN) competency-based professional advancement model at Boston Children's Hospital is described. The model recognizes the contributions of entry-level and expert APRNs to advanced clinical practice and outcomes, impact, and leadership, while incorporating the tenets of Patricia Benner's Novice to Expert Model and the American Association of Critical-Care Nurses Synergy Model of Care.

[The impact of an Advanced Nurse Practitioner training programme in an acute stroke service](#) June 2018, *British Journal of Neuroscience Nursing Abstract only\**

Over the last 3 years, specialist stroke nurses, who primarily coordinated the pathway and undertook a standardised National Institutes of Health Stroke Scale (NIHSS) examination, have transitioned into a team of trainee advanced nurse practitioners  
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(t-ANP) with Master's level education completed at the University of Southampton via the Advanced Clinical Practice Master's pathway. This development has allowed the team to use appropriate autonomy to independently clerk, admit and commence treatment of patients suspected to have had an acute stroke. In addition to this, expanded scopes of practice have increased patient access to investigations and treatment, with the t-ANP requesting investigations such as chest X-rays, carotid ultrasound and computed tomography (CT) head imaging. This has contributed to a significant increase in patients receiving a CT head scan within 1 hour of arrival, allowing faster access to hyper-acute treatment and interventions. Master's level modules attended (part-time) at the University of Southampton over a 4-year period ensure a clear level of practice and progression for the team. Support from stroke consultant physicians has allowed both stroke and general medical competencies to be achieved with supervised practice and weekly teaching sessions on stroke-related topics. Further to this, trust-wide courses such as ECG interpretation, advanced life support and a university module in Neurosciences all contribute towards further development within the role. Weekly review meetings with the t-ANP to discuss key admission performance are held in order to drive the service forward and ensure that improvements can continue to be made. Plans for future development include: t-ANPs to be able to administer IV thrombolysis (currently medical personnel administer in the trust); involvement in helping to lead new research trials alongside research nurses; and expanded scopes of practice in order to request MRI scans for patients requiring further imaging. The team also plans for future expansion as part of a larger business plan in order to cover regional mechanical thrombectomy referrals.

[Advanced clinical practice and nurse-led clinics: a time to progress](#) April 2018, *British Journal of Nursing Abstract only\**

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This article discusses the evolving role of advanced clinical practitioners in outpatient clinics and investigates required competency and governance and how this translates into patient care. Until recently, there has been little clear guidance in terms of how to cultivate and develop staff to the level of practice required for autonomous management of the patient pathway. This has been variable, dependent on the employing organisation and the enthusiasm for advanced practice at a senior level. The current frameworks and competency documents available are identified and how the competent practitioner can provide safe, effective care. The authors use their own practice within gynaecology as an example.

[A Strategic Approach for Developing an Advanced Practice Workforce: From Postgraduate Transition-to-Practice Fellowship Programs and Beyond](#) 2017, Nursing Administration Quarterly *Abstract only\**

The healthcare provider landscape is rapidly changing. Given the imminent retirement of baby boomer physicians, implementation of the Affordable Care Act, and the increased utilization of health care services by an ever-aging population, the supply of providers cannot keep pace with the demand for services. This has led to an increased utilization of advanced clinical practitioners (ACPs). This article shows how one large highly-matrixed health care system approached identifying this workforce, and how thought leaders worked collaboratively with physicians, administrators, and ACPs to meet a growing demand for providers. Carolinas HealthCare System developed a 3-pronged approach to this opportunity. The development of a Center for Advanced Practice was explored and implemented. This Center serves as a 2-way conduit of information and ideas between system administrators and providers. It also serves as a central source of regulatory and practice information for administrators and providers. The growing number of open ACP

positions, along with the reluctance to employ novice and new graduate ACPs, led to the development of a postgraduate transition to practice fellowship program. This program's clinical tracks and curriculum are described. Finally, a collaborative effort between the health care system and a local university resulted in the local offering of an acute care nurse practitioner program, which allowed system nurses to continue their education without the need for relocation. Higher satisfaction and engagement, lower turnover, better career opportunities, more satisfied administrators, and physicians all contributed to the overwhelming success of this initiative.

[Developing clinical leaders: the impact of an action learning mentoring programme for advanced practice nurses](#) June 2015, Journal of Clinical Nursing *Abstract only\**

**AIMS AND OBJECTIVES** To determine whether a formal mentoring programme assists nurse practitioner candidates to develop competence in the clinical leadership competencies required in their advanced practice roles. **BACKGROUND** Nurse practitioner candidates are required to show evidence of defined clinical leadership competencies when they apply for endorsement within the Australian health care system. Aiming to assist the candidates with the development or enhancement of these leadership skills, 18 nurse practitioner candidates participated in a mentoring programme that matched them with senior nurse mentors. **DESIGN** A pre-post longitudinal intervention study. **METHOD** Eighteen nurse practitioner candidates and 17 senior nurses participated in a voluntary mentoring programme that incorporated coaching and action learning over 18 months in 2012 and 2013. Participants completed a pen and paper questionnaire to document baseline measures of self-reported leadership practices prior to commencement of the programme and again at the end of the

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programme. RESULTS The mentors and the nurse practitioner candidates qualitatively evaluated the programme as successful and quantitative data illustrated significant improvement in self-reported leadership practices among the nurse practitioner candidates. In particular, the nurse practitioner candidates reported greater competence in the transformational aspects of leadership, which is directly related to the nurse practitioner candidate clinical leadership standard. CONCLUSIONS A formal, structured mentoring programme based on principles of action learning was successful in assisting Australian advanced practice nurses enhance their clinical leadership skills in preparation for formal endorsement as a nurse practitioner and for success in their advanced practice role. RELEVANCE TO CLINICAL PRACTICE Mentoring can assist nurses to transition to new roles and develop knowledge and skills in clinical leadership essential for advanced practice roles. Nurse managers should make greater use of mentoring programmes to support nurses in their transition to new roles.

### New/ emerging roles

[The emerging role of the advanced practice epilepsy nurse: a comparative study between two countries](#) January 2021, Journal of Clinical Nursing *Abstract only*\*

AIMS AND OBJECTIVES The aim of the study was to compare advanced practice in epilepsy nurses in Spain and United Kingdom, identifying differences in the domains of standard advanced practice. BACKGROUND Europe has recently faced the challenge of providing high-quality care for patients with epilepsy, a disease that generates many health demands. In some countries, such as the United Kingdom, advanced practice nursing is well established and could serve as a guide for implantation in countries where it is still in development, as is the

case of Spain. DESIGN A multicenter cross-sectional descriptive cohort study compared differences in the roles of advanced practice nurses in Spain and the United Kingdom. METHODS The Advanced Practice Role Delineation Tool and its validated Spanish version were administered using an online questionnaire in a cohort of advanced practice epilepsy nurses in both countries. A convenience sample was recruited between January to December 2019. The study complied with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist. RESULTS Most United Kingdom nurses in our sample came from community environments, in contrast to Spanish nurses who worked in hospital. All domains analyzed in the survey had significantly higher scores in the United Kingdom than in the Spanish cohort, especially in the research and leadership domains. CONCLUSIONS The advanced practice role in Spain is underdeveloped compared with the United Kingdom. Differences in the settings of advanced roles in epilepsy nurses may be explained by greater community practice in the United Kingdom and differences in organizational and health systems. RELEVANCE TO CLINICAL PRACTICE Our study showed the need to implement specific policies to develop advanced practice nurse roles in Spain to improve the quality of care of patients with epilepsy.

[Defining advanced practice in radiation therapy: A feasibility assessment of a new healthcare provider role in Ontario, Canada](#)

August 2019, Radiography *Abstract only*\*

INTRODUCTION This study assesses the feasibility of a new role for radiation therapists in Ontario, Canada, called the Advanced Practice Radiation Therapist (APRT), which would address health service pressures and improve patients' access to care. METHODS A literature search and expert consensus were used to define advanced practice. A standardized template was used to record each APRTs activities/competencies, along

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with the requisite knowledge, skills and judgment required to perform these competencies. A thematic analysis of the lists was undertaken to develop a single competency profile. Seven APRTs were deployed at four cancer centres to gather contextual information on the development and integration of the new role. RESULTS The definition of AP consists of seven key traits and includes a framework identifying stages of practice from entry-level practitioner through expert to advanced practitioner. The competency profile consists of clinical, technical and professional domains which further define the scope of practice and shepherd the role through stages of implementation. Role testing showed support for the role and demonstrated that APRTs can deliver specialized services, perform delegated tasks and their work can lead to program efficiencies and new services. The new role may also lead to improved radiation therapist recruitment rates and work satisfaction.

CONCLUSIONS This feasibility assessment served as the foundation for the future long-term implementation of the Clinical Specialist Radiation Therapist (CSRT) Project. As of 2018, there were 24 CSRTs in Ontario. The APRT role is a natural progression for a readying profession which can play a transformative role in addressing health human resource shortages.

### Leadership

[Impact of clinical leadership in advanced practice roles on outcomes in health care: A scoping review](#) October 2020, *Journal of Nursing Management* *Abstract only*\*

AIM To undertake a scoping review of the literature exploring the impact of clinical leadership in advanced practice roles in relation to patient, staff and organisational outcomes. BACKGROUND An increasing number of publications as well as job specifications have identified clinical leadership as a cornerstone of advanced

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practice roles. However, it is unclear whether embedding clinical leadership in such roles has led to improvements in patient, staff or organisational outcomes. Therefore, identifying the extent to which clinical leadership in advanced practice roles relates to patient, staff and organisational outcomes is needed. METHOD A scoping review examining the relationship between clinical leadership in advanced practice roles and health care outcomes. Searching in SCOPUS, PubMed, Psycinfo and CINAHL Plus and Web of Science identified 765 potential articles. Independent selection, data extraction tabulation of findings and analysis were completed. RESULTS Seven studies were identified that met the inclusion criteria. Only studies reporting on nurses in advanced practice roles were included; no studies were identified that reported on the advanced practice roles of allied health professionals. The results indicate that there is no objective evidence of the impact of advanced practitioners' clinical leadership on patient, staff or organisational outcomes. CONCLUSION There is a paucity of objective evidence to identify the extent to which clinical leadership is enacted in advanced practice roles. The review indicates a need for closer alignment of AP clinical leadership policy aspirations and formal operational leadership opportunities for APs. IMPLICATIONS FOR NURSING MANAGEMENT Nurse managers have a key role in supporting and equipping APs with leadership competencies and opportunities to enable both capability and capacity building of such roles. Nurse managers should involve APs in health care leadership at an organisational level to maximize their contribution to health, quality practice environments and health care reform. Additionally, a distinct involvement in staff development, change, operational strategic decisions and policy development should be part of the AP role, which is facilitated by management.

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[Don't forget the leadership in Advanced Practice](#) April 2020, Journal of Nursing Management

With an increasingly growing ageing population who require assessment and on-going management of their complex healthcare needs, nursing as a profession has grown and evolved to meet these demands. Part of the changes in the nursing workforce include the development of advanced practice and the nurse practitioner role. The advanced practice role is now well established with evidence to demonstrate its effectiveness (Aitkenhead & Lee, 2019; Jennings, Lee, Chao, & Keating, 2009; Jennings et al., 2008; Lee et al., 2018; Lee et al., 2014). Advanced practice roles require advanced clinical assessment skills and the application of complex reasoning and critical thinking. Advanced practitioners make complex clinical decisions applying these advanced knowledge and skills for each patient consultation and they work closely in collaboration with colleagues that include physicians and allied health professionals.

[Leadership in nursing and midwifery: activities and associated competencies of advanced practice nurses and midwives](#) 2019, Journal of Nursing Management

AIM: To explore the practice profile and competencies of advanced practice nurses (APNs) and midwives (AMPs), and factors associated with task non-execution. BACKGROUND: Advanced practitioner roles are increasingly implemented internationally. Unofficial role introduction led to confusion regarding task performance. Studies examining associations between APNs'/AMPs' task performance and competency levels, and factors associated with task non-execution are lacking. METHOD: A cross-sectional study among APNs/AMPs in Flanders (Belgium) explored tasks and competencies in seven domains: clinical/professional leadership, change

management/innovation, research, clinical expertise/guidance/coaching, consultation/consultancy, multidisciplinary cooperation/care coordination and ethical decision-making. Task performance and competency level frequencies were calculated. Regression analysis identifies factors associated with task non-execution on domain/item level/. RESULTS: Participants (n=63) executed tasks in all domains. Task non-execution related to research and clinical expertise was associated with work setting; task non-execution regarding care coordination and ethical decision-making was associated with competency perception. Several tasks were preformed by few APNs/AMPs despite many feeling competent. Five of ten tasks performed by fewest participants belong to the leadership domain. CONCLUSION AND IMPLICATIONS FOR NURSING AND MIDWIFERY MANAGEMENT: Supervisors could play an important part in APNs'/AMPs' role development, especially regarding leadership and task executed by few participants. Future studies should provide in-depth knowledge on task non-execution.

## Burnout

[Burnout Among Physicians, Advanced Practice Clinicians and Staff in Smaller Primary Care Practices](#) December 2018, Journal of General Internal Medicine

BACKGROUND Burnout among primary care physicians, advanced practice clinicians (nurse practitioners and physician assistants [APCs]), and staff is common and associated with negative consequences for patient care, but the association of burnout with characteristics of primary care practices is unknown. OBJECTIVE To examine the association between physician-, APC- and staff-reported burnout and specific structural, organizational, and contextual characteristics of

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smaller primary care practices. DESIGN Cross-sectional analysis of survey data collected from 9/22/2015-6/19/2017. SETTING Sample of smaller primary care practices in the USA participating in a national initiative focused on improving the delivery of cardiovascular preventive services. PARTICIPANTS 10,284 physicians, APCs and staff from 1380 primary care practices. MAIN MEASURE Burnout was assessed with a validated single-item measure. KEY RESULTS Burnout was reported by 20.4% of respondents overall. In a multivariable analysis, burnout was slightly more common among physicians and APCs (physician vs. non-clinical staff, adjusted odds ratio [aOR] = 1.26; 95% confidence interval [CI], 1.05-1.49, APC vs. non-clinical staff, aOR = 1.34, 95% CI, 1.10-1.62). Other multivariable correlates of burnout included non-solo practice (2-5 physician/APCs vs. solo practice, aOR = 1.71; 95% CI, 1.35-2.16), health system affiliation (vs. physician/APC-owned practice, aOR = 1.42; 95%CI, 1.16-1.73), and Federally Qualified Health Center status (vs. physician/APC-owned practice, aOR = 1.36; 95%CI, 1.03-1.78). Neither the proportion of patients on Medicare or Medicaid, nor practice-level patient volume (patient visits per physician/APC per day) were significantly associated with burnout. In analyses stratified by professional category, practice size was not associated with burnout for APCs, and participation in an accountable care organization was associated with burnout for clinical and non-clinical staff. CONCLUSIONS Burnout is prevalent among physicians, APCs, and staff in smaller primary care practices. Members of solo practices less commonly report burnout, while members of health system-owned practices and Federally Qualified Health Centers more commonly report burnout, suggesting that practice level autonomy may be a critical determinant of burnout.

## Integrated Care Models

[Critical workforce issues for registered and advanced practice nurses in integrated care models](#) 2016, Nursing Outlook  
Team-based, integrated models of care are essential to meeting the behavioral health needs of patients, families, and communities. To broaden the reach of effective integrated behavioral health care, all health providers must act to remove financial barriers, promote implementation of models designed for a wider range of populations, and improve access to services. The American Academy of Nursing identifies several actions in which nursing can partner with state and federal agencies, advocacy groups, and professional organizations to achieve these goals.

## Competency Frameworks

[Advanced Practice Frameworks](#) Health Education England  
Health Education England, in partnership with NHS Improvement and NHS England, has developed a multi-professional framework for advanced clinical practice in England, which includes a national definition and standards to underpin the multi-professional advanced level of practice.

- [Multi-professional framework for advanced clinical practice in England](#)
- [Advanced Practice – Mental Health Curriculum & Capability Framework](#)
- [Surgical Advanced Practitioner \(SACP\) Curriculum and Assessment Framework](#)
- [Core Capabilities Framework for Advanced Clinical Practice \(Nurses\) Working in General Practice/ Primary Care in England](#)

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