

# Advanced Practice Review Update on Phase 2

Paula McLaren,  
Senior Adviser for AP

Aditi Chowdhary-Gandhi,  
Head of Standards

17 October 2024



# Housekeeping

- Due to the numbers of attendees, everyone except the presenters are automatically muted
- Please feel free to use the Q&A function for any questions; due to high numbers we cannot use the 'raise your hand' feature
- We will try to answer as many questions as we can – due to the numbers attending, we probably can't answer them all
- We will be recording this session and uploading it to the website after the session
- Attendees can switch on live captions for accessibility
- Further questions and comments can be emailed to [advancedpractice@nmc-uk.org](mailto:advancedpractice@nmc-uk.org)

# The Review of Advanced Practice



For more information on why we're doing this work and what we've done during the **Discovery** and **Phase 1** of the Advanced Practice review, please visit our website [here](#)



We've published all of the evidence from the work so far



# About you.....

Please tell us about your background and current professional role. Tick all the options that apply:

1. Clinical practitioner role
2. Academic/Educator role
3. Researcher role
4. Leadership role
5. Employer
6. Other regulator
7. Member of public
8. Other





# Council decision

March 2024

---

# Council Decision and Phase 2 workstreams

- 1** Develop and finalise a set of regulatory principles for AP which includes a public first definition (\*with ongoing joint regulatory discussions to support) 
- 2<sub>a</sub>** Draft standards of proficiency, undertake a public consultation and finalise
- 2<sub>b</sub>** Draft associated programme standards, undertake a public consultation and finalise. This will include quality assurance and implementation activity
- 3** Develop a proportionate approach to recognise existing AP nursing and midwifery professionals and those studying 
- 4** Include AP considerations in the planned review of revalidation guidance and Code

# Deliverables for AP review

Public first  
definition of  
AP

Describes what a nurse or midwife working at an advanced level can do and who they are

Regulatory  
Principles for  
AP

Broad, high-level statements, what good looks like from a cross-regulatory perspective to help develop and strengthen AP across professions

Standards of  
Proficiency

What a nurse or midwife working at an advanced level of practice specify the knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings

Education  
programme  
Standards

Outcome focussed Standards, for education institutions to develop their curricula Standards of proficiency

# Additional Regulation of Advanced Level Practice for Nurses and Midwives

Annotation on the Public register



Once an individual meets the Standards of Proficiency

Approved education programme

Transitional process



Can meet the Standards of proficiency through one of two distinct pathways

Standards of Proficiency

(specify the knowledge and skills that registered professionals must demonstrate when caring for people of all ages and across all care settings)



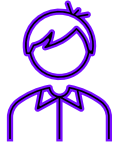
Regulatory Principles for Advanced Practice (including a 'public first' definition)



# Workstream 1

---

# Key elements of Workstream 1



Public first definition

1-2 sentences  
Nursing and midwifery



Regulatory Principles

Broad, high-level  
*NOT* capabilities, competencies or  
proficiencies  
What does good look like?

# Approach includes.....

- Engagement roundtables with stakeholders – public and professional
- Four country working groups – reviewing outputs from stakeholder engagement, reviewing themes and refining principles
- Public advisory group – reviewing outputs from stakeholder engagement, reviewing themes and refining public first definition
- Joint regulatory group – refine and input into principles for Advanced Practice
- Independent Steering Group – agree outputs and make recommendations on regulatory principles and public-first definition to Executive Board then the Council

# The public are asking for...

- Involvement in this work
- A 'Plain' English definition with:
  - common/everyday words
  - no jargon/technical words
  - translatable to other languages
  - short/concise as possible
- Respectful language across the life span, education attainment, cognitive abilities and personal circumstances

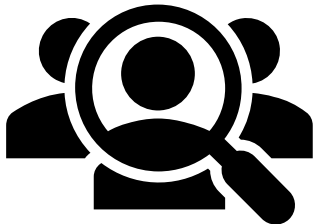
There is currently **no** standardised or agreed definition of AP in the UK

Average reading age in UK is 9-13 years

Public safety, reassurance, engagement and clarity

# Your opinion: Public-first definition

Can you suggest some words that should be included in a 'public-first' definition of advanced practice (for nurses and midwives)?



# Developing regulatory principles for AP

---

# Methodology – Sources of evidence

Design principles

Links to other  
workstreams

Cross-regulatory  
working

Building on  
evidence from  
Discovery and  
Phase 1

KLOE 9 FNF report

Themes emerging  
from stakeholder  
engagement  
feedback

Themes for  
public inquiries  
and reports

Mapping to  
existing Standards

Reflecting and  
mapping  
recommendations  
from internal  
reports

# Mapping - Nuffield Trust report – themes for AP

- The role and scope of the role needs to be clearly understood by the public
- Need for clarity about the limitations and parameters as well as the scope of AP
- Recognised level of prior experience for those working in AP roles is required
- AP should be based around the '4 pillars' (clinical practice, education, research, leadership and management)
- Masters level education or equivalent should be a prerequisite for working in AP roles, and this should be tailored to the settings in which advanced practice professionals work
- Flexibility of access routes into AP roles is required
- A common multi-regulatory approach to AP is required
- Clarity is required as to whether advanced practice professionals act autonomously or independently
- The impact of diverging definitions of the AP role on internationally educated nurses and midwives (IENMs) needs to be acknowledged and addressed



# Mapping – Florence Nightingale Report (KLOE 9) – impact on IENMs – themes for AP

- Scope of the AP role needs clarification, highlighting what it entails and its complex nature
- A need to acknowledge the many and varied motivations and drivers for pursuing a career in AP
- Confusion surrounding access pathways into AP need addressing
- Flexibility of approach to encourage innovation and growth of the role is key
- Definitions and principles must be inclusive, champion cultural competence and incorporate global perspectives
- AP should be based on the 4 pillars (clinical practice, education, research, leadership and management) but with awareness as to what extent individuals would practice within each of those pillars
- Collaborative approach across regulators is required

# Mapping - Rise report – themes for AP

- Bringing clarity for AP level of practice - practitioners and service users
- Public trust and transparency – links to Duty of Candour
- Leadership and management in AP – invest in nurses and midwives more to raise the capabilities of leaders and ensure they have access to support to enable them to be effective managers who can lead well and support a culture of learning and high performance
- Tackle bias, equitable access to opportunities

- Multi-professional working/ learning
- Enabling environment for those in AP - for appraisal, CPD, on going learning and development, alignment with other regulators and system regulators
- Links to The Code, anti-discrimination, anti-bullying policies
- Cross reference to expectation of employers by systems regulators (i.e CQC, RQIA) and employment law
- Effective and efficient use of resources - sustainable resources (including people, services, technological resources)

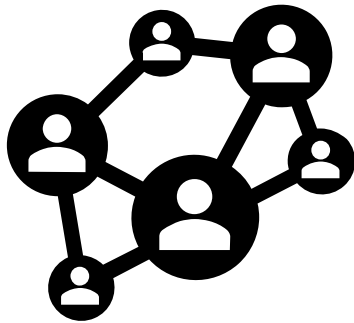
# Themes arising from four country engagement

- Level of practice (not specialism of practice)
- Undifferentiated, differential diagnosis, managing uncertainty and varying levels of risk
- Autonomous and complex decision making and accountability
- Based around the '4 pillars': clinical practice, education, research, leadership and management
- Independent Prescribing (non-medical prescribing-NMP)
- Breadth of scope of practice (focus on clinical practice)
- Applicability across fields, countries, all health and social areas

- Masters level education or equivalent should be a prerequisite for working in AP roles
- Multiprofessional working and learning
- Inclusion of voices from Learning Disability (LD), Mental Health (MH) nursing and social care sector
- Consideration for IENMs (educational attainments/experience)
- Recognition of level of prior experience for those working in AP roles
- Link to Revalidation/CPD and the Code
- Supervision and employer support of AP professionals

# Your opinion: regulatory principles

Are there specific themes that are particularly important to include in regulatory principles for AP?



# Transitional approaches for AP regulation

---

# Workstream 3 – Transitional Approach

## Aims:

To develop an approach to support the transition of existing AP nurses and midwives and those currently studying into new regulatory arrangements

To ensure a robust, fair, proportionate and pragmatic process is developed which supports individuals to meet agreed standards of proficiency for AP

To enable NMC operational systems to support the delivery of the newly developed process

# Transitional arrangements

## Deliverables

Registrant  
survey

Process

Support for  
individuals

Register

Evidence collection: international professional regulators, UK professional and other regulators, engagement

## Key considerations

Workforce:  
smooth transition  
and no  
unnecessary  
barriers

EDI factors

Learners: same  
or different  
approach?

Timeframe for  
transition

# Your opinion: transitional approach

What should be the most important considerations for the NMC when we develop transitional approaches for existing AP level nurses and midwives?





# Timelines

- Workstream 1: Principles and Public-first definition – to Council **27 March 2024**
- Workstream 2a and 2b: Draft Standards to Council to request Public Consultation **September 2025**
- Workstream 3: Transitional arrangements for current APs – underpinned by Workstream 1 and 2 – to Council **November 2026**; registrant survey **Summer 2025**
- Review of revalidation and the Code 2025/2026





## and how you can get involved

- Roundtables throughout October and November
- Sign up to our community of interest [here](#) to keep updated on the AP review progress
- Watch out for publication of the Florence Nightingale Foundation report [here](#)
- Watch out for short interviews with our four country advisers about the review

# Questions

---

[AdvancedPractice@nmc-uk.org](mailto:AdvancedPractice@nmc-uk.org)