

Evidence Brief: Advanced practitioners in community services

Contents

Key publications – the big picture	2
Case Studies.....	3
HEE Star	4
Statistics	4
HEE National Data Programme.....	4
Published Peer Reviewed Research	4
Competency Frameworks	20
*Help accessing articles of papers	21

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.

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- [Complete Evidence Brief list – link for HEE staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

GP myth buster 66: Advanced Nurse Practitioners (ANPs) in primary care

Source: CQC

Publication date: 12th May 2022

Nurses are increasingly extending and expanding their scope of practice beyond initial registration with the Nursing and Midwifery Council (NMC).

The NHS Long Term Plan

Source: NHS

Publication date: January 2019

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.

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.

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.

Nurses in advanced roles in primary care: policy levers for implementation

Item Type: Journal Article

Authors: Maier, Claudia B.; Aiken, Linda H.; Busse, Reinhard and Organisation for Economic Co-operation and Development
Publication Date: 2017

Abstract: Many OECD countries have undergone reforms over the past decade to introduce advanced roles for nurses in primary care to improve access to care, quality of care and/or to reduce costs. This working paper provides an analysis of these nurse role developments and reforms in 37 OECD and EU countries. Four main trends emerge: 1) the development in several countries of specific advanced practice nursing roles at the interface between the traditional nursing and medical professions; 2) the introduction of various new, supplementary nursing roles, often focused on the management of chronic conditions; 3) the rise in educational programmes to train nurses to the required skills and competencies; and 4) the adoption of new laws and regulations in a number of countries since 2010 to allow certain categories of nurses to prescribe pharmaceuticals (including in Estonia, Finland, France, Netherlands, Poland and Spain).

Case Studies

Advanced Clinical Practitioner (Community)

Source: HEE/ Nottingham University Hospitals

The context: Initially I qualified as a nurse and worked as a district nurse, followed by a community matron for a number of years. Whilst in this role, I realised I wanted to develop my skills on history taking and clinical examination to manage new and undifferentiated diagnoses.

Practitioner in Primary Care

Source: HEE/ Northamptonshire Healthcare Foundation Trust

The context Advanced Practitioners in the Integrated Musculoskeletal Service of Northamptonshire Healthcare Foundation Trust are known as Extended Scope Practitioners (ESP). This team is comprised of Physiotherapists as well as Podiatrists with advanced knowledge and skills. The role of the ESP in primary care is a decision-making one to manage patients within primary care or to refer them forward for secondary care intervention. After a highly skilled assessment process the patients can be referred to Orthopaedics, Pain Clinic, Rheumatology or Physiotherapy for on-going management. In Northamptonshire we have a clear integrated pathway from GP or as a result of patient self-referral into the Musculoskeletal Service. Patients will more often initially be reviewed by a Physiotherapist and if they are failing to improve with physiotherapy management then these patients are quickly referred forward to the ESP for further assessment and management.

Developing advanced clinical practitioner roles in cancer care

Source: Wessex Cancer Alliance

Health Education England (HEE) has funded the Wessex Cancer Alliance to undertake a project to scope and develop

AHP First Contact Practitioner (FCP) and Advanced Clinical Practice (ACP) roles in cancer care across Wessex.

This work was commenced in June 2020 by Mary Edwards and Bethan Gane. Following the scoping of this role the project has changed direction and is now looking at the development of multi-professional ACPs in a primary care environment.

We have drafted; a full Core Competence Framework for ACP in Cancer Care, a primary care patient symptom pathway and a credential outlining the knowledge, skills and attributes expected for this role. In September 2021 we conducted a workforce capabilities survey in the Wessex region to understand the local workforces' ability to fulfil an ACP role in Primary care. We are now disseminating the findings of this survey to help shape and influence education and training of the workforce at a local and national level.

Wessex Cancer Alliance has been successful in a bid to pilot an ACP role in a Primary Care Network. We have selected a PCN and are in the process of selecting an ACP. The pilot will commence in the early part of 2022. We welcome hearing from stakeholders, professionals and public to help shape and inform the development of these new and innovative roles and hold regular steering groups to help progress this work.

Advanced Nurse Practitioners (ANPs) in General Practice

Source: Mid and South Essex STP NHS

Advanced Nurse Practitioners are registered nurses who have completed extra training and academic qualifications to be able to clinically assess, diagnose, refer and treat patients who present with undiagnosed or undifferentiated problems.

Advanced Nurse Practitioners are highly-trained health professionals that can undertake complex reviews of patients, similar to GPs. They can assess symptoms and build a picture of a patient's condition, treat minor health problems, infections, minor injuries and prescribe medication where necessary. They can also often manage more complicated problems, for

instance, patients presenting with long term health conditions, such as diabetes and COPD.

HEE Star

More resources and tools are available by searching “**advancing practice**” and the “**Community**” and “**Primary care**” sections of the [HEE Star](#)

Statistics

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

Include any other useful relevant sources to statistics

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

[Nationwide evaluation of the advanced clinical practitioner role in England: a cross-sectional survey](#)

Author(s): Fothergill et al.

Source: BMJ Open 12

Publication date: 2022

Background and study objective: In response to growing pressures on healthcare systems, the advanced clinical practice (ACP) role has been implemented widely in the UK and internationally. In England, ACP is a level of practice applicable across various healthcare professions, who exercise a level of autonomy across four domains, referred to as the four pillars of practice (education, leadership, research and clinical practice). A national framework for ACP was established in 2017 to ensure consistency across the ACP role, however current ACP governance, education and support is yet to be evaluated. This study aimed to analyse data from a national survey of the ACP role to inform the development and improvement of policies relating to ACP in the National Health Service (NHS) in England. Design: A cross-sectional survey with free-text comments. Setting: The survey was distributed across primary and secondary levels of care to three distinct groups in England, including individual ACPs, NHS provider organisations and Trusts and primary care settings. Participants: A total of 4365 surveys were returned, from ACP staff (n=4013), NHS provider organisations and Trusts (n=166) and primary care organisations (n=186). Results: Considerable variation was found in role titles, scope of practice, job descriptions and educational backgrounds of ACPs. Differing approaches to governance were noted, which led to inconsistent ACP frameworks in some organisations. A further challenge highlighted included committing time to work across the four pillars of advanced practice, particularly the research pillar.

Evidence Brief: Advanced practitioners in community services

ACPs called for improvements in supervision and continuing professional development alongside further support in navigating career pathways. Conclusions A standardised approach may support ACP workforce development in England and enable ACPs to work across the four pillars of practice. Due to the wide uptake of ACP roles internationally, this study has relevance across professions for global healthcare workforce transformation

Contribution of supervision to the development of advanced practitioners: a qualitative study of pharmacy learners' and supervisors' views

Item Type: Journal Article

Authors: Hindi, Ali Mawfek Khaled;Willis, Sarah Caroline;Astbury, Jayne;Fenton, Catherine;Stearns, Selma;Jacobs, Sally;McDermott, Imelda;Moss, Aidan;Seston, Elizabeth and Schafheutle, Ellen Ingrid
Publication Date: Apr 12 ,2022
Journal: BMJ Open 12(4), pp. e059026

Abstract: OBJECTIVE: To apply educational theory to explore how supervision can contribute to the development of advanced practitioners using the example of several postregistration primary care training pathways for pharmacy professionals (pharmacists and pharmacy technicians). DESIGN: Qualitative semistructured telephone interviews applying Billet's theory of workplace pedagogy for interpretation. SETTING: England. PARTICIPANTS: Fifty-one learners and ten supervisors. PRIMARY OUTCOME: Contribution of clinical and educational supervision to the development of advanced practitioners in primary care. RESULTS: Findings were mapped against the components of Billet's theory to provide insights into the role of supervision in developing advanced practitioners. Key elements for effective supervision included supporting learners to identify their learning needs (educational supervision), guiding learners

in everyday work activities (clinical supervision), and combination of regular prearranged face-to-face meetings and ad hoc contact when needed (clinical supervision), along with ongoing support as learners progressed through a learning pathway (educational supervision). Clinical supervisors supported learners in developing proficiency and confidence in translating and applying the knowledge and skills they were gaining into practice. Learners benefited from having clinical supervisors in the workplace with good understanding and experience of working in the setting, as well as receiving clinical supervision from different types of healthcare professionals. Educational supervisors supported learners to identify their learning needs and the requirements of the learning pathway, and then as an ongoing available source of support as they progressed through a pathway. Educational supervisors also filled in some of the gaps where there was a lack of local clinical supervision and in settings like community pharmacy where pharmacist learners did not have access to any clinical supervision. CONCLUSIONS: This study drew out important elements which contributed to effective supervision of pharmacy advanced practitioners. Findings can inform the education and training of advanced practitioners from different professions to support healthcare workforce development in different healthcare settings. Copyright © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

The introduction of advanced practice physiotherapy within Dutch primary care is a quest for possibilities, added value, and mutual trust: a qualitative study amongst advanced practice physiotherapists and general practitioners

Item Type: Journal Article

Authors: Pellekooren, Sylvia;Donker, Marianne;Reijnders, Eddy;Boutalab, Lamyae;Ostelo, Raymond;van Tulder, Maurits

Evidence Brief: Advanced practitioners in community services

and Pool-Goudzwaard, Annelies

Publication Date: Apr 21 ,2022

Journal: BMC Health Services Research 22(1), pp. 529

Abstract: **BACKGROUND:** Despite the increased deployment and added value of Advanced Practitioner Physiotherapy (APP) in musculoskeletal care internationally, APP is not yet widely accepted within Dutch primary care. This may be due to specific constraints in the implementation of APP within the Dutch healthcare system. This study aimed to explore the experiences and perceptions of Advanced Practitioner Physiotherapists (APPs) and General Practitioners (GPs) with respect to implementing APP within Dutch primary care. **METHODS:** This explorative and interpretive qualitative study included 12 APPs and 3 GPs who were in various stages of implementing an APP care model. Semi-structured interviews were conducted between January and March 2021. The topic list was based on existing literature, the personal input of researchers, and the Constellation Approach framework. Data were analysed using a thematic inductive approach. **RESULTS:** Four main themes emerged from the data; 1) Both GPs' trust in APP and a clear added value of APP are critical for starting implementation, 2) APPs need continuous support from GPs, 3) APPs believe that their position needs strengthening, and 4) Implementation of the APP model creates tension over ownership. These four themes highlight the perceived difficulties in gaining trust, lack of clarity over the added value of APP, ambiguity over APPs' professional profile and positioning, a need on behalf of GPs to maintain authority, lack of reimbursement structure, and the struggle APPs face to strike a balance with current care. **CONCLUSION:** This study demonstrates that implementing an APP model of care is challenging, in part, because the deployment of APP does not sufficiently align with the core values of GPs, while GPs appear reluctant to hand over control of elements of patient care to APPs. APPs do not appear to

have ownership over the implementation, given their strong dependence on the practice, values and needs of GPs. **TRIAL REGISTRATION:** Ethical approval was obtained from the Medical Ethics Committee of VU University Medical Centre in Amsterdam; reference number 2020.17 . All participants were asked to provide written informed consent prior to participating in the study. Copyright © 2022. The Author(s).

Role of advanced practice pharmacists in general practice

Author(s): Martin et al.

Source: Clinical pharmacy 33(1) pp. 15-18

Publication date: January 2022

Advanced practice pharmacists working in general practice represent the next step in the evolution of primary care clinical pharmacy. This article outlines the role of the advanced practice pharmacist and the various routes pharmacists can take to become one. It also provides examples of some of the roles they can take on in general practice.

The changing context of advanced practice nursing within the UK community care setting

Source: British Journal of Community Nursing 26(12)

Publication date: 2nd December 2021

Advanced practice nursing (APN) roles have developed partly to address demand and workforce issues. In community care settings and general practice, an advanced nursing practitioner is generally understood to mean a nurse who has undertaken additional education and training in clinical assessment, including history-taking and physical examination, clinical reasoning and independent prescribing, so they can safely manage patients presenting with undifferentiated and undiagnosed conditions. Capabilities in the Skills for Health framework cover everything from communication and consultation skills, practising holistically and personalised care, to working with colleagues and in teams. The framework is

Evidence Brief: Advanced practitioners in community services

intended to ensure advanced nursing practitioners work to an advanced level. It is also designed to support them to demonstrate and evidence their capabilities to service commissioners, employers, people accessing healthcare and the public.

[The emerging role of the advanced practice epilepsy nurse: a comparative study between two countries](#) Abstract only*

Author(s): Manzanares

Source: Journal of Clinical Nursing 30(9-10) pp. 1263-1272

Publication date: January 2021

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 multicentre 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 analysed 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 organisational 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.

[Development of an innovative curriculum-to-career transition program for nurse practitioners in primary care](#) Abstract only*

Item Type: Journal Article

Authors: Goodwin, Miki;Fingerhood, Marianne;Slade, Eric and Davidson, Patricia

Publication Date: 2021

Journal: Nursing Outlook 69(3), pp. 425-434

Abstract: **BACKGROUND:** Unlike physicians, there are no current requirements or funding for the post graduation training of advanced practice nurses. Given the complexity of health care, more post graduate training programs are needed to meet the growing demand. **PURPOSE:** A taskforce was convened to research gaps in preparation for real-world practice, as well as effective models of curricular and clinical support to promote positive patient outcomes. **METHODS:** Supportive structures for advanced practice nurses are dependent upon understanding the barriers, facilitators and structural support required to implement such a program. **FINDINGS:** Starting a curriculum-to-career program the semester prior to graduation is a relatively untested model for advanced practitioners to receive enhanced mentored education and support to increase resiliency, reduce early burnout and burden on the health

Evidence Brief: Advanced practitioners in community services

setting. DISCUSSION: Advanced practice nurse fellowships should be considered as essential as medical residencies are for physicians in clinical practice. Copyright © 2020 Elsevier Inc. All rights reserved.

The ambulance service advanced practitioner's role in supporting care homes: a qualitative study of care staff experiences Abstract only*

Item Type: Journal Article

Authors: Harvey, Chris;Froggatt, Simon;Lightowler, Bryan and Hodge, Andrew

Publication Date: 2021

Journal: Nursing & Residential Care : The Monthly Journal for Care Assistants, Nurses and Managers Working in Health and Social Care 23(10), pp. 1-8

Abstract: Background/aims The demand from care homes on NHS services continues to rise, with little evidence of ambulance service contribution in this area. The Yorkshire Ambulance Service provides an advanced practitioner model to support care homes in Sheffield, as an alternative to calling 999. This study investigated the experiences and needs of the care home staff who use the ambulance service advanced practitioner model. Methods This qualitative study conducted semi-structured, face-to-face interviews with 19 staff members from 10 different care home settings. Thematic analysis using a combination of NVivo and manual coding was undertaken. Results The three key themes from the interviews were variations in service demand, the service user's expectations and experience, and benefits to residents. Participants reported that good community services reduced the need to call 999, empowering carers to support residents to remain in the community. Conclusions Care homes require comprehensive services that meet their needs. The advanced practitioner model provided by the ambulance service supports this,

preventing unnecessary 999 calls and fitting with other community service provision.

Patient view of the advanced practitioner (AP) role in primary care: A realist-informed synthesis

Item Type: Journal Article

Authors: Morris, Leah;Moule, Pam;Pearson, Jennifer;Foster, Dave and Walsh, Nicola

Publication Date: 2021

Journal: Musculoskeletal Care 19(4), pp. 462-472

Abstract: Background: Approximately 30% of general practitioner consultations are due to musculoskeletal disorders (MSKDs). Physiotherapists are trained to assess, diagnose and treat a range of MSKDs, and could provide the first point of contact for primary care patients. There is limited evidence on whether this role is acceptable to patients; however, previous research has explored advanced practitioner (AP) roles in primary care, which could inform this new initiative. Aims: This study used realist synthesis to explore factors that influence patient acceptability of AP roles in primary care. Materials & Methods: A realist synthesis was undertaken to identify initial programme theories regarding acceptability. Databases were searched to identify relevant literature. Identified studies were subject to inclusion and exclusion criteria, resulting in 38 studies included for synthesis. Theory-specific data extraction sheets were created and utilised. Data were analysed through identifying contexts, mechanisms and outcomes to formulate hypotheses. Hypotheses were validated through consultation with expert stakeholders. Results: Eight theory areas were identified that potentially impacted on patient acceptability of the role: patient's prior experience of condition management; patient's expectations of condition management; communication; continuity of the individual practitioner; practitioner's scope of practice; accessibility; professional

Evidence Brief: Advanced practitioners in community services

hierarchy and promoting the role. Nineteen hypotheses on the AP role were developed around these theory areas. Discussion: Role acceptability was influenced significantly by context and may change as the role develops, for instance, as waiting times change. Conclusion: Hypotheses will inform a subsequent realist evaluation exploring the physiotherapy AP role in primary care. Future research is needed to understand the acceptability of first contact physiotherapists delivering certain skills.

Integrated older people care and advanced practice nursing: an evidence-based review Abstract only*

Item Type: Journal Article

Authors: Prajankett, O. and Markaki, A.

Publication Date: Mar ,2021

Journal: International Nursing Review 68(1), pp. 67-77

Abstract: AIM: To critically appraise and synthesize evidence of integrated care stemming from advanced practice nursing in elderly primary care settings throughout the United States and Thailand. BACKGROUND: Advanced practice nurses are key to accelerating integrated elderly care in the community. Yet, their scope and capacity vary greatly across countries, making impact measurement highly challenging. METHODS: A systematic search of PubMed, CINAHL, Scopus and ThaiJo databases was performed. Full-text articles in English or Thai language were reviewed using an inductive thematic approach from the integrated people-centred Health Services framework, adopted by the World Health Organization. RESULTS: A total of 42 articles were appraised according to framework strategies: (1) people and community empowerment/engagement; (2) governance and accountability strengthening; (3) model of care reorientation; (4) service coordination; and (5) enabling environment creation. Collaborative roles and empowerment of older people were associated with higher quality of care. Thai nurses empowered individuals through community networks

and resources, incorporating care models (strategy 1). In contrast, US nurses adopted a quality improvement and safety approach, incorporating technology into nursing interventions (strategy 5). CONCLUSION: Advanced practice nurses employ an array of strategies and approaches in caring for older people. Although their role varies from mostly substitute (US) to supplemental (Thailand), nurses in both countries contribute towards integrated person-centred care. IMPLICATION FOR NURSING PRACTICE AND NURSING POLICY: Preparing advanced practice nurses to work in the community is a prerequisite for meeting ageing population health needs in a sustainable manner. Education, professional development and leadership training opportunities should focus on capacity building in: a) strengthening mutual accountability, b) reorienting the work environment through innovative care models and c) coordinating services through partnerships to achieve universal health and ensure healthy ageing. Copyright © 2021 International Council of Nurses.

They Are Partners in Care: A Qualitative Exploration of Physicians' Perceptions of Primary Care Advanced Practice Nurses Abstract only*

Item Type: Journal Article

Authors: Soh, Barnabas Felix Jia Ren;Ang, Wei How Darryl;De Roza, Jacqueline Giovanna;Quek, Imm Pin;Lim, Pui San and Lau, Ying

Publication Date: Sep ,2021

Journal: Journal of Nursing Scholarship 53(5), pp. 542-551

Abstract: PURPOSE: This study explores physicians' perceptions of the advanced practice nurse (APN) role in the primary care setting in Singapore. METHODS AND DESIGN: A descriptive qualitative design utilizing face-to-face semistructured interviews was conducted on a purposive sample of 16 primary care physicians from six primary care

Evidence Brief: Advanced practitioners in community services

clinics. Thematic analysis and constant comparative analysis were used. FINDINGS: Three themes were identified: a collaborative partner in primary care, a conduit for specialist care and information, and a leader in community care. Physicians generally reported positivity about the clinical role of APNs and their potential in leading community care. However, they verbalized role ambiguity beyond clinical practice. CONCLUSIONS: Physicians viewed primary care APNs as competent healthcare professionals. They viewed APNs as specialists in their fields, with the potential for expanding their services into the community. However, there remains gaps in physicians' understanding of the primary care APNs' nonclinical roles. The findings from this study indicate a need for nursing schools and nurse leaders to increase awareness of the complete APN role among physicians. APNs' roles in educating healthcare professionals and delivering care to the community can be further developed. CLINICAL RELEVANCE: APNs are at the forefront in leading nursing care. There is a need to develop greater collaborative partnerships while delineating their respective roles in patient care. Copyright © 2021 Sigma Theta Tau International.

Advanced Clinical Practitioners in Primary Care in the UK: A Qualitative Study of Workforce Transformation

Author(s): Evans et al.

Source: International Journal of Environmental Research and Public Health 17(912)

Publication date: June 2020

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.

Scoping the application of primary care advanced clinical practice roles in England

Author(s): Thompson et al.

Source: International Journal of Health Governance 25(3)

Publication date: 2020

Purpose To scope the profile and application of 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) ACP workforce capability framework. Design A 2 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 2 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 3 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

Evidence Brief: Advanced practitioners in community services

barriers to ACP practice. Results Despite the introduction of HEE's ACP capability framework, there is inconsistency and confusion about the ACP role. Results indicated a need for standardisation of role definition, and educational and practice requirements. 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 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.

[Exploring the relationship between nursing identity and advanced nursing practice: An ethnographic study](#) Abstract only*

Item Type: Journal Article

Authors: Anderson, Helen; Birks, Yvonne and Adamson, Joy

Publication Date: 2020

Journal: Journal of Clinical Nursing 29(7-8), pp. 1195-1208

Abstract: Aims and objectives: To consider the relationship between professional nursing identity and advanced practice by exploring intra-professional relationships between advanced nurse practitioners (ANPs) and nursing colleagues.

Background: Advanced nursing practice continues to develop internationally. Previous studies suggest advanced practice may lack support within nursing, which may lead to underutilisation, retention and patient safety issues. However, the relationship between the wider nursing profession and advanced practice is poorly understood and the theory that professional identity creates cultural barriers to advanced practice has received little empirical attention. Design:

Ethnographic methodology was used. Methods: Fieldwork

methods were participant observation and semi-structured interviews. Participants were ANPs (n = 9) and nursing colleagues (n = 5) across two primary care general practice organisations. Data were analysed thematically using framework analysis, underpinned a priori by professional identity theories. Reporting was guided by COREQ. Results: Three themes were identified which indicated how intra-professional relationships were conducted: Conciliating Nursing, where ANPs took responsibility for developing positive relationships with other nurses; Vertical Discounting, where nursing colleagues were dismissive and undermined ANPs, who themselves behaved similarly towards other nurses; and Lateral Othering, where ANPs undermined other ANPs. Vertical Discounting and Lateral Othering destabilised advanced practice. Conclusion: Intra-professional relationships, and the broader nursing profession, shape advanced practice. We theorise this is underpinned by threats to professional identity, while weak professional identity amongst even established advanced practitioners exacerbates lack of support. Highlighting these issues allows space to develop alternative strategies to negotiate intra-professional relationships, informed by professional identity theories, which support rather than inhibit advanced practice. Relevance to clinical practice: As advanced practice expands throughout primary and secondary care, and across allied health professions, the impact of professional identity and relationships on health care will likely increase and the importance of strong advanced practice identity will become increasingly relevant. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

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

Abstract only*

Item Type: Journal Article

Evidence Brief: Advanced practitioners in community services

Authors: Annabella Satu Gloster;Tomlins, Lucy and Murphy, Neil

Publication Date: 2020

Journal: Practice Nursing 31(8), pp. 334-342

Abstract: 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.

[Barriers and facilitators to the implementation of the advanced nurse practitioner role in primary care settings: A scoping review](#)

Item Type: Journal Article

Authors: Torrens, Claire;Campbell, Pauline;Hoskins, Gaylor;Strachan, Heather;Wells, Mary;Cunningham, Maggie;Bottone, Hannah;Polson, Rob and Maxwell, Margaret

Publication Date: Apr ,2020

Journal: International Journal of Nursing Studies 104, pp.

103443

Abstract: BACKGROUND: Workload and workforce issues in primary care are key drivers for the growing international trend to expand nursing roles. Advanced nurse practitioners are increasingly being appointed to take on activities and roles traditionally carried out by doctors. Successful implementation of any new role within multidisciplinary teams is complex and time-consuming, therefore it is important to understand the factors that may hinder or support implementation of the advanced nurse practitioner role in primary care settings. OBJECTIVES: To identify, appraise and synthesise the barriers and facilitators that impact implementation of advanced practitioner roles in primary care settings. METHODS: A scoping review conducted using the Arksey and O'Malley (2005) framework and reported in accordance with PRISMA-ScR. Eight databases (Cochrane Library, Health Business Elite, Kings Fund Library, HMIC, Medline, CINAHL, SCOPUS and Web of Science) were searched to identify studies published in English between 2002 and 2017. Study selection and methodological assessment were conducted by two independent reviewers. A pre-piloted extraction form was used to extract the following data: study characteristics, context, participants and information describing the advanced nurse practitioner role. Deductive coding for barriers and facilitators was undertaken using a modified Yorkshire Contributory Framework. We used inductive coding for barriers or facilitators that could not be classified using pre-defined codes. Disagreements were addressed through discussion. Descriptive data was tabulated within evidence tables, and key findings for barriers and facilitators were brought together within a narrative synthesis based on the volume of evidence. FINDINGS: Systematic searching identified 5976 potential records, 2852 abstracts were screened, and 122 full texts were retrieved. Fifty-four studies (reported across 76 publications) met the

Evidence Brief: Advanced practitioners in community services

selection criteria. Half of the studies (n=27) were conducted in North America (n=27), and 25/54 employed a qualitative design. The advanced nurse practitioner role was diverse, working across the lifespan and with different patient groups. However, there was little agreement about the level of autonomy, or what constituted everyday activities. Team factors were the most frequently reported barrier and facilitator. Individual factors, lines of responsibility and 'other' factors (i.e., funding), were also frequently reported barriers. Facilitators included individual factors, supervision and leadership and 'other' factors (i.e., funding, planning for role integration). CONCLUSION: Building collaborative relationships with other healthcare professionals and negotiating the role are critical to the success of the implementation of the advanced nurse practitioner role. Team consensus about the role and how it integrates into the wider team is also essential. Copyright © 2019 The Authors. Published by Elsevier Ltd.. All rights reserved.

Whole systems approach: Advanced clinical practitioner development and identity in primary care

Author(s): Thompson et al.

Source: Journal of Health Organisation and Management 33(4)

Publication date: July 2019

Purpose: The purpose of this paper is to ascertain primary care advanced clinical practitioners' (ACP) perceptions and experiences of what factors influence the development and identity of ACP roles, and how development of ACP roles that align with Health Education England's capability framework for advanced clinical practice can be facilitated in primary care.

Design/methodology/approach: The study was located in the North of England. A qualitative approach was used in which 22 staff working in primary care who perceived themselves to be working as ACPs were interviewed. Data analysis was guided by Braun and Clarke's (2006) six phase method. Findings: Five

themes emerged from the data – the need for: a standardised role definition and inclusive localised registration; access to/availability of quality accredited educational programmes relevant to primary care and professional development opportunities at the appropriate level; access to/availability of support and supervision for ACPs and trainee ACPs; a supportive organisational infrastructure and culture; and a clear career pathway. Originality/value: Findings have led to the generation of the Whole System Workforce Framework of INfluencing FACTors (IN FACT), which lays out the issues that need to be addressed if ACP capability is to be maximised in primary care. This paper offers suggestions about how IN FACT can be addressed.

'Role of advanced practitioners in primary care: a literature review: NT' Abstract only*

Item Type: Magazine Article

Authors: Greenwood, S.

Publication Date: 2019

Publication Details: (8, 115), 42

Abstract: Pressures on primary care services are making it more difficult for patients to access to GP consultations. This literature review explored the role of advanced clinical practitioners in primary care to determine whether they could support over-stretched general practice teams. It found that these practitioners have been shown to improve patient satisfaction, alleviate pressure on GPs and provide high-quality care when they work as part of the team. It concluded that advanced clinical practitioners have an important role to play in supporting and enhancing primary care service provision.

Advanced practice nurses' and general practitioners' first experiences with introducing the advanced practice nurse role to Swiss primary care: a qualitative study

Evidence Brief: Advanced practitioners in community services

Item Type: Journal Article

Authors: Gysin, Stefan;Sottas, Beat;Odermatt, Muriel and Essig, Stefan

Publication Date: 11 27 ,2019

Journal: BMC Family Practice 20(1), pp. 163

Abstract: **BACKGROUND:** Primary care is facing a multimorbid, ageing population and a lack of general practitioners (GPs), especially in rural areas. In many countries, advanced practice nurses (APNs) may be a potential solution for these challenges. Switzerland, however, is in the early stages of APN role development with a handful of pilot projects that are unresearched. Our aim was to explore the experiences of APNs and GPs involved in introducing the APN role to Swiss primary care. **METHODS:** We organised two focus group discussions with APNs (n = 9) engaged in primary care across German-speaking Switzerland and individual interviews with APNs (n = 2) and GPs (n = 4) from two pilot projects in remote areas. Data analysis followed an exploratory hybrid approach of thematic analysis and was guided by the PEPPA Plus framework. **RESULTS:** The analysis resulted in five main themes: The participants considered themselves pioneers developing a new model in primary care, seeking to shape and improve future health care ((1) pioneering spirit). Both nurses and doctors agreed on the additional value of the APN role, a role seen as having more time for and a different approach to patient care, bringing higher quality of care and flexibility to the practice ((2) added value from the APN role). Participants also emphasized the importance of asking for advice when unsure about diagnostic steps or appropriate treatment ((3) awareness of limited knowledge and skills). The main barriers identified included the impression that Swiss doctors have little knowledge about nurses in advanced roles ((4) GP's lack of knowledge regarding the APN role), and that further regulations will be important to foster role clarity and accountability ((5)

political and legal obstacles in introducing the APN role).

CONCLUSIONS: The early phase of introducing APNs to Swiss primary care is characterised by heterogeneous, small-scale projects of pioneering GPs and APNs recognising the added value and limits of APNs despite a lack of governance and knowledge regarding the APN role among GPs. Experiences gained from ongoing projects provide elements of good practice for political discussions and regulations.

[Skill-mix change in general practice: a qualitative comparison of three 'new' non-medical roles in English primary care](#)

Item Type: Journal Article

Authors: Nelson, Pauline A.;Bradley, Fay;Martindale, Anne-Marie;McBride, Anne and Hodgson, Damian

Publication Date: 2019

Journal: British Journal of General Practice 69(684), pp. 340

Abstract: Advanced practitioners, physicians associates, and practice pharmacists have the potential to contribute to the delivery of primary medical care, but attention to role definition, professional boundaries, training needs, and management of expectations is needed. [Introduction]

[Professional Satisfaction of Advanced Practice Providers in Primary Care Specialties](#) Abstract only*

Item Type: Journal Article

Authors: O'Laughlin, Danielle J.;Bold, Jennifer A.;Schroeder, Darrell R. and Casey, Petra M.

Publication Date: 2019

Journal: Journal of Healthcare Management 64(5), pp. 279-290

Abstract: **EXECUTIVE SUMMARY:** This prospective study focuses on professional satisfaction among advanced practice providers (APPs) in primary care. We aimed to determine whether incorporating specialty care clinics within primary care

Evidence Brief: Advanced practitioners in community services

practices increases professional satisfaction. We administered the validated Misener Nurse Practitioner Job Satisfaction Scale and a self-developed demographic questionnaire to all primary care APPs before and one year after implementation of a gynecology practice within the primary care setting. APPs practicing in a dual-role specialty practice reported higher overall professional satisfaction; professional growth; intrapractice partnership/collegiality; professional, social, and community interaction; and benefits than their primary care-only counterparts. We concluded that professional satisfaction among APPs may contribute to staff retention.

Burnout Among Physicians, Advanced Practice Clinicians and Staff in Smaller Primary Care Practices

Item Type: Journal Article

Authors: Edwards, Samuel T.;Marino, Miguel;Balasubramanian, Bijal A.;Solberg, Leif I.;Valenzuela, Steele;Springer, Rachel;Stange, Kurt C.;Miller, William L.;Kottke, Thomas E.;Perry, Cynthia K.;Ono, Sarah and Cohen, Deborah J.
Publication Date: 2018

Journal: Journal of General Internal Medicine 33(12), pp. 2138-2146

Abstract: 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 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.

Factors influencing the implementation of advanced midwife practitioners in healthcare settings: A qualitative study

Item Type: Journal Article

Authors: Goemaes, Regine;Shawe, Jill;Beeckman, Dimitri;Decoene, Elsie;Verhaeghe, Sofie and Van Hecke, Ann
Publication Date: Nov ,2018

Evidence Brief: Advanced practitioners in community services

Journal: Midwifery 66, pp. 88-96

Abstract: **OBJECTIVE:** To explore factors influencing the implementation of advanced midwife practitioner roles. **DESIGN:** Semi-structured individual face-to-face and focus group interviews were conducted. Data analysis was performed using the Framework Method. **SETTING AND PARTICIPANTS:** A purposive sample (n=32) included chief nursing officers, middle managers, head midwives/nurses, primary care team leaders, midwives with and without advanced midwife practitioner roles, heads of midwifery education, and obstetricians. **FINDINGS:** Budgetary constraints on a governmental and healthcare organizational level were mentioned as main barriers for role implementation. The current fee-for-service financing model of healthcare professionals was also seen as an impediment. Obstetricians considered the implementation of advanced midwife practitioner roles as a possible financial and professional threat. Documenting the added value of advanced midwife practitioner roles was regarded a prerequisite for gaining support to implement such roles. Healthcare managers' and midwives' attitudes towards these roles were considered essential. Participants warned against automatically transferring the concept of advanced practice nursing to midwifery. Although participants seldom discussed population healthcare needs as a driver for implementation, healthcare organizations' heightened focus on quality improvement and client safety was seen as an opportunity for implementation. University hospitals were perceived as pioneers regarding advanced midwife practitioner roles. **KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** Multiple factors influencing role implementation on a governmental, healthcare organizational, and workforce level illustrate the complexity of the implementation process, and highlight the need for a well-thought-out implementation plan involving all relevant stakeholders. Pilot projects for the

implementation of advanced midwife practitioners in university hospitals might be useful. Copyright © 2018 Elsevier Ltd. All rights reserved.

[The role and experiences of advanced nurse practitioners working in out of hours urgent care services in a primary care setting](#) Abstract only*

Item Type: Journal Article

Authors: Yuill, Jacci

Publication Date: 2018

Journal: Nursing Management 25(2), pp. 18-23

Abstract: GPs' workload has increased significantly in recent years affecting their ability to provide high-quality services, and consequently there is increasing focus on nurses to provide a solution. There is little evidence of how advanced nurse practitioners (ANPs) experience their role in out of hours (OOH) services, and it is important to understand their perceptions of this and the challenges they may face in supporting service development and improvement. This article evaluates the role and experiences of ANPs working in an OOH urgent primary care service and identifies important factors that affect their roles. Positive factors enable job satisfaction, but challenges associated with knowledge base, perceptions, role definitions and isolation must be considered for quality and governance purposes. The article describes how supportive systems must be in place to enable mentorship, supervision programmes and development of this group of advanced practitioners. [Abstract]

[A day in the life of a paramedic advanced clinical practitioner in primary care](#)

Author(s): Philip Brown

Source: Journal of Paramedic Practice

Publication date: September 2017

Evidence Brief: Advanced practitioners in community services

This 'day-in-the-life' article is the author's first-person account of his experiences as a paramedic working in an inner-city GP practice, while training to be an advanced clinical practitioner. The author aims to illustrate the range and complexity of the role of paramedics based in primary care, and how this role is developing beyond the traditional scope of paramedic practice. The article presents actual patient encounters, which reflect a typical working day in primary care. Through this approach, the author hopes to demonstrate how paramedics can complement and extend the skills of an established primary care team. Furthermore, studying advanced clinical practice at postgraduate level provides new and extended clinical skills and knowledge, allowing paramedics to work with greater autonomy.

Driving the role of the advanced practitioner in primary care

Abstract only*

Item Type: Journal Article

Authors: Oliver, Emma

Publication Date: 2017

Journal: Practice Nursing 28(1), pp. 42-45

Abstract: The role of the advanced practitioner has been highlighted by a number of bodies to enhance nursing skills, place nurses at the forefront of primary care, and alleviate some of the pressure caused by a shortage of GPs. Here the author describes the results of introducing an advanced nurse practitioner into a surgery, where patients were extremely dissatisfied with the time it was taking to get an appointment with a GP. She outlines the benefits, the potential challenges and the cultural changes necessary to make the system work, as well as reporting back on patient satisfaction with the role of the advanced nurse practitioner.

'The advanced practice registered nurse in primary care'

Abstract only*

Item Type: Book Section

Authors: Gorman, R. and Wholihan, D.

Publication Year: 2016

In Book Title: Advanced practice palliative nursing

Editors: , in Dahlin, C., Coyne, P.J. and Ferrell, B.R. (eds.)

New York, NY, US, US: Oxford University Press, New York, NY, pp. 133-140, Chapter xviii, 624 Pages

Abstract: Advanced practice registered nurses (APRNs) providing primary care require a generalist palliative care skill set. An aging population with multiple-comorbidities may require complex symptom management. A primary care practice with long-term patient-provider relationships is the optimal setting for advance care planning. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: chapter)

Descriptive, cross-country analysis of the nurse practitioner workforce in six countries: size, growth, physician substitution potential

Item Type: Journal Article

Authors: Maier, Claudia B.;Barnes, Hilary;Aiken, Linda H. and Busse, Reinhard

Publication Date: 2016

Journal: BMJ Open 6(9), pp. (6 September 2016)

Abstract: OBJECTIVES: Many countries are facing provider shortages and imbalances in primary care or are projecting shortfalls for the future, triggered by the rise in chronic diseases and multimorbidity. In order to assess the potential of nurse practitioners (NPs) in expanding access, we analysed the size, annual growth (2005-2015) and the extent of advanced practice of NPs in six Organisation for Economic Cooperation and Development (OECD) countries. DESIGN: Cross-country data

Evidence Brief: Advanced practitioners in community services

analysis of national nursing registries, regulatory bodies, statistical offices data as well as OECD health workforce and population data, plus literature scoping review.

SETTING/PARTICIPANTS: NP and physician workforces in six OECD countries (Australia, Canada, Ireland, the Netherlands, New Zealand and USA). PRIMARY AND SECONDARY OUTCOME MEASURES: The main outcomes were the absolute and relative number of NPs per 100 000 population compared with the nursing and physician workforces, the compound annual growth rates, annual and median percentage changes from 2005 to 2015 and a synthesis of the literature on the extent of advanced clinical practice measured by physician substitution effect. RESULTS: The USA showed the highest absolute number of NPs and rate per population (40.5 per 100 000 population), followed by the Netherlands (12.6), Canada (9.8), Australia (4.4), and Ireland and New Zealand (3.1, respectively). Annual growth rates were high in all countries, ranging from annual compound rates of 6.1 per cent in the USA to 27.8 per cent in the Netherlands. Growth rates were between three and nine times higher compared with physicians. Finally, the empirical studies emanating from the literature scoping review suggested that NPs are able to provide 67-93 per cent of all primary care services, yet, based on limited evidence. CONCLUSIONS: NPs are a rapidly growing workforce with high levels of advanced practice potential in primary care. Workforce monitoring based on accurate data is critical to inform educational capacity and workforce planning.

[Oncology Advanced Practitioners Bring Advanced Community Oncology Care.](#)

Item Type: Journal Article
Authors: Vogel, Wendy H.
Publication Date: 2016
Journal: American Society of Clinical Oncology Educational Book 35, pp. e97-e100

Abstract: Oncology care is becoming increasingly complex. The interprofessional team concept of care is necessary to meet projected oncology professional shortages, as well as to provide superior oncology care. The oncology advanced practitioner (AP) is a licensed health care professional who has completed advanced training in nursing or pharmacy or has completed training as a physician assistant. Oncology APs increase practice productivity and efficiency. Proven to be cost effective, APs may perform varied roles in an oncology practice. Integrating an AP into an oncology practice requires forethought given to the type of collaborative model desired, role expectations, scheduling, training, and mentoring.

[Looking at advanced practice nursing roles](#) Abstract only*

Item Type: Journal Article
Authors: Williams, Susan
Publication Date: Sep 30 ,2016
Journal: Nursing Management (Harrow) 23(6), pp. 17

Abstract: The development of advanced practice nursing roles in primary care is becoming popular in many countries and a recent study across 39 nations confirms this trend (Maier and Aiken 2016).

[Spirituality: opportunities for advanced practice nursing and primary care](#) Title only*

Item Type: Journal Article
Authors: Collins-McNeil, Janice;McCabe, Melanie;Sharp, Daphne;Hawkins, Tracey and Edwards, Christopher L.
Publication Date: 2015
Journal: Journal of Christian Nursing 32(2), pp. 75-77

Evidence Brief: Advanced practitioners in community services

[Quality of primary care by advanced practice nurses: a systematic review](#)

Author(s): Smaldone

Source: International Journal for Quality in Health Care 27(50)
pp. 396-404

Publication date: 2015

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.

[Policy-makers' views on impact of specialist and advanced practitioner roles in Ireland: the SCAPE study](#) Abstract only*

Item Type: Journal Article

Authors: Begley, Cecily;Murphy, Kathy;Higgins, Agnes and Cooney, Adeline

Publication Date: May ,2014

Journal: Journal of Nursing Management 22(4), pp. 410-422

Abstract: AIM: To ascertain and explore the views held by key healthcare policy-makers on the impact of clinical specialist and advanced practice nursing and midwifery roles.

BACKGROUND: Specialist and advanced practice roles are common world-wide and were introduced in Ireland in 2000.

After experiencing these roles for a decade, the views of healthcare policy-makers were sought as part of a national evaluation. METHODS: A qualitative, descriptive design was used. Following ethical approval, 12 policy-makers were interviewed in 2010, using a six-part interview schedule.

RESULTS: Policy-makers believed that specialist and advanced practice roles resulted in better continuity of care, improved patient/client outcomes and a more holistic approach.

These clinicians were also said to be leading guideline development, new initiatives in care, education of staff, audit and policy development. They lacked administrative support and research time. Budget cuts and a government-applied recruitment moratorium were said to hamper the development of specialist/advanced practice roles. CONCLUSION:

Healthcare policy-makers believe that specialists and advanced practitioners contribute to higher quality patient/client care, particularly at a strategic level. IMPLICATIONS FOR NURSING

MANAGEMENT: These roles could make an important contribution to future health service developments, particularly in relation to chronic-disease management and community care, where more advanced practitioner posts are required.

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Evidence Brief: Advanced practitioners in community services

Advanced practice registered nurses, physician assistants and cancer prevention and screening: a systematic review

Item Type: Journal Article

Authors: Smith, Alexandria A.;Kepka, Deanna and Yabroff, K. Robin

Publication Date: Feb 12 ,2014

Journal: BMC Health Services Research 14, pp. 68

Abstract: BACKGROUND: For more than two decades, integration of team-based approaches in primary care, including physicians, advanced practice registered nurses and physician assistants (APRN/PA), have been recommended for improving healthcare delivery, yet little is known about their roles in cancer screening and prevention. This study aims to review the current literature on the participation and roles of APRN/PAs in providing cancer screening and prevention recommendations in primary care settings in the United States. METHODS: We searched MEDLINE and CINAHL to identify studies published in 1990-2011 reporting on cervical, breast, and colorectal cancer screening and smoking cessation, diet, and physical activity recommendations by APRN/PAs in the United States. A total of 15 studies met all of our eligibility criteria. Key study, provider, and patient characteristics were abstracted as were findings about APRN/PA recommendations for screening and prevention. RESULTS: Most studies were cross-sectional, showed results from within a single city or state, had relatively small sample sizes, reported non-standardized outcome measures. Few studies reported any patient characteristics. APRN/PAs are involved in recommending cancer screening and prevention, although we found variation across screening tests and health behavior recommendations. CONCLUSIONS: Additional research on the cancer prevention and screening practices of APRN/PAs in primary care settings using standardized outcome measures in relation to evidence-based

guidelines may help strengthen primary care delivery in the United States.

Competency Frameworks

Advanced Clinical Practice (Nurses) working in General Practice/ Primary Care in England

Source: Skills for Health

Publication date: 2020

Primary care and general practice are ever evolving to meet the increasing and more complex needs of local communities / populations. This will require new ways of working and the development of multi-professional general practice and primary care teams. This framework provides a standard and greater clarity on the capabilities for nurses working at the advanced clinical practice level within general practice.

Multi-professional framework for advanced clinical practice in England

Source: NHS

Publication date: 2017

This framework builds upon the definition of advanced clinical practice in England. This was developed and agreed by all stakeholders. It is designed to enable a consistent understanding of advanced clinical practice, building on work carried out previously across England, Scotland, Wales and Northern Ireland.

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