

**THE FINAL REPORT 2024**

**The potential impacts of additional  
advanced practice regulation on  
internationally educated nurses and  
midwives in the UK: final report**

# ACKNOWLEDGEMENTS

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# A NOTE ON TERMINOLOGY

There is no universally accepted definition or standardised terminology for advanced practice or advanced practitioners across the UK or globally. This has led to a proliferation of job titles in use to indicate an advanced nurse or midwife practitioner, with this research identifying over 20 titles used abroad and over 25 titles used within the UK.

These most commonly include, but are not limited to:

- advanced clinical practitioner (ACP) in a particular specialism, e.g. ACP in critical care, surgical care, anaesthetics, perioperative care
- advanced nurse/midwife practitioner (ANP/AMP)
- advanced practitioner (AP)
- advanced practice nurse/midwife (APN/APM)
- nurse practitioner (NP)
- clinical nurse specialist (CNS)
- specialist nurse (SN)
- consultant nurse (CN)
- consultant midwife (CM)

It is also important to recognise that some professionals may have (or previously held) one of those job titles in either their home country or the UK, but their actual practice may not align with the advanced level as defined by UK or international frameworks.

For the sake of legibility and consistency, when we are speaking about the UK we use the terms ‘advanced practice in nursing or midwifery’ to refer to the level of practice and ‘advanced nurse or midwife practitioner’ to refer to the role. When we are directly quoting from survey free text comments, focus group participants, or interviewees we use the terms they use.

We have defined IENMs as registered nurses and midwives practising in the UK whose initial registration was gained outside of the UK. This includes those who obtained their registration in EU member states.

# SUMMARY

## Introduction and context

Experienced nurses and midwives across the UK are increasingly taking on complex, expert roles commonly referred to as advanced practice (AP). These practitioners demonstrate advanced level knowledge and skills, with broader autonomy to manage complex episodes of care. They excel in communication, timely decision-making, and providing continuity of care across specialties and professions. AP roles contribute to service transformation, improve quality of care, and offer career progression opportunities.<sup>1</sup>

The development of AP roles in the UK has been organic, resulting in multiple pathways to becoming an advanced practitioner (see Appendix 2). This complexity stems from the absence of nationally regulated training programmes and the involvement of numerous organisations in developing, commissioning, educating, setting standards, and overseeing these roles. These organisations include universities, NHS bodies, national entities, and even institutions not traditionally associated with nursing or midwifery, such as the Royal College of Emergency Medicine and the Faculty of Intensive Care Medicine, which offer courses and credentialing for advanced nursing practitioners.<sup>1</sup>

Over the past decade, each UK nation has introduced frameworks aimed at bringing clarity and consistency to the AP development process, with some convergence around the ‘four pillars’ of clinical practice, education, research, and leadership.<sup>2</sup> These frameworks generally outline entry requirements for AP training and accredit certain programme providers. While specific pathways vary across regions, they all typically involve a combination of academic qualifications, clinical experience, and employer support.

Despite these efforts, there is still no single, UK-wide regulatory framework defining the AP role, its scope, entry requirements, or assessment processes. This variability has led to concerns about ensuring adequate education, skills, and support for those in AP roles.<sup>3</sup>

In response, the Nursing and Midwifery Council (NMC) committed to a comprehensive review of advanced nursing practice in its 2020-25 corporate strategy, later expanded to include midwifery.<sup>4</sup> Following a discovery phase and evidence gathering, the NMC Council agreed in March 2024 that additional regulation is needed to better assure advanced nursing and midwifery practice and to move the review into a second phase considering a combination of future regulatory approaches as outlined below:<sup>5</sup>

1. Developing standards of proficiency for advanced level practice and associated programme standards
2. Adopting a collaborative approach to develop a UK-wide AP principles framework
3. Incorporating AP requirements into the wider review of revalidation and the Code scheduled for 2025/26

## Understanding the impact on internationally educated nurses and midwives

A crucial aspect of this review is considering the impact of any additional regulations on internationally educated nurses and midwives (IENMs), who constitute a significant and growing portion of the NMC register.<sup>6</sup> We know from the evidence that IENMs working in the UK face a unique set of challenges when it comes to career development and progression, which could impact on their ability to access AP training opportunities.<sup>7</sup> For example, the NMC does not recognise post-registration qualifications obtained outside the UK, requiring IENMs to complete UK-based training programmes even if it means duplicating a qualification. Additionally, they must demonstrate English language proficiency at a high level, prove the relevance of their international experience to the UK context, and meet various university-specific standards, which can complicate their path to AP roles.<sup>8</sup> These challenges highlight the need for thoughtful consideration of how additional regulations might impact this vital part of the workforce.

## About this research

### Aims

This research aims to support the NMC's decision-making process as part of its AP review, ensuring any future regulatory decision takes into account the unique situation of IENMs on the register now and in the future. This research answers the following questions:

1. What post-registration advanced level qualifications and experience do IENMs hold prior to joining the NMC register?
2. How are internationally gained qualifications, education, and training in AP recognised when IENMs join the register in the UK?
3. To what extent do IENMs manage to use their prior education and experience of AP roles in their home countries in the UK when they join the NMC register?
4. What additional support might help IENMs successfully pursue AP roles?
5. What is the process by which IENMs obtained AP qualifications while working in the UK and the barriers to and enablers of that?

### Methodology

To compile this report, we employed a comprehensive mixed-methods approach comprising three key components:

#### 1. Evidence Scan:

- Conducted a rapid evidence scan on the global landscape of advanced nursing and midwifery practice, focusing on prevalence, definitions, regulations, barriers, benefits, and risks. This scan emphasised countries from which the UK heavily recruits, such as India, the Philippines, and Nigeria.
- Performed a targeted, rapid scoping review of scholarly literature to evaluate how internationally educated nurses and midwives (IENMs) in the UK utilise their advanced practice experience and qualifications gained abroad. This review informed our primary research by identifying key evidence gaps and trends.<sup>7</sup>

#### 2. Survey:

- Surveyed **1,592** IENMs on the NMC register, divided into three groups based on their advanced practice experience and/or interest as outlined in Table 1.

Table 1: Survey respondent groups

Group 1	Group 2	Group 3
IENMs with AP qualifications and/or roles obtained outside the UK (n=348)	IENMs interested in obtaining an AP qualification and/or role in the UK (n=1,127)	IENMs who obtained AP qualifications or roles in the UK, or who were currently in AP training (n=326)

The top five countries or regions of initial registration among survey respondents across the whole sample were India (29%), the Philippines (18%), Nigeria (14%), EU member states (11%), and Ghana (7%). This distribution closely aligns with the most common countries of initial registration for IENMs on the overall register.

It's important to note that the survey groups were not mutually exclusive and the survey sample may not be fully representative of the proportions of these groups on the NMC register. For a detailed description of the methodology, including study limitations, survey respondent demographics, and recruitment methods, please refer to the Appendix.

### 3. Focus Groups and Interviews:

- Organised three focus groups, one for each survey group, to complement the survey data.
- Conducted additional interview with midwives from Group 2 to explore the nuances between those interested in pursuing advanced midwifery practice as compared with advanced nursing practice.

## Key findings

### Global standards and recognition of advanced practice experience

- Around half of the respondents with prior AP experience gained overseas worked to some extent across all four pillars of advanced practice, and just over a quarter (27%) were able to prescribe.
- Two-thirds of IENM respondents with AP experience gained overseas reported that their UK employer does not or only slightly recognises their AP skills, leading to feelings of demoralisation and disengagement.
- 64% of IENMS with AP qualifications and/or roles obtained outside of the UK describe a lack of opportunities in the UK to maintain their AP skills.

### Knowledge and perception of advanced practice

- Knowledge about becoming an advanced practitioner among IENMs with an interest in pursuing AP is generally low, with significant confusion over its definition and access pathways, especially among registrants from Nigeria, midwives working in England, and nurses and midwives working in the devolved nations.
- IENMs with an interest in pursuing AP view it as a means to enhance their capabilities, specialise in areas of interest, and elevate their professional standing.

### Barriers to accessing advanced practice opportunities

- Financial constraints (70%) and a limited understanding of the pathway (61%) are the top barriers preventing IENMs with an interest in AP from successfully pursuing it in the UK.
- A quarter of IENMs interested in pursuing AP felt hindered in accessing this opportunity due to visa or immigration status, 22% cited lack of recognition of their overseas qualifications as a barrier, and 11% said their overseas qualifications were considered insufficient to qualify for AP training programmes in the UK.

### Advanced practice training experience, challenges, and enabling factors

- While the majority of IENMs who obtained an AP qualification in the UK reported positive experiences and equal access to training opportunities, a significant minority disagreed, indicating room for improvement in ensuring equitable access and support.
- Lack of time, unclear qualification pathways, financial barriers, limited support networks, and unsupportive managers/employers were the main challenges faced by IENMs during their AP training. Notably, nearly a quarter (23%) experienced workplace discrimination and bias.
- Key enablers for IENMs who accessed AP training and/or roles in the UK included employer support and funding, flexible training routes and programmes, and credentialing.

## Views about regulation and its perceived advantages and disadvantages

- 69% of respondents overall agreed that the NMC should take a greater role in regulating AP.
- Perceived benefits include greater consistency in education and training standards, employer assurance of skills, and increased patient safety.
- Perceived disadvantages include additional time and expense to obtain qualifications and possible limitations on access.

## Conclusion and recommendations

Moving forward, addressing the challenges identified in this research will be crucial for maximising the potential of IENMs in AP roles. A consistent framework for assessing international AP skills and experience should be developed, alongside flexible pathways for bridging international qualifications to UK standards. Entry requirements for AP programmes should be redesigned to focus on core competencies, with a review of language proficiency requirements to ensure appropriateness. Improving the transparency of qualification routes, including clear steps, timelines, and costs, is crucial, as is clarifying the responsibilities of universities and employers in supporting IENMs.

To support IENMs during training, mentorship programmes and support networks should be implemented. Ongoing professional development opportunities should be created to help IENMs maintain and update their AP skills, with cultural competence incorporated into any future unified AP framework. Finally, workplace integration should be improved through the development of employer guidelines for integrating international AP experience and the implementation of anti-discrimination policies in health and care settings.



# 1. VIEWS OF IENMS WITH PRIOR EXPERIENCE OF ADVANCED PRACTICE OUTSIDE THE UK

## Key findings:

- Half of IENMs with AP experience gained outside the UK worked to some extent across all four pillars; 27% could prescribe.
- Two-thirds of IENMs with AP experienced gained overseas reported little to no recognition of their AP skills by UK employers, leading to demoralisation.
- 64% of IENMs with AP experience gained abroad described a lack of opportunities to maintain their AP skills once in the UK.
- Employer support, including through funding and assistance with recognising prior learning, was crucial for IENMs to have their AP skills acknowledged. Charitable funding for development programmes also significantly enabled skills recognition and career progression.

## Background

Our rapid evidence scan found that AP roles in nursing exist in over 50 different countries, including in the countries the UK now primarily recruits from.<sup>7</sup> There is clear evidence that the role's adoption is accelerating and this trend is likely to continue. The development and spread of AP roles in midwifery is much less pronounced; however, the role does exist and is gaining traction in a handful of countries, including India.

There is a lack of evidence about the AP skills and experience IENMs bring to the UK, how well these are recognised and maintained, and what changes these experienced registrants want in future AP regulations for themselves and the professions. To fill this gap, we polled over 300 registrants who gained AP qualifications overseas and/or who worked as advanced practitioners overseas. We also conducted a focus group of nurse and midwife internationally educated registrants with AP experience gained in their home countries, but now living across the four UK-nations.

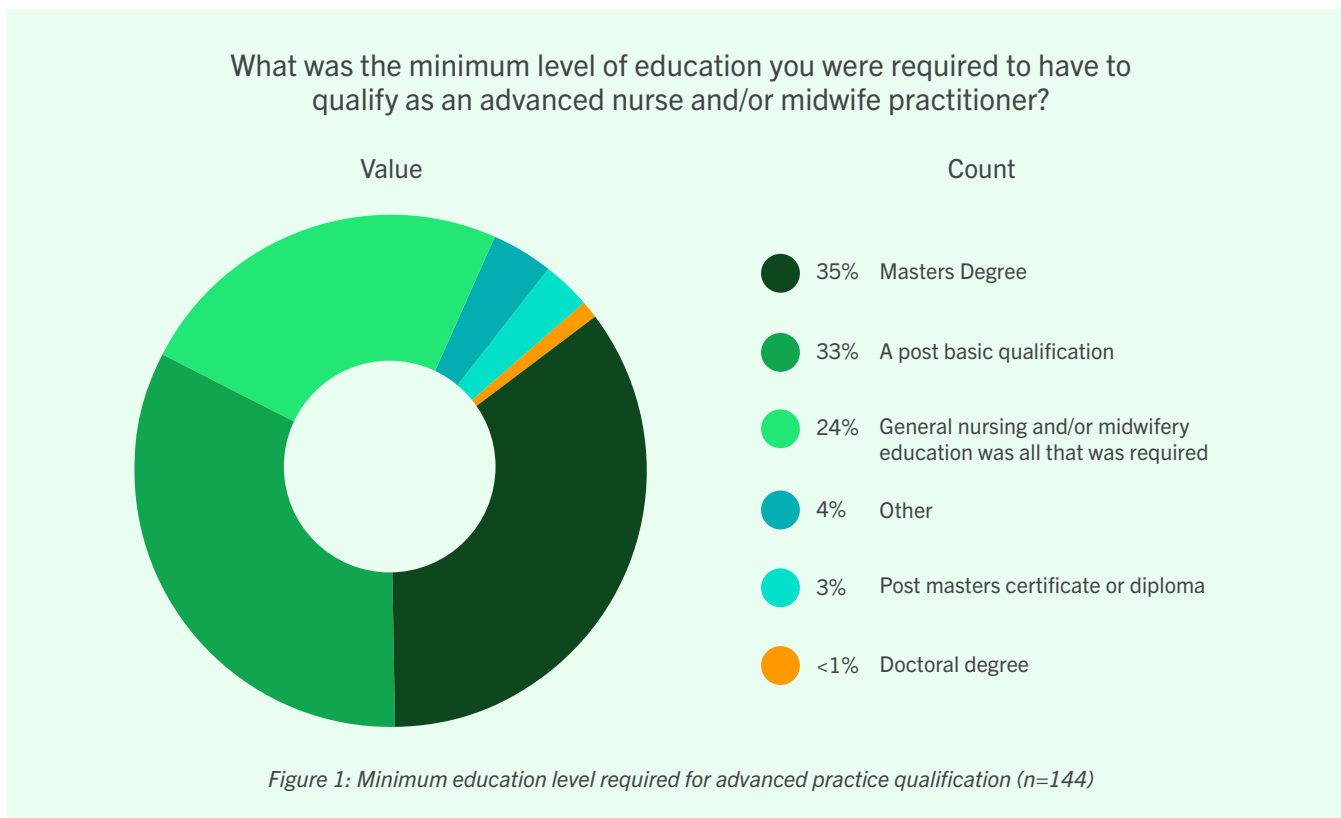
## Demographic profile of survey respondents (Group 1)

A total of **348 registrants** indicated that they had AP expertise gained overseas, with 144 having acquired a qualification and 204 having held an AP role without acquiring a qualification. Registrants most likely obtained their initial registration in India (27%), followed by Nigeria (15%), EU countries (13%), the Philippines (13%), and Ghana (7%). Respondents were overwhelmingly nurses (93%), followed by midwives (4%), and then dual registrants (3%). The majority (83%) were working in England, with 13% working in the devolved nations combined, and a further 4% who preferred not to say.

## Results

### Educational and skills based requirements and qualifications

We asked respondents who had undergone AP training programmes abroad about the educational qualifications they were required to obtain as part of their AP training. A significant majority (71.5%) said they needed additional educational qualifications beyond general nursing or midwifery education to take up the role. 39% needed a master's degree or higher, while 33% were required to have a post-basic diploma, likely equivalent to a BSc in nursing or a specialised area. Notably, 24% did not need any further qualifications beyond their general nursing or midwifery education, which in some countries may or may not include a Bachelor's degree.



As part of obtaining their AP qualification abroad, half of respondents (n=144) also needed to acquire post-registration skills-based qualifications or certificates. Most commonly these were: prescribing, physical assessment, developing specialist skills in critical care or other areas and passing OSCE examinations. Others mentioned needing to complete a certain amount of years in practice, to pass preceptorship programmes, to complete a set amount of teaching contact hours, and to be able to evidence leadership and research capability.

*"In Canada, prescribing was learned as part of the nurse practitioner master's degree. I was required to pass a written board exam for nurse practitioners as well as an OSCE."*

**Survey respondent, nurse who obtained an AP qualification in Canada, now working in London**

*"In Romania, I had to complete 7 years of post-qualification experience and training."*

**Survey respondent, nurse who obtained an AP qualification in Romania, now working in London**

It's important to note that due to global variations in advanced practice training routes, some respondents' overseas AP qualifications may not align with UK standards for AP. For instance, one focus group participant from India described becoming an advanced midwifery practitioner through a pathway that involved an initial nursing qualification followed by a one-year midwifery training programme. This route differs significantly from UK advanced practice frameworks.

*"After qualifying as a registered nurse in India, you were required to do one year out station stint and at the end of which you were eligible to apply for the midwifery programme, which was one year."*

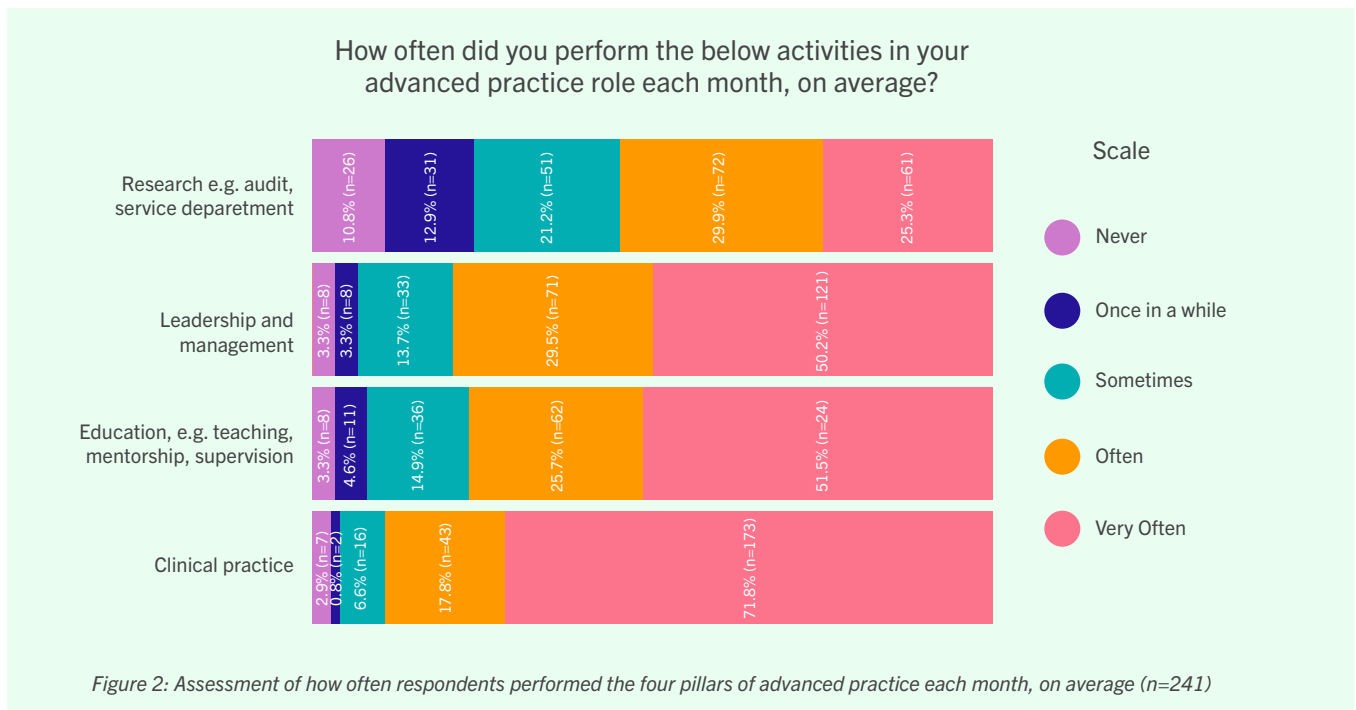
**Focus group participant, midwife who obtained AP qualification in India, now working in the West Midlands**

## Competencies and scope of practice

### The four pillars

We wanted to see how closely the activity of respondents mapped to the four pillars of UK advanced practice frameworks. We asked respondents who had worked as advanced practitioners overseas to think back to their AP role and consider how often on average, every month, they performed each of the four pillars of clinical practice, leadership and management, education, and research.

Large majorities very often or often performed clinical practice (90%), leadership and management (80%) and education (78%). Only just over half (55%), however, very often or often were involved in research activity. Taken as a composite, just over half (52%) worked to some extent across all four of the pillars.



*“It’s not called the four pillars but in Portugal to do my role I had to complete a Management and Leadership module, and do research, quality improvement, governance, and audit, including statistics.”*

**Focus group participant, nurse who obtained AP qualification in Portugal, now working in the South East**

### Scope of practice

The International Council of Nurses (ICN) has outlined a list of scope of practice characteristics for advanced nurse practitioners aimed at guiding their roles globally and creating a consensus around what the role entails.<sup>9</sup> We asked IENMs who had held AP roles in their home country to tell us to what extent their role encompassed those characteristics. The results showed moderate to low adherence to ICN standards.

For instance, only 67% of respondents (n=241) indicated that their role involved providing care beyond their initial registration, a basic criterion for advanced practice. Over half (57%) adhered to specific competencies and standards, 56% had significant autonomy, and 52% used advanced assessment and diagnostic skills. Nearly half were involved in healthcare programme management (49%) and provided comprehensive care (48%). Less than half (45%) offered consultancy to other professionals, and 37% managed their own caseloads.

## Regulations

### Role title

Just over half (51%) of respondents who worked as advanced practitioners had no title change once they became an advanced practitioner, with two focus group participants explaining that a title change was either not possible or not standard practice in their home country. However, this research did identify over 20 different job titles in use overseas to indicate advanced practice, including Specialist Nurse (SN), Nurse Practitioner (NP), and Clinical Nurse Specialist (CNS), – with the most common one being SN. One focus group participant expressed confusion around whether or not her specialist qualification was the same as an advanced level qualification.

*“I did a master’s in maternal and child health in Nigeria to become a specialist nurse and I was a lecturer there for ten years. I am not sure if this means I was what you would call an advanced practitioner.”*

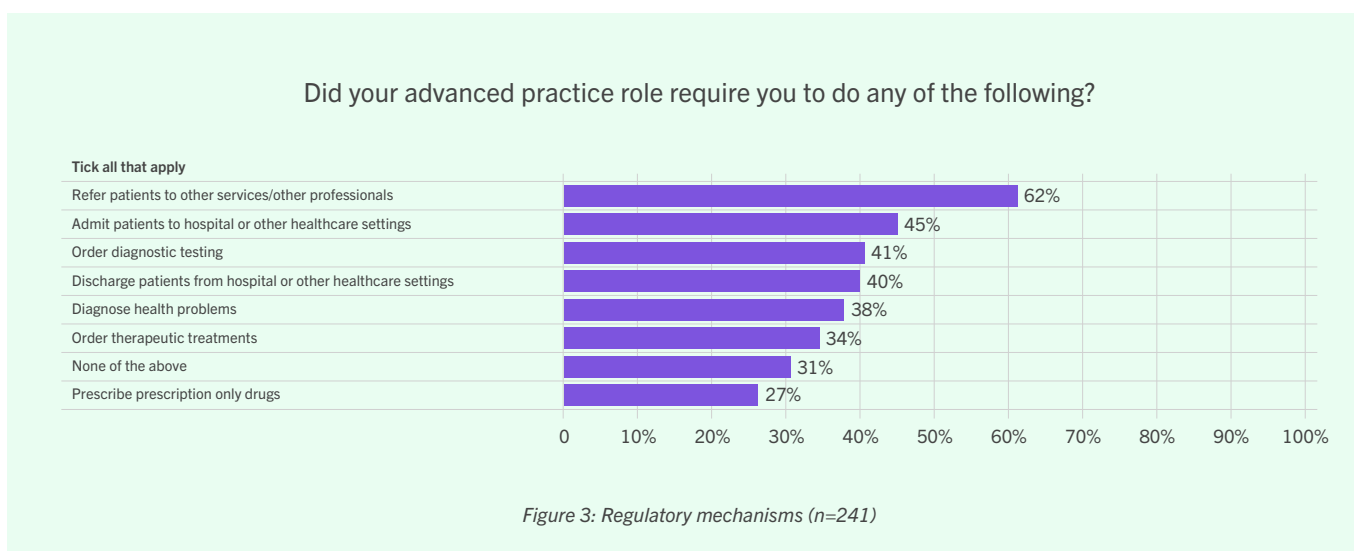
**Focus group participant, nurse who worked as an advanced practitioner in Nigeria, now working in Scotland**

### Revalidation and recording

Revalidation of their AP qualification was a requirement for half of the respondents who worked as advanced practitioners abroad and 60% said their qualification was recorded on a register.

### Regulatory mechanisms

We wanted to assess whether or not regulatory mechanisms for AP overseas enabled or restricted nurse and midwife advanced practitioners from practising fully independently and exercising full scope of practice authority. Respondents who worked in an AP role overseas (n=241) indicated that the various regulatory mechanisms in place in their home countries were generally restrictive, with only 27% able to prescribe prescription and controlled drugs, 38% having the ability to diagnose, and 45% having the ability to admit patients.



### Recognition of skills and experience once in the UK

**Two thirds** of respondents who obtained an AP qualification or worked in an AP role outside of the UK (n=348) reported that their UK employer **does not at all recognise (46%) or only slightly recognises (17%)** their prior AP skills or experience. This lack of recognition leads them to feel demoralised and disengaged. Only 16% indicated that their UK employer completely or considerably recognises their AP expertise. Related to this, 64% have not been provided with opportunities to keep their advanced practice skills up to date.

How much do you think your current UK employer recognises the advanced practice experience you gained outside the UK?

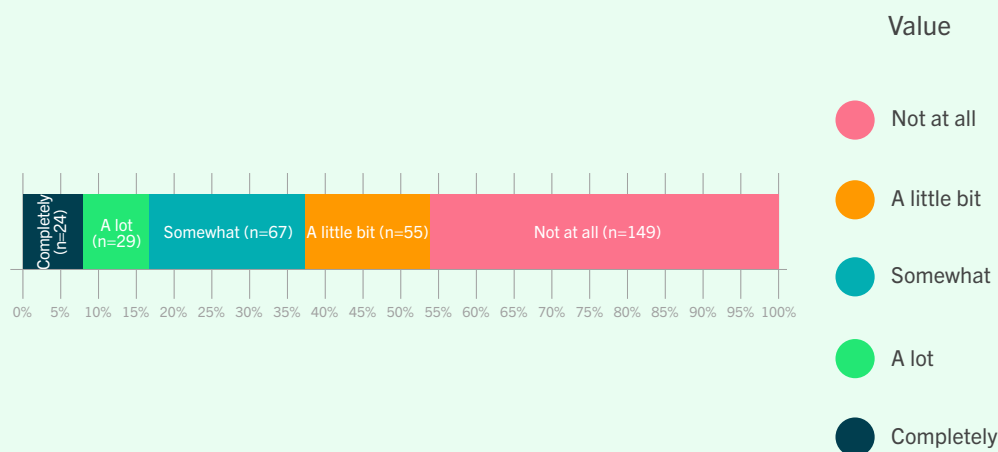


Figure 4: Extent to which UK employer recognises previously acquired advanced practice experience or qualifications gained outside of the UK

The recognition of international AP experience varies depending on the formality of the qualifications. Among those who worked in an AP role abroad without formal qualifications, 65% reported that their UK employer did not recognize their AP expertise at all. This figure decreases to 57% for those who had obtained an AP qualification. Additionally, only 13% of respondents who worked as an AP overseas felt that their UK employer fully or significantly acknowledged their expertise, but this number rises to 22% for those who had acquired an AP qualification.

## Barriers to and enablers of recognition

We asked survey respondents and focus group participants who had AP experience abroad about how their UK employers recognise or fail to recognise their AP experience, and the impact this has had on them personally and professionally. As outlined in Table 2, and elaborated on in more detail in the below thematic lists, IENMs with AP experience in their home countries face a complex landscape of challenges and support mechanisms affecting their professional integration and advancement.

On the one hand, many IENMs face significant barriers, such as being treated as newly qualified despite extensive experience, being overlooked for career opportunities, and experiencing unequal treatment compared to their UK-trained peers. Additionally, they often encounter restrictions in performing tasks they are proficient in and may find that, despite their managers recognising their skills, their roles do not allow full utilisation of these abilities. On the other hand, several enablers facilitated the recognition and development of their advanced practice skills. Supportive career development opportunities, funding from charitable programmes, increased autonomy in work assignments, and employer support for obtaining AP certification all play crucial roles in mitigating these challenges.

Table 2: Barriers to and enablers of recognition of AP skills and experience

Barrier	Enabler
<p><b>Being treated as a newly qualified nurse</b></p> <p>International experience often disregarded, leading to starting employment at a lower banding</p>	<p><b>Supportive career development</b></p> <p>Employers acknowledge experience and provide career growth opportunities</p>
<p><b>Being passed over for funding and opportunities</b></p> <p>Qualified IENMs overlooked for career advancements and funding support</p>	<p><b>Employer and/or charitable funding and support</b></p> <p>Employer facilitates access to funding and support; charitable funding programmes help IENMs access training opportunities</p>
<p><b>Unequal treatment compared to UK-educated peers</b></p> <p>Different standards and scepticism about professional judgement</p>	<p><b>Increased autonomy</b></p> <p>Employers grant more autonomy, reflecting trust in professional judgement</p>
<p><b>Restricted from performing certain tasks</b></p> <p>Limitations placed on practice scope despite proficiency</p>	<p><b>Support to become an advanced practitioner</b></p> <p>Assistance and support in obtaining AP qualification and expanding scope of practice</p>
<p><b>Managers recognise skills, but roles do not allow utilisation</b></p> <p>Employer informally acknowledges skills but limited opportunity to use them in practice</p>	

## Additional detail on barriers to skill recognition:

1. **Being treated as a newly qualified nurse:** We heard that when IENMs are recruited into the health and care system, their prior experience and expertise (either time served or post-registration specialty qualifications) is often not recognised on paper. As a consequence, many IENMs in the NHS are placed at the bottom of Agenda for Change Band 5 (or even lower) and feel like they are ‘starting from scratch.’

*“I started my work at entry level in the UK. I had 10 years post-registration experience and that was not taken into account. It’s like all the skills I had were stripped off and I was told I would have to be taught again. I understand policies and procedures are different, but some recognition of the skills and experiences would be appreciated.”*

**Survey respondent, nurse who obtained AP qualification from Zimbabwe, now working in London**

*“As an internationally trained nurse, I was expected to start on Band 5. When I raised a concern with the HR at the time stating that my wealth of experience has not been considered, I was told that all IENs are to start on Band 5 according to Trust policy.”*

**Survey respondent, nurse who worked in an AP role in Nigeria, now working in the South East**

2. **Being passed over for opportunities:** Many told us that they have been overlooked for career advancement or opportunities despite their qualifications and experience.

*“I have worked as a Heart failure support nurse since last 3 years and 10 months. Have been offered only a Level 6 course in Heart failure. However, when requested to further do clinical assessment and the prescribing course, I have been rejected by my manager. Most of the colleagues are much less qualified in my Team, are conducting independent clinics and not all are prescribers.”*

**Survey respondent, nurse who obtained an AP qualification in India, now working in East of England**

*"I have previously done a master's in nursing with modules in advanced leadership, advanced pathophysiology, research methods, curriculum design and documentation, dissertation, health assessment, and decision-making. Yet I am unable to use these as most advanced practice roles requires a band experience and I have been unsuccessful in securing that so far. This is making me feel I am rusting away and not giving my best to patients and my trust."*

**Focus group participant, nurse who obtained an AP qualification in the Philippines, now working in London**

3. **Unequal treatment compared to UK educated peers:** Respondents also raised that they feel there is sometimes a different standard applied to them compared to their UK-educated peers.

*"The people I am working with didn't believe in my judgement because I was trained outside of the UK."*

**Survey respondent, midwife who worked in AP role in Ghana, now working in Scotland**

4. **Restricted from performing certain tasks:** IENMs reported being limited in the tasks they are allowed to perform, regardless of their proficiency.

*"I don't think anyone cares about your previous skills or qualifications. I was a Chief Midwife Tutor in Nigeria and Jamaica, but all efforts to contribute my experience in the UK prove abortive. One day I picked up a shift on the antenatal ward, [and] despite the fact that I performed well on the ward, the ward manager called me at the end of the shift and gave me a serious warning I should never pick up a shift on her ward again. I felt very embarrassed and demoralised."*

**Survey respondent, midwife who worked in an AP role in Nigeria, now working in the North West**

*"Midwifery is a different role in the USA. My scope of practice was bigger... I will need to get signed off or do the steps to advance on skills I am already proficient in (for example, implant inserts) and it's going to take over a year and I am not eager to wait for it."*

**Survey respondent, midwife who obtained an AP qualification in the USA, now working in Scotland**

5. **Managers recognise skills, but roles do not allow utilisation:** Some IENMs feel their managers recognise their skills, but their roles do not allow them to fully utilise these skills.

*"Would be called to perform some of the tasks associated with advanced practice but not being fully recognised because I don't have the title and certificate to back up the practice."*

**Focus group participant, nurse who obtained AP qualification in the Philippines, now working in London**

## **Additional detail on enablers of skills recognition**

1. **Supportive career development:** Employers facilitated career development by providing access to formal and informal opportunities to update advanced practice skills, development programmes, and promotions.

*"The successful application for each of my posts in the UK was based on my experience as a specialised practitioner which I gained overseas."*

**Survey respondent, nurse who obtained AP qualification in Germany, now working in Scotland**

*"They allowed me to grow quickly to become a charge nurse within 5 years of working in the UK. I would have become a charge nurse sooner if I had not gone away twice on maternity leave. Secondly, I applied for sponsorship for the ACP training and it got approved without any fuss because they know I can take up this role."*

**Survey respondent, nurse who worked in an AP role in Nigeria, now working in the South East**

2. **Charitable programmes:** Development programmes funded by charities, such as those run by Macmillan or the British Heart Foundation, enable participants to access funding for their own development, especially for Clinical Nurse Specialist (CNS) roles.

*"The Macmillan development programme was like a stepping stone for me... after six months as a Band 5 I got the opportunity to train as a Band 6 CNS and I know it's because my employer knew I could do it."*

**Focus group participant, nurse who obtained AP qualification in India, now working in East of England**

3. **Increased autonomy:** Employers recognise advanced practice skills by granting more autonomy in work assignments.
4. **Support to become an advanced practitioner, including helping acquire recognition of prior learning:** Employer support for advanced practice certification through the ePortfolio (supported) Route

*“I was able to do this as my current employer is supporting me on the Advanced Practice Certification through the ePortfolio (supported) Route with the Centre for Advancing Practice (NHS England) which has incorporated some of my previous experience. In the last year, I successfully completed my Independent and Supplementary Prescribing and am now able to prescribe within my role.”*

**Survey respondent, nurse who obtained AP qualification in Portugal, now working in the South East**

## Discussion

These findings reveal significant global variation in how AP is defined, assessed, and regulated across different countries. Notably, having an AP qualification was not always a prerequisite for working in such roles overseas. For those who did receive qualifications, their training programmes showed partial alignment with UK advanced practice frameworks. High alignment was seen in educational requirements, moderate alignment in activities across the four pillars of practice, and low to moderate alignment in adherence to scope of practice characteristics.

Respondents indicated that regulatory mechanisms for AP in their home countries were generally restrictive, often not allowing them to exercise full scope of practice authority. Most required physician oversight for tasks such as diagnostics and prescribing, which contrasts with UK frameworks. The literature suggests that such restrictive scope of practice can hinder the development and utilisation of advanced practice roles.<sup>10</sup>

Interestingly, half of the IENMs who worked in AP roles overseas experienced no job title change from their initial registration. When titles did change, ‘Specialist Nurse’ was the most common one assumed. Some focus group participants expressed confusion over the distinction between advanced and specialist practice, unsure whether their overseas qualifications (e.g., as a Clinical Nurse Specialist or Specialist Nurse) were equivalent to UK advanced practice standards.

The findings support concerns raised in the literature about inadequate recognition of IENMs’ expertise - no matter at what level - upon joining the UK register, leading to deskilling, demotivation, and ultimately, attrition. It identifies several barriers for IENMs accessing advanced practice opportunities in the UK, including being treated as newly qualified, being overlooked for career advancement, and facing restrictions on performing certain tasks despite prior qualifications and experience. Positively these findings highlight how UK employers can better support IENMs with AP experience gained overseas by investing in development programmes that align with their prior skills, helping them work to their full potential and feel valued.

These findings underscore the complexities surrounding advanced practice qualifications or experience obtained outside the UK and the challenges IENMs face in having their expertise recognised. These results emphasise the need for any future regulatory decisions to carefully consider and account for the diverse backgrounds and experiences of IENMs with advanced practice or any relevant post-registration qualifications or experience.



# 2. VIEWS OF IENMs WITH AN INTEREST IN PURSUING ADVANCED PRACTICE IN THE UK

## Key findings:

- Knowledge about how to become an advanced practitioner among most IENMs with an interest in AP is low to non-existent, with significant confusion over its definition and access pathways. This knowledge gap is particularly evident among respondents from Nigeria, midwives, and nurses and midwives working in the devolved nations.
- IENMs with an interest in pursuing AP often view it as a pathway to enhance their capabilities, specialise in areas of interest, and elevate their professional standing.
- IENMs with an interest in AP face two main barriers to becoming advanced practitioners: financial constraints (70%) and a lack of or limited understanding of the pathway (61%).
  - Financial constraints are particularly acute for those from India and Nigeria, with 88% and 96% of respondents respectively identifying this as a barrier.
- A quarter of IENMs with an interest in AP were hindered in accessing this opportunity due to visa or immigration status, 22% cited lack of recognition of their overseas qualifications as a barrier, and 11% said their overseas qualifications are not deemed high enough to access AP training.
- A small minority of IENMs interested in pursuing AP have relevant post-registration qualifications gained overseas, including a master's degree (11%), a specialty credential (14%), and prescribing (5%).

## Background

Limited research exists on IENMs' perspectives on advanced practice roles and potential barriers to pursuing these career advancement opportunities in the UK. Key findings from our rapid review and initial discussions with IENM leaders highlighted issues impacting on IENM career development generally (not just across advanced practice). These include the underutilisation of their existing skills, leading to deskilling and demotivation; the positive impact of supportive work environments on retention and career development; and the complex interplay of cultural integration, language barriers, and discrimination on career development within the health and care service. To gain deeper insights, we held a focus group and polled over 1,000 IENMs with an interest in pursuing AP.

## Demographic profile of survey respondents (Group 2)

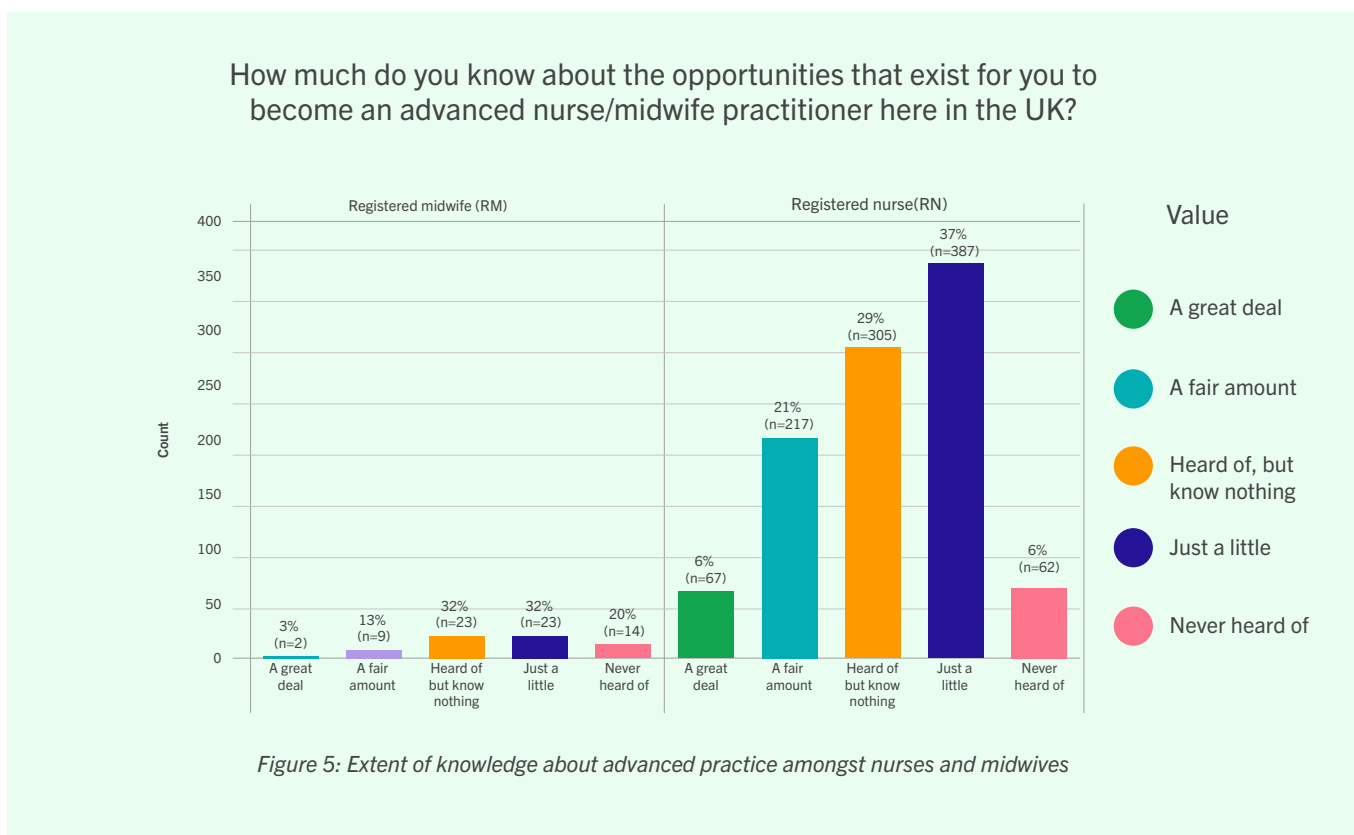
A total of 1,127 registrants with an interest in obtaining an AP qualification and/or working as an advanced practitioner in the UK completed the survey, comprising 92% registered nurses, 6% registered midwives, and 1% dual-registered. The majority of respondents received their initial registration in one of three countries: India (33%), Nigeria (16%), and the Philippines (16%). Collectively, registrants from these three nations account for 65% of survey participants, closely mirroring the proportion of internationally trained professionals on the NMC register. We also received responses from registrants from 16 EU member states, which together comprise 21% of all respondents. Respondents worked across all four UK nations, with most (89%) working in England.

## Results

### Knowledge and understanding of AP

Knowledge about how to become an advanced practitioner among interested internationally educated registrants is generally low to non-existent, with considerable confusion surrounding its definition and access pathways. This confusion persists even among those who express a strong interest in pursuing this opportunity. Nearly three-quarters (73%) of all respondents with an interest in pursuing AP reported having little to no understanding of how to do this, a figure that rises to 84% when focusing solely on midwives.

There are also varying levels of knowledge about accessing advanced practice training based on the country of initial training. Respondents from Nigeria, in particular, show notably low levels of understanding about how to access this training opportunity. Additionally, registrants working in the devolved nations are less likely to understand how to pursue AP career pathways compared to those working in England.



*“It’s confusing. It is really confusing. ...I don’t really know what it entails. For me, I think it’s about taking extra training above the midwifery training that you had already taken that will help you give a different or better care to a different group of people. ...It’s getting into the neonatal or more specialist, medical practice.”*

**Interviewee, midwife from Ghana with an interest in pursuing AP, now working in the West Midlands**

*“I am very interested to learn and obtain new skills. I have heard of advanced practice, but don’t know how to apply and which specialisation is available.”*

**Focus group participant, nurse from Kenya with an interest in pursuing AP, now working in Northern Ireland**

## Motivations for wanting to pursue AP

Many nurses and midwives with an interest in pursuing AP view this qualification as a pathway to enhance their clinical capabilities, specialise in an area of interest, and elevate their professional standing. They see it as allowing them to progress in their careers while continuing to deliver direct patient care at an advanced level. Nurses and midwives shared the same top motivations, with midwives expressing slightly more interest in the research avenues opened by AP than nurses.

*“Learning, growing my skills and competence – and using this all for better patient care. That is what I love doing as a nurse.”*

**Survey respondent, nurse from Nigeria with an interest in pursuing AP<sup>a</sup>**

*“I would like to get deep knowledge and improve my skills for quality patient care. As a stroke nurse I feel so proud and if I get more support I am confident I can do more for my patients.”*

**Survey respondent, nurse from India with an interest in pursuing AP, now working in Wales**

### Top 10 motivations for pursuing advanced practice: analysis of free text survey commentary from over 1,000 respondents:

1. **Career Development and Progression (61%)** – Respondents frequently mentioned wanting to advance their careers, gain new skills, and progress to higher roles.
2. **Improve Patient Care (45%)** – Many expressed a desire to provide better, higher-level care to patients through advanced practice.
3. **Personal Growth and Knowledge Enhancement (40%)** – Respondents wanted to expand their knowledge, skills and expertise in nursing/midwifery.
4. **Increased Autonomy and Responsibility (31%)** – The ability to work more independently and take on greater responsibilities was a common theme.
5. **Specialisation (28%)** – Many wanted to specialise in a specific area of practice or gain expertise in a particular field.
6. **Financial Motivation (15%)** – Some mentioned increased salary or better financial prospects as a motivation.
7. **Leadership Opportunities (14%)** – Some expressed interest in taking on leadership roles or developing leadership skills.
8. **Research and Evidence-Based Practice – (10%)** Some, particularly midwives, were interested in engaging in research or applying evidence-based practices
9. **Job Satisfaction – (10%)** Increased job satisfaction and fulfilment was mentioned by some respondents.
10. **Contribute to Healthcare System – (6%)** A small portion expressed desire to make a broader impact on healthcare delivery.

## Barriers to accessing AP training and career pathway

We sought to identify the primary obstacles, if any, preventing IENMs with an interest in AP from pursuing this career path. The responses reveal a complex landscape of barriers, with two factors emerging as particularly significant: **financial constraints**, cited by 70% of respondents as a major obstacle, closely followed by **a lack of or limited understanding of the pathway**, identified by 61% of respondents. Financial constraints are particularly acute for those from India and Nigeria, with 88% and 96% of respondents respectively identifying this as a barrier.

Other barriers experienced by at least 20% of respondents with an interest in pursuing AP included workload, lack of employer or manager support, lack of support networks, and lack of time.

<sup>a</sup> This respondent chose not to identify which region of the UK they are currently now working in.

## Barriers preventing pursuing advanced practice qualifications/role in the UK

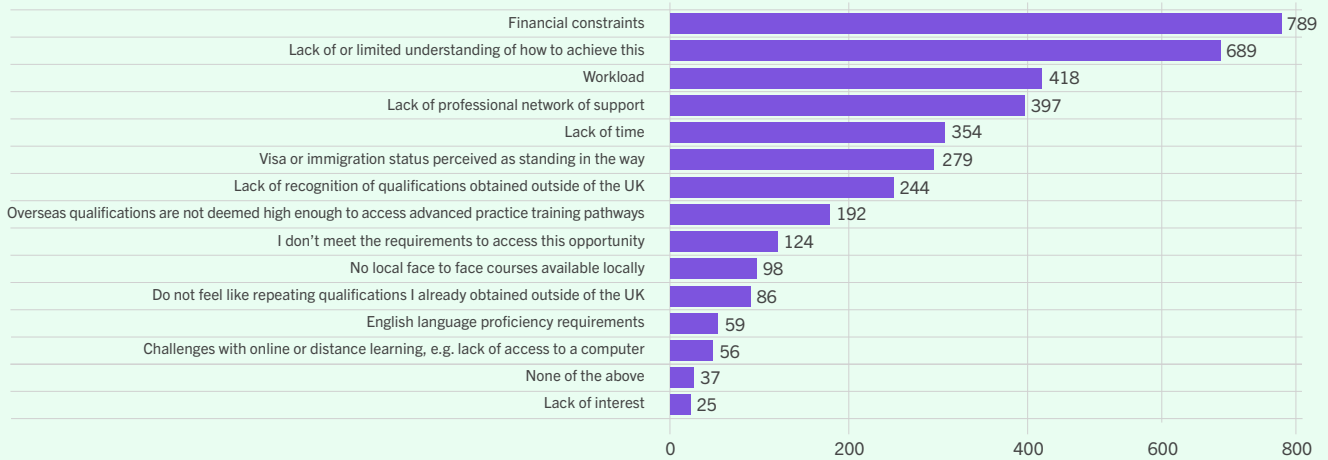


Figure 6: Barriers preventing registrants from pursuing advanced practice (n=1,127)

## Immigration-related barriers

Notably, respondents with an interest in pursuing AP also identified a host of barriers relating to their status as internationally educated and trained.

- 25% cited visa or immigration status
- 22% cited lack of recognition of their overseas qualifications
- 11% said their overseas qualifications are not deemed high enough to AP practice training pathways
- 5% cited English language proficiency

There are clear differences observed between different nationalities with respect to some of these barriers. Respondents from Nigeria were much likelier to say visa or immigration issues are a barrier for them (40%), compared to those from India (20%), the Philippines (14%), and the European Union (2%).

## Complex intersections between these barriers

Focus group discussions and the free text survey comments have revealed the complex intersection between the main barriers (financial constraints and lack of information and knowledge) and immigration-related barriers. This intersection manifests in the following ways:

1. **Financial barriers:** Advanced practice training is typically employer-funded, but internationally educated registrants often worry about tuition or training fees due to unclear information on accessing this funding. This concern is exacerbated by the belief that their visa status might require them to pay higher 'overseas' fees. While non-UK citizens must have resided in the UK for three years to qualify for 'home' fees at higher education institutions, employers are expected to cover these fees. Given that most AP university training programmes stipulate that candidates must have worked in the NHS for three years before being eligible to apply, employers would not incur 'overseas' fees for these candidates. However, there is considerable confusion surrounding this issue, which the lack of programme standardisation exacerbates.

*"I was quoted as needing to pay overseas fees for the university part of the advanced practice training, which were around £25k pa! This was significantly higher than the home fees to people who met the residency requirements."*  
**Survey respondent, nurse from Canada with an interest in pursuing AP, now working in London**

*"High fees for me as an overseas nurse. I am not sure when or if this will change."*

**Focus group respondent, nurse from Spain with an interest in pursuing AP, now working in Yorkshire and the Humber**

- 2. Eligibility and residency requirements:** As above, the requirement to have been 'ordinarily resident'<sup>b</sup> in the UK for three years before being eligible for 'home' fees at a university indicates how immigration status can delay career advancement opportunities for IENMs.<sup>11</sup> This waiting period can exacerbate other challenges and potentially discourage IENMs from seeking post-registration qualifications.

*"For an internationally trained nurse to pursue studies before you have been in this country for three years, is very expensive as I was considered not to be a home student. The fees were double the price to that of a home student, so I failed to pursue an advanced practice qualification."*

**Survey respondent, nurse from Zimbabwe with an interest in pursuing AP, now working in Yorkshire and the Humber**

*"I haven't lived in the UK for more than three years, so I cannot apply."*

**Interview, midwife from Pakistan with an interest in pursuing AP, now working in the North East**

*"I have to wait to be eligible in terms of accessing funding. I am applying to become a citizen as I know the cost implications if I am considered an international student."*

**Survey respondent, nurse from the Philippines with an interest in Pursuing AP, now working in East of England**

- 3. Lack of recognition of qualifications:** We heard that IENMs often struggle gaining recognition of their overseas qualifications, which is intrinsically linked to their status as internationally educated professionals. This lack of recognition can necessitate additional education, increasing both time and financial investment.

*"I was declined the opportunity to apply for Consultation and Assessment plus prescribing courses after 1 year of practice in the UK. The only reason given was that the skills are not required in my role. These are skills that I have been practising with before moving to the UK and I believe would have helped my practice here. I have had to self-fund these courses."*

**Survey respondent, nurse from Nigeria with an interest in pursuing AP, now working in East of England**

- 4. Lack of qualification equivalency:** Related to the above, some internationally educated registrants told us that their existing credentials do not directly align with the required Level 6 (BSc) degree qualification, meaning they do not meet entry requirements for the advanced practice MSc pathway. They have been told, therefore, that they must 'top up' their degree qualification before being allowed to pursue the programme.

*"The highest qualification I have back in Singapore is Advanced Diploma specialising in gerontology. My understanding is that I need to take a degree first before being able to pursue an advanced practice course. Due to financial constraints, I am currently not able to take the course to top up my qualification."*

**Survey respondent, nurse from Singapore with an interest in pursuing AP, now working in Scotland**

*"My knowledge on how to get there is very limited. My qualifications back home is not parallel to Level 6 here in the UK. The development pathway is too narrow, there are lots of requirements."*

**Survey respondent, nurse from the Philippines with an interest in pursuing AP, now working in London**

*"I was told that my degree is only equivalent to A levels, so I would need to top up my degree via a PGDip to make my degree equivalent to a nursing degree here. ...And with regards to this, a lot of people are saying the policy is inherently racist because you're given an NMC registration to be practising as any BSc qualified nurse in the UK and yet you are not deemed academically suitable to go on...and really they should have asked me and others like me to top up our degrees in the first place before coming here... I guess institutions have standards, let's say, and actually that is not in the control of the NMC. So that is a problem."*

**Focus group participant, nurse from the Philippines with an interest in pursuing AP, now working in London**

*“So there was a trainee advanced practitioner for haematology advertised and since my second role is finishing in October, I did a bit of research and I gave an interview and one of my questions to the interview panel was that I am international so how will you plan for me? Because my degree is different, not from the UK. So they mentioned there is a bit of a different pathway... It's not proper apprenticeship, I will have to do extra assignments and one more dissertation which will help them make my previous qualification equivalent and which will help an international nurse to become an advanced practitioner who had their basic qualifications in a different country. But I didn't get the role anyway because there was a clause that you had to be in the UK for a minimum of three years to qualify.”*

**Focus group participant, nurse from India with an interest in pursuing AP, now working in England**

There is a similar challenge when trying to access the apprenticeship route. Eligibility requirements for apprenticeships stipulate that applicants must have the right to work in England, have been resident in the UK for the past three years, and can evidence level 2 qualifications in English and Maths (GCSEs).

*“I am not qualified for apprenticeship pathway as I don't have an English and maths level 2 certificate. This is unfair as I have completed nursing courses at level 6 and 7 with a 70% degree.”*

**Survey respondent, nurse from Iran with an interest in pursuing AP, now working in North East**

*“Some courses would require certain qualifications that are within the British educational systems, but not overseas, for example maths at GCSE level for the apprenticeship.”*

**Survey respondent, nurse from Croatia with an interest in pursuing AP, now working in London**

It's important to note that we also heard from some focus group attendees that this concern is 'overblown' and actually it's a very simple and inexpensive process for IENMs to achieve foundation level 2 English and Maths. The challenge, we heard, is that employers either lack the information, experience, or will to support their IENM staff to do this and IENMs themselves are daunted by a process they may not understand.

5. **Lack of information:** The perceived opacity of the advanced practice pathway may be more pronounced for IENMs due to unfamiliarity with the UK system, language barriers, or limited professional networks.

*“Lack of information about ACP and the routes available, especially in mental health, and as such I do not know how to proceed. I have attended an open day at university close to me and was not able to obtain meaningful information. I was frankly discouraged from this path by the people I spoke with who mentioned that it was impossible to become an ACP because I work in the private sector.”*

**Survey respondent, nurse from Nigeria with an interest in pursuing AP, now working in the North West**

*“The information is not reaching international nurses. There is no seat available to international nurses.”*

**Survey respondent, nurse from India with an interest in pursuing AP, now working in Wales**

6. **Perceived bias:** There is a sense that these opportunities are denied or kept from internationally educated registrants due to perceived bias, racism, or discrimination or the belief that managers do not wish to invest the time in supporting them.

*“There is not enough information on how to become an advanced practitioner and most of these roles are gatekept by specific demographics.”*

**Survey respondent, nurse from Nigeria with an interest in pursuing AP, now working in the North West**

*“Information on how to achieve this is not readily available. I also believe being a black minority ethnic individual is a barrier. I am rarely offered such opportunities and if I happen to come across such opportunities the support is limited.”*

**Survey respondent, nurse from Zimbabwe with an interest in pursuing AP, now working in the South East**

7. **English language requirements or proficiency:** Advanced practice master's programmes usually require proof of English language proficiency, often met by the IELTS exam used for initial registration. However, some IENMs reported facing additional language requirements. While many felt capable of meeting entry-level language

standards, some were deterred by the prospect of completing advanced academic coursework in English. These individuals perceived a gap between the high-level English required for academic writing and the language skills needed in clinical practice, causing some to reconsider pursuing AP qualifications despite their clinical expertise.

*“Education in England is totally different compared to India. Our education is more exam based, here it is assignment based. When first language is not English, it is difficult to do it to a high standard at master’s level.”*

**Survey respondent, nurse from India with an interest in pursuing AP, now working in Yorkshire and the Humber**

*“The need for English proficiency exams, even though I have been practising in the UK for over two years, is a barrier for me.”*

**Focus group participant, nurse from Nepal with an interest in pursuing AP, now working in Wales**

We can see from these responses that immigration status acts as a foundational factor that intensifies and complicates other barriers. It affects financial capabilities, eligibility for programmes, recognition of prior learning and experience, access to information, and overall navigation of the UK health and care system. This creates a multifaceted challenge where immigration status intersects with and often exacerbates other barriers, making the pursuit of AP qualifications particularly complex for IENMs.

## Post-registration qualifications

A small minority of IENMs interested in pursuing advanced practice bring valuable post-registration qualifications from their home countries. Specifically, 11% hold a master’s degree, 14% have earned a specialty credential, and 5% have prescribing qualifications. As noted above, there is frustration that these skills are not recognised currently or do not automatically exempt them from certain modules within an advanced practice qualification.

*“In India, I had a master’s degree. But here they say you need to get another master’s degree...”*

**Survey respondent, midwife from India with an interest in pursuing AP, now working in London**

Some IENMs with an interest in pursuing AP told us that they were able to ‘top up’ some of their qualifications gained abroad, but it has been a challenging, confusing, and time consuming process.

*“Going back to what you said about converting, I have had colleagues and they’ve had master’s degrees and other postgraduate qualifications back in their home countries. However, the process of getting that converted or recognised by the UK academic institutions takes a lot of time and they only allow specific universities with high qualifications or accreditations.”*

**Focus group participant, nurse from Nigeria with an interest in pursuing AP, now working in Scotland**

## Discussion

These findings shed light on the motivations and challenges of IENMs with an interest in pursuing AP qualifications and/or roles in the UK. It reveals a significant knowledge gap, with most IENMs expressing little to no understanding of how to become an advanced practitioner. Despite this, many are highly motivated, citing career development, improved patient care, and personal growth as key drivers. However, they face substantial barriers, primarily financial constraints and a lack of clear information about the AP pathway.

The situation is further complicated by immigration-related issues, including visa status and difficulties in getting overseas qualifications recognised. These factors intersect in complex ways, creating a multi-layered challenge for IENMs. For instance, confusion about fee structures for international students exacerbates financial concerns, while the requirement for three years of UK residency to qualify for ‘home’ fees can delay career advancement opportunities. Many IENMs also struggle with getting their existing qualifications recognised or considered equivalent to UK standards, often necessitating additional education and increasing both time and financial investment.

The findings also highlights perceived bias and discrimination in access to AP opportunities, as well as language barriers, particularly concerning academic writing at a master’s level. Interestingly, a small percentage of IENMs

arrive with valuable post-registration qualifications from their home countries, but these are often not fully recognised in the UK system. This situation points to several areas where policy changes could improve access to AP pathways for IENMs, including standardisation of AP programmes, review of residency requirements, and improved processes for qualification recognition.



# 3. EXPERIENCES OF IENMs WHO TRAINED TO BECOME ADVANCED PRACTITIONERS IN THE UK OR ARE WORKING AS ADVANCED PRACTITIONERS IN THE UK

## Key findings:

- EU trained nurses are the biggest group of IENMs who are advanced practitioners in the UK, followed by those from India and the Philippines.
- While the majority of IENMs who trained as advanced practitioners in the UK reported positive experiences and equal access to training opportunities and funding, a significant minority disagreed, indicating room for improvement in ensuring equitable access and support.
- Lack of time, unclear qualification pathways, financial barriers, limited support networks, and unsupportive managers/employers were the main challenges faced by IENMs who trained and/or are working as advanced practitioners in the UK.
- International status created some challenges for advanced practice pursuit. These include workplace discrimination and bias (23%), language requirements (13%) and restrictive immigration policies (7%).
- Key enablers for IENMs pursuing advanced practice include strong employer support, funding, flexible training programmes, the ePortfolio route, and specialty credentialling

## Background

There is currently limited information in the literature about the experiences of IENMs who have successfully navigated barriers to obtain advanced practice qualifications or roles in the UK. This knowledge gap hinders our understanding of effective strategies and support systems that facilitate their career progression. To address this, we sought to gather insights from IENMs who have overcome these challenges, aiming to identify successful pathways and best practices. To do this we polled over 300 IENMs who obtained an advanced practice qualification (or were currently in AP training) and/or who were working as advanced practitioners in the UK and we held a focus group comprised of this cohort.

## Demographic profile of survey respondents (Group 3)

We surveyed **326 registrants** who were either UK-trained advanced practitioners, currently in training, or working as advanced practitioners, with some overlap between sub-groups. In all categories, respondents from EU countries were significantly more represented, followed by those from India and the Philippines. The survey revealed a consistent trend across all three categories:

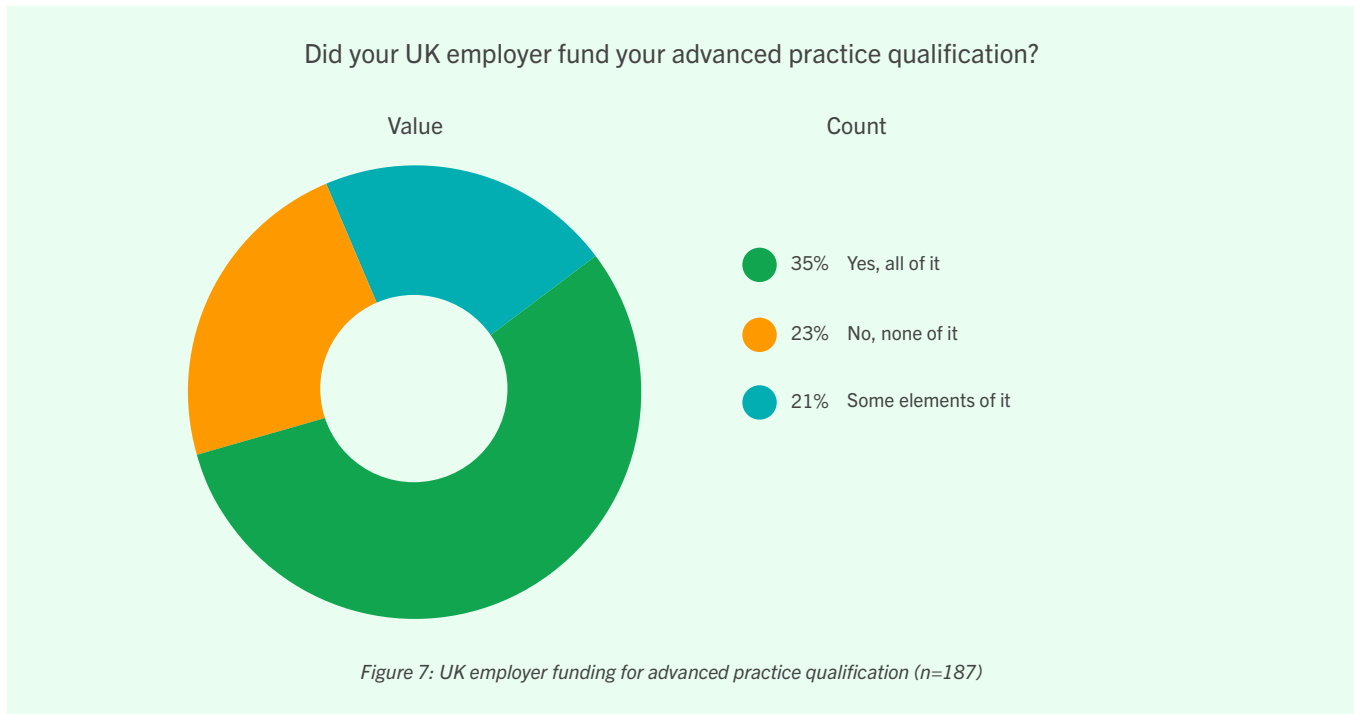
1. UK-trained advanced practitioners: EU (34%), India (20%), Philippines (18%), Ghana (6%), Nigeria (5%)
2. Those currently in advanced practice training: EU (32%), India (21%), Philippines (16%), Nigeria (13%), Ghana (3%)
3. Currently working as advanced practitioners: EU (30%), India (20%), Philippines (20%), Nigeria (5%), Ghana (4%)

Respondents are overwhelmingly working in England (94%) and most (88%) are nurses

## Results

### Funding

A clear majority of respondents who trained or were currently in AP training said that their employer funded all (56%) or some elements (21%) of their training, with a significant minority (23%) saying their employer did not fund their programme. There are some clear differences observed in likelihood of employer funding based on country of initial registration, with those from EU countries much more likely to have had their qualification completely funded by their employer (75%) compared to registrants from non-EU countries.



### Pathway and route to training

Like with the majority of advanced practice trainees generally, 64% of IENMs undertook (or are undertaking) their training programme on a part-time basis, and 18% accessed training via the apprenticeship route.

### Years working in the UK when qualification obtained

There is great variability in how many years IENMs worked in the UK before they achieved their AP qualification, with 33% achieving it within 5 years, 33% achieving it within 5-10 years, and the remaining third saying it took over 10 years.

### Experience of training

Survey findings reveal generally positive experiences among internationally educated registrants regarding their advanced practice training in the UK. A significant majority (**66%**) of respondents who trained or were in training for an AP degree agreed or strongly agreed that they had a positive experience during their training, with only **16%** expressing disagreement.

Similarly, **63%** of IENMs who trained, or were currently in AP training, in the UK felt they had access to **equal levels of financial support** compared to their UK-educated colleagues, although a notable **19%** disagreed with this statement. In terms of access to training opportunities, **62%** of IENMs who trained, or were currently in AP training, agreed or strongly agreed that they had equal access compared to UK-educated colleagues, though a slightly higher proportion (**23%**) disagreed with this assertion.

Please tell us how much you agree or disagree with the following statements

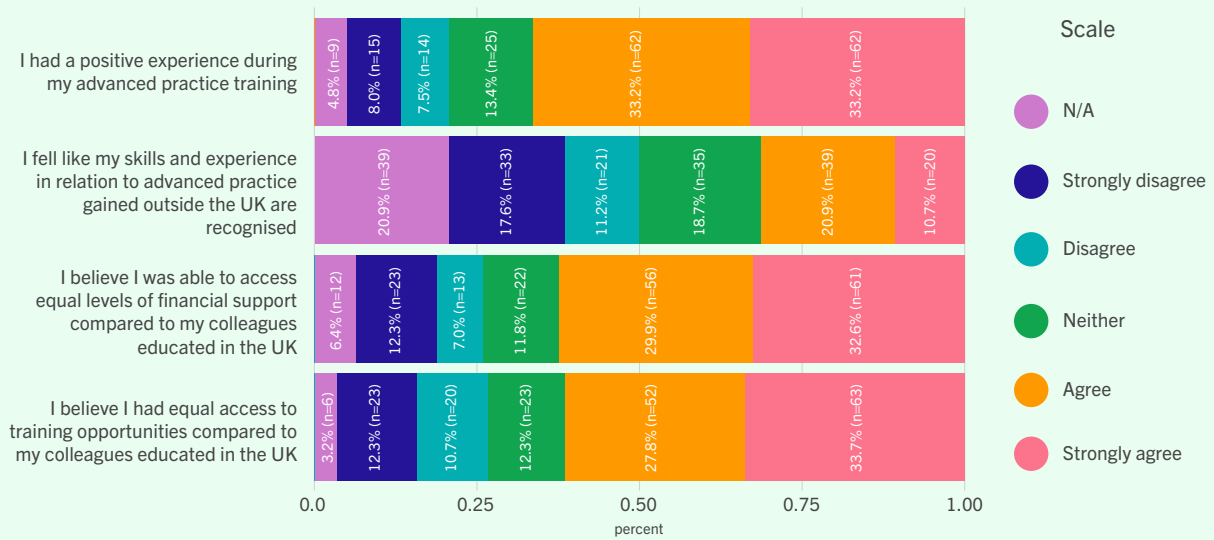


Figure 8: Experience of training (n=187)

## Barriers and enablers

### Barriers

The survey results reveal a range of obstacles faced by individuals pursuing advanced practice qualifications. **Time constraints** emerged as the most significant challenge, cited by 43% of respondents, closely followed by **unclear qualification processes** (42%) and **financial barriers** (35%). Other notable hurdles included limited support networks (31%), unsupportive managers or employers (28%), and caring or family responsibilities (27%).

## Which factors, if any, were obstacles that you had to overcome to obtain your advanced practice qualification?

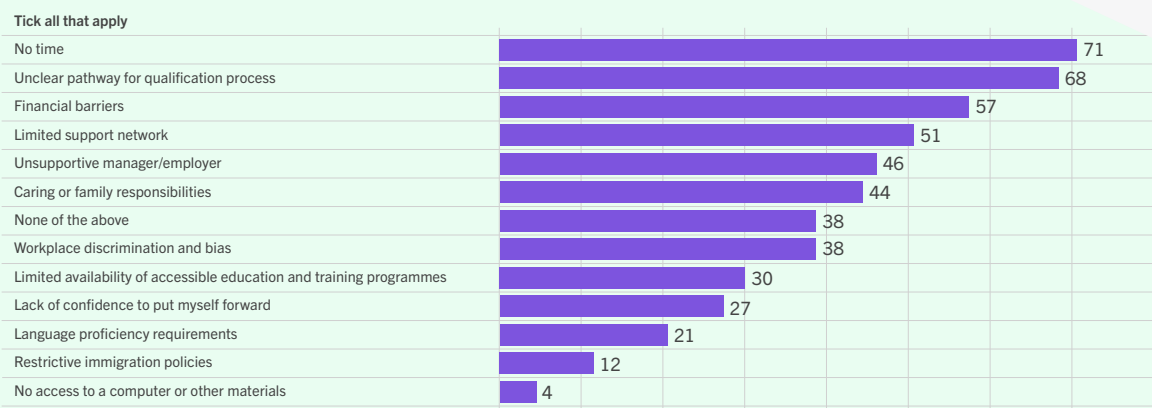


Figure 9: Barriers that registrants overcame to pursue advanced practice training (n=187)

*“It was very challenging to work four days and one day at university during the three years of my training due to family responsibilities and financial need. I was a Band 5 nurse prior to starting the ACP course and at that time the first year was paid at 65% of the Band 7 pay, which was less than what I earned as a Band 5 with unsocial pay. Due to this, I worked Bank shifts to make up the pay.”*

**Survey respondent, nurse from India who obtained an AP qualification and role in the UK, now working in Yorkshire and the Humber**

*“Lack of support and understanding of the role from certain line managers, employers and clinicians in Scotland.”*

**Survey respondent, nurse from Ireland currently in AP training, now working in Scotland**

*“My main barrier during my training was my family commitments, incorporating new mum life, work and study with limited understanding of how to do it.”*

**Survey respondent, nurse from Kenya who obtained an AP qualification and role in the UK, now working in London**

## Barriers due to being internationally educated

While not the leading barriers in the survey, free text comments and focus group discussions revealed significant challenges that internationally educated colleagues faced due to their international status. These challenges manifested in various ways, including:

- Workplace discrimination and bias (reported by 23% of respondents)
- Limited availability of accessible education and training programmes (reported by 18% of respondents).
- Personal factors such as lack of confidence (reported by 17% of respondents) and language proficiency requirements (13%) posed additional hurdles, often intertwined with their status as international professionals.

Although explicitly immigration-related issues were cited by only 7% of respondents in the survey, the qualitative data suggested that the impact of immigration status was more pervasive and nuanced than this figure alone might indicate. Like with IENMs interested in pursuing AP (Group 2 respondents), this cohort explicitly touched on the following issues numerous times in the focus group discussion and the survey free text comments:

Barrier	Example quote
Unnecessary language testing/functional testing to access apprenticeship route	<p><i>"I am doing apprenticeship which made my study and work difficult. Mainly, I have to provide L2 certificate for English and Maths as I haven't done it in this country. I had to pay for those tests myself. So university and functional studies making my life stressful."</i></p> <p><b>Survey respondent, nurse from India</b></p> <p><i>"I have to undergo a fast-tracked Functional Skills exam and complete it within a month's time just before starting the apprenticeship with the university. It was a bit stressful to complete considering I already had submitted my resignation with my previous employer. I have to pay for UK ENIC (NARIC) to check the equivalency of my academic merits from my home country. HEIs in the UK, or at least at the one I am doing my studies currently, do not recognise my International English Language Test (IELTS) results and my University Math grades; hence, I have to take the Functional skills."</i></p> <p><b>Survey respondent, nurse from the Philippines</b></p>
Academic writing challenges due to speaking English as a second language	<p><i>"Very high levels of writing skills required for the essays in university. People in countries where English is a second language are not good in academic writing styles, but it doesn't mean we don't know anything."</i></p> <p><b>Focus group participant, nurse from Italy</b></p>
Lack of recognition of prior qualifications, learning, and experience	<p><i>"I had a PhD in South Africa, but I have had to take all the modules again"</i></p> <p><b>Survey respondent, nurse from South Africa</b></p>
Unclear pathway	<p><i>"I was initially told I was not able to work as an advanced practitioner because I was trained outside the UK. I worked for three years as an RN feeling deskilled and not knowing any better. Then I came across the HEE portfolio route."</i></p> <p><b>Focus group participant, nurse from Ghana</b></p>
Discrimination and bias	<p><i>"Every single foreign nurse regardless of background or experience is treated like newly qualified. This makes it difficult for the manager to see your potential. I was passed over many times because I was foreign."</i></p> <p><b>Focus group participant, nurse from the Philippines</b></p>

These findings highlight the interplay between immigration status and other barriers faced by IENMs in pursuing advanced practice qualifications. Interestingly, 23.2% of respondents who achieved an AP qualification or role in the UK indicated they faced no obstacles, suggesting a varied experience among registrants. Overall, the data paints a picture of multifaceted challenges, encompassing personal, professional, and systemic barriers.

## Enablers

The survey revealed key factors that enabled respondents to obtain their advanced practice qualification in the UK. **Workplace support** emerged as crucial, with 82% citing a supportive employer or manager and 77% benefiting from **employer funding**. The availability of **accessible education and training programmes** was also significant, mentioned by 62% of respondents. Other important factors included the **flexibility of training programmes** (56%) and having a **supportive family** (54%). These findings underscore the importance of both institutional support and personal networks in facilitating the pursuit of advanced practice qualifications. Woven throughout many of these testimonies is a deep sense of personal pride in successfully navigating multiple institutional and personal obstacles to excel in their careers.

What are the factors that enabled you to obtain your advanced practice qualification here in the UK?

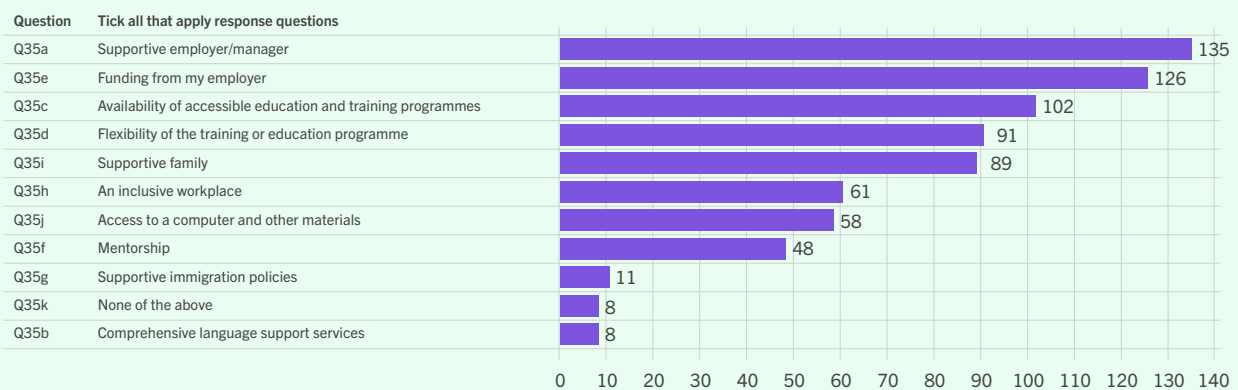


Figure 10: Enabling factors for pursuing advanced practice training (n=187)

*“I have been working in the UK for a long time; I already have a master’s degree in nursing that I was awarded in Poland. Therefore, I understood what level of commitment and education would be required. I had a family; therefore, I needed to wait until my kids were older to be able to cope with the amount of work that was needed. My manager was supportive and understanding of my needs as a mother and nurse, as well as how much commitment would be required of me.”*

**Survey respondent, nurse from Poland currently in AP training, now working in the East Midlands**

*“I was invisible to some of my previous managers. I have seen people who had less experience than me progressing before me. I worked really hard to overcome the obstacles. I had to do nights to raise my young children and study at the same time. One of my managers would not give me study days to attend the Trust-funded course (many years ago)...I can see the culture has now changed a lot. I can see many international nurses progress promptly if they want to. I am in a much better place now and I absolutely enjoy my job now.”*

**Survey respondent, nurse from India currently in AP training, now working in the North West**

## Flexible programmes

The qualitative findings from the focus group and the survey free text comments stressed the vital importance of flexibility from their employer and universities providing the programmes. One focus group participant mentioned how her degree from the Philippines was “only equivalent to UK A levels” but because she had received her degree from a top recognised university, they made an exception allowed her to join the MSc programme without having to take a ‘top up’ course.

## ePortfolio route and recognition of prior learning

Related to the above, the ePortfolio route and its inherent flexibility has emerged as a significant enabler for IENMs in their pursuit of advanced practice. This alternative pathway offers several advantages that address the unique challenges faced by IENMs, including facilitating in some instances recognition of their prior learning and providing flexibility to better accommodate work and personal commitments.

*“Recognised my masters and grad diploma in nurse practising [sic]. I had the ENIC compare my qualifications to demonstrate they were equivalent to a Level 7 Masters in the UK. This worked via the ePortfolio route. However, unfortunately NMC did not recognise my prescribing qualification, therefore I had to retake that module to become an 8a Advanced Nurse Practitioner.”*

**Survey respondent, nurse from Canada working as an advanced practitioner, now working in London**

*“Although assembling my portfolio has been tedious, it has allowed me to showcase my extensive experience from home.”*

**Focus group participant, nurse from the Philippines who obtained advanced practice qualification in the UK, now working in England**

## Credentialing

A small minority (8%) of IENMs who work as advanced practitioners in the UK acquired a specialty credential in advanced clinical practice, which three focus group participants confirmed has been an important enabler for them to obtain advanced practice roles. These credentials, often obtained from medical royal colleges or faculties, have provided a recognised and respected qualification that can help bridge the gap between international experience and UK practice standards. They have offered a structured pathway for IENMs, especially before 2017 when national frameworks were introduced, for IENMs to demonstrate their expertise in specific clinical areas.

## Discussion

These findings reveal that while most IENMs who trained to become advanced practitioners in the UK have their training fully or partially funded by employers, they still face significant challenges. Time constraints, unclear qualification processes, and financial barriers emerge as the primary obstacles they had to overcome, echoing earlier findings but with a slight shift in priority. The impact of immigration status, while not always explicitly cited, permeates many aspects of the AP journey for IENMs, including issues with qualification recognition and language requirements.

Despite these challenges, the majority of IENMs reported positive training experiences, with 66% agreeing they had a good experience. These findings also highlight key enablers for success, including supportive employers, accessible education programmes, and flexible training options. Specific pathways like the ePortfolio route and credentialing have emerged as valuable tools for IENMs, offering flexibility and recognition of prior learning.

These findings both reinforce and expand upon the previous discussion section. They confirm the complex interplay between immigration status and other barriers while also shedding light on factors that contribute to successful outcomes. The data underscores the need for continued efforts to address obstacles while also recognising and building upon enablers of success. Overall, this information presents a more balanced view of the AP qualification journey for IENMs, acknowledging both the significant challenges they face and the potential pathways to overcome them.

# 4. VIEWS ON REGULATION

## Key findings:

- Strong majority (69%) support for increased NMC regulation of advanced practice across all respondents, with only 19% opposing; similar support among registered nurses and midwives.
  - Support is strongest among those who received their initial qualification in India (84% support and only 10% oppose)
  - Support is weakest among those who received their initial qualification in the Philippines, with only 53% agreeing and 30% disagreeing
  - Support is strongest amongst IENMs who obtained advanced practice qualifications overseas (82%), and weakest amongst those who obtained an advanced practice qualification in the UK (66%)
- Key perceived benefits of additional regulation include consistent education standards, employer assurance of skills, and enhanced public safety.
- Potential drawbacks of additional regulation involve additional qualification time and costs, limited access to qualifications, and possible duplication of existing credentials.

## Background

The NMC is considering three main approaches to regulate advanced practice in nursing and midwifery.<sup>3</sup> These approaches are:

### 1. Developing standards of proficiency for advanced level practice (and associated programme standards)

- Set and regulate advanced practice standards of proficiency and education programme standards
- Quality assure, approve and monitor education institutions and programmes
- Professionals would need to meet standards and qualify from approved programmes to have qualification recorded
- Would publish qualification info on public register as annotation
- Would not protect a specific title, but would protect the qualification
- Professionals would revalidate against primary registration and advanced practice qualification

### 2. Adopting a collaborative approach to develop a UK-wide advanced practice principles framework incorporating a shared position or definition of advanced level practice

- Collaborate with key stakeholders to develop a voluntary joint approach/principles for advanced practice
- Could work to align with and create consensus among national frameworks
- Would aim to create some standardisation and baseline expectations



### 3. Ensuring that advanced level practice requirements are included in the wider review of revalidation and the Code scheduled for 2025/26.

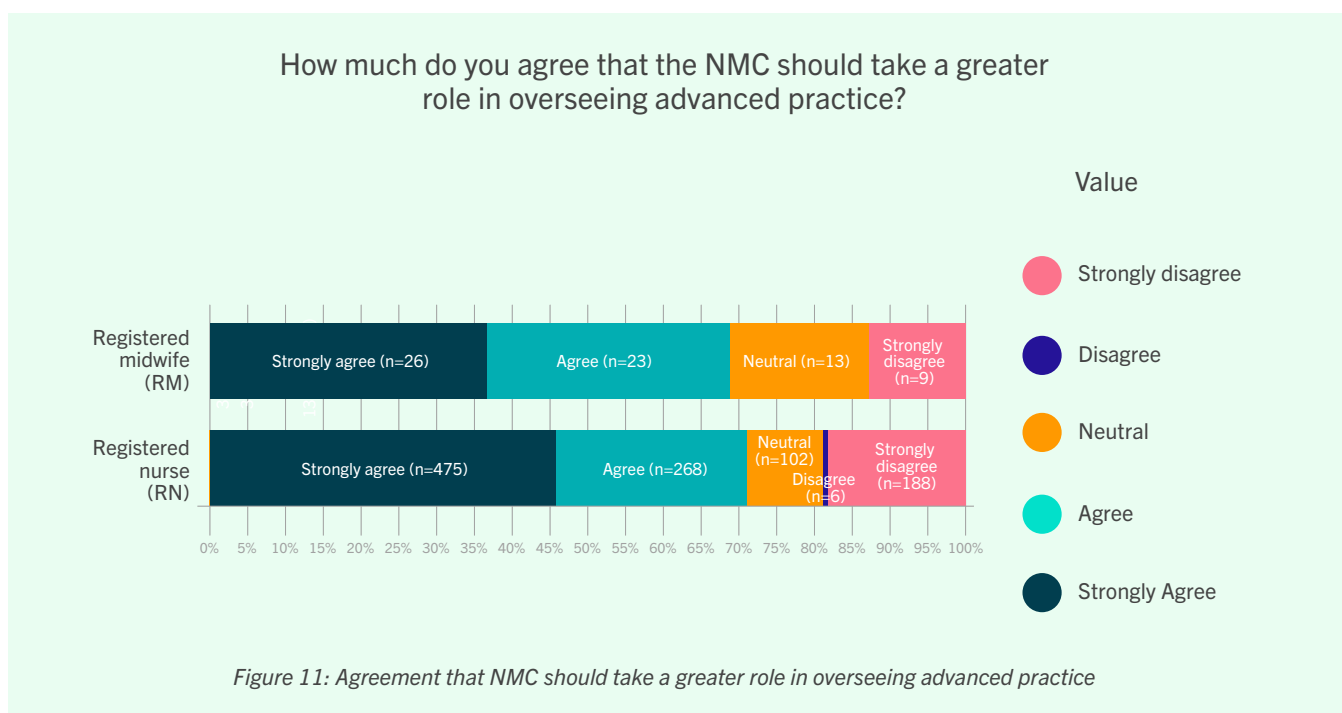
- Professionals would self-declare if they are working in an advance practice role based on set of proficiency standards that would need to be developed
- Evidence of proficiency would be provided via existing revalidation requirements (practice hours, CPD, reflective accounts)
- Information verified by a confirmer and could be recorded on public register
- Would likely require quality assurance and monitoring of educational delivery

We asked all survey respondents to consider these three approaches and tell us how much they agreed or disagreed with the NMC taking a greater role in overseeing advanced practice and why.

## Results

### Support for regulation

The data indicates widespread support for increased NMC regulation of advanced practice, with 69% in favour and only 19% opposed. This sentiment is consistent across registered nurses and midwives.



Support varies, however, based on the country of initial qualification and where advanced practice qualifications were obtained. Those initially qualified in India show the highest support at 84%, with only 10% opposing. In contrast, professionals initially qualified in the Philippines demonstrate the lowest support, with 53% agreeing and 30% disagreeing.

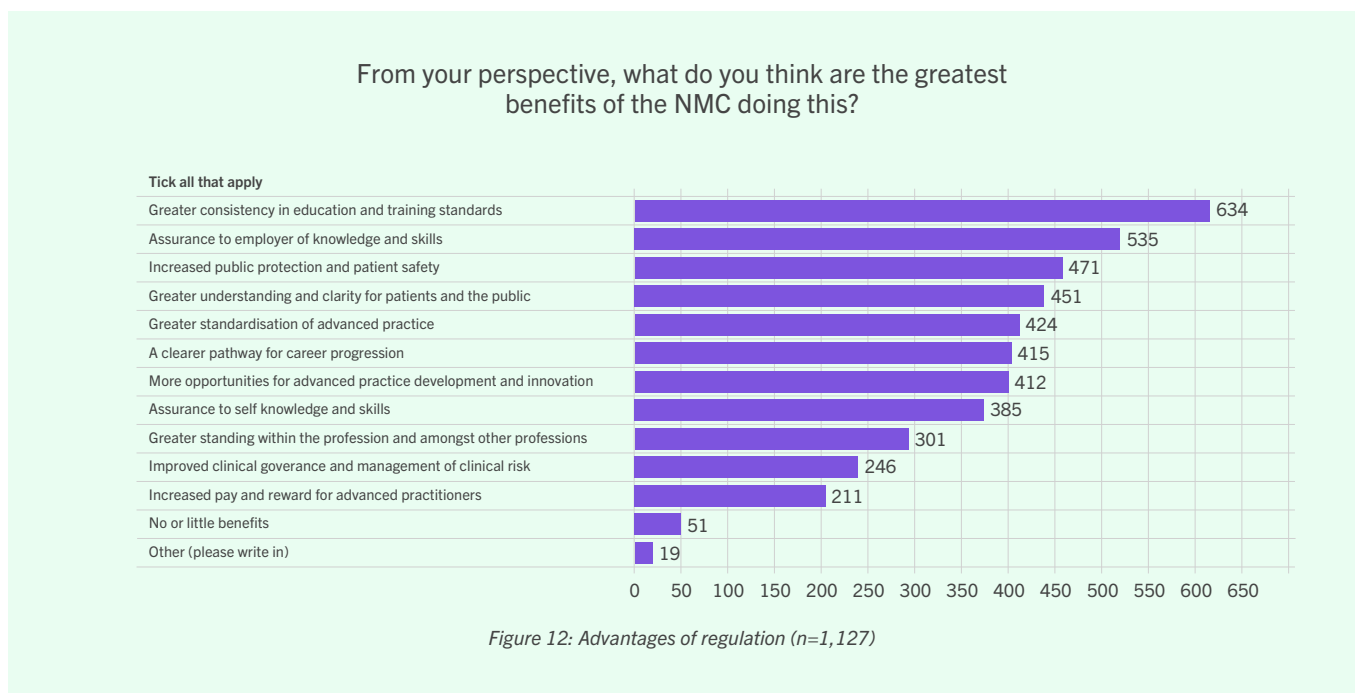
Interestingly, those who obtained advanced practice qualifications overseas show the strongest support at 82%, while those who obtained such qualifications in the UK show the lowest support at 66%.

## Advantages of regulation

The survey data reveals a strong positive perception of the NMC's proposed changes, with respondents identifying multiple significant benefits. The most widely recognised advantages are in order:

- greater consistency in education and training standards
- improved assurance to employers regarding knowledge and skills
- increased public protection and patient safety

These top responses, which were the same across both nursing and midwifery, suggest a focus on enhancing professional standards and public trust in the professions. Other highly rated benefits include greater understanding for patients and the public, standardisation of advanced practice, clearer career progression pathways, and more opportunities for development and innovation.



For respondents who had acquired an advanced practice qualification overseas, they see the advantages slightly differently. While consistency in education and training standards is still seen as a key advantage of regulation, there's a stronger emphasis on employer assurance of knowledge and skills, perhaps reflecting their previously discussed frustrations with having their advanced practice experience recognised.

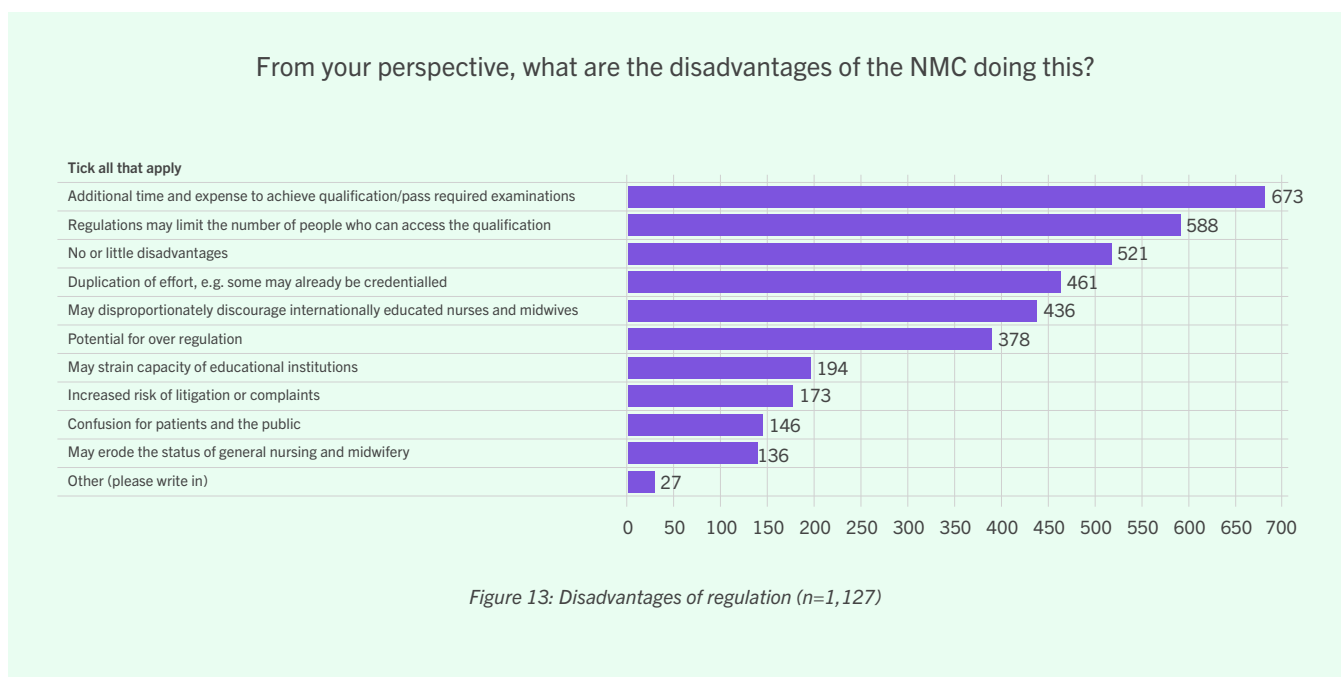
There is a discernible shift in priorities when we look at respondents who acquired advanced practice qualifications in the UK. While consistency in education and training standards remains the top priority, there's an increased emphasis on standardisation of advanced practice and financial rewards.

*"I think it's really about standards. Having a common denominator for advanced practice is crucial, regardless of specific specialisms. A baseline qualification ensures a certain standard across the board. This approach would also support CPD encouraging practitioners to stay up-to-date with their skills and knowledge. This could potentially impact banding and pay structures in the future, hopefully creating more equity in the field."*

**Focus group participant, nurse from the Philippines who obtained an AP qualification and role in the UK, now working in London**

## Disadvantages of regulation

The survey results on the NMC's proposed actions reveal a mix of concerns and support. While the primary issues revolve around the **additional time and expense** for new qualifications and **potential limitations on access**, a significant number of respondents see little to no disadvantages, suggesting overall positive sentiment. Notable concerns include the duplication of effort for already credentialed professionals and the potential discouragement of internationally educated professionals. These findings indicate that while there is support for the changes, careful implementation is crucial to address accessibility issues, resource allocation, and the impact on international professionals.



IENMs who already hold advanced practice qualifications from a UK institution express different primary concerns. Their most frequently cited concern is the duplication of effort that may be required, suggesting many of these respondents feel that their existing credentials already cover the proposed qualifications.

*“What else would I need to do? I’ve already spent a lot of time and effort on this.”*

**Focus group participant, nurse from Portugal who obtained an AP role in the UK, now working in England**

Their second most common concern is the potential for overregulation, indicating worry about excessive bureaucracy or restrictions.

*“Although in some respects things have developed in an inconsistent way, there has been a lot of freedom in that. Freedom to innovate and try new ways of working. We shouldn’t lose that.”*

**Survey respondent, nurse from Australia who obtained an AP qualification and role in the UK, now working in London**

Additional time and expense for qualifications is the third most mentioned disadvantage, highlighting concerns about the personal and financial costs to professionals.

## Discussion

The results reveal a nuanced spectrum of views on increased NMC regulation of AP. While there's broad support overall, the varying levels of enthusiasm across different groups suggest underlying tensions and potential challenges in implementation. The disparity in support between professionals qualified in different countries, particularly the high support from those qualified in India versus lower support from those from the Philippines, hints at differing experiences with recognition and integration into the UK health and care system. This variance underscores the need for a nuanced approach to regulation that considers the diverse backgrounds and perspectives within the profession.

The strong support from those with overseas AP qualifications, compared to their UK-qualified counterparts, is particularly telling. It suggests that internationally educated AP professionals may view increased regulation as a pathway to better recognition and standardisation of their skills within the UK system. This perspective contrasts with the more cautious stance of UK-qualified professionals, who may perceive the proposed changes as potentially disruptive to established practices or as an unnecessary layer of bureaucracy. This divide highlights a critical challenge for the NMC: how to implement regulations that address the needs of internationally educated AP-qualified professionals without alienating those who have come through the UK system.

The perceived advantages of regulation, focusing on consistency, employer assurance, and public safety, reflect a profession grappling with issues of standardisation and credibility. However, the concerns about additional burdens and potential barriers to entry reveal an underlying anxiety about how these changes might affect individual careers and the profession's accessibility. This tension between the desire for professional recognition and fears of overregulation speaks to broader issues in healthcare policy, where the balance between quality assurance and practicality is often difficult to strike.

Ultimately, these findings suggest that while there's an appetite for change, the path forward is far from straightforward. The NMC faces the challenge of crafting regulations that enhance professional standards and public trust while remaining sensitive to the diverse needs and concerns within the nursing and midwifery community. Success will likely depend on a carefully calibrated approach that addresses the specific concerns of different groups, particularly internationally educated professionals, while maintaining the flexibility needed for innovation and growth in the field. The varying perspectives uncovered in this study underscore the importance of ongoing dialogue and adaptability in shaping the future of AP regulation.

# DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

## Discussion

This research illuminates the complex and varied landscape for IENMs pursuing AP programmes and roles in the UK. A comparison of the three surveyed groups - those with AP experience gained overseas, those interested in pursuing AP in the UK, and those who have successfully obtained an AP qualification or role in the UK - reveals significant patterns, similarities, and differences (as outlined in Table 3).

For IENMs aspiring to AP roles in the UK, the path is fraught with significant barriers. Financial constraints emerge as the most pressing issue, with 70% citing this as a major obstacle. The lack of clear information about the pathway to AP qualification is another substantial hurdle, affecting 61% of respondents. These challenges are compounded by heavy workloads, limited professional support networks, and time constraints. The international status of these nurses and midwives adds another layer of complexity, with visa and immigration issues, lack of recognition for overseas qualifications, and English language proficiency requirements presenting additional barriers.

Those who have successfully navigated the AP qualification process in the UK offer insights into both the challenges faced and the factors that enabled their success. While they encountered similar obstacles - including time constraints, unclear qualification processes, and financial issues - they also highlight the critical role of supportive employers and managers in their journey. Indeed, 82% of this group identified a supportive employer or manager as a key enabler, closely followed by employer funding (77%). The availability of accessible and flexible education and training programmes, along with family support, also proved crucial in their success.

Interestingly, this group faced unique challenges related to their international status. Workplace discrimination and bias emerged as the most significant issue (23%), followed by limited availability of accessible education and training programmes (18%). These experiences underscore the need for targeted support and inclusive practices in the workplace and educational settings.

Across all groups, there is strong support for additional regulation of advanced practice by the NMC. However, the level of support varies, with those holding overseas AP qualifications showing the highest support (82%) and those who accessed AP training in the UK showing relatively lower support (66%). This variation suggests that experiences with the UK system may influence perceptions of regulatory needs.

The perceived advantages of increased regulation are largely consistent across groups, with greater consistency in education and training standards, assurance to employers of knowledge and skills, and increased public protection and patient safety ranking highly. However, those who have completed AP training in the UK also emphasise increased pay and reward as a key advantage, reflecting their direct experience with the UK system.

Despite the overall positive sentiment, concerns about the proposed changes were also revealed. The main disadvantages identified were the additional time and expense required for new qualifications and potential limitations on access. Notably, IENMs who hold UK advanced practice qualifications expressed specific concerns and anxiety about duplication of effort and the potential for overregulation, suggesting the NMC may need to explore 'grandparenting' already existing qualifications and ensuring any future regulatory regime does not stifle innovation.

Table 3: Comparisons of barriers, enablers and views across the survey respondent groups

Issue/theme	Group 1: IENMs with AP experience or qualification gained overseas	Group 2: IENMs with an interest in pursuing AP in the UK	Group 3: IENMs who accessed AP training and/or role in the UK
<b>Top barriers to AP qualification and/or role</b>	N/A	<ol style="list-style-type: none"> <li>1. Financial constraints (70%)</li> <li>2. Lack of or limited understanding of the pathway (61%)</li> <li>3. Workload (37%)</li> <li>4. Lack of professional network of support (35%)</li> <li>5. Lack of time (31%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Time constraints (43%)</li> <li>2. Unclear qualification process (42%)</li> <li>3. Financial constraints (35%)</li> <li>4. Limited support networks (31%)</li> <li>5. Unsupportive managers (28%)</li> </ol>
<b>Barriers to AP qualification and/or role related to status as internationally educated</b>	N/A	<ol style="list-style-type: none"> <li>1. Visa or immigration status (25%)</li> <li>2. Lack of or recognition of overseas qualifications (22%)</li> <li>3. Overseas qualifications not deemed high enough (11%)</li> <li>4. English language proficiency requirements (5%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Workplace discrimination and bias (23%)</li> <li>2. Limited availability of accessible education and training programmes (18%)</li> <li>3. Lack of confidence (17%)</li> <li>4. English language proficiency requirements (13%)</li> <li>5. Visa or immigration status (7%)</li> </ol>
<b>Key enablers for AP qualification and/or role</b>	N/A	N/A	<ol style="list-style-type: none"> <li>1. Supportive employer or manager (82%)</li> <li>2. Employer funding (77%)</li> <li>3. Availability of accessible education and training programmes (56%)</li> <li>4. Flexibility of training programme (55%)</li> <li>5. A supportive family (54%)</li> </ol>
<b>Support for additional regulations</b>	82% support	71% support	66% support
	69% support overall		
<b>Top 3 perceived advantages of regulation</b>	<ol style="list-style-type: none"> <li>1. Assurance to employer of knowledge and skills (39%)</li> <li>2. Greater consistency in education and training standards (34%)</li> <li>3. Increased public protection and patient safety (27%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Assurance to employer of knowledge and skills (28%)</li> <li>2. Greater consistency in education and training standards (27%)</li> <li>3. Increased public protection and patient safety (21%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Greater consistency in education and training standards (39%)</li> <li>2. Assurance to employer of knowledge and skills (27%)</li> <li>3. Increased pay and reward (24%)</li> </ol>
<b>Top 3 perceived disadvantages of regulation</b>	<ol style="list-style-type: none"> <li>1. Additional time and expense to achieve qualification (43%)</li> <li>2. Regulations may limit the number of people who can access the qualification (41%)</li> <li>3. No or little disadvantages (33%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Additional time and expense to achieve qualification (39%)</li> <li>2. Regulations may limit the number of people who can access the qualification (32%)</li> <li>3. No or little disadvantages (24%)</li> </ol>	<ol style="list-style-type: none"> <li>1. Additional time and expense to achieve qualification (38%)</li> <li>2. Duplication of effort (37%)</li> <li>3. Potential for overregulation (29%)</li> </ol>

## Conclusion

Moving forward, addressing the challenges identified in this research will be crucial for maximising the potential of IENMs in advanced practice roles. This may involve developing clearer pathways for recognition of overseas qualifications, improving information dissemination about advanced practice opportunities, creating more supportive environments for IENMs to develop and utilise their advanced skills, alongside the ongoing transition support that many organisations already offer. By leveraging the diverse experiences and expertise of IENMs, the UK health and care system can enhance its capacity for advanced practice and improve patient care across a wide range of specialties.

## Recommendations

The following recommendations are structured to reflect the journey of IENMs through the AP qualification process, from recognition of prior experience to ongoing professional development, with the aim of creating a more inclusive and supportive pathway for international talent in advanced practice roles within the UK health and care system. They can also be considered in relation to the different regulatory options that the NMC Council has steered towards.

### Recognition of prior experience and qualifications

1. **Standardise recognition of prior experience:** Develop a consistent framework for assessing and recognising the advanced practice skills and experience that IENMs bring from their home country. This should explore the possibility of introducing an advanced practice test of competence, a bridging programme, or a modular learning pathway.
2. **Create flexible competency mapping:** Design a competency framework that allows for flexible mapping of international qualifications and experiences to UK standards, recognising that advanced practice may manifest differently across global healthcare systems.
3. **Create transition support:** Include guidelines for supporting the transition of internationally educated advanced practitioners into UK practice, addressing common challenges faced by IENMs.

### Entry to advanced practice programmes

4. **Consider flexible entry requirements:** Design entry criteria for advanced practice training routes that recognises diverse educational backgrounds and international qualifications, focusing on core competencies rather than specific degree titles or levels.
5. **Streamline language proficiency requirements:** Review and potentially streamline language proficiency requirements for advanced practice programmes, ensuring they are appropriate and not unnecessarily restrictive.

### Clarity and support during the qualification process

6. **Improve clarity and transparency around qualification pathways:** Clarify the routes to advanced practice qualifications, including the required steps, timelines, and potential costs. Ensure that universities and employers understand their responsibilities when it comes to supporting those with pre and post-registration qualifications obtained overseas.

### Definition and framework of advanced practice

7. **Develop an inclusive definition:** Ensure any consensus definition of advanced practice explicitly acknowledges and values diverse international experiences and qualifications.
8. **Champion cultural competence:** Include cultural competence as a core competency within the framework, recognising the value of diverse cultural perspectives in advanced practice roles.
9. **Incorporate global perspectives:** Include input from international nursing and midwifery bodies in the development of the framework to ensure it reflects global advancements in advanced practice.

### Ongoing professional development

10. **Expand opportunities for skills maintenance:** Create more opportunities for IENMs to keep their advanced practice skills up-to-date, including tailored programmes for those transitioning to the UK.

# APPENDIX 1: METHODOLOGY

We used the following mix of methods to understand the experiences and views of nurses and midwives educated outside of the UK about advanced practice and future regulatory options:

## Evidence check and scoping review

The methodology employed both an unstructured search and a rapid scoping review to gather information on advanced nursing and midwifery practices. The unstructured search aimed to quickly collect updated data on the prevalence, definition, and regulation of these practices globally and in the top three countries from which the UK recruits. Data was sourced from English-language government and regulatory websites, international health organisations, professional associations, news agencies, and grey literature via Google searches. Peer-reviewed literature was also identified using Google Scholar, focusing on specific keywords and excluding documents older than ten years unless they contained original regulatory information. Internal NMC documents were reviewed, and consultations with international nursing and midwifery associations and participation in an NMC roundtable were conducted to verify findings.

The rapid scoping review aimed to quickly gather research on internationally educated nurses and midwives (IENMs) in the UK and their use of advanced practice experience. A small team conducted targeted searches in CINAHL and MEDLINE, supplemented by Google Scholar. The search used specific terms related to IENMs and advanced practice, with exclusions for pre-2016 literature and non-English papers. Two appraisers screened abstracts and selected nine papers for full-text review, eight of which were included in the final analysis. Articles were appraised using the Mixed Methods Appraisal Tool, and findings were analysed using reflexive thematic analysis, identifying three themes and subthemes. The review covered 1172 participants, primarily from India, the Philippines, and Nigeria, with most studies using qualitative methods. This methodology provided a comprehensive and rapid assessment of advanced nursing and midwifery practices and IENMs' experiences in the UK.

## Survey

Informed by the rapid evidence check, scoping review, and conversations with International Nurse and Midwifery Association (INMA) leads, we developed a survey to capture information about the key research questions. The survey was designed for three groups of IENMs currently on the NMC register: (i) those who acquired advanced practice qualifications and/or had worked at an advanced practice level role outside of the UK, (ii) those who were interested in pursuing an advanced practice qualification and/or role, (iii) those who had acquired an advanced practice qualification or role here in the UK, or who were currently undergoing advanced practice training.

The online survey was open for responses for six weeks (17 April 2024 – 28 May 2024). It was distributed via the Florence Nightingale Foundation (FNF) networks and via the NMC to a representative sample of the IENM population on the NMC register. It included a mixture of multiple choice, checkbox, Likert ratings, and free text answer options. We cleaned the data to remove incompletes or those who did not meet the eligibility criteria. A total of 1,592 IENMs on the NMC register completed the survey, grouped as follows:

- Group 1: IENMs with advanced practice qualifications or roles obtained outside the UK (n=348).
- Group 2: IENMs interested in obtaining advanced practice qualifications or roles in the UK (n=1,127).
- Group 3: IENMs who obtained advanced practice qualifications or roles in the UK or were in advanced practice training (n=326).

Respondents could choose more than one group, so the totals do not add up. This report comments on differences in the data between some sub-groups within the total sample surveyed. For the most part, only sub-groups with



100 or more participants are commented on in this report. A notable exception to this is the subgroup ‘midwives’ (92 respondents), as this is an important group to better understand. It should be noted, however, that the smaller the subgroup, the less reliable the findings are to be representative of the population as a whole. In addition, only subgroups that are particularly relevant to the question being asked or the wider objectives of the research are analysed and commented on in the report. The absence of a particular subgroup from the analysis does not mean that data was not collected about this group.

Survey participants were able to give a ‘don’t know’ or ‘not applicable’ answer to some of the questions. These responses are not excluded from the analysis. Where percentages do not sum to 100, this is due to rounding or because participants were able to give multiple answers to the same question.

## Limitations

The data is heavily weighed towards respondents working in England, with only a small percentage of respondents from Northern Ireland, Scotland, and Wales. This geographical bias limits the representativeness of the sample for the entire UK and many not accurately reflect the experiences of IENMs working there.

## Demographics of survey respondents

Registration qualification		Country of initial registration (top 20)	
Registered nurse	92%	India	29%
Registered midwife	6%	Philippines	18%
Dual registrant	2%	Nigeria	14%
Location		Ghana	7%
London	19%	Zimbabwe	4%
South East	13%	Italy	3%
South West	10%	Portugal	3%
North West	10%	Romania	2%
East of England	9%	Spain	1%
West Midlands	8%	South Africa	1%
East Midlands	7%	Poland	1%
Yorkshire and the Humber	5%	Kenya	1%
North East	5%	Australia	1%
Scotland	4%	Canada	1%
Wales	3%	Jamaica	1%
Northern Ireland	3%	USA	1%
Prefer not to say	4%	Germany	1%
Ethnicity		Bulgaria	1%
<b>Asian or British Asian</b>	<b>46%</b>	Zambia	1%
• Indian	(27%)	Ireland	1%
• Filipino/Filipina	(13%)	Gender	
• Pakistani	(3%)	A woman	83%
• Chinese	(.5%)	A man	17%
• Bangladeshi	(.2%)	Other	-
• Other	(3%)	Age	
<b>Black, African, Caribbean, or Black British</b>	<b>29%</b>	Between 21-30	16%

• African	(13%)	Between 31-40	50%
• Caribbean	(10%)	Between 41-50	22%
• Other	(6%)	Between 51-55	7%
<b>White</b>	17%	Between 56-60	3%
• British, English, N. Irish, Scottish, Welsh	(1%)	Between 61-65	1%
• Irish	(.5%)	Between 66-70	1%
• White – other	(16%)	Between 71-75	-
<b>Mixed or multiple ethnic groups</b>	3%	Prefer not to say	1%
• White and Asian	(1%)	<b>Qualification year</b>	
• White and Black African	(.5%)	2000-2005	11%
• White and Black Caribbean	(.5%)	2006-2010	9%
• Other mixed	(1%)	2011-2015	14%
<b>Other</b>	2%	2016-2020	19%
• Arab	(1%)	2021-or later	37%
• Any other ethnic group	(1%)	Pre 2000	6%
<b>Prefer not to say</b>	3%	Prefer not to say	5%

## Focus groups

To augment the survey findings, we held focus groups with the three targeted IENMs populations, followed up by separate interviews specifically with midwives to capture nuances appropriately. Focus groups participants were from a diverse range of backgrounds, covered nurses and midwives, and had four nation representation.

Group 1 (Those who obtained AP qualification or role overseas)	Group 2 (Those with an interest in pursuing AP in the UK)	Group 3 (Those who obtained an AP qualification or role in the UK, or were in training)	1:1 interviews
<ul style="list-style-type: none"> <li>• Nurse from the Philippines living in England</li> <li>• Nurse from Nigeria, living in Scotland</li> <li>• Nurse from Zimbabwe, living in Northern Ireland</li> <li>• Nurse from Portugal living in England</li> <li>• Midwife from Ghana, living in England</li> <li>• Midwife from India living in England</li> <li>• Nurse from India living in England</li> <li>• Nurse from Ireland living in Wales</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse from Nepal living in Wales</li> <li>• Nurse from Kenya living in Northern Ireland</li> <li>• Nurse from Spain living in England</li> <li>• Nurse from Nigeria living in Scotland</li> <li>• Nurse from India living in England</li> <li>• Nurse from Philippines living in England</li> <li>• Nurse from USA living in England</li> </ul>	<ul style="list-style-type: none"> <li>• Midwife from India living in Wales</li> <li>• Nurse from Philippines living England</li> <li>• Nurse from Philippines living in England</li> <li>• Nurse from Philippines living in England</li> <li>• Nurse from Portugal living in England</li> <li>• Midwife from Ghana living in England</li> <li>• Nurse from Ireland living in Wales</li> <li>• Nurse from Italy living in Scotland</li> </ul>	<ul style="list-style-type: none"> <li>• Midwife from India living in England</li> <li>• Midwife from India living in Wales</li> <li>• Midwife from Ghana living in England</li> <li>• Midwife from Pakistan living in England</li> </ul>

# APPENDIX 2: AP PATHWAYS ACROSS THE UK

## England

In England, three main routes to advanced practice have emerged as outlined in the 2017 framework:

- **Master's Route:** A three-year part-time master's degree in advanced clinical practice. Requirements include a health-related first degree, three years of post-qualification experience, and employer support.
- **Apprenticeship Route:** A Level 7 Advanced Clinical Practitioner Apprenticeship degree, completed over three years. This route combines work-based learning with academic study, requiring candidates to dedicate 20% of their working hours to study and meet apprenticeship funding eligibility criteria.
- **Portfolio Route:** Designed to recognise experienced advanced practitioners through an ePortfolio process. This route is intended for those who completed their learning before 2017 and will close in 2027.

## Scotland

Scotland offers two pathways:

- **Postgraduate Diploma (PG Dip) route:** Requires a relevant undergraduate degree, post-qualification experience, and employer support. This route offers flexible recognition for prior learning.
- **Masters Route:** Involves completing a Master's degree, either full or part-time. Entry requirements vary by institution, but typically involve at least 3-5 years clinical experience, a healthcare-related first degree, current clinical employment, employer support, and access to a clinical mentor.

Academies support advanced practice programmes at partner higher education institutions (HEIs), offering flexible entry routes.<sup>13</sup>

## Wales

Wales provides two main pathways:

- **Master's Route:** Involves completing a master's degree in advanced clinical practice, supported by Health Education and Improvement Wales (HEIW).
- **Portfolio Route:** Recognises prior learning and experience through portfolio assessment, similar to England's ePortfolio route.<sup>14</sup>

## Northern Ireland

In Northern Ireland, the primary pathway is:

- **Master's Route:** A two-year master's degree in advanced clinical practice, supported by the Department of Health and local trusts. This route requires relevant qualifications, clinical experience, and employer support. It combines academic study with work-based learning and clinical practice, and offers recognition of prior learning. Prescribing is a prerequisite for entry onto an MSc programme.

Some organisations in Northern Ireland, such as the Belfast HSC Trust, have also developed an ePortfolio route but this route has not been explicitly endorsed by the Northern Ireland Practice & Education Council for Nursing and Midwifery.<sup>15</sup>

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