Nursing & Midwifery Council

Review of Advanced Practice

Options appraisal

March 2024

Contents

Purpose of paper

1 The NMC is currently undertaking a review to establish whether additional regulation of advanced nursing and midwifery practice is required.

2 This paper provides an options appraisal of six potential approaches, ranging from maintaining the status quo to setting education standards. This considers stakeholder engagement, views from the independent steering group, and evidence from the review to-date.

3 This paper is intended to help colleagues and the steering group to refine thinking about next steps. Ultimately, it is intended to support the development of a paper that will go to Council for discussion in March 2024.

Background

4 Our 2020-25 Strategy set out our intention to 'agree [an] approach to advanced practice.' We are currently taking this forward via a comprehensive review of advanced nursing and midwifery practice, including consideration of whether additional regulation is needed.

5 As part of this work, we commissioned independent research. This examined the existing literature on advanced practice regulation, international approaches to regulating advanced practice and the advanced practice landscape in the four UK countries.[1] We also commissioned qualitative research with professionals currently working in advanced practice roles to understand their views.[2]

6 We established an advanced practice steering group with an independent chair – Kay Fawcett OBE. The group reviews all draft proposals related to advanced practice and provide advice to the Executive Board. It is constituted of key stakeholders and partners from health and social care across the four UK nations.

7 We have undertaken extensive external engagement with the public, current professionals and key stakeholders, including via a public advisory group, which has brought together people who use health and social care services. This has helped us to develop and refine our thinking and understand how we can best support public protection and continue to ensure confidence and trust in our professions.

8 Once we considered the independent research, we gained agreement from Council to progress work with the steering group to finalise and review the evidence from our key lines of enquiry (KIOEs). These include an economic analysis of potential options. This has enabled us to further understand the benefits and risks to people who access advanced practice services and how regulation may mitigate these risks.

[1] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery
[2] BritainThinks, 2023, Advanced practice qualitative research

9 Annexe A below lists our KLOEs. Annexe B outlines the connections between individual KLOEs and the range of regulatory options we have identified in this paper.

10 We have committed to the following principles as part of the advanced practice review:

10.1 Promote public protection and enhance public confidence.

10.2 Be based on the NMC 2020-25 Strategy.

10.3 Uphold NMC values of 'fair, kind, ambitious, and collaborative' and a person-centred approach.

10.4 Be co-produced with a diversity of stakeholders.

10.5 Be suitable for nurses and midwives on the register and apply across the four countries of the UK.

10.6 Align with principles of 'right touch' regulation.

10.7 Reflect robust, contemporaneous evidence.

10.8 Be ambitious and future proofed.

10.9 Embed equality, diversity and inclusion.

11 The Advanced Practice Review Phase 1 will conclude in March 2024. We will present options to our Council at that time for a decision on next steps, including on whether we need to take additional regulatory action. Once the decision has been taken by our Council we will develop and confirm plans for Phase 2.

Advanced Practice

Background

12 Advanced practice has existed in the UK for many years. The role of advanced practitioners working in nursing and midwifery has developed in different ways and at different stages. Advanced practice nursing has a longer history, but advanced practice roles are established across both midwifery and nursing.

13 Advanced practice and the ways in which advanced practitioners practise can have positive impacts for the public, including easier access to health and social care services, continuity of care and greater flexibility. They can also have benefits for the workforce including enabling career progression and retention and supporting multi-disciplinary working.

14 There is, however, no single definition of advanced practice or the advanced practitioner role. Nor is there a single governance approach or framework. There is therefore considerable variation in advanced practice roles, job titles, education

and training requirements, ongoing professional development, and systems and employer governance across the UK.

15 Each UK nation has its own advanced practice framework. There is some convergence via these frameworks on the 'four pillars' of clinical practice, education, research, and leadership. However, there is also variation and not all frameworks include midwifery. Some also include professions outside of nursing and midwifery. Annexe C below illustrates the differences between the four national frameworks.

Definition

16 The International Council of Nurses (ICN) defines an advanced practice nurse as: '*a generalist or specialized nurse who has acquired the expert knowledge base, complex decision skills and clinical competencies for expanded practice…*'[3] This is a widely accepted international definition.

17 The ICN states that an advanced nurse practitioner's practice includes:

17.1 The capability to manage full episodes of care and complex healthcare problems including hard to reach, vulnerable and at-risk populations.

17.2 The ability to integrate research, education, leadership and clinical management.

17.3 [An] extended and broader range of autonomy.

17.4 Case-management

17.5 Advanced assessment, judgement, decision-making and diagnostic reasoning skills.

17.6 Recognised advanced clinical competencies, beyond the competencies of a generalist or specialised nurse.

17.7 The ability to provide support and/or consultant services to other healthcare professionals emphasising professional collaboration.

17.8 Plans, coordinates, implements and evaluates actions to enhance healthcare services at an advanced level.

17.9 Recognised first point of contact for clients and families.[4]

18 The Royal College of Nursing (RCN) defines advanced practice as: '*a level of practice, rather than a type of practice. Advanced Nurse Practitioners are educated at Masters Level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills. They have*

[3] International Council of Nurses, 2008, The Scope of Practice, Standards and Competencies of the Advanced Practice Nurse.
[4] International Council of Nurses, 2020, Guidelines on advanced practice nursing, p.10

the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.'[5]

19 Advanced practice midwifery has developed more recently and separately from nursing. There is no similar internationally agreed definition for advanced practice midwifery. Midwifery advanced practitioners work to support women, babies and families, often with a focus on enhanced maternal care, including maternal medicine and perinatal mental health. This includes in-depth assessment, diagnosis, prescribing and follow up treatment plans. This can take place in a wide range of settings including in maternity triage units and community hubs.

20 Whatever decision we take regarding the future regulation of advanced practice, it will be necessary to develop a uniform definition of advanced practice for use in the UK. This should build on our current understanding of advanced practice across the four nations and international norms. This would be particularly beneficial considering workforce development plans to grow advanced practice numbers across the UK.

Level and scope

21 All professionals on our register have an individual scope of practice. Advanced practice is a level of practice, meaning that, professionals have a defined scope of practice and practice settings within that advanced level. For example, in acute medicine, end-of-life care, or public health. Our focus is on the potential additional regulation of that advanced level of practice, but we acknowledge that there is a need for clarification about the difference between a level and a scope of practice.

22 We would need to consider the implications of any new approach on consultant practice. For example, whether we would need to grandparent existing consultant practitioners, as well as advanced practitioners, through an advanced level recognition process for them to continue working in their current roles.

The current workforce

23 As there is no current uniform definition of an advanced practitioner, it is difficult to establish the number of nurses and midwives currently working in advanced practice roles.

24 Data from NHS England (May 2022) indicates that over 4,900 nurses and health visitors were working as an 'advanced practitioner' (2 per cent of the workforce in England). 3,100 were working with a job title implying that it was an advanced practice role. Other evidence suggests this is underreporting and some 8 per cent of nurses in England may be working at an advanced level.[6]

25 Data from Scotland indicates that there were 791 advanced nurse practitioners in September 2020. This was a 23 per cent increase over the previous three years.

[5] Advanced practice standards | Royal College of Nursing (rcn.org.uk)
[6] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery, p17-18.

We do not have similar data on advanced nurse practitioners from Northern Ireland or Wales.[7]

26 Recent analysis of job adverts indicates that there were 435 Advanced Nurse Practitioner and 414 Advanced Clinical Practitioner jobs being advertised in England (February 2024).[8] Additionally, there were 222 Advanced Nurse Practitioner and 261 Advanced Clinical Practitioner jobs being advertised in Scotland (February 2024).[9]

27 Previous analysis of job adverts indicated that in England and Scotland 5 per cent of nursing roles were advertised at advanced level. This was under 2 per cent of roles in Northern Ireland and Wales (October 2022).[10]

28 Advanced level roles were more likely to be found in general practice compared with secondary care. In Scotland, 26 per cent of advertised roles in general practice were advanced compared with 3 per cent in secondary care.[11]

29 We have limited data on the number of midwives working in advanced practice roles. We have identified around 70 midwives working as advanced practitioners in England and Wales.

30 NHS England data indicates that there are 7 job roles and 27 job titles for midwifery advanced practitioners. However, recent analysis of job adverts found no advertised midwifery advanced practice roles, although there were adverts for consultant midwife roles (February 2024).[12]

31 There are no known midwives working in advanced practitioner roles in Northern Ireland or Scotland, although there are consultant midwives in these countries. It is anticipated that there will be many more midwives working in advanced level practice who are practising under different titles.

32 Whatever decision we take regarding the future regulation of advanced practice, it would be beneficial to collect more data about advanced practitioners. For example, via the revalidation process. We should work with governments, national workforce bodies and local employers to develop our collective understanding of current nursing and midwifery advanced practitioner numbers and the breadth of practice settings these professionals are currently working in and what their role entails.

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[7] Ibid., p18.
[8] 'Advanced Nurse Practitioner' and 'Advanced Clinical Practitioner' search via: https://www.totaljobs.com/, February 2024. There will be some overlap across these searches. This search is not exhaustive.
[9] 'Advanced Nurse Practitioner' and 'Advanced Clinical Practitioner' search via: NHS Scotland Jobs - Home, February 2024. There will be some overlap across these searches. This search is not exhaustive.
[10] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery,p18.
[11] Ibid.
[12] 'Advanced Midwife Practitioner' search via: https://www.totaljobs.com/ and NHS Scotland Jobs - Home, February 2024. This search is not exhaustive.

Occupational risk

33 The Professional Standards Authority (PSA), our oversight body, has developed the concept of right touch regulation. It defines right-touch regulation as: 'based on a proper evaluation of risk, is proportionate and outcome focused; it creates a framework in which professionalism can flourish and organisations can be excellent.'[13]

34 Right-touch regulation includes an approach which regulators can adopt when considering whether to regulate a particular profession. This involves using risk of harm to understand if a profession should be brought into statutory regulation. This is outlined in the PSA's 2016 methodology for assessing and assuring occupational risk of harm across different health and social care professions.

35 This model is used to assess whether to bring a new profession into regulation. Current nursing and midwifery advanced practitioners are already regulated via their initial registration on the basis of standards of proficiency, adherence to the Code and revalidation. Nevertheless, this model remains helpful for considering whether an additional layer of regulation is required at the advanced level.

36 This framework outlines a continuum of assurance which indicates that as the level of risk increases so should the level of regulatory oversight. This ranges from employer controls through credentialling and voluntary registration to statutory regulation.

37 The assessment of occupational risk is based on a two-part process, which is focused on:

37.1 **Profiling the intrinsic risk of harm.** This examines and quantifies the risk associated with the **intervention** (the complexity and inherent hazards of the activity); the **context** (the environments in which the intervention takes place); and **agency** (service user vulnerability or autonomy).

37.2 We can allocate a risk score to each category. We can then score risk across these three categories and triangulate the risks to develop an overall occupational risk score. This enables us to develop a risk profile and risk volume.

37.3 **Extrinsic risk factors.** The intrinsic risk of harm can be assessed in the context of extrinsic risk factors. These include the **scale of risk** (size of practitioner group and patient/service user group); the **means of assurance**; the **sector impact** (on the market; workforce; quality; cost and innovation); the **risk perception** (the need for public confidence in the occupation and assurance for employers and other stakeholders); and any **unintended consequences**.

38 Considering the PSA occupational risk model, we can draw the following conclusions about advanced practice:

[13] Professional Standards Authority, 2015, Right touch regulation revised, p7.

39 **Intervention:** The autonomy of the role and some inherent interventions within advanced practice clearly site the advanced practitioner role above the standards of proficiency and scope of practice of registered nurses and midwives, which indicates we could be justified in taking an additional regulatory role.

40 The Nuffield Trust report highlights that '*the greatest risks (across all clinicians) appear to relate to tasks such as diagnosis and interventions, which increasingly sit within the scope of advanced practice*.'[14] 41 per cent of current advanced practitioners indicated that they were working outside traditional scopes of practice.[15] Some advanced practice interventions clearly carry inherent risks to the public. These include diagnosis; advanced assessment, judgement and decision-making; referral; and discharge.[16]

41 There is limited evidence from fitness to practise data about the level of risk to the public from the current regulatory arrangements for advanced practice. Initial data from April 2023 onwards indicates that there were 16 cases where individuals were identified as working at advanced level practice or the case was related to advanced level practice.[17] 14 of these cases were related to capability and competency issues, including abuse of position, poor decision making, misinterpretation of clinical results and inappropriate advice. No cases related to midwifery.

42 However, lack of evidence does not mean that there is no risk. There is a clear latent risk in these roles considering key interventions. Furthermore, a 2016 coroner's report highlighted concerns that there was 'no regulatory body for advanced nurse practitioners' and they may need additional regulatory oversight, considering their 'parallel roles' to general practitioners.[18]

43 The inherent risk is exacerbated by the current variation in the role across employment settings and the different educational preparation, outcomes and experiences of current professionals. For example, not all advanced practitioners have been assessed as clinically competent to undertake an advanced practice role or have postgraduate level education or equivalent.

44 **Context:** Advanced practitioners work across a wide range of health and social care settings (including clinical practice, leadership and management, education and research). Clinical settings include but are not limited to primary care, secondary and tertiary care, community care, emergency care, out-of-hours services, mental health services, older people's care, care homes, first contact roles and maternity services.

45 Advanced practitioners may be working in multi-disciplinary teams (MDTs) or be the only professional delivering health and social care services in a setting.

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[14] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery, p5.
[15] Ibid., p31. This research also included allied health professionals.
[16] International Council of Nurses, 2020, Guidelines on advanced practice nursing, p.10.
[17] A review of 594 cases was undertaken by the NMC Clinical Advice Team.
[18] HM Coroner's Service for Leicester City and Leicestershire South, 2016, Benjamin Orrill: Regulation 28: Report to prevent future deaths.

Advanced practice employers include the NHS, GPs, social care providers and the independent sector. Some advanced practitioners may also be self-employed. Research indicates that perceived risks are higher in certain settings, including general practice, out-of-hours services, third sector providers (nursing homes and charities) and agencies.[19]

46 **Agency:** Advanced practitioners deliver services to people in a diverse range of settings. People receiving care will have variable vulnerability and autonomy, including those who are particularly vulnerable. For example, people at end-of-life, people needing urgent care, people experiencing mental health crises, people with learning disabilities and pregnant women with complex care needs.

47 Vulnerability may increase if people are receiving care in their own home and if the advanced practitioner is the sole professional providing services.

48 We have engaged extensively with the public and other key audiences through this review. This has taken place via our advanced practice public advisory group, Public Voice Forum, public polling and qualitative research.

49 Public understanding of advanced practice roles varies. However, there is support for a new approach, including a move to greater standardisation in what is expected of an advanced practitioner and consolidation of job titles. A common UK professional framework is also seen to have benefits and support the workforce. Some form of additional regulation of advanced practice is believed to be the preferred likely final destination of a staged approach.

50 **Scale of risk:** The scale of risk is dependent on the size of the practitioner group and the size of the public/number of people who use services.

51 We have limited information on the number of UK nurses and midwives working in advanced practitioner roles, due to the lack of definition and data collection. It could however be as much as 8 per cent of England's nursing workforce. Furthermore, there is a specific mandate to increase the advanced practice workforce aligned to government policies across the four nations.[20]

52 The number of people who use services varies across different settings. However, considering the wide diversity of contexts in which advanced practitioners work any member of the public could find themselves accessing services delivered by advanced practitioners at some point.

53 **Means of assurance:** The means of assurance for advanced practitioners vary across the UK and employment settings. The Nuffield Trust report highlights that

[19] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery, p48.
[20] For example, see England: NHS Long Term Workforce Plan (2023); Northern Ireland: Health and Social Care Workforce Strategy 2026 (2018); Scotland: National Workforce Strategy in Health and Social Care in Scotland (2022); and Wales: A Healthier Wales: Our Plan for Health and Social Care (2018).

‘*there are latent risks in the current [regulatory] arrangements for preparing and employing advanced practitioners [in the UK].*’[21]

54 There is variability of routes into advanced practice. The most common current route is through higher education, namely a post-registration post-graduate degree. However, entry requirements, course content and outcomes vary now and historically. There is currently no specific overarching governance and assurance of advanced practice education in the UK.

55 Employer requirements and responsibilities also vary. For example, there is no uniformity in what employers expect from their advanced practitioner workforce. There is also wide variation in job titles and roles in practice, which makes it difficult to ascertain how many nurses and midwives are working in advanced practice roles. There is currently no specific overarching governance of the employment of advanced practitioners across the UK or across settings.

56 The means of assurance at the individual professional level are therefore also variable. Any professional can currently be titled an advanced practitioner, irrespective of educational background or practice experience. Professionals in advanced practice roles should revalidate against their scope of practice, but do not have to undertake any specific requirements to continue practising in an advanced practice role.

57 **Sector impact:** Increased regulatory oversight would have a variable impact on different sectors and settings depending on team structures, skills mix, employer governance and finances.

58 Some perceive that additional regulation could styme innovation. However, it could also create an effective avenue to systematically assure and update practice innovation as new evidence emerges. Any new approach would need to be future-proofed.

59 Additional regulation would emphasise the professional journey of an advanced practitioner. It would mean that advanced practice is better reflected and considered across our regulatory levers and the touch points that professionals have at different and continuing stages of their professional careers. For example, education, registration, revalidation and fitness to practice.

60 Individual professionals would have to engage with additional regulation. New requirements might be difficult to meet even if a professional was a competent advanced practitioner. For example, if there were skills gaps that were difficult to bridge in specific practice settings. This may also impact on compliance with our existing processes, such as revalidation. Conversely, additional regulation may make these roles more attractive to professionals and drive recruitment.

61 Our Future Nurse and Future Midwife standards raised the bar of what is expected at point of entry to the register. We have built on this via our recent post-registration standards review for certain qualifications we set standards for.

[21] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery, p5.

Professionals educated under these new standards can access an ambitious career pathway. A new regulatory approach for advanced practice could augment this.

62 There would be additional financial impacts to the NMC and all stakeholders, including individual professionals. This could disincentivise uptake of advanced practice roles in the future, as education providers and employers may feel the costs of regulatory compliance are prohibitive.

63 However, there are costs to inaction too as well as the potential value to public protection. This may not be easily quantifiable but has economic benefits. For example, the current variation in education and lack of role standardisation have costs for the health and social care system. As part of the current review, we are undertaking an economic evaluation to explore this in more detail and support recommendations.

64 **Risk perception:** The inherent risk of the role is arguably mitigated at present due to the fact that current nursing and midwifery advanced practitioners already have primary registration and must act in accordance with the Code and their scope of practice. Furthermore, the current UK frameworks may provide a level of assurance alongside local employer governance, but there is variability of application across employment settings.

65 There is a widespread perception that the latent risks in advanced practice are not being adequately managed at present. Stakeholder feedback across the public, professionals and partners indicates that increased regulatory oversight is required. This is only likely to grow as workforce numbers and public understanding of the role increase. There is consensus for change, even if there is not yet agreement on an appropriate new approach.

66 **Unintended consequences:** These may include: potential differential impacts on the nursing and midwifery professions; impacts on our existing suite of NMC approved post-registration qualifications, as advanced practice programmes may prove to be more popular with professionals; impacts on other health and social care professional groups who are also working in advanced practice roles; and impacts on education providers and employers who may feel they can no longer support the development of advanced practitioners in their settings. Finally, additional regulatory oversight may increase professional's interest to take up advanced practice opportunities such that current supply does not meet demand.

Conclusion

67 There are inherent, latent and emerging risks in advanced practice beyond initial registration as a nurse or midwife. This is due to the level of practice as well as the autonomy of the role and key interventions. The context in which advanced practitioners work can extend across the entirety of the health and social care system. Furthermore, advanced practitioners provide care and services for people across the population, who will have variable agency and understanding of the care they need and the professionals providing that care.

68 The scale of the risk and the lack of standardised means of assurance at the individual professional, educational and employer levels are central to determining whether additional regulatory oversight is required. Any sector impact and unintended consequences would need to be mitigated and justified on the basis of public protection.

69 The development of a risk profile for advanced practice roles indicates that due to the intrinsic risks (interventions, context and agency) as well as key extrinsic risks (including scale of risk and means of assurance) a new approach may be needed. This will need to be considered in the context of our forthcoming independent economic and engagement analysis. Furthermore, we are mindful that we must not rush to regulate and that we have supporting and influencing roles too that may enable us to mitigate any risks posed by advanced practice.

Key considerations

70 **Public protection:** Any new regulatory approach for advanced practice must be aligned with our regulatory aims of public protection. Our current Order (The Nursing and Midwifery Order 2001) clearly sets out the purpose and functions of the NMC. This includes that the 'over-arching objective of the Council in exercising its functions is the protection of the public'. Public protection is also central to the PSA's right-touch regulation occupational risk model.

71 Any future approach is likely to have impacts across a range of indicators, including financial costs and workforce development, and a range of stakeholders, including the NMC, professionals, employers and education providers. However, our assessment of any future approach must be made on the basis of what is best for public protection. This includes how the regulation of advanced practice would look and feel and how it would be better than the current scenario.

72 **Governance:** Any new regulatory approach would see us taking on additional oversight of nursing and midwifery advanced practice, even if we did not set education standards.

73 Our current strategy is based on our three key roles: regulate, support, and influence. We must not assume that regulation is the first and only option and should consider if we can mitigate any public protection risks via our supporting and influencing roles. For example, a UK-wide set of principles, framework or joint statement on advanced practice. We would also need to consider if the governance arrangements of a supporting or influencing approach would ultimately necessitate us to deploy our regulatory levers to standardise external processes and ensure public protection.

74 It may also be preferable to implement some measures aligned to our supporting and influencing roles first, as we collect further evidence about the need to regulate advanced practice. For example, collecting more data on current advanced practitioners and work settings.

75 **Economic impact:** Any new regulatory approach will likely create additional costs for the NMC, individual professionals, employers, education providers and the

wider system. For example, setting education standards would require additional NMC expenditure and resourcing across the entire business.

76 A new regulatory framework could lead to increased assurance or compliance costs for education providers and employers as well as for individual professionals. However, it could provide an opportunity for wider strategic leadership of workforce development, create new business opportunities for education providers and exciting new partnerships with employers. Individuals would also be able to develop their careers and increase their earnings potential.

77 Maintaining the status quo also has a financial cost. For example, there are costs to the health and social care system of continued inconsistency and variation in the knowledge, skills and experience of the advanced practice workforce. This may impact on the number of advanced practitioners referred to our fitness to practise processes and the costs of negligence claims to employers when harm occurs. Public protection has a financial value, which needs to be recognised.

78 **Collaboration:** We are committed to giving people a meaningful voice in our decision-making to help shape how we regulate. We work collaboratively to co-produce our regulation with the public, professionals and stakeholders. Irrespective of whatever decision we take regarding advanced practice, we will continue to collaborate with our partners on this issue to ensure positive impacts for all, including the public and professionals.

79 This includes working with national governments to ensure that our approach aligns with their workforce plans and population needs; education providers are supported to continue to deliver high-quality advanced practice programmes; employers have the flexibility to employ qualified and competent advanced practitioners to meet the needs of local health and social care systems; professionals can continue delivering safe, effective and kind care; and the public can have assurance about the care they will receive at this advanced level.

80 **Four Nations:** The NMC is a UK-wide regulator. We regulate nurses and midwives in the UK and nursing associates in England.[22] We are committed to being open and accountable and to building on our strong and effective relationships across all four UK countries, including with the UK Government and devolved governments. For example, working with governments to address health and social care workforce challenges.

81 Advanced practice has developed in different ways across the four UK countries and the professions we regulate within those countries. Each nation has its own advanced practice framework (see Annexe C below). Whilst these differ in some respects, there is sufficient similarity for the development of a UK-wide consensus and definition of nursing and midwifery advanced practice.

[22] In January 2024, we welcomed a request by the Welsh Government to regulate nursing associates in Wales. This would need to be decided by our Council, and subject to its approval, it would require the UK Government to make legislative changes. We look forward to working with our partners on this important proposal.

82 We do not have to take the same approach to advanced practice across the UK. However, we are aware of the benefits a UK-wide approach could have, including standardisation of an advanced practice framework, roles and education; a more portable workforce; and a more visible role for the public. This would also help mitigate the notion of medical substitution and instead confirm the benefits of nurses and midwives in advanced practice roles.

83 Separately, we will need to consider the implications of any new approach on the island of Ireland. For example, any impacts on cross-border working.

84 **Midwifery:** UK advanced practice is multiprofessional, including both midwifery and nursing practice. The review has considered advanced practice across both professions, informed by current practitioners, and whether profession-specific approaches are needed.

85 We note that midwives are autonomous professionals at the point of registration. However autonomous and advanced level practice are different, and autonomy is not a proxy for advanced practice. For example, the Derby Model indicates increasing levels of expertise beyond initial registration. Newly qualified midwives (and nurses) do not practise at an advanced level.

86 We are also mindful that advanced practice frameworks in Northern Ireland and Scotland do not include midwifery. As noted above, there are currently no known midwives working in advanced practice roles in Northern Ireland and Scotland. However, there are consultant midwives working in these countries.

87 Midwives can access multi-professional advanced practice programmes. However, the midwifery-specific content on these programmes is often limited.

88 Currently, our view is that any potential future regulatory approach to advanced practice should be open and accessible to both midwifery and nursing. However, we could take forward different approaches or sequencing when considering any emerging evidence. For example, if we first implemented a new approach to nursing advanced practice, we would want to ensure that midwifery could learn the lessons from this evolution.

89 **Multi-professional approaches:** Throughout our current review we have engaged closely with UK regulators who regulate other health and social care professionals working in advanced practice roles. This has included establishing a cross-regulatory group, which feeds directly into the independent steering group. This has helped us to identify commonalities and differences in how professionals in advanced practice roles are regulated and to understand if we can progress a joint approach.

90 All potential change options, except the set of principles/joint statement approach, would involve the NMC developing and delivering its own approach to advanced practice in the context of nursing and midwifery.

91 However, not all advanced practitioners are nurses or midwives. Furthermore, nursing and midwifery advanced practitioners work in MDTs with professionals

from a range of backgrounds who are regulated by different healthcare professional regulators.

92 Our remit is clear. We could not seek to regulate advanced practitioners who are not nurses or midwives. However, a unilateral approach by the NMC could create a two-tier advanced practice system in the UK, which could have unintended consequences for different professional groupings. We will need to continue to collaborate with other regulators and employers to ensure that any approach we introduce has positive impacts for professionals across health and social care teams and the public they serve.

93 **Equality, Diversity and Inclusion (EDI):** We have undertaken an Equality Impact Assessment (EqIA) analysing the impacts of any regulatory change on people with protected characteristics. We note from previous analysis of professionals with post-registration qualifications that they are more likely to be older, female and White. Advanced practitioners are likely to have a similar demographic profile.

94 Increased regulation of advanced practice is likely to impose additional costs on professionals wanting to progress into these roles. This will likely negatively impact people from socio-economically disadvantaged backgrounds. We also need to be mindful of the implications for people living in remote, rural and coastal communities who may have less access to education and practice opportunities to develop an advanced practice career.

95 Most future options, except continuation of the status quo and a set of principles/joint statement approach, would require grandparenting of current advanced practitioners into new regulatory arrangements. The grandparenting process would need to balance public protection and regulatory burden, to ensure that it does not discourage competent professionals from transitioning into the new regulatory regime.

96 Any new regulatory approach must also consider the needs of international professionals with advanced practice qualifications working in the UK. International professionals are a growing part of our register. Our most recent registration report highlighted that 49.9 per cent of new joiners to the register were internationally educated.[23] Many of these professionals may have advanced practice or similar education and experience from their home countries.

97 This is particularly important since international professionals are more likely to identify as Asian or Black. We know non-White professionals face barriers in accessing career development opportunities, which is likely to include access to advanced practice education and employment offers.

98 Alongside our new EqIA, we have undertaken a Welsh Language Impact Assessment to ensure that there will be increased opportunities for the public to use the Welsh language and that the Welsh language is treated no less favourably than the English language via any proposals.

[23] Nursing and Midwifery Council, 2023, The NMC Register mid-year update: 1 April – 30 September 2023, p3

99 **Legal implications:** The need for legislative change to implement any new approach varies depending on the different proposals and ultimately what is decided within any option.

100 Retaining the status quo would evidently not need any legislative update.

101 A set of principles/joint statement approach could rely on new advisory guidance. As an approach that falls short of regulation, it appears likely that this could be done under our existing regulatory framework, subject to meeting our existing legal duties such as consultation where appropriate.

102 Credentialling, revalidation and a test of competence options may not need changes to our Order and rules, but we would need to determine new standards. However, this would be dependent on finalised details. Any protection of professional titles associated with advanced practice would necessitate legislative change.

103 Setting education standards is already allowed for under our existing powers to set proficiency and education standards and approve qualifications. As above, it would entail changes to our legislation to facilitate the protection of Advanced Practitioner titles and to grandparent existing advanced practitioners who would not hold a new approved qualification.

104 We are required to consult on changes to our standards. However, we would want to consult on any new advanced practice proposal, even if this had no impact on our standards due to the interest in this policy area.

105 **Regulatory reform:** This is a key interdependency of the advanced practice review. Over the next few years, the UK Government will replace the current NMC Order with new legislation that will provide increased flexibility for how we design our regulatory processes, which will allow us to modernise how we regulate. The Order will specify how our register is structured but we will have greater flexibility around how we regulate NMC-approved post-registration qualifications.

106 We will have powers to publish information in respect of registered professionals, including information about qualifications, provided we're satisfied that publication of that information serves protection of the public. This will need to be considered alongside any broader public protection rationale for regulating advanced practice.

107 As part of our approach to the future of the register we want more meaningful regulation of NMC-approved post-registration qualifications. This will include seeking regular assurance that a registrant's practice is up to date against our standards for any post-registration qualification they hold. The primary mechanism to collect up-to-date information, following initial entry of a post-registration qualification to the register, will be via revalidation.

108 The new legislative template will set out a number of offences including where a person falsely represents that they (or anyone else) hold a protected professional title or an NMC-approved qualification or are registered with the NMC when they are not.

109 Post regulatory reform our existing post-registration qualifications will be protected by virtue of the offence linked to NMC-approved qualifications. We could take a similar approach to advanced practice qualifications, depending on the proposal we adopt.

110 If we set advanced practice education standards, the approach that would be consistent with our wider regulatory reform policy is that professionals meeting our standards would have their qualification recorded on the public register as an annotation, alongside their existing registration as either a nurse or midwife. They would not join a separate part of the register or acquire a protected title.

111 In line with our plans for other NMC-approved post-registration qualifications, we would not plan to protect the title 'advanced nurse/midwife practitioner'. However, we would protect an advanced practice qualification and we could take enforcement action against a person falsely representing that they have an approved advanced practice qualification.

112 If we decide to regulate an advanced level of practice, we will want to ensure that only people who have met our standards and requirements for registration can practise at that level. We would want to work with employers to prevent individuals and organisations from falsely implying that someone has an approved advanced practice qualification. We would also want to develop a position through our protection of the qualification where only nurses and midwives with an NMC-approved advanced practice qualification could work in advanced practice roles in nursing and midwifery.

113 We welcome the UK Government's commitment to regulatory reform. We continue to engage and work with the Department of Health and Social Care (DHSC) on our future legislation and reform proposals. In due course, the DHSC will undertake a public consultation on a new NMC Order, and we will also undertake a consultation on our new regulatory rules.

Regulatory options

114 The review has resulted in the following options, considering our regulatory levers:

114.1 Maintaining the status quo

114.2 Set of principles/Joint statement

114.3 Credentialling

114.4 Revalidation

114.5 Test of competence; and

114.6 Setting education standards.

115 We recognise that a combination of options may be preferred. There is also overlap between some of these options. For example, setting education standards would include us making changes across our business, including to revalidation.

116 The below analysis outlines the benefits and challenges of each individual option.

Maintaining the status quo

117 **Proposal:** We would continue with our current approach not to have additional regulation of nursing or midwifery advanced practice. We would not regulate advanced practice programmes or protect an advanced practice qualification.

118 We would regulate advanced practitioners via their initial registration as a nurse or midwife. We would hold these professionals accountable via the Code and our current standards of proficiency. Our revalidation processes would not require professionals in advanced practice roles to undertake any additional requirements.

119 **Benefits:** There is limited evidence of a demonstrated impact on public protection from advanced practice which would require us to undertake additional regulatory oversight. We have a data gap about the number of professionals who are working as advanced practitioners in the UK and if their practice is associated with increased negative impacts for patient safety.

120 We could potentially adopt a 'wait and watch' approach enabling us to acquire further evidence. This could take place alongside the implementation of other regulatory changes, including regulatory reform, the revalidation review and the Code review. By this point, we would have a more detailed understanding of the risks posed by advanced practice and how we can help to mitigate them via our processes.

121 This approach would entail no additional costs to professionals, education providers, employers or the NMC. We would not incur additional expenditure via advanced practice programme approval and quality assurance, registration, revalidation and fitness to practise costs. Professionals, education providers and employers would not have additional costs for regulatory compliance, such as registration of a qualification, programme approval or supervision requirements.

122 This approach would ensure continued maximal workforce flexibility for governments, employers and education providers. Devolved nations' commissioning and service delivery would continue to develop in line with existing national frameworks. Employers could continue to determine their own education and experience requirements for employees in advanced practice roles. Education providers would retain flexibility over course outputs and delivery in order to meet local workforce needs.

123 **Challenges:** There are inherent risks, as identified above, in the advanced practitioner role, which indicate that we should take more active oversight of advanced practice in the interests of public protection.

124 Independent research highlights that these latent risks may be amplified in certain practice settings. These include general practice, out-of-hours services, third sector providers (nursing homes and charities) and agencies.[24]

125 The lack of additional regulation means that there is significant variation in advanced practice education delivery and outputs. This variation exists across UK nations and education providers. For example, variation in entry requirements, degree level, clinical content and assessment mechanisms across programmes.

126 This means that people without the necessary knowledge and skills could currently be working as an advanced practitioner, including individuals who may not be on any professional register. This is compounded by the wide range of job titles in use for advanced practitioners, which can be confusing for the public and risks undermining confidence in the professions. Poor public understanding of advanced practice could also undermine consent for treatment.

127 We have undertaken extensive engagement with the public, professionals and key stakeholders throughout this review. External engagement has consistently questioned the status quo. Stakeholder opinion suggests that our partners, the people we regulate and the public we serve believe there is a need for us to deploy increased oversight of advanced practice. Public engagement, in particular, has highlighted the importance of some form of additional regulatory oversight of advanced practice.

128 Our engagement indicates that all audiences feel that additional regulation would provide greater public assurance. It could lead to greater standardisation and consistency, likely leading to more reliable and better-quality care and increased public understanding of service and care expectations. This could elevate advanced practice roles and lead to an increase in public confidence. This may also positively impact trust in wider health and social care systems.[25]

129 The UK is currently an international outlier. Nuffield Trust research highlights that the majority of similar countries with advanced level nursing have specific advanced practice regulation. Conversely, only one other similar country regulated advanced midwifery roles – Ireland.[26] If we continue with the status quo, we will remain out of step with other comparable nations in relation to advanced practice nursing.

130 Workforce flexibility is hindered by a lack of consistency in advanced practice roles and expertise. Additional regulation would lead to greater standardisation of advanced practice education requirements; pre-requisite knowledge, skills and experience; and ongoing CPD and supervisory expectations. This would enable greater portability of the workforce across employment settings and borders and provide an impetus for employers to standardise their approaches to the

[24] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery, p5.
[25] Thinks, 2023, NMC: Advance Practice Regulation – Interim Note, p2.
[26] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery, p4.

deployment of and support for this role. This could also bolster this role as a key career development trajectory for current and future professionals.

131 Society and nursing and midwifery practice have changed significantly since we last examined this issue.[27] This includes an increase in the number of professionals undertaking advanced practice roles. These numbers are only expected to grow across all four UK nations over the coming years.

132 This will mean that advanced practice is likely to be a growing issue across all our existing regulatory levers. For example, increasing numbers will likely want their advanced practice experience to be formally recognised on the register or via our revalidation processes. However, we will not be able to provide professionals with these options if we continue with our current approach. Additional regulatory oversight of advanced practice would enable us to lead the sector and create consistency in practice for the benefit of the public and professionals.

Set of principles/Joint statement

133 **Proposal:** This option would involve us collaborating with key stakeholders to develop a joint approach to advanced practice, either via a set of principles or a joint statement on advanced practice. This proposal would not see the NMC taking on any additional regulation of advanced practice but convening partners to develop a new voluntary approach for advanced nursing and midwifery practice.

134 Our most likely partners would be devolved governments, including Chief Nursing Officers and Chief Midwifery Officers; other health and care professional regulators; and four country systems regulators. Employers would also have an integral role to play in developing, implementing and maintaining this proposal.

135 This approach could include continued work with national governments to understand how any proposal we develop aligns to and creates consensus amongst individual national frameworks. We could also continue work with health and care professional and systems regulators, even though they may be at different stages, to develop a consistent approach where possible.

136 **Benefits.** We have previously successfully implemented a principles-based approach to preceptorship. These principles support employers across the UK to achieve high quality and effective preceptorships for newly qualified staff. A similar set of principles/joint statement approach for advanced practice would have advantages, irrespective of any future regulatory approach adopted.

137 This option is likely to create a level of standardisation for professionals and employers in terms of the expected knowledge, skills and experience of advanced practitioners. This would help to create an accepted baseline of proficiency prior to employment in advanced practice roles in settings across the UK. For example, if we defined advanced level practice, necessary education and experience, and

[27] The UKCC, our predecessor body, examined this issue in 1997 and decided not to regulate advanced practice. This decision was revisited and reconfirmed in 2001 when we brought into regulation our now discontinued Specialist Practice Qualifications (SPQs). The Council for Healthcare and Regulatory Excellence (CHRE), the forerunner to the Professional Standards Authority (PSA), also concluded that the statutory regulation of advanced practice was not needed in 2009.

individual and employer responsibilities. There is also potential for collaboration on ongoing support, such as supervision and CPD.

138 A further result may be increased portability of advanced practitioners across the four UK nations. This could lead to the development of a more uniform education and career pathway to transition into advanced practice roles and an ongoing career structure to support progression and retention.

139 This could also increase employer engagement in this agenda. This is crucial as one common thread from stakeholder feedback has been the variation in governance of advanced practice by employers. This may lead to greater consistency in job titles and raise awareness of the need for specific employer support for the initial and ongoing development of these professionals.

140 This approach could improve public and professional awareness and understanding of advanced practice across different settings. This is likely to lead to greater public confidence in the advanced practitioner role.

141 The additional costs of this approach are likely to be minimal for the NMC. Costs may be greater for employers and individual professionals, particularly to ensure meeting any knowledge and skills gaps and ongoing CPD in post.

142 **Challenges:** This approach would be based on guidance and be voluntary for employers, education providers and individuals. We could not enforce adherence to any set of principles or joint statement for advanced practice. This would be dependent on individual stakeholders and professionals.

143 We know from our preceptorship surveys that there continues to be inconsistency and variation in application, delivery and assurance, despite our principles. The robustness of this approach in driving assurance would therefore be weaker than other options.

144 There would continue to be variation in what is expected of advanced practitioners, their prerequisite education and expertise, their ongoing professional development and their accountability. This would mean continued risks to the public, especially as there would be no initial assessment of whether an advanced practitioner is or continues to be competent to practise in that role.

145 There is likely to be variable appetite and difficulty securing engagement for this approach from different stakeholders across different nations. For example, it is unlikely that all employers would sign up to a voluntary approach, especially considering the likelihood of additional costs. We would also need to further explore if the devolved governments whose advanced practice frameworks do not include midwifery would wish to support a set of principles/joint statement approach to advanced practice for both nursing and midwifery.

146 The mixed regulatory landscape across the UK could pose challenges to the delivery of this approach across different regulators. For example, it may not be possible to develop a joint definition of advanced level practice between different healthcare professional regulators, which would styme this approach. Furthermore, the health and social care systems regulator landscape varies

across the four UK nations which could create further variation in application and decrease the effectiveness of this approach.

147 The governance of this option would also need to be considered. Multi-professional approaches and regulation have been effective for prescribing practice via the Royal Pharmaceutical Society's (RPS) Prescribing Competency Framework for NMC and Health and Care Professions Council (HCPC) professionals. There could be potential for nursing, midwifery and medical royal colleges or other suitable bodies to take forward a similar role for advanced practice.

148 However, currently we are not aware of any UK-wide independent body which could own a set of principles or joint statement for advanced practice and act as a broker between different regulators, governments and employers to develop and maintain such an approach. Local governance would likely continue to be paramount, which would risk further unwarranted variation.

Credentialling

149 **Proposal:** Credentialling is a consistent method of assessing and validating the identity and competency of nursing and midwifery professionals working at advanced practice level based on their education and practice background.

150 This option could entail either direct credentialling by the NMC or indirect credentialling in partnership with other organisations, such as nursing, midwifery and medical royal colleges.

151 In the first scenario (direct credentialling), the NMC would directly credential advanced practice education and experience. We would need to develop a framework that would outline the minimum requirements and standards that an advanced practitioner would need to evidence via the credentialling process. This would likely be via a professional qualification or portfolio approach based on experience. It could also include employer input, such as a job plan or reference.

152 In the second scenario (indirect credentialling), the NMC would develop a list of certain advanced practice education providers and other organisations who could credential advanced practice education and experience. Professionals who had successfully credentialled from one of these bodies would be recognised as competent to practise as an advanced practitioner.

153 We would likely need to quality assure and monitor educational delivery in both indirect and direct credentialling options.

154 Professionals who successfully credentialled would be recognised as competent to practise as an advanced practitioner. This information could be recorded on the public register.

155 **Credentials:** Separately, we looked at an approach based on credentials. A credential is a standardised component of area-specific advanced practice learning. Professionals receive a credential in recognition of completion of a structured unit of learning and achievement against agreed standards.

156 We could take a direct approach to approving credentials delivered by certain education providers. However, this would be similar to setting education standards, see below.

157 Alternatively, we could take an indirect approach based on recognising credentials developed and approved by education providers but not the NMC. This would, however, likely be contradictory to our data-driven, targeted and proportionate approach to education quality assurance, which we want to develop further via regulatory reform. For example, being able to intervene in response to emerging issues in the interests of public protection and students.

158 We also note that the General Medical Council (GMC) currently works in partnership with other organisations, including medical royal colleges, to deliver credentials for certain specialisms. It is, however, pausing offering credentials as this has become increasingly complex and resource intensive.

159 We have therefore focused this potential option on a credentialling process, rather than a credentials-based approach.

160 **Benefits:** Advanced practice credentialling by other professional organisations is well-known and recognised across parts of the UK. For example, credentialling in advanced practice nursing is already used by the RCN. NHS England uses an e-portfolio approach which is similar to credentialling.

161 The credentialling process could enable standardisation of the knowledge, skills and experience of advanced practitioners, which could be balanced with experience in a specific practice area if appropriate. This would also provide a structured, formalised and transparent process to assess whether a professional has met agreed standards.

162 This could provide increased assurance to the public about the capability of advanced practitioners who have gone through credentialling and improve safety of people. It would also support the portability of the advanced practice workforce across different employers and UK countries.

163 An indirect credentialling process may be less resource intensive and more cost-effective for the NMC, especially once we had established a list of approved providers of advanced practice credentialling. However, we would need to establish a means of ongoing educational monitoring and assurance.

164 Even if we did not adopt credentialling as an ongoing regulatory option, it may be useful to grandparent the existing advanced practice workforce into a new regulatory regime via a credentialling process. This would mean that we could assure that existing nursing and midwifery advanced practitioners were capable of meeting new minimum standards and could work in accordance with any new model. We could develop a framework to enable this via outlining necessary knowledge, skills and experience. Those who successfully credentialled could be transferred straight into a new regulatory approach.

165 **Challenges:** An indirect credentialling approach would mean that we may carry significant risk regarding admissions, content, experience and outputs for

advanced practice credentialling mechanisms. However, we may lack the levers to intervene to support learners and public safety if necessary.

166 A direct credentialling approach would, arguably, be largely similar to and as burdensome as directly approving education programmes via setting standards and quality assurance. If we were to adopt this option, it may be preferable to adopt a full-scale regulatory approach.

167 We would need to develop a credentialling framework (likely based either on education or a portfolio) before we could take forward this option. We would need to create a core threshold level across advanced practice to ensure sufficient standardisation and reassure the public and employers that professionals who had successfully credentialled have the right competencies to deliver safe, effective and kind advanced practice care.

168 This would be complicated considering the current advanced practice market. As noted above, there is variation in programmes, including in relation to content, practice hours and scope. This variation also exists when comparing between organisations that currently undertake this activity. This may mean that we could only consider credentialling certain advanced practice qualifications and experiences initially. This could perpetuate unwarranted variation across advanced practice.

169 We would also need to consider criteria for approving credentialling institutions. These currently include the RCN, the RPS and the Royal College of Emergency Medicine (RCEM) amongst others.

170 There is, however, a lack of credentialling options in some UK countries and geographical areas. For example, Northern Ireland. Furthermore, the Royal College of Midwives (RCM) does not currently offer credentialling and this is not currently available for midwifery.

171 We must ensure that any new approach provides flexibility for current providers, does not lead to unnecessary market withdrawal and does not unnecessarily limit innovation.

172 Credentialling is expensive and bureaucratic. It may not add anything additional beyond the advanced practice education and experience required to successfully credential. This approach could be perceived as duplicative and overburdensome. It may be less burdensome and more cost effective to recognise any prior qualification directly. It could also create a scenario where professionals are charged twice – for their education programme and the credentialling process.

173 A credentialling process is an assessment of competency at a single point in time. However, we would want to have ongoing assurance that professionals remain fit to practise as advanced practitioners. We would also need to ensure ongoing quality assurance and monitoring of the credentialling process. Additional regulatory levers would therefore be needed.

Revalidation

174 **Proposal:** Revalidation is the process that all NMC professionals need to follow to maintain their registration. The revalidation process ensures professionals continue to provide safe, effective and kind care for the public.

175 As part of revalidation, professionals are encouraged to update their knowledge and develop new skills. Professionals should reflect on the Code and relevant standards of proficiency to identify which aspects relate to their scope of practice and identify their education and training needs. This enables professionals to progress their practice and demonstrate current competency in relation to up-to-date relevant standards of proficiency.

176 Under this option, professionals would be required to self-declare if they were working in an advanced practice role or using an advanced practice job title. This declaration would likely need to relate to a set of proficiency standards, which we would need to develop. Professionals could evidence proficiency via revalidation requirements, such as practice hours, CPD hours and reflective accounts.

177 This information would need to be verified by a confirmer. They should have sufficient knowledge and experience to be able to act in this role for an advanced practitioner.

178 We would likely need to quality assure and monitor educational delivery in this option. If we could validate the information gained via the revalidation process, we could record this information on the public register.

179 **Benefits:** Revalidation has been a successful programme, ensuring professionals update their practice and continue to provide safe, effective and kind nursing and midwifery care. It is a well-established and understood process for all registrants across the four UK nations.

180 It is suitably flexible to incorporate the diversity of advanced practice roles into its remit, including non-clinical roles. We could include advanced practice revalidation requirements within existing elements of the revalidation application or add additional requirements for these roles. Our revalidation requirements are effectively standards for continuing professional development. We could also include an advanced practice work setting designation to collect more data about nursing and midwifery advanced practitioners working in the UK.

181 **Challenges:** Revalidation is an approach that we take to qualifications that we set standards for and already regulate. We have not previously used revalidation to bring a qualification into regulation.

182 Revalidation of advanced practice would therefore require initial validation to evidence threshold capability. We would need to validate information gained through a revalidation application via an additional separate regulatory lever. For example, via settings standards, verification of an advanced practice qualification or equivalent and publication of this information on the NMC register.

183 Only another lever, rather than revalidation itself, could provide a consistent benchmark for decisions about competency. However, no current validation process is in place.

184 We could not seek to do this via our current revalidation audit process, as it is not set up to collect this information. We would need professionals to initially identify themselves as an advanced practitioner before then revalidating. This would be problematic due to variation in the role in practice.

185 A revalidation approach is therefore likely best suited to ensuring that a professional has ongoing capability as an advanced practitioner rather than making an initial assessment of their advanced practice competency.

186 Revalidation is dependent on self-declaration by current professionals via their revalidation application. Some professionals may declare themselves proficient when they are not. Conversely, some who are competent may not engage with this process. This approach would therefore be unlikely to provide sufficient assurance.

187 If we set new revalidation requirements for advanced practitioners that are overly burdensome, this could discourage professionals from engaging with this process. We would need to ensure a flexible process that is able to include the breadth and depth of advanced practice in any requirements.

188 We also need to be mindful that in some areas CPD opportunities for advanced practitioners may be limited, which could hamper some professionals' ability to revalidate successfully. We would need to take a proportionate approach that balances individual accountability and workforce flexibility.

189 Revalidation is dependent on confirmation by an appropriate confirmer. This is usually a line manager. Some individuals may not feel able to act as a confirmer for a professional with the level of practice of an advanced practitioner, if they themselves are not an advanced practitioner. This is already an issue.

190 We would need to consider additional guidance for confirmers, especially if we were using this process to provide an initial assessment of advanced practice proficiency. This is not the current role of a confirmer, and they may not be the best person to make an initial assessment. There would also be potential additional workload issues for other healthcare professionals, such as doctors.

191 Some stakeholders have raised concerns about the robustness of revalidation. We recognise that we should not plan to incorporate advanced practice into revalidation in its current guise. We plan to undertake a Revalidation Review in 2025/26. This could result in changes to our revalidation processes. It may be preferable to plan for the development of any specific revalidation requirements for people in advanced practice roles as part of this overall review.

Test of Competence

192 **Proposal:** This option would see the development of a Test of Competence (ToC) to assess the capability of a professional to practise as an advanced practitioner against requirements based on high level standards set by the NMC.

193 Successful completion of an advanced practice ToC could be used as evidence for an employer to provide assurance about the competency of an advanced practitioner to join the workforce or for the purpose of publishing information on the NMC register. This approach would be similar to the current ToC for pre-registration entry to the register for international professionals and for re-joiners to the register.[28] However, we could tailor the ToC to assess the four pillars of advanced practice.

194 We would likely need to quality assure and monitor educational delivery in this option.

195 **Benefits.** We currently use the ToC to successfully enable professionals to enter the register as a nurse, midwife or nursing associate. This is an established and standardised model for assuring if an individual is competent and capable to join or return to the register as a professional.

196 A ToC approach could be used to support an assessment of the knowledge and skills of advanced practitioners across a wide range of employment and practice settings, particularly if we developed high-level assessments across core aspects of advanced practice, rather than advanced practice within any specific speciality. We could create a consistent competency threshold for advanced practitioners which could be applied across the UK and support public protection.

197 We could develop comprehensive quality assurance of an advanced practice ToC based on our existing assurance of our current ToCs. We could also update any advanced practice ToC in line with developments in practice.

198 **Challenges**. We do not currently have any ToCs for our existing post-registration qualifications (SCPHN, community nursing SPQs or prescribing). The ToC is used to assess proficiency for initial registration on the NMC register and not designed for an assessment of more advanced knowledge and skills in specific practice areas where breadth and depth of knowledge and skill will vary significantly.

199 Any ToC would need to test people against determined standards of proficiency, which we would need to develop. These standards would need to be relevant at the level of advanced practice across both nursing and midwifery, involving the four pillars of advanced practice. We could seek to develop some high-level standards that cover the core knowledge and skills of advanced practice.

[28] The current ToC is used by international professionals for initial entry to the register or for any professional to re-join the register following a period of time when they have not been registered. The current ToC consists of two components: a Computer Based Test (CBT) covering numeracy and clinical questions related to nursing or midwifery practice and an Objective Structured Clinical Examination (OSCE), which tests clinical and communication skills.

However, there is an inherent tension between generalist and specialist competencies via the ToC and our assurance of these capabilities.

200 To make the ToC meaningful, it would be necessary to include specialist elements otherwise it may be so generalist that it would not provide sufficient assurance. However, we would not be able to develop and host multiple ToCs to assess individual advanced level practice areas, nor could we capture the full spectrum of capabilities required at advanced level. This would likely mean that a ToC approach would be unable to provide a complete assessment of advanced level proficiency.

201 This option would be resource intensive and complicated to set up. We would need to explore and develop effective assessments to assess advanced practice competency, further develop existing systems to administer both elements of the ToC and evaluate and update a new testing regime. This would require extensive resources in terms of time, expertise, financial investment and technological innovation.

202 The costs of a new ToC system are likely to be extensive for the NMC, including setting up and maintaining a testing system. Our current ToCs are hosted and operated by key partners. There would be extensive costs for adding advanced practice capacity at the current test providers or introducing any new advanced practice test provider (both for the CBT and OSCE) which could be prohibitive to market entry. This option would also lead to additional costs to professionals, beyond any advanced practice education programme fees.[29]

203 The OSCE element of any advanced practice ToC may not be available in all four nations of the UK. This would be dependent on interest in developing test centres in different locations. Market demand would impact this and is likely to be variable, particularly after an initial cohort of professionals needing to verify their existing advanced practice capabilities.

204 Any ToC would only offer an assessment of an individual's competence at a single point in time rather than ongoing capability. It could also be perceived as an unnecessary end-point assessment, as these professionals will already have undertaken a programme of study. We could likely better rely on the qualification awarded following successful completion of an advanced practice programme rather than an additional ToC.

Setting education standards

205 **Proposal.** We would set and regulate advanced practice standards of proficiency and education programme standards. We would quality assure, approve and monitor education institutions and their advanced practice education programmes. We would do this in line with our existing wider education standards and processes. For example, the Standards Framework for Nursing and Midwifery

[29] The current cost of the OSCE is £794 and the current cost of the CBT is £83. There are additional fees for resits.

Education, Standards for Student Supervision and Assessment and the Quality Assurance Framework.

206 Professionals would need to meet these standards of proficiency and qualify from these programmes for us to record their advanced practice qualification. We would publish this information on the public register as an annotation alongside their primary registration as a nurse or midwife.

207 We do not plan to protect a specific advanced practitioner title or there to be a separate part of the register for advanced practice. However, we would protect an advanced practice qualification and we could take enforcement action against a person falsely representing that they have an approved advanced practice qualification. We would want to develop a position through our protection of the qualification where only nurses and midwives with an NMC-approved advanced practice qualification could work in advanced practice roles in nursing and midwifery.

208 We would expect professionals to revalidate against their primary registration and advanced practice qualification to ensure they remain fit to practise and continue to provide safe, effective and kind care.

209 **Benefits**. We have extensive, successful experience of regulating pre- and post-registration standards and qualifications via our established regulatory approach. We could adopt a similar approach to our existing regulation of certain post-registration qualifications (SCPHN, community nursing SPQs and prescribing) to advanced practice.

210 This option would provide us with full oversight and governance of the advanced practice regulatory journey, including education, registration, revalidation and fitness to practise. This would include holding professionals to account for their specific practice as an advanced practitioner and ensure public protection.

211 This would create a minimum and consistent threshold of advanced practice competency and education requirements via standards. We could set standards broad enough to cover the diversity of advanced practice and both nursing and midwifery. We could continue to review and update these standards as advanced practice develops.

212 This would remove unwarranted variation in preparation and outcomes for the nursing and midwifery advanced practice workforce. For example, through consistency in practice hours, supervision arrangements and the quality assurance of practice learning placements.

213 This would provide assurance to the public about the knowledge, skills and experience of advanced practitioners providing health and social care services across the UK. This would include assurance about the educational backgrounds of advanced practitioners as well as the assessment of their ongoing competency, via revalidation. This would also likely help to raise the visibility of the role amongst the public.

214 Setting standards for advanced practice would reshape the workforce leading to positive impacts. This includes providing assurance and consistency for employers about the knowledge, skills, experience and ongoing competency of their advanced practitioner staff. It would create a more recognised and visible workforce with a defined career pathway for professionals. The elevation of the professional standing of this role across nursing and midwifery is likely to support governmental plans to grow these workforces and support the retention and progression of existing professionals.

215 **Challenges.** Setting education standards would have an impact across the work of the NMC. Initially, this would include the need to develop new standards, approve and quality assure education programmes, amend our registration and revalidation processes and adapt our fitness to practise mechanisms to incorporate the regulation of advanced practice.

216 This would also impact partners across health and social care, particularly employers and education providers. We would need to ensure the successful articulation of practice and education systems into any new regulatory framework. We will need to decide if the impact of setting standards is proportionate to the risk posed to the public by advanced practice.

217 This approach would be a costly option. This would include additional costs across all our work, including education approvals and quality assurance, registration, revalidation and fitness to practise. This would include both one-off costs (for example, systems development to enable the registration of advanced practice qualifications on the register) and ongoing costs (for example, the continual monitoring of advanced practice education programmes). However, we would benefit from being able to amend existing mechanisms, which could mitigate against additional expenditure.

218 Education providers would incur additional compliance costs. For example, to ensure their programmes gained approval and the costs of ongoing compliance with the NMC quality assurance approach. However, approved institutions will already be working in accordance with these wider higher and professional education regulations and education providers will have opportunities to develop and enhance their businesses and educational offer to learners.

219 Employers would incur additional costs to support their staff to meet new minimum requirements in order to employ them in advanced practice roles and due to new supervision requirements in practice. However, they would benefit from standardisation, greater workforce portability, and an increased skills mix in their workforce, enabling them to deploy staff more flexibly and better meet local health and social care needs, which has a financial benefit alongside a benefit to the population they serve and in supporting transformation of services.

220 Individual professionals would incur additional costs through a future requirement to take a specific education route and an additional qualification fee (currently a one-off fee of £25). However, this would enable them to progress their career and likely increase their earnings potential.

221 This approach would have cost implications for the wider health and social care system, considering plans to grow UK advanced practitioner numbers. It would also have a financial value in terms of public protection. There is already significant investment in advanced practice across the four nations. Additional regulation may mean that this investment needs to be focused on specific areas rather than found from new budgets. For example, standardisation of workforce knowledge and skills. Ultimately, we will need to consider if the additional costs are proportionate considering the risks posed by advanced practice to the public.

222 This option would see us define nursing and midwifery advanced level practice and determine threshold standards for professionals to practise in these roles. This could stymie future innovation, which may be particularly impactful considering the breadth and depth of advanced practice areas. However, it could also enable the systematic updating of advanced practice expertise in the future.

223 We would need to set standards that are broad enough to cover the diversity of advanced practice, outcome-focused and future-proofed. However, they would also need to be sufficiently detailed to be meaningful to professionals, employers and the public.

224 Our regulation of these qualifications would also impact on the current flexibility of education providers, employers and governments. Education providers would need to ensure their curricula enabled professionals to meet new standards of proficiency on qualification and their programmes aligned with new programme standards. There are a range of bodies who currently provide advanced practice education, some of whom may find these new requirements challenging. This may lead to market withdrawal for some providers.

225 For employers, employee registration with the NMC and an NMC-approved advanced practice qualification would be the essential criteria for a nurse or midwife to undertake an advanced practitioner role. However, employers would still be able to determine job descriptions considering their local workforce and population needs.

226 This approach could risk undermining devolved autonomy on advanced practice, including in relation to the four national frameworks. We must ensure we bring all four UK nations with us as we decide and implement any proposal.

227 This approach would have significant impacts on the existing advanced practice workforce. It would require a large-scale grandparenting process for all current professionals working in advanced practice roles for a transitional period, as with other validation options.

228 We note that this could have EDI implications, including on the basis of age, gender and ethnicity. For example, we know there is an opportunity gap for non-White professionals in accessing post-registration and CPD opportunities. Also, the costs of grandparenting may further disadvantage some professionals.

229 We can assume that the majority of current professionals working in advanced practice roles are competent to provide safe, effective and kind care under a new regulatory regime. However, an unduly burdensome and lengthy grandparenting

process could deter professionals from engagement and unnecessarily reduce advanced practitioner numbers, which would be detrimental for workforce plans and public safety. We could maximise learning from organisations currently working in this space, such as the RCN and Centre for Advancing Practice (CfAP) to mitigate against this.

230 New regulatory requirements would also impact current supervision arrangements and practice placement options. This proposal would mean the adoption of the tripartite student supervision and assessment model in the Standards for Student Supervision and Assessment. This would include preparation and continued support for supervisors and assessors. This may not be possible in all current advanced practice settings. Furthermore, there may be a need to diversify placement settings to enable the acquisition of new skills to meet standards of proficiency, which could limit workforce expansion if no suitable placements were identified.

Implementation

231 The above options are not mutually exclusive. We could implement more than one option at the same time or schedule them as part of an overall plan or sequence of activity. For example, if we set education standards, this would include changes across our entire business such as to revalidation.

232 We will also want to take a collaborative approach to the decision and implementation of any regulatory proposals, ensuring we have the support of the public, professionals and partners.

233 We will likely need to take a phased approach to the implementation of any new regulatory regime. For example, we would need to publicly consult on any preferred option, make systematic changes to our operating processes and to undertake a publicity campaign to ensure affected professionals and partners are aware of our proposals and have sufficient time to make changes to align with any new requirements.

234 Even if we decide that setting standards is required, it would be sensible to sequence the implementation of this approach. For example, we would need to develop standards of proficiency before we could seek to approve education programmes. However, we may also conclude that the latent risks posed by advanced practice require us to act speedily to implement any new approach.

235 Some of the options are interdependent on other NMC work. For example, if we were to pursue the revalidation option, we could integrate the development of specific revalidation requirements for advanced practitioners within this review.

236 Grandparenting of existing professionals who are working as advanced practitioners will be central to any future approach, except maintenance of the status quo and a set of principles/joint statement approach. This is an area that

has been identified as '*potentially difficult and an area of high risk*.'[30] We will need to balance public protection and regulatory burden in this work.

237 Whilst we can expect that the majority of existing professionals will be able to successfully grandparent into a new regulatory regime, we can presume that not all professionals who are currently working in advanced practice roles will be able to successfully transition into any new model.

238 We may be able to use one of the options listed above to grandparent existing professionals. For example, we could consider using credentialling to grandparent existing professionals into a new regime, even if we do not continue to deploy this option in a future regulatory approach.

239 The implementation of any grandparenting process will need to be factored into the timelines for wider implementation. We may need to consider different processes and timelines for existing and new professionals. However, the existing workforce will likely be central to the supervision and assessment of new professionals in any new regulatory framework.

Next steps

240 This paper will be discussed with internal colleagues as part of the Advanced Practice Review as well as the independent steering group, alongside the economic evaluation and engagement analysis. These outputs will help inform options for a Council paper. Our Council will decide our future intended approach to advanced practice in March 2024.

[30] Nuffield Trust, 2023, Independent report on the regulation of advanced practice in nursing and midwifery, p53.

Annexe 1: Key lines of enquiry (KLOEs)

Our key lines of enquiry are:

1. Comparative analysis of current advanced practice frameworks across the four countries of the UK and potential for developing a unified UK wide advanced practice framework.

2. Examine and compare advanced practice models in other countries and identify elements that could be adapted to the UK context.

3. Scope and level of practice considerations (regulating generalist versus specialist advanced practice).

4. Task shifting and balancing with person-centred care principles.

5. Supervision, assessment and CPD.

6. Comparative analysis of approach by other professional regulators.

7. Economic cost/benefit analysis to support findings and recommendations.

8. Review the risks and benefits associated with potential options for regulating advanced practice; and

9. Consideration of implications of regulation of advanced practice for internationally trained nurses and midwives.

Annexe 2: Regulatory options mapped to KLOEs

All KLOEs added to the evidence base to inform each of the options. Some of the KLOEs fed directly into particular options, as listed in the below table.

Regulatory Option	**KLOEs**
Status Quo	1, 2, 3, 4, 5, 6, 7, 8.
Set of principles/Joint statement	1, 2, 3, 6, 8.
Credentialling	1, 2, 3, 5, 6, 7, 8.
Revalidation	3, 4, 7, 8, 9.
Test of Competence	8, 7, 9.
Setting education standards	1, 3, 5, 6, 7, 8.

Annexe 3: UK four nations' advanced practice frameworks

Pillar	England	Northern Ireland	Scotland	Wales
Clinical Practice	Clinical Practice	Direct Clinical Practice	Clinical Practice	Clinical Practice
Leadership	Leadership & Management	Leadership & Collaborative Practice	Leadership	Leadership & Management
Education	Education	Education & Learning	Facilitation of Learning	Education
Research	Research	Research & Evidence-Based Practice	Evidence, Research & Development	Research & Audit
Strategy	-	-	-	Strategy/Strategic Service Development

There are similarities and variation across the four national advanced practice frameworks. For example, the frameworks in Northern Ireland and Scotland do not include midwifery. However, the frameworks in England and Wales extend to professions outside of nursing and midwifery. Furthermore, the framework for Wales includes an additional 'strategy/strategic service development' pillar at consultant practice level.

England: Health Education England, Multi-Professional Framework for Advanced Practice in England

Northern Ireland: Department of Health, Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trust

Scotland: Scottish Government, Transforming nursing, midwifery and health professions roles: Advance Nursing Practice

Wales: Health Education and Improvement Wales, Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales