Education and Training Committee

12 November 2020

Advanced Practice – update

Executive Summary

This paper is to provide the Committee with the interim findings report from the independent research team from the University of Bradford for the Advanced Practice (AP) project.

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

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

Previous consideration	The last update on the Advanced Practice (AP) project was at ETC's 10 September meeting. The project was last discussed at the 28 July Council meeting.
Decision	The Committee is asked to discuss the interim findings report.
Next steps	The full, final research report will likely be available by the date of this meeting but will not meet the paper deadline. The independent research team will present a session on the findings and a Q&A with Council members on 17 December. Shortly afterwards, the research findings report will be published and the Executive will commence further engagement to fill any gaps in the data; and, will host a multi-stakeholder workshop in early 2021 to explore views on the potential model of additional regulation (if evidenced in the research and engagement). We will bring Council and the Education and Training Committee updates on progress of the project throughout the remainder of 2020/early 2021 and will highlight any barriers/risks and seek input and approval for direction of travel. The final options and decisions paper will be presented to Council at its March 2021 meeting.
Strategic priority	The strategic priorities set in 2018 are no longer current. We are developing a new strategy that we aim to confirm at the end of 2020.

Risk	In accordance with the interim research report findings, the prospect of additional regulation is preferred by most research participants, however the research findings/evidence gathered may not support it. Therefore, HCPC are at risk of making a decision that is not favoured by the registrant population. We will put in place a plan for communication/mitigation if this is the outcome of the Council's decision based on the research findings. The risk appetite for communication is open. Advance Practice regulatory development is a planned mitigation for strategic risk one, relating to effective regulation, and is referenced within risks related to stakeholder expectations.
Financial and resource implications	Within the current budget.
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Appendix A: October 2020 ETC paper on Advanced Practice

HCPC Advanced Practice Research

Interim Report

Professor Maryann Hardy

Research Aim and Objectives

Aim:

To identify the regulatory challenges and risks presented by registrants advancing practice and how the HCPC should respond to these to ensure public protection and support professionalism and good practice.

Objective 1:

To determine what advanced practice activities are being undertaken across HCPC regulated professions within the UK and whether these activities lie within the scope of the individuals regulated profession.

Objective 2:

To determine regulatory measures considered necessary by registrants and stakeholders to support advanced practice and ensure public safety.

Objective 3:

To determine the education and training expectations for advanced practice across the 4 countries of the UK.

Method

Three approaches to data collection were undertaken to ensure the differing opinions across all HCPC registered professions, different stakeholders and the 4 nations of the UK were collected. Data were collected through:

1. A UK wide survey of HCPC registered healthcare professionals;
2. A UK Wide survey of organisations delivering AHP & scientific advanced practice education;
3. A series of focus groups and interviews across a range of stakeholder groups.

Results

UK wide survey of HCPC registered healthcare professionals

1. A total of 3716 responses were received. 26 individuals identified themselves as dual registrants and therefore counted in both professions in table below. The overall response rate was 1.3%.

   Table 1: Response rate by profession

Registered profession	**Responses**	**Registrant volume***	**Response rate %**
Arts Therapist	32	4461	0.7
Biomedical Scientist	231	23,367	1.0
Chiropodist/Podiatrist	195	13,026	1.5
Clinical Scientist	155	6,424	2.4
Dietitian	209	9,693	1.3
Hearing Aid Dispenser	19	3,352	0.5
Occupational Therapist	283	40,386	0.6
Operating Department Practitioner	285	14,540	1.8
Orthoptist	45	1,505	2.9
Paramedic	764	29,760	2.1
Physiotherapist	601	56,699	0.9
Practitioner Psychologist	166	24,996	0.6
Prosthetist/Orthotist	14	1,105	0.9
Radiographer - Diagnostic	425	36,078	1.2
Radiographer - Therapeutic	112		
Speech and Language Therapist	206	16,823	0.9
Total	**3739**	**282,215**	**1.3**

*registrant volume correct at 8.9.20

2. The greatest proportional responses by profession were from orthoptists, clinical scientists and paramedics.

3. The lowest proportional responses were from practitioner psychologists, occupational therapists and Hearing Aid Dispensers (audiology).

4. The majority of respondents reported working primarily for the National Health Service (NHS) in primary care (n=672/2451; 27.4%) or secondary care (n=1085/2451; 55.9%) settings. However, a large number of respondents worked across differing healthcare settings.

5. 1940 respondents (n-1940/3716; 52.2%) identified themselves as working at or towards an advanced level of practice. 12 of these respondents identified themselves as dual profession registrants and therefore included in both professions in Table 2 below

Table 2: Participants working at or towards an advanced level of practice by profession

Registered profession	Responses	Percentage of respondents %
Arts Therapist	16	50.0
Biomedical Scientist	67	29.0
Chiropodist/Podiatrist	100	51.3
Clinical Scientist	101	65.2
Dietitian	53	25.4
Hearing Aid Dispenser	7	36.8
Occupational Therapist	112	39.6
Operating Department Practitioner	69	24.2
Orthoptist	28	62.2
Paramedic	460	60.2
Physiotherapist	373	62.1
Practitioner Psychologist	122	73.5
Prosthetist/Orthotist	7	50.0
Radiographer - Diagnostic	271	63.8
Radiographer - Therapeutic	81	72.3
Speech and Language Therapist	85	41.3
Total	**1952**	**52.2**

6. The greatest proportional responses from participants working at or towards an advanced level of practice by profession were from practitioner psychologists, therapeutic radiographers and diagnostic radiographers.

7. The lowest proportional responses from participants by profession were from operating department practitioners, dietitians and biomedical scientists.

8. Responses from participants working at or towards an advanced level of practice indicated a diverse range of role titles that were used inconsistently across the HCPC registered professions (Table 3).

Table 3: Role title of participants working at or towards an advanced level of practice

Title	Number	Percentage
Extended Scope Practitioner	68	3.5%
Clinical Specialist	233	12%
Trainee Advanced Practitioner	205	10.6%
Advanced Practitioner	738	38%
Trainee Consultant Practitioner	22	1.1%
Consultant Practitioner	259	13.4%
Other	*415*	*21.4%*
Total	**1940**	

9. While the majority of survey respondents working at or towards an advanced level of practice resided in England (n=1615/1940; 83.3%) responses were received from Scotland (n=150/1940; 7.7%), Wales (n=101/1940; 5.2%) and Northern Ireland (n=36/1940; 1.9%). A further 38 survey respondents (n=38/1940; 2.0%) working at or towards an advanced level of practice resided in areas of Crown dependency or overseas.

10. The majority of respondents (n=2902/3716; 78.1%) agreed that the HCPC should be regulating advanced level practice.

11. The main advantages/benefits of regulating advanced level practice were identified as:

    - Assurance to employers (n=2731/3716; 73.5%)
    - Greater consistency in E&T (n=2675/3716; 72.0%)
    - Greater standardisation of Advanced level practice (n=2590/3716; 69.7%)

12. The main disadvantages of regulating advanced level practice were identified as:

    - Increased cost of registration (n=2512/3716; 67.6%)
    - Difficulty in regulating multi-professional practice (n=1999/3716; 53.8%)

UK Wide survey of organisations delivering AHP & scientific advanced practice education

13. Responses were received from 31 unique education programmes offered by Higher Education Institutions (HEIs) and which were accessible to at least 1 HCPC registered profession.

14. The majority of responses were received from English HEIs. No responses were received from Northern Ireland (Table 4)

    Table 4: Location of HEIs providing Advanced Level Education

Country	**Responses No. (%)**
England	20 (64.5)
Scotland	7 (22.6)
Wales	4 (12.9)
Northern Ireland	-
Total	**31**

15. Responses indicated that the education programmes were not equally accessible to all HCPC registered professionals (Table 5)

Table 5: Programme accessibility by profession

Profession	Responses	%
Arts Therapists	3	9.7
Biomedical Scientist	5	16.1
Chiropodist/Podiatrist	12	38.7
Clinical Scientist	6	19.4
Dietitian	16	51.6
Hearing Aid Dispenser	4	12.9
Occupational Therapist	17	54.8
Operating Department Practitioner	10	32.3
Orthoptist	6	19.4
Paramedic	24	77.4
Physiotherapist	28	90.3
Practitioner Psychologist	4	12.9
Prosthetist/Orthotist	5	16.1
Radiographer - Diagnostic	15	48.4
Radiographer - Therapeutic	14	45.2
Speech and Language Therapist	10	32.3

16. The professions with the greatest access to advanced level practice education programmes were physiotherapists, paramedics, occupational therapists and dieticians.

17. The professions with the least access to advanced level practice education programmes were Arts Therapists, Hearing Aid Dispensers and Practitioner Psychologists.

18. There was general consistency in academic level of academic programmes with 28 respondents (90.3%) confirming their programme to be FHEQ Level 7.

19. The majority of programmes only offered a part-time route (n =25/31; 80.6%) and were only accessible as a traditional postgraduate award (n=18/31; 58.1%).

20. Eighteen programmes (n=18/31; 58.1%) included a defined clinical placement component although variation in requirement and expectation of this was evident.

21. Nine of the programmes (n=9/31; 29.0%) included a mandatory non-medical prescribing module. A further 5 programmes (n=5/31; 16.1%) include non-medical prescribing as an optional module.

22. The majority of programmes leaders were nurses (n=21/31; 67.7%)

23. The majority of respondents believed that regulation of advanced practice is required.

24. The main advantages/benefits of regulating advanced level practice were identified as:

    - Protection and safety of service users (n=30/31; 95.5%)
    - Greater consistency in E&T (n=28/31; 90.9%)
    - Assurance to employers (n=28/31; 90.9%)

25. The main disadvantages of regulating advanced level practice were identified as:

    - Difficulty in regulating multi-professional practice (n=24/31; 77.4%)
    - Increased cost of registration (n=15/31; 48.4%)
    - Duplication of effort (n=13/31; 41.9%)

A series of focus groups and interviews across a range of stakeholder groups

26. 31 individual and focus group interviews were undertaken. These consisted of:
    - Chief AHP and Chief scientific Officers across the 4 Nations of the UK (interviews x11)
    - Those working at an advanced level of practice;
        - England (focus group x3)
        - Scotland (focus group x3)
        - Wales (focus group x2)
        - Northern Ireland (focus group x1)
    - Other healthcare professionals (not HCPC registered) & registrants not working at advanced practice level (interviews x2)
    - Trade Unions (not combined with Professional Bodies) (interviews x2)
    - Employers Focus group (x1)
    - Educators focus group (x2)
    - Professional Body focus groups (x3)
    - Patients and Public (service user) focus group (x1)

27. Narrative analysis is ongoing but emerging themes include:
    - Equality of development into advanced level practice
    - Defining advanced level practice and professional scope of practice to future proof changing healthcare workforce – lack of clarity
    - Regulation of disparate professions – hard enough at threshold level – working to lowest common denominator

- Regulation for protection (of self), level of practice justification and external acknowledgement rather than for protection and safety of patients and public
- Employers role in governance and role description
- Professional identity or generic identity

28. Analysis of these interviews and focus groups is at an early stage but it is evident that opinions are strong and disparate within and between professions, countries and organisations emphasizing the complexity of advanced level practice in the UK.