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Nationwide evaluation of the Advanced Clinical Practitioner role in England: a cross-sectional survey

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3 Nationwide evaluation of the Advanced Clinical Practitioner role in England: a cross-sectional survey
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24 **Abstract**

25 **Background and study objective:**

26
27 In response to growing pressures on healthcare systems, the advanced clinical practice (ACP) role has been
28 implemented widely in the UK and internationally. In England, ACP is a level of practice applicable across various
29 healthcare professions, who exercise a level of autonomy across four domains, referred to as the four pillars of
30 practice (education, leadership, research, and clinical practice). A National framework for advanced clinical
31 practice was established in 2017 to ensure consistency across the ACP role, however current ACP governance,
32 education and support is yet to be evaluated. This study aimed to analyse data from a national survey of the ACP
33 role to inform the development and improvement of policies relating to ACP in the National Health Service (NHS)
34 in England.
35

36 **Design:**

37 A cross-section survey with free-text comments.

38 **Setting:**

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3 The survey was distributed across primary and secondary levels of care to three distinct groups in England,
4 including individual ACPs, NHS provider organisations and Trusts, and Primary care settings.
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7 **Participants:**

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9 A total of 4365 surveys were returned, from ACP staff (n=4013), NHS provider organisations and Trusts (n=166)
10 and primary care organisations (n=186).
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13 **Results:**

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15 Considerable variation was found in role titles, scope of practice, job descriptions and educational backgrounds
16 of ACPs. Differing approaches to governance were noted, which led to inconsistent ACP frameworks in some
17 organisations. A further challenge highlighted included committing time to work across the four pillars of
18 advanced practice, particularly the research pillar. ACPs called for improvements in supervision and continuing
19 professional development alongside further support in navigating career pathways.
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22

23 **Conclusions:**

24
25 A standardised approach may support ACP workforce development in England and enable ACPs to work across
26 the four pillars of practice. Due to the wide uptake of advanced clinical practice roles internationally, this study
27 has relevance across professions for global healthcare workforce transformation
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30

31 Strengths and limitations of this study

- 32
33
- 34 • This is the first large-scale evaluation of the ACP role across professions, geographical regions, and
35 settings.
 - 36 • Quantitative and free-text qualitative data allows rich exploration of ACP roles and has global
37 implications for workforce transformation.
 - 38 • The distribution of the online surveys may introduce a gatekeeper bias, although the sample was large
39 and broadly representative.
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43 **Introduction**

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45 Over recent years, health systems such as the United Kingdom's National Health Service (NHS) have faced
46 considerable pressures associated with workforce shortfalls, ageing populations, increasing health care costs
47 and more recently, the COVID-19 pandemic.^{1,2} In response to these challenges, NHS policies such as the NHS
48 Long Term Plan (2019) have focused on transforming the workforce to enhance service provision and optimise
49 standards of care.^{3,4} To meet growing service demand, NHS policies highlight the increasing need to establish
50 innovative care models and develop advanced roles to contribute to the workforce transformation agenda.⁴ One
51 strategy of importance is the introduction and formalisation of advanced clinical practice (ACP).
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56 ACP is a level of practice that healthcare practitioners can attain. ACP roles span various professions, including
57 nursing, pharmacy, paramedics, occupational therapy and other allied health professions.⁵ ACPs can
58 complement tasks traditionally conducted by doctors, such as primary care duties.⁶ Shortages in healthcare
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3 professionals exist in many countries, and increasingly, advanced practice roles have been implemented
4 internationally to maximise workforce capacity and help in workforce retention.⁷ ACP roles have been shown to
5 have positive outcomes on clinical practice, service efficiency and team functioning, with consistently high
6 patient satisfaction.⁶ However, historically, ACP roles have been unregulated and ill-defined, leading to a
7 proliferation of positions with different job specifications, educational requirements and scope of practice.^{8,9}
8 Similar trends have been noted internationally, with levels of advanced practice and education varying
9 considerably across Europe in absence of educational requirements, limiting opportunities for expanded
10 practice across countries.⁷ The lack of clarity surrounding ACP can result in confusion to the public, employers
11 and commissioners, and may impede workforce planning, professional support and development, and ultimately
12 patient safety.^{10,11} Research in this area is limited but suggests there may be issues with current ACP governance,
13 including lack of role clarity, inconsistent educational background, scope of practice, as well as training issues
14 including lack of mentorship, support and unclear career pathways.^{8, 12}

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22 Health Education England is a non-departmental public body, which provides co-ordination and support for the
23 training and education within England's healthcare workforce.¹³ In 2017, HEE published a 'Multi-professional
24 Framework for ACP' to drive national consistency within ACP roles in England, and provide a common
25 understanding across healthcare professions of ACP with agreed education and competency arrangements.¹⁴
26 HEE stipulates that healthcare professionals in ACP roles are educated to Masters level and have developed the
27 skills and knowledge to allow them to take on expanded roles and scope of practice in relation to patient care.
28 Whilst studying for their Masters degree, they are classified as trainee ACPs which incorporates academic
29 learning in a university and workplace-based learning. The university develop the competencies and capabilities
30 to reflect the required knowledge, skills, experiences, behaviours and values in relation to advanced practice
31 and some universities embrace the various Royal College curricula, for example, the Royal College of Emergency
32 Medicine (RCEM).

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40 Whilst in training, each ACP trainee should have a nominated education supervisor in their workplace. High
41 quality workplace-based supervision is vital in order to achieve the competencies and capabilities required to
42 become a safe and effective ACP. As some ACP roles are new, it is common for workplace-based supervisors to
43 cross traditional professional boundaries. HEE (2020) published a 'Workplace supervision for Advanced Clinical
44 Practice: an integrated multi-professional approach for practitioner development' which outlines seven
45 fundamental principles to underpin the trainees ACPs workplace-based supervision to enhance patient and
46 professional safety.¹⁵ These are practice context, competence and capability, multi-professional registrations,
47 individual learning plan, professional development and transition, integrated approach and finally service
48 development.

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54 Whilst the HEE framework may contribute positively to defining ACP level roles, the impact of this framework
55 on current ACP governance, education and support is yet to be evaluated in practice. Developments in
56 understanding of the ACP role, related workforce strategies, support, and training available to ACPs, and
57 underpinning governance structures may facilitate improved workforce transformation and planning, which may
58 provide knowledge to international audiences on the impact of implementing an ACP framework.
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3 This paper reports the results of a national survey conducted by Ipsos MORI in 2019, to inform the development
4 and improvement of policies relating to ACP. This work was commissioned by HEE to survey the advancing
5 practice workforce and key stakeholders. The aim of the survey was to provide information on the role of the
6 advanced practitioner and to inform future work developing and improving advancing practice within the NHS
7 in England. This survey will also provide a baseline to evaluate these future developments of the role of
8 advanced practitioners. Specific objectives were:
9
10

- 11 • To better understand the patterns of governance, education, clinical practice, accreditation, and work-
12 based learning in ACP roles.
- 13 • To explore the challenges affecting advanced-level practice implementation by sector, speciality, and
14 profession in England.
- 15 • To assess the outcomes and impacts of advanced-level practice roles by sector, speciality, and
16 profession in England.
- 17 • To identify the key gaps in governance, education, clinical practice, accreditation, and work-based
18 learning.
- 19 • To identify the most urgent areas for future investigation or provision.
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27 **Methods**

28 **Study design**

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30 A mixed-method online survey was distributed via HEE to trainee and current ACPs in England.¹⁶ The survey
31 utilised both quantitative and qualitative items in recognition of the multifaceted nature of the study's aim and
32 objectives.¹⁷
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37 **Materials and procedure**

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39 To evaluate current governance, education, and support within advanced-level practice, HEE distributed three
40 distinct questionnaire surveys to ACPs (Supplementary file 1), NHS provider organisations and Trusts
41 (Supplementary file 2) and primary care organisations (Supplementary file 3). This stratified approach to
42 participant recruitment allowed for the exploration of ACP practice across different organisations, professions,
43 and settings. Data collection took place between 21st August and 1st November 2019.
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46
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48 For the ACP survey, organisational leads were responsible for dissemination, sending the survey to managers or
49 professional leads to forward on to staff currently working at ACP level. For the NHS provider organisations and
50 Trusts' survey, there was a named organisational lead (identified by HEE) responsible for responding to the
51 survey. This person was typically responsible for workforce development within their Trust and worked with
52 relevant colleagues and departments to collect the information required. For the primary care organisations, a
53 named Clinical Commissioning Group (CCG) lead was responsible for sending the survey out to relevant GP
54 practices within their area. Practice Managers or GPs were then asked to complete the survey on behalf of their
55 practice.
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Data analysis

Data from the quantitative and qualitative elements of the survey were analysed separately, and then triangulated and interpreted.¹⁶ Quantitative data were analysed using descriptive statistics (mean, standard deviation, and frequencies) in SPSS PASW Version 26.0. Descriptive statistical operations were performed separately on data from each of the three surveys, to identify differences in roles and scope across various settings.

Free-text responses were analysed using a semantic level inductive thematic analysis in NVivo 12.¹⁸ Two researchers (AA and LF) familiarised themselves with the data, then coded the data within two existing conceptual frameworks to align the data analysis approach to the research questions. These frameworks included the four pillars of advanced practice set out in the HEE Multi-professional Framework for ACP and Bonsall & Cheater's (2008) framework which considers the development, barriers and facilitators of the ACP role.⁶ Quantitative and qualitative data were merged by highlighting similarities in the data, to enrich findings and synthesize complementary results.¹⁶

Results

A total of 4365 surveys were returned, of which 4013 surveys were from ACP staff (76.6% female. N=3,073), 186 surveys were from primary care organisations and 166 surveys were returned from various NHS provider organisations and Trusts.

Governance and regulations

Variability of the ACP role

ACP job titles were varied and inconsistent (Table 1). Whilst 9 out of 10 respondents of the ACP survey had a job description for their ACP post, many respondents stated that the job description was unclear and did not reflect their current roles. This inconsistency in ACP titles and job roles was suggested to contribute to discrepancies over banding between Trusts, and a lack of recognition of the ACP role within the wider team.

"There is no job description and I feel very frustrated and the 'just get on with it' approach that seems to exist here and the lack of a defined role for me to go into once finished training." (RID:1875, Adult Nurse)

Table 1. Job Titles (n=4178)

| | N | | N |
|-------------------------------------|-----|--------------------------------|----|
| Acute care practitioner | 13 | District nurse lead | 6 |
| Acute nurse practitioner | 14 | Education lead / consultant | 23 |
| Acute oncology practitioner | 8 | Emergency care practitioner | 44 |
| Adult nurse practitioner | 14 | Emergency nurse practitioner | 38 |
| Advanced clinical practice | 390 | Extended scope physiotherapist | 18 |
| Advanced community practitioner | 12 | Extended scope practitioner | 15 |
| Advanced critical care practitioner | 43 | First contact practitioner | 18 |

| | | | | |
|----|---|-----|---|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | Advanced musculoskeletal | 17 | Gastroenterology nurse specialist | 6 |
| 4 | practitioner | | | |
| 5 | | | | |
| 6 | Advanced nurse practitioner | 645 | Head of community services | 3 |
| 7 | | | | |
| 8 | Advanced occupational therapist | 20 | Highly specialist clinical/principal | 5 |
| 9 | | | psychologist | |
| 10 | | | | |
| 11 | Advanced orthopaedic practitioner | 10 | Inflammatory bowel disease clinical | 7 |
| 12 | | | specialist | |
| 13 | | | | |
| 14 | Advanced paramedic practitioner | 26 | Lead advanced clinical practitioner | 10 |
| 15 | | | | |
| 16 | Advanced pharmacy practitioner | 26 | Lead chaplain | 3 |
| 17 | | | | |
| 18 | Advanced physiotherapy | 111 | Lead practitioner | 4 |
| 19 | practitioner | | | |
| 20 | | | | |
| 21 | Advanced podiatrist | 5 | Manager / clinical manager | 71 |
| 22 | | | | |
| 23 | Advanced radiographer | 58 | Matron / community matron | 59 |
| 24 | practitioner | | | |
| 25 | | | | |
| 26 | Advanced sonographer practitioner | 16 | Musculoskeletal practitioner specialist | 4 |
| 27 | | | | |
| 28 | Advanced specialist speech and language | 15 | Nurse lead / consultant | 167 |
| 29 | | | | |
| 30 | | | | |
| 31 | Advanced ultrasound practitioner | 4 | Nurse manager | 20 |
| 32 | | | | |
| 33 | Associate director | 5 | Nurse practitioner | 147 |
| 34 | | | | |
| 35 | Associate director of nursing | 3 | Older persons assessment and | 3 |
| 36 | | | liaison practitioner | |
| 37 | | | | |
| 38 | Cancer nurse | 31 | Older persons nurse practitioner | 15 |
| 39 | specialist/practitioner | | | |
| 40 | | | | |
| 41 | Cardiac specialist | 32 | Paediatric advanced clinical practitioner | 4 |
| 42 | | | | |
| 43 | CBT therapist | 7 | Paediatric nurse | 15 |
| 44 | | | | |
| 45 | Children's specialist nurse | 11 | Paramedic practitioner | 48 |
| 46 | | | | |
| 47 | Clinical endoscopist | 4 | Pharmacist clinical lead | 22 |
| 48 | | | | |
| 49 | Clinical lead dietician | 22 | Physiotherapist practitioner | 15 |
| 50 | | | | |
| 51 | Clinical lead for minor | 11 | Practice educator | 3 |
| 52 | injuries/illness | | | |
| 53 | | | | |
| 54 | Clinical lead medical | 20 | Practice nurse lead | 19 |
| 55 | | | | |
| 56 | Clinical lead non-medical | 11 | Principal pharmacist | 5 |
| 57 | | | | |
| 58 | Clinical lead occupational | 6 | Principal radiographer | 4 |
| 59 | therapist | | | |
| 60 | Clinical lead physiotherapist | 36 | Radiographer lead | 17 |

| | | | | |
|----|---|-----|--|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | Clinical lead psychologist | 5 | Reporting radiographer | 33 |
| 4 | | | | |
| 5 | Clinical lead specialist | 88 | Respiratory nurse specialist / lead | 24 |
| 6 | physiotherapist | | specialist | |
| 7 | | | | |
| 8 | Clinical nurse endoscopist | 40 | Respiratory physiotherapist specialist | 12 |
| 9 | | | | |
| 10 | Clinical nurse specialist | 289 | Senior / team leader physiotherapist | 15 |
| 11 | Clinical podiatrist lead | 9 | Senior advanced practitioner | 26 |
| 12 | | | | |
| 13 | Clinical podiatrist | 22 | Senior clinical / biomedical scientist | 5 |
| 14 | specialist/surgeon | | | |
| 15 | | | | |
| 16 | Clinical practitioner | 24 | Senior clinical pharmacist | 13 |
| 17 | | | | |
| 18 | Clinical scientist | 8 | Senior nurse practitioner | 38 |
| 19 | Clinical specialist extended scope | 4 | Senior nurse specialist | 5 |
| 20 | practitioner | | | |
| 21 | | | | |
| 22 | Clinical specialist occupational | 23 | Senior occupational therapist | 5 |
| 23 | therapist | | | |
| 24 | | | | |
| 25 | Clinical specialist sonographer | 3 | Senior radiographer | 13 |
| 26 | | | | |
| 27 | Community clinical practitioner | 4 | Site nurse practitioner | 12 |
| 28 | | | | |
| 29 | Community nurse specialist | 20 | Sonographer lead | 27 |
| 30 | | | | |
| 31 | Community specialist practitioner | 4 | Specialist midwife | 3 |
| 32 | | | | |
| 33 | Consultant / Team lead dietician | 5 | Specialist paramedic | 17 |
| 34 | Consultant clinical scientist | 16 | Specialist pharmacist | 13 |
| 35 | | | | |
| 36 | Consultant midwife | 11 | Specialist practitioner | 5 |
| 37 | Consultant musculoskeletal practitioner | 2 | Specialist practitioner critical / urgent care | 4 |
| 38 | | | | |
| 39 | | | | |
| 40 | Consultant paramedic | 3 | Specialist radiographer | 12 |
| 41 | | | | |
| 42 | Consultant pharmacist | 17 | Speech and therapy language | 33 |
| 43 | | | specialist | |
| 44 | | | | |
| 45 | Consultant physiotherapist | 17 | Surgical care practitioner | 30 |
| 46 | | | | |
| 47 | Consultant podiatrist | 7 | TACP | 7 |
| 48 | | | | |
| 49 | Consultant practitioner trainee | 2 | Team lead practitioner | 9 |
| 50 | Consultant practitioner | 5 | Trainee ACP | 396 |
| 51 | | | | |
| 52 | | | | |
| 53 | Consultant psychologist | 11 | Trainee specialist practitioner | 13 |
| 54 | Consultant radiographer | 36 | Trainee surgical care practitioner | 7 |
| 55 | | | | |
| 56 | Consultant therapist / CT lead | 3 | Urology nurse lead / consultant | 14 |
| 57 | | | | |
| 58 | Critical care outreach nurse | 21 | Ward sister | 11 |
| 59 | | | | |
| 60 | | | | |

| | | | |
|-----------------------------------|----|-----------|-----|
| Critical care outreach specialist | 9 | No answer | 9 |
| Deputy director / lead pharmacist | 2 | Other | 152 |
| Diabetes specialist nurse | 26 | | |

Governance structures

Participants in the ACP survey highlighted the importance of appropriate governance but suggested that there was a lack of a defined formal structure and provision for ACPs, leading to an inconsistent framework and dissatisfaction among ACPs.

“There is no clear governance structure in place at present and no clear Advanced Practice lead.”
(RID:10258, Adult Nurse)

ACP’s knowledge about the existence of governance was low (Table 2), with fewer than one third of respondents having access to meetings or a forum to discuss advanced practice (31.6%, n=1997), and only a small proportion were able to identify a lead for ACP (29.9%, n=1886) or an organisational policy on advanced practice (n=1155, 18.2%). Sixty-one per cent of respondents to the primary care survey reported that the practice had a process or governance structure in place to support and monitor the impact of ACP roles.

Table 2. ACP reports relating to forms of governance

| Does your organisation have any of the following? | N (%) |
|--|-------------|
| Lead for advanced practice | 1886 (29.9) |
| Forum or meetings where professionals for different groups can discuss advanced practice | 1997 (31.6) |
| Organisational policy on advanced practice | 1155 (18.2) |
| None of these | 511 (8.1) |
| Don’t know | 769 (12.2) |

Education

ACP respondents (12%, n=482) shared positive experiences of the educational support and training they had received and the improvements in educational opportunities over the last few years.

“I have been on a training role for 18 months which has involved watching assessments, teaching and feedback. This has been very helpful in order to allow me to start a job in advance practice.” (RID:8462, Physiotherapist)

Almost 37% (n=1602) of the ACP survey respondents were currently undertaking masters level training. There were frequent reports of ACPs feeling overwhelmed by the volume of academic work alongside their clinical workloads. ACPs often highlighted the lack of protected study time offered by their organisation outside of study days to attend

1
2
3 taught sessions. ACPs felt that this was the primary reasons for high stress and the “immense struggle”
4 experienced by ACPs, hindering their ability to fulfil their competencies. The impact of using personal time to
5 complete studies had a negative impact on ACP wellbeing:
6
7

8 *“In the first year I had to work 70% of my time as a band 5 nurse with only 30% of my time being released*
9 *to attend university (weekly) and gain the clinical exposure necessary to complete an extensive clinical*
10 *portfolio of assessments and achievements across the 4 pillars (16 hours a month). This was extremely*
11 *stressful, caused me significant anxiety and allowed me very little rest time. I nearly burnt out.” (RID:4802,*
12 *Pediatric Nurse)*
13
14

15 Respondents challenged the concept of ‘advanced’ being based on educational qualifications and advocated that
16 clinical experienced should be considered in ACP accreditation.
17
18

19 *“I also don't think having an MSc in advanced practice makes you advanced. We need time under your*
20 *belt. You can get a MSc but unless you have seen the 1000 chest pains or 1000 abdominal pains or seen*
21 *things that others will not have seen due to experience, then you are not advanced.” (RID:4393, Adult*
22 *Nurse)*
23
24
25

26 **Supervision and support**

27
28 Although ACPs reported that the role had evolved over the years in terms of support, there was significant
29 inconsistency across organisations, and a mismatch between the views of organisational representatives and
30 ACPs regarding the amount of supervision offered, and the processes for how it was provided.
31
32

33 In the NHS organisations and Trust survey, 42.8% (n=71) respondents reported that their organisation had a
34 policy relating to supervision (regarding time allocated, when and where supervision should take place) and
35 65.1% (n=108) reported that their ACP workforce was required to have capability frameworks aligned to their
36 areas of clinical practice. However, ACP respondents indicated that only 32% of ACPs (n=1241) had a formal
37 structure for their supervision; in the primary care survey, one in five (n=38, 20%) indicated there was no policy
38 for ACP supervision in place. Supervision frequency was varied and there was no consistency in the guidance
39 structure for supervision, with ACPs reporting that supervision was provided by numerous stakeholders
40 including higher education institution (8.2%, n=98), organisation/Trust (53.7%, n=638), service (13.1%, n=156),
41 professional group (13.3%, n=158), other (7.1%, n=85), and ‘don’t know’ (4.5%, n=54).
42
43
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47

48 Despite considerable variability in provision, those who had received mentoring support unanimously viewed
49 this as a positive experience:
50

51 *“I feel very supported within my Trust for my training. We have regular supervision meetings monthly*
52 *and have ARCP 6 monthly. Our ACP supervisor is always willing to meet up to discuss or review portfolio*
53 *or anything else.” (RID:10706, Mental health nurse)*
54
55

56 However, many ACPs experienced difficulty in accessing practical support in terms of resources and funding, and
57 this was clearly inequitable across organisations. One in four ACP staff (26.3%, n=138) had made a personal
58 financial contribution to their studies. The lack of funding, combined with limited support was perceived by ACPs
59
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1
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3 to restrict their performance in the ACP role and protected time for studies was flagged by NHS Trusts as an area
4 for improvement.
5

6 *“It is extremely frustrating that staff such as myself are having to fully self-fund training to work at this*
7 *advanced level.” (RID:1462, Podiatrist)*
8
9

10 *“Support to undertake master level study - time & finance - difficult to achieve at organisation level*
11 *against competing demands. Needs Universities to open up the apprenticeship route as availability is*
12 *limited this academic year. Also disadvantages those that have undertaken some master level study but*
13 *need to complete their MSc.” (RID: 1160)*
14
15
16

17 ACPs described how their development pathway had been driven by personal needs rather than a consistent
18 and standardised national policy. The lack of a defined structure was viewed as problematic, and the language
19 used by ACPs alluded to worry and concern about their individual competencies and career progression,
20 associated with the level of guidance, supervision and support provided. This led to a perceived lack of direction
21 and concern about the future sustainability of the ACP role.
22
23
24

25 *“There is no standard competencies or practice for these roles. Also, where is the future of these roles?”*
26 *(RID:3998, Adult Nurse)*
27
28

29 **Working in accordance with the HEE framework**

30 Knowledge of the HEE framework

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32
33 Respondents' current level of knowledge of HEE's 2017 Multi- Professional Framework for ACP was indicated on
34 a scale ranging from 'a great deal' to 'never heard of' (Figure 1). NHS organisations had greater knowledge of
35 the HEE framework, compared to individual ACPs. Knowledge of the HEE framework in primary care settings was
36 particularly poor, as 36% (n=67) of respondents stated they had never heard of the framework or had heard of
37 it but knew nothing about it, while 40.4% (n=85) reported that none or hardly any staff working at the ACP level
38 had been mapped against the HEE framework. In primary care settings, clinical practice was the area most likely
39 to be prioritised for mapping against the HEE Framework (27.4%, n=51), although 46.2% (n=86) of respondents
40 did not complete the item of framework and organisational mapping priorities may be low.
41
42
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44
45

46 The four pillars of advanced practice

47
48 There was a widely held belief across the three surveys that the four pillars of advanced practice were integral
49 to ACP roles. Yet mapping of ACP roles to the framework was not common, and the clinical pillar of practice
50 appeared to be consistently prioritised over the remaining three pillars. This was attributed to the demanding
51 nature of the role, making it challenging to allocate time to the other three pillars.
52
53

54 *“There is no recognition that advanced practitioners should be working within the 4 pillars - the*
55 *emphasis is on clinical work and no options for research, education or management.” (RID:11429,*
56 *Podiatrist)*
57
58
59
60

Table 3. Framework priorities from the primary care survey (n=186)

| | N (%) |
|---------------------------|-----------|
| Clinical practice | 51 (27.4) |
| Leadership and management | 14 (7.5) |
| Education | 8 (4.3) |
| Research | 1 (0.5) |
| We do not have a priority | 26 (14.0) |
| No response | 86 (46.2) |

The research pillar was a neglected area of focus, with only 0.5% of primary care trusts stating it was a framework priority (Table 3). Only 11% of the ACP survey respondents (n=979) reported that they were involved in research (Table 4). Research findings were most often disseminated within the Trusts and organisations, with 70.9% (n=2844) of ACPs reporting having presented their research in this way, and locally (36.7, n=1471). A minority of ACPs had disseminated research nationally (24.7%, n=992) or internationally (9.6%, n=386).

Table 4. ACP survey reports of involvement in research (n=4013)

| In which, if any, of the following areas of research are you involved? | N (%) |
|--|-------------|
| Quality improvement | 2187 (24.4) |
| Service evaluation | 2137 (23.8) |
| Economic evaluation of practice | 290 (3.2) |
| Research | 979 (10.9) |
| Audit | 2696 (30.0) |
| Other | 119 (1.3) |
| None of these | 543 (6.0) |
| Don't know | 30 (0.3) |

Discussion

Main findings of this study

This is the largest national workforce survey of the ACP workforce in England, with global significance for healthcare workforce transformations, given the overlap of issues highlighted in England to an international context. A high level of variation in roles and specialities across ACPs was revealed, which subsequently led to confusion around the scope and expectations of the role and contributed to the lack of recognition of ACPs within teams. Significant variation in established governance approaches and defined ACP competencies across employers was found. These inconsistent frameworks for ACPs contributed to frustration and demotivation amongst ACP staff. Significant variation in educational backgrounds of those in ACP roles was highlighted.

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3 Although participants acknowledged that supervision and support levels were evolving, considerable variation
4 in the amount and quality of training and support was found across different professions and settings.
5 Participants called for a defined career pathway for ACPs, to influence ongoing development, motivation, and
6 retention. ACP knowledge of the HEE framework was significantly lower than that of employing organisations.
7 Few ACP roles were mapped onto the framework, and there was a clear focus on the clinical pillar, compared to
8 the leadership, education, and research pillars. Reasons for the neglect of other pillars included high workloads
9 and competing time pressures in a clinical environment.
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15 *Lack of standardised governance structures and role regulation*

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17 Governance structures were viewed as important by ACPs and NHS provider organisations to support and
18 develop ACP employees and ensure effective incorporation of the role into the organisational structure.
19 However, in the absence of national guidance, the responsibility of forming governance structures for advanced
20 practice was determined by each NHS Trust or organisation, leading to significant variation in established
21 governance approaches and definitions of ACP competencies across employers. Although the HEE framework
22 provides a definition of the ACP role and scope, there is little guidance for employers regarding suitable and
23 supportive governance structures.^{5,19} Although the lack of national guidance on ACP governance has been
24 discussed in literature,^{8,19} there are no prior studies specifically exploring ACP governance within healthcare
25 settings in the UK. This study highlighted challenges faced by NHS Trusts, organisations, and primary care
26 settings to establish governance structures. Organisations spoke of specific barriers to establishing governance
27 structures, including time commitments, lack of knowledge surrounding ACP competencies and subsequent
28 reduced confidence in establishing ACP frameworks and governance structures. NHS provider organisations
29 and Trusts suggested the creation of a national agenda for ACP roles, to provide advice on formally organising
30 ACPs, alongside a standardised competency framework across all specialities. International studies have shown
31 that governance is crucial in implementing ACP roles effectively into the workforce, however regulatory
32 approaches require country-specific evaluations.²⁰ Further research to investigate appropriate regulatory
33 approaches for ACPs in England may facilitate a standardised governance structure for advanced roles.
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43 In line with recent reviews, this study identified a high level of variation in role and specialities across ACPs.¹²
44 NHS provider organisations, Trusts and ACP staff reported great inconsistencies in ACP job titles and roles,
45 which has been demonstrated in other studies investigating variability in nursing titles in the UK.²¹ The historic
46 absence of regulation in ACP role definition has resulted in the proliferation of professional titles and roles,
47 causing confusion amongst ACPs regarding the functions, scope and expectations of their role.^{3,6} Although most
48 ACPs reported having a job description, it was commonly stated that job descriptions were unclear, and in some
49 cases did not reflect their current roles. The inconsistency in ACP roles was suggested to contribute to a lack of
50 recognition of the ACP role within the team.⁶ ACP respondents suggested that ACP job titles should be
51 harmonised in healthcare. This may serve to enhance professional identity, potentially curb the proliferation
52 of titles, enable clarity in job scope, improve cohesion of ACPs within the wider medical team and potentially
53 enhance quality of care.^{3,21} It can be argued that the lack of clarity in ACP roles and scope of practice may
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3 contribute to difficulties in establishing governance structures, therefore exacerbating other challenges within
4 the ACP workforce.
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6 7 *Diversity in education, supervision, and support*

8 In line with previous research, this study showed great variability in the education and training undertaken by
9 ACPs.¹² Just 36.5% of ACPs held a Masters degree, and the subjects studied varied considerably. Differing
10 educational and training routes have led to advanced practitioners working with quite different skill sets,
11 competencies, knowledge and experience, which may cause confusion among other healthcare professionals
12 regarding the competencies of ACP roles.^{6,22} Although ACP was defined officially in 2017 by HEE, this study
13 suggests that significant variation in the educational backgrounds of ACPs still exists, likely originating from the
14 historic development of the ACP role, forming organically and asynchronously. Similar variations in educational
15 backgrounds in advanced practice roles have been noted in international studies, suggesting a need to further
16 standardise educational requirements.^{7,23} This study suggests stating an education requirement for ACP entry
17 is not sufficient at standardising educational backgrounds. Further efforts are required to reduce the variability
18 in qualifications undertaken by ACPs.²² This may enhance clarity regarding the ACP roles amongst healthcare
19 professionals (including ACPs themselves), and other stakeholders, to enable the development of consistent
20 clinical governance processes.
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29 There was consensus from respondents that the ACP role had evolved over the years in terms of progression,
30 supervision and support.³ However, ACP respondents reported ongoing concerns regarding the variability and
31 quality of training across different professions and settings. Supervision was highlighted as an area of concern,
32 with respondents stating that supervision came from a variety of sources and at differing frequencies,
33 particularly in primary care settings. ACPs reported vast differences in the numbers of study days, financial and
34 professional support provided to them to complete their training with many ACPs having to financially support
35 their own development, which is likely to generate inequality of opportunity. ACPs also acknowledged the need
36 for a defined career pathway, which can influence ongoing development, motivation and retention.¹²
37 International studies have highlighted similar issues, with supervisors lacking understanding of the advanced
38 practice role, leading to underutilisation and lack of career development.²⁴ Continuing professional
39 development is important to career satisfaction and supervision can ensure competency and quality of
40 practice.¹⁰ Further support is required to support high-quality supervision, support, and training for ACPs
41 nationally, to enhance ACP professional development and career progression.
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49 *Working in accordance with the HEE framework*

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51 Within the 2017 HEE framework, the four pillars of advanced practice represent the pinnacle focus point of
52 ACP's 'core capabilities', which transferred to respondents, who held the belief that the four pillars of advanced
53 practice were integral to the ACP roles. However, we identified a mismatch between organisations' and
54 individual ACPs' knowledge of the ACP framework, since Trusts had a high level of knowledge of the HEE
55 framework compared to ACP. There was also variability in knowledge between settings since knowledge was
56 lower in primary care organisations. Knowledge and awareness did not necessarily translate into action since
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3 alignment of ACP roles to the HEE multi-professional framework was not common. Prioritisation for mapping
4 roles to the framework was particularly low in primary care settings.
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7 Our study has established a need to increase understanding of the HEE multi-professional framework amongst
8 ACPs and their employing organisations, particularly in primary care settings, and organisations needs further
9 support to enable them to map ACP roles into HEE's Multi-Professional Framework.
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12 In this study, although several ACP job descriptions spanned the four pillars, respondents spoke of the clear
13 focus on the clinical pillar of practice. Compliance with the four pillars was not necessarily acknowledged within
14 NHS provider organisations, Trusts and primary care settings and respondents reported significant challenges
15 and barriers to engaging with the educational, leadership and research pillars. The main barriers to engagement
16 were high workloads, limited time, or resources, and competing pressures in a clinical environment. There was
17 particular inactivity with relation to engagement in research and ACPs require time, resources and support for
18 research activity and dissemination. This would contribute to personal development and facilitate sharing of
19 good practice nationally and internationally. Although it may not be feasible or necessary to allocate equal time
20 to each pillar, it is important to understand and acknowledge each of the four pillars within the ACP job roles,
21 where different attention can be paid to each one, but all are incorporated to ensure the core capabilities of
22 ACPs re upheld.
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25 The importance and added value of clinical, leadership, education, and research aspects on practice are widely
26 reported.^{25,26} Developing research and leadership skills for advanced practitioners have shown to contribute to
27 building capacity in multi-disciplinary teams, developing new initiatives for healthcare delivery and
28 implementing evidence-based clinical practice.²⁵ Clarity around the importance and priority of the four pillars
29 of advanced practice is needed, to ensure employers allocate adequate resources and support ACPs to work
30 across all four pillars.²⁶
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32 33 34 35 36 37 38 39 **Strengths and weaknesses of the study**

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42 This is the first national evaluation of the ACP role in England since the 2017 HEE framework was established
43 and it has global relevance for healthcare workforce transformation. The use of a cross-sectional survey with
44 qualitative free text responses allowed for the exploration of both the distribution and variety of roles,
45 education, and support across ACP roles, and gain further understanding into the impact of these variations.²⁷
46 It was not possible to determine an accurate response rate since stakeholders at the organisations were asked
47 to distribute the online survey. However, this study provides a comprehensive insight into the ACP role across
48 different professions, organisations, and settings.
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52 53 54 **Recommendations**

55 56 Governance and regulations

- 57
58 • There is a need to standardise job titles and descriptions for ACPs to ensure role recognition and
59 support.
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- There is a need for a structured governance framework for ACP roles within organisations across sectors, with guidelines on operational support and a visible lead for ACP. Guidelines providing information on operational support for ACPs may enable Trusts and organisations to improve the quality and credentials of the employees in ACP roles. An evaluation of current ACP governance may inform appropriate strategies in England.
- There should be a standard competency framework for ACPs that is applicable across specialities.
- Clear career pathways for ACPs should be established, to maximise retention and job satisfaction.

Education and support

- There is a need to further standardise required education and training for ACP roles across all specialities.
- There should be systems in place within organisations, and particularly primary care settings, to ensure ACPs have access to clinical supervision, continuing professional development and structured mentorship. Guidelines on providing adequate supervision for ACPs may be considered.

Working in accordance with the HEE framework

- There is a need to increase the level of knowledge of HEE's Multi-Professional Framework for ACP, particularly in primary care settings.
- Further support should be given to employing organisations, to enable them to map ACP roles onto HEE's Multi-Professional Framework.
- There is a need to highlight the value and importance of each of the four pillars of practice to employers, to encourage the allocation of adequate resources and support for ACPs to work across all four pillars.
- Increased efforts are needed to support ACPs with national and international research engagement to support professional development and share best practice.

Conclusion

As the first large-scale evaluation of the ACP role, this study highlights the need to establish structure surrounding the ACP role, relating to standardisation of job titles and descriptions, improved governance of advanced practice professions, standardised supervision approaches, improved knowledge and compliance with the HEE framework and further development of professional support for ACPs. This study has national and international implications for ACP workforce development.

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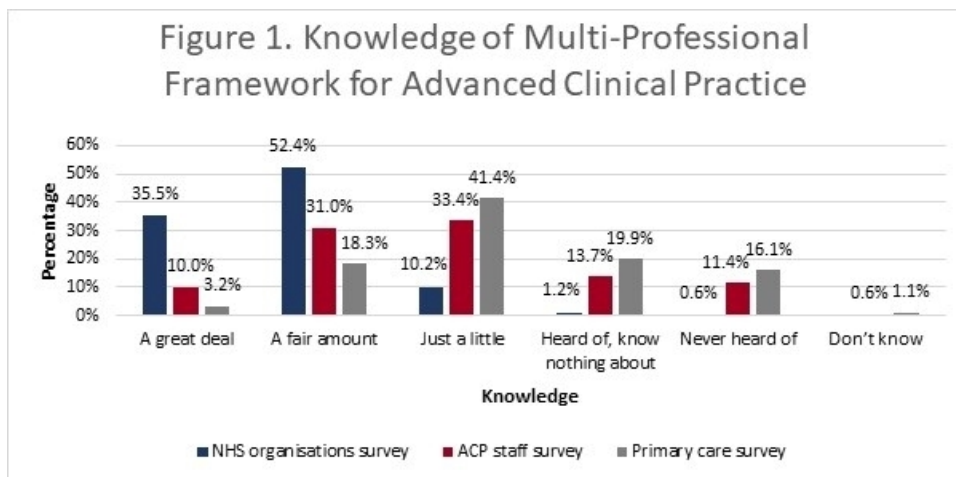
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3 regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error
4 and/or omissions arising from translation and adaptation or otherwise.
5

6 **Data availability statement:** Data are available on reasonable request. The datasets generated and analysed
7 during the current study are not publicly available due the integrity of participant privacy but are available from
8 the corresponding author on reasonable request and if approved by HEE.
9

10 **Research Ethics Approval Statement:** The Ipsos-MORI surveys were undertaken outside the NHS setting and
11 NHS Research Ethics Committee (REC) review is not required for healthcare market research conducted by
12 professional market researchers. Ipsos-MORI is an independent research agency bound by the rules of the
13 Market Research Society. Consent for personal responses to be used by Ipsos-MORI and HEE for research
14 purposes is assumed from completion of the survey. Personal identifiers (name and contact details) were not
15 available to the research team. There were no financial or other incentives and respondents were free to decide
16 whether to participate. All data processing and storage comply with the General Data Protection Regulation and
17 UK Data Protection Act 2018.
18

19 **Patient and Public Involvement:** All questions in the surveys were developed in collaboration with ACPS, lay
20 representatives from HEE and Ipsos MORI's health questionnaire teams.
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132x74mm (120 x 120 DPI)

18-090780-01 HEE – Questionnaire 4 ACPs

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3 **Questionnaire 4 – Individuals working in advanced clinical practice**
4 **VERSION 16**
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7

8 Thank you for taking the time to complete this survey about advanced clinical practice which is part
9 of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted
10 by Ipsos MORI.
11

12 Those working at advanced clinical practice level play a critical role in enhancing capacity and
13 capability within multi professional teams, and come from a range of professional backgrounds such
14 as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended
15 Scope Practitioners ESP's in Physiotherapy, OT, Pharmacy , and Podiatry Practitioners as well as
16 many others).
17

18 They are healthcare professionals educated to Masters level and have developed the skills and
19 knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is
20 anticipated that the role of advanced practice staff will continue to develop and increase in
21 importance over the coming years.
22

23 To help develop and improve their policies relating to advanced clinical practice, Health Education
24 England is keen to understand the roles and experiences of staff working at advanced clinical
25 practice level. The more people we hear from, the more we learn about what is working well and
26 what could be improved.
27

28 For more information, a link to Health Education England's multi-professional framework for
29 advanced clinical practice in England (2017) can be found [here](#).
30

31 We have also produced a short webinar about the purpose of this research, which can be found
32 [here](#). This may help with completing the survey.
33

34 Please note, this survey should only be completed if it has been sent to you by your **Manager or**
35 **Professional Lead** via your **ACP Organisational Lead** (or your named Organisational Lead for
36 completing this survey).
37

38 **NEXT BUTTON**
39

40 **Privacy Notice**
41

42 **How your data will be used**
43

44 Health Education England have invited you to take part in this survey, and as a potential participant
45 it's important that you are informed on how your personal data will be used and your rights under
46 GDPR.
47

48 To process your data Ipsos MORI ("the processor") and Health Education England ("the controller")
49 require a legal basis to do so. For this survey the legal basis for the processing of your personal data
50 is your consent.
51

52 Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any
53 time. If you would like to withdraw your consent at any point please contact
54 healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.
55

56 You also have the right to object to, or restrict the processing of your personal data at any time. To
57 do so please email gdpr@hee.nhs.uk.
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18-090780-01 HEE – Questionnaire 4 ACPs

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3 The personal data which may be collected in this survey includes your name, age, gender, email
4 address and job title. However, you do not need to provide this information if you do not wish to
5 and there are answer options in the survey that will allow you to remain anonymous.
6

7 Data from this survey may be reported at various levels including organisation/trust level, STP/ICS
8 level and by profession and speciality. Some verbatim answers submitted as part of this survey will
9 also be passed on to HEE for their own analysis purposes. However, no personal data or information
10 submitted as part of this survey will be passed on to your employer.
11

12 Data collected through this survey will be retained for 3 months with personal data held for up to 12
13 months after completion of the research and will be deleted via secure methods. For more
14 information on your rights please see Health Education England's privacy notice [here](#).
15

16 Toward the end of the survey you will also be asked if you consent to taking part in further research
17 and other work on advance clinical practice. If you choose to do so, your personal data will be shared
18 with Health Education England and this information will be held for up to 12 months.
19

20 21 **NEXT BUTTON**

22 23 **How to complete this survey**

24 The information you provide will be held in the strictest confidence and no one will be able to
25 identify you from the results, unless you include any personal identifiable information in the free
26 text comments.
27

28 Depending on the extent of your comments, this questionnaire should only take around **25 minutes**
29 to complete.
30

31 **If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS**
32 **BOX.**

33 34 **1. I would like to provide an email address.**

35 If you need to change any of your answers, please use the back button to go back and change
36 previous responses.
37

38 If you need help completing this survey, please let us know by emailing
39 healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.
40

41 **CONSENT BUTTON:** I agree to participate in the survey and provide data about advanced clinical
42 practice and understand that participation is voluntary and I can change my mind at any time.
43

44 By clicking the button, you agree to participate in the survey about advanced clinical practice and
45 understand that participation is voluntary and you can change your mind at any time.
46

47 48 **ASK ALL**

49 **Q1 Which of the following types of organisations do you work for?**

50 51 **MULTICODE**

- 52 1. Primary care trust
 - 53 2. Acute trust
 - 54 3. Community trust
 - 55 4. Mental health trust
- 56
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18-090780-01 HEE – Questionnaire 4 ACPs

5. Learning Disability trust
6. Other NHS commissioned Service
7. Independent Sector HC provider
8. Ambulance trust
9. Other - please write in (SPECIFY)
10. Don't know – THANK AND CLOSE

IF MORE THAN ONE CODE IS SELECTED AT Q1 ASK Q2

Q2 And which of these is your main employer? By main employer I mean the employer that you spend most of your time working for, excluding any paid or unpaid overtime.

SINGLE CODE

INSERT Q1 RESPONSES. ADD CODE FOR

- I am contracted for the same number of hours in each of these organisations.

IF ONLY ONE ORGANISATION SELECTED AT Q1, PLEASE ASK ALL QUESTIONS (Q3a -Q57). IF MORE THAN ONE EMPLOYER SELECTED AT Q1 PLEASE ASK ALL QUESTIONS FOR MAIN EMPLOYER THEN A LOOP OF Q3A, Q3B, Q4, Q6, Q10 FOR EACH ORGANISATION SELECTED.

IF MORE THAN ONE ORGANISATION SELECTED AT Q1 AND COULD IDENTIFY MAIN ONE AT Q2 SHOW THIS MESSAGE:

The following questions refer to the <<ENTER CODE FROM Q2>> you work in which you have selected as your main employer. At a later stage in the survey you will be asked about the other organisation(s) you work for.

IF Q2= I am contracted for the same number of hours in each of these organisations, THEN CHOOSE ONE EMPLOYER AT RANDOM AND SHOW THIS MESSAGE:

The following questions refer to the <<RANDOMLY SELECTED EMPLOYER>> you work for. At a later stage in the survey you will have the option to answer questions about the other organisation(s) you work for.

FOR MORE THAN ONE EMPLOYER: START OF NEW LOOP

REPEAT LOOP FOR EACH EMPLOYER SELECTED AT Q1 AND WAS NOT SELECTED AS MAIN EMPLOYER IN Q2

The next few questions refer to your work in [INSERT ORGANISATION SELECTED AT Q2]

ASK ALL. FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S).

Q3A Which area does your <INSERT ORGANISATION SELECTED> fall under?

SINGLE CODE

1. North
2. Midlands and East
3. London
4. South

CHOOSE FROM DATABASE. FILTER BASED ON ANSWER TO Q3A. ADD INSTRUCTIONS FOR SEARCHING.

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ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q3B What is the name of your organisation? Please choose from the following list.

CHOOSE FROM DATABASE – FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

1. Other (please write in)

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q4 What is the name of your STP/ICS? Please choose from the following list.

1. I work outside of these STPS – i.e. in Wales or Scotland
2. Other – please write in (SPECIFY)

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM SUBSEQUENT LOOP(S))

Q5 To which of the following professional groups do you belong?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. **If you do not wish to answer this question, please select 'prefer not to say'.**

MULTICODE

- **Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and language therapist

- **Midwife**

- **Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability
- District Nursing
- Public Health Nursing (school nurse or health visitor)

Other (please specify)

- **Health Care Sciences**

- Clinical Scientist - Life Sciences

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- 1
2
3 ○ Clinical Scientist - Physical Sciences
4 ○ Clinical Scientist - Physiological Sciences
5 ○ Clinical Scientist - Bioinformatics and Digital Healthcare Sciences
6
7 - **Optometrist**
8 - **Pharmacist**
9 ○ Clinical pharmacist
10 ○ Community pharmacist
11 - **Psychological professions**
12 ○ Clinical Psychologist
13 ○ Counselling Psychologist
14 ○ Forensic Psychologist
15 ○ Health Psychologist
16 ○ High Intensity Therapist
17 ○ Psychological Wellbeing Practitioner
18 ○ Counsellor
19 ○ Cognitive Behaviour Therapist
20 ○ Systemic Family Therapist
21 ○ Adult Psychotherapist
22 ○ Child Psychotherapist
23 ○ Children's Wellbeing Practitioners
24 ○ Other - please write in (SPECIFY)
25
26
27
28 - **Dental**
29 ○ Dental nurse
30 ○ Other – please write in (SPECIFY)
31 - Other – please write in (SPECIFY)
32 - None of these – CLOSE THE QUESTIONNAIRE .
33 - Prefer not to say
34
35

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

36
37 **Q6 Below is a list of clinical specialities, please tell us which one(s) you work in, and your specific**
38 **area within it.**
39

- 40
41 1. Emergency medicine (including urgent and emergency care) - please write in (SPECIFY)
42 2. Acute Medical – please write in (SPECIFY)
43 3. Medical specialities (e.g. gastro, cardio-vascular, respiratory, stroke etc) – please write in
44 (SPECIFY)
45 4. Surgery – please write in (SPECIFY)
46 5. Critical Care – please write in (SPECIFY)
47 6. Neonates – please write in (SPECIFY)
48 7. Paediatrics – please write in (SPECIFY)
49 8. Older people – please write in (SPECIFY)
50 9. Ophthalmology – please write in (SPECIFY)
51 10. Musculoskeletal services (including orthopaedics, primary care etc) – please write in (SPECIFY)
52 11. Mental health – please write in (SPECIFY)
53 12. Cancer – please write in (SPECIFY)
54 13. Diagnostics (e.g. ultrasound, reporting radiographers etc) – please write in (SPECIFY)
55 14. Learning disability – please write in (SPECIFY)
56 15. Obstetrics and gynae – please write in (SPECIFY)
57 16. Community care (health and care) – please write in (SPECIFY)
58
59
60

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17. Primary care – please write in (SPECIFY)
18. Dental – please write in (SPECIFY)
19. Other – please write in (SPECIFY)
20. None of these (SINGLE CODE)
21. Don't know (SINGLE CODE)
22. Prefer not to say

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM SUBSEQUENT LOOP(S))

Q9 What is your current level of working practice?

SINGLE CODE

1. Working at Trainee advanced clinical practitioner level
2. Working at advanced clinical practitioner level
3. Working at Trainee consultant practitioner level
4. Working at consultant practitioner level
5. Other – please write in (SPECIFY)
6. Prefer not to say

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q10 What is your job title (or titles, if you hold more than one role)? Please note that your answers will be shared with Health Education England and therefore your answer may make you identifiable. If you would rather not answer this question, please click 'I would prefer not to say' and press next.

OPEN ENDED

- I would prefer not to say

LOOP(S) FOR OTHER EMPLOYERS ENDS HERE.

ASK ALL

Q11 Do you have a job description for your current role?

SINGLE CODE

1. Yes, I do have a job description
2. No, I do not have a job description
3. Don't know

IF YES AT Q11

Q12 When was the last time your job description was reviewed?

SINGLE CODE

1. Within the last 6 months
2. 6 months ago, but less than a year
3. 1 year ago, but less than two years
4. Two years ago or more
5. My job description has never been reviewed
6. Don't know

ASK THOSE WHO HAD THEIR JOB DESCRIPTION REVIEWED WITHIN THE LAST TWO YEARS – Q12

Q13 Were you personally involved in the review of your job description?

SINGLE CODE

1. Yes
2. No
3. Don't know

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1
2
3 **ASK ALL**

4 **Q14 Does your job description cover the following areas?**

5 **MULTICODE**

- 6 1. Leadership and management
7 2. Research (service development and evaluation)
8 3. Education
9 4. Advanced Clinical Practice
10 5. Scope of your practice
11 6. None of these
12 7. Don't know
13
14

15 **ASK ALL**

16 **Q15 Do you currently have a job plan?**

17 **SINGLE CODE**

- 18 1. Yes
19 2. No
20 3. Don't know
21
22

23 **IF CODED 1 AT Q15**

24 **Q16 Does your job plan separate out the clinical elements of your role from the non-clinical**
25 **elements (e.g. research)? By clinical we mean the direct and indirect contact you have with**
26 **patients**

27 **SINGLE CODE**

- 28 1. Yes
29 2. No
30 3. Don't know
31
32

33 **IF CODED 1 AT Q16**

34 **Q17 Is the non-clinical part of your job plan protected?**

35 **SINGLE CODE**

- 36 1. Yes – all of the time
37 2. Yes – some of the time
38 3. No – not protected
39 4. Don't know
40
41
42

43 **ASK ALL**

44 **Q18 Before today, how much, if anything, would you say you know about Health Education**
45 **England's multi-professional framework for advanced clinical practice?**

46 **SINGLE CODE**

- 47 1. A great deal
48 2. A fair amount
49 3. Just a little
50 4. Heard of, know nothing about
51 5. Never heard of
52 6. Don't know
53
54
55

56 **IF CODE 3, 4 AND 5 AT Q18 SHOW DEFINITION**
57
58
59
60

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The following questions link to the multi-professional advanced clinical practice framework and you can find this link at the beginning of the questionnaire.

Definition of advanced practice:

“Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes.”

The four pillars (taken from the multi-professional framework for advanced clinical practice in England):

This framework requires that health and care professionals working at the level of advanced clinical practice should have developed and can evidence the underpinning competencies applicable to the specialty or subject area, i.e. the knowledge, skills and behaviours relevant to the health and care professional’s setting and job role. The core capabilities **across the four pillars...**

- clinical practice
- leadership and management
- education
- research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

ASK ALL

Q19 Are you working to align yourself with the capabilities in the HEE multi-professional framework?

1. Yes – I already aligned to the capabilities
2. Yes – I have a developmental plan in place
3. No – I am not currently working towards aligning myself with the capabilities in the framework
4. No – I don’t think the capabilities apply to my job role.
5. Don’t know

IF CODE 3 and 4 AT Q19

Q20 Have you reviewed the HEE multi-professional capabilities with your employer?

1. Yes
2. No
3. Don’t know

ASK ALL

Q21 Are you evidencing the impact of your role in each of the following areas?

1. Leadership and management
2. Research (Service Development and evaluation)

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3. Education
4. Advanced Clinical Practice
5. I am not evidencing my role in any of these areas.
6. Don't know

ALL WHO ARE EVIDENCING THE IMPACT OF THEIR ROLE AT Q21 (CODES 1, 2, 3, 4)

Q22 Overall, are you using this evidence...

1. For appraisals
2. Internally as part of service line reporting
3. Professional body accreditation of advanced level practice
4. Externally through posters and publications
5. In another way – please write in (SPECIFY)
6. None of these
7. Don't know

Education

The next section is about the types of formal and informal education you may be receiving regarding advanced clinical practice, including consultant practitioners.

ASK ALL

Q23A Which, if any, of the following types of formal learning and development are you currently completing?

MULTICODE

1. Full Masters (PG cert and PG Dip)
2. Specific modules
3. Royal College (credential)
4. Credentialing other
5. None of these
6. Don't know

ASK IF CODED 1, 2, 3, 4, at Q23A

Q23B What is the name of the module or programme of study you are currently undertaking?

OPEN ENDED

1. Don't know

ASK IF CODED 1, 2, 3, 4, at Q23A

Q24 How many days study leave did your employer agree to give you to support you in undertaking this course? When answering this question please think about the leave given to you over the whole duration of the course.

1. I was not given any study leave days
2. Less than 1 day (e.g. half a day)
3. 1-4 days
4. 5-9 days
5. 10-19
6. 20-29
7. 30+ days
8. Don't know

IF GIVEN TIME AT Q24 (codes 2-7)

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1
2
3 **Q25 Since agreeing the amount of time you could have for study leave, to what extent has your**
4 **employer been able to honour this arrangement?**

- 5 1. Fully
6 2. Partially
7 3. Hardly at all
8 4. Not at all
9 5. Don't know
10

11 **ASK ALL**

12 **Q26 To what extent have your advance education and training opportunities prepared you for the**
13 **reality of your job role?**

- 14 - A great deal
15 - A fair amount
16 - Not very much
17 - Not at all
18
19

20 **ASK ALL**

21 **Q28 Which, if any, other education and training options are open to you within your organisation?**

- 22 1. Joining in junior doctor training
23 2. Other advanced clinical practitioner learning
24 3. Other medical training
25 4. Training provided by your trust / organisation
26 5. Other
27 6. None of these
28
29

30 **ASK ALL**

31 **Q29 In an average month what proportion of your total work time is spent delivering training to**
32 **others?**

- 33 1. I do not deliver learning to others
34 2. 1-9%
35 3. 10-19%
36 4. 20-29%
37 5. 30-39%
38 6. 40-49%
39 7. 50-59%
40 8. 60-69%
41 9. 70-79%
42 10. 80-89%
43 11. 90-99%
44 12. 100% - all of my time
45 13. Don't know
46
47
48
49
50

51 **IF DELIVERING TRAINING TO OTHERS (CODES 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)**

52 **Q30 To which of the following groups do you deliver training to?**

53 **MULTICODE**

- 54 1. Patient groups
55 2. Students in your organisation
56 3. General staff in your organisation
57 4. Those in Higher Education Institutions
58 5. Others working in advance clinical practice roles
59
60

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6. Other – please write in (SPECIFY)

IF DELIVERING LEARNING TO OTHERS Q30 – CODE 4, 5 and 6

Q31 Thinking about the training you deliver external to your organisation, do you consider yourself to be...

1. A visiting lecturer
2. A subject area expert
3. Something else – please write in (SPECIFY)
4. None of these
5. Not applicable

Research

The next section is about research in which you may be involved.

ASK ALL

Q32 In which, if any, of the following areas of research are you involved?

MULTICODE

1. Quality improvement
2. Service evaluation
3. Economic evaluation of practice
4. Research
5. Audit
6. Other – please write in (SPECIFY)
7. None of these
8. Don't know

ASK ALL

Q33 Have you presented or shared your work in any of the following ways....

This could be either verbally or in writing.

1. Within your organisation / trust
2. Locally
3. Nationally
4. Peer reviewed journal
5. Internationally
6. I have not presented or shared my work
7. Don't know

IF CODED 4 AT Q33

Q33A

Please can you state which peer reviewed journal, and provide the online link?

Providing an answer to this question may make you identifiable to Health Education England. If you would like to remain anonymous please select prefer not to say

OPEN ENDED

1. It has not been published yet
2. Prefer not to say

ASK ALL

Q34 To what extent would you be happy or not to share your learnings and evaluation with HEE?

1. Very happy

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2. Fairly happy
3. Not very happy
4. Not at all happy
5. Don't know

Advanced Clinical Practice

The next section is about advanced clinical practice for advanced clinical practitioners, including consultants.

ASK ALL

Q35 Typically, what proportion of your average working week is spent on all patient facing related activity? This includes direct and indirect contact with patients.

1. 0% - I spend no time on patient facing related activity
2. 1-9%
3. 10-19%
4. 20-29%
5. 30-39%
6. 40-49%
7. 50-59%
8. 60-69%
9. 70-79%
10. 80-89%
11. 90-100%
12. It varies too much to say
13. Don't know

ASK ALL

Q36 Did you take a portfolio route or an academic route to get to your current level of advanced clinical practice?

1. Portfolio route
2. Academic route
3. Both portfolio route and academic route
4. Don't know

IF CODED 1 AND 3 AT Q36

Q37 Can you please tell me what education and training accredited or non-accredited courses you have taken to build your portfolio?

OPEN ENDED

1. Don't know

IF CODED 2 AND 3 AT Q36

Q38 What is your highest level of qualification?

1. Undergraduate degree or equivalent
2. Master's degree or equivalent
3. PhD
4. Other – please write in (SPECIFY)

ASK ALL

Q39 What, if any, funding did you personally receive for your <<INSERT ANSWER FROM Q38>>

MULTICODE

1. I did not receive any funding – I self-funded (SINGLE CODE)

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- 2.
3. My employer/another paid for 100% of the costs (SINGLE CODE)
4. My employer/another paid towards some of the costs but also had to contribute myself
5. Other
6. Prefer not to say

ASK ALL

Q40 How many months and years have you been working as a fully trained advanced level practitioner?

ENTER YEARS AND MONTHS

1. I am still in training

ASK IF YEARS AND MONTHS ENTERED AT Q40

Q41 How long did your training take to allow you to work in advanced practice?

ENTER YEARS AND MONTHS

Leadership & management

The next section is about leadership and management.

ASK ALL

Q42A

What proportion of your average week is typically spent leading on....

- a) Service provision and innovation
- b) People management

ENTER PROPORTION OF TIME

1. None of the time
2. 1-9%
3. 10-19%
4. 20-29%
5. 30-39%
6. 40-49%
7. 50-59%
8. 60-69%
9. 70-79%
10. 80-89%
11. 90-100%
12. Don't know

ASK ALL

Q43 What support, if any, have you been given by your organisation to help you develop your leadership and management skills? Support from...

MULTICODE

1. Others in the team I work in
2. Department level
3. Service/Speciality level
4. Organisation wide
5. Other – please write in (SPECIFY)
6. None of these
7. Don't know

ASK ALL

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Q44 What support, if any, have you been given by organisations outside your trust to help you develop your leadership and management skills?

MULTICODE

1. Leadership Academy programme
2. Mentoring or coaching
3. Shadowing others trained in advanced clinical practice
4. Structured reflective learning
5. Action learning sets
6. Leadership Fellowship e.g. Darzi
7. Other – please write in (SPECIFY)
8. None of these
9. Don't know

Competency framework and supervision

The next few questions are about competency frameworks and supervision.

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM LOOP)

Q45 Which, if any, of these do you have which are related to your job?

MULTICODE

1. Competency Framework
2. Personal Development plan
3. Neither a Competency Framework or a Personal Development plan
4. Other – please write in (Specify)
5. Don't know

ASK ALL

Q46 Which, if any, of the following do you have in your job role?

MULTICODE

1. Appraisals
2. Educational supervision for trainees
3. Clinical supervision (e.g. mentoring and coaching on the job in their clinical practice)
4. Regular one to one with line managers to support role development
5. None of these
6. Don't know

REPEAT FOR EACH OPTION SELECTED AT Q46

Q47 – From whom do you receive your <<TEXT SUBSTITUTE FROM Q46>>

MULTICODE

1. Operational lead
2. Professional lead
3. Clinical lead medical
4. Clinical lead non-medical – please write in (SPECIFY)
5. Senior Advanced Care Practitioner
6. Other – please write in (SPECIFY)
7. None of these
8. Don't know

REPEAT FOR EACH OPTION SELECTED AT Q46

Q48 Typically, how often do you receive your <<TEXT SUBSTITUTE FROM Q46>>

1. Daily
2. Weekly

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3. Monthly
4. Annually
5. Less often
6. Don't know

IF CODED 1, 2, 3, 4 AT YES AT Q46

Q49 How much formal guidance are you receiving from your supervisor?

1. A great deal
2. A fair amount
3. Hardly any
4. None
5. Don't know

IF CODED 1, 2, 3, 4 AT YES AT Q46

Q50A Is there a formal guidance structure for your supervision?

1. Yes
2. No

IF CODED 1 AT Q50A

Q50B Who provides the formal guidance structure for your supervision?

1. Higher Education Institution
2. Organisation / trust
3. Service
4. Professional group
5. Other – please write in (SPECIFY)
6. Don't know

Governance

The final section is about Governance.

ASK ALL

Q51 Does your organisation have any of the following?

MULTICODE

1. Lead for advanced practice
2. Forum or meetings where professionals for different groups can come together to discuss advanced practice
3. Organisation policy on advanced practice
4. None of these
5. Don't know

ASK ALL WHO CODED 2 – 9 AT Q1 AND SELECTED CODES AS MAIN EMPLOYER

Q52 To whom does the person who leads on advanced clinical practice report into?

1. Trust board
2. Governance group
3. Workforce committee
4. Other – please write in (SPECIFY)
5. The person leading on advanced clinical practice does not report to anyone else
6. Don't know

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1
2
3
4
5 **ASK ALL WHO CODED 1 AT Q1 AND SELECTED PRIMARY CARE AS MAIN EMPLOYER**
6 **Q60 To whom does the person who leads on advanced clinical practice report into?**
7

8
9 **OPEN ENDED.**

10
11 **1. Don't know**
12

13 **ASK ALL**

14 **Q53 Is there any other information that you would like to share about your experience of working**
15 **in advanced practice?**
16

17
18 **Please note - by providing an answer to this question you may make yourself identifiable to Health**
19 **Education England. If you do not wish to answer this question, please select "prefer not to say".**
20

21 **OPEN ENDED**

- 22 1. I have nothing else to add
23 2. Prefer not to say
24

25 **Demographics**

26 We would now like to ask a few questions about yourself. These questions are for analysis purposes
27 only.
28

29
30 **Q59 Who invited you to take part in this survey?**

- 31 1. Peer/colleague
32 2. Manager/team lead
33 3. Professional lead
34 4. Organisational lead
35 5. Other
36 6. Don't know/can't remember
37

38
39 **ASK ALL**

40 **Q54A Are you registered with a Statutory regulatory body?**

- 41
42 1. NMC, HCPC etc
43 2. Voluntary register
44 3. Not on any
45 4. Don't know
46

47
48 **ASK ALL**

49 **Q54B Which of the following describes how you think of yourself**
50

51 **Please note - by providing an answer to this question you may make yourself identifiable to Health**
52 **Education England. If you do not wish to answer this question, please select 'prefer not to say'.**
53

- 54
55 1. Male
56 2. Female
57 3. In another way
58 4. Prefer not to say
59
60

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ASK ALL

Q55 What is your age?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select 'prefer not to say'.

OPEN ENDED

1. Prefer not to say

IF REFUSED AT Q55

Q55A What is your age?

If refused probe for age bands

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65+
7. Prefer not to say

IF MORE THAN ONE EMPLOYER SELECTED ASK Q57 ONCE AT END OF LOOP(S).

Q57 Re-contact Question

Thank you for taking part in this survey.

Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research as part of this project within the next 12 months.

If you are willing to be contacted as part of this project we will need to collect some contact details. All details provided will be treated in the strictest confidence, held only for 12 months by HEE, and will only be used to invite you to take part in further research as part of this project.

Are you willing to provide your contact details to HEE so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
2. No

IF YES AT Q34

Q58 You previously agreed that you were happy to share your learnings and evaluations with HEE.

Are you happy for someone on behalf of HEE to contact you about this?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS (IF NOT CODED 1 AT Q57)
2. No

Thank and close.

HEE Questionnaire 3 – Organisations

Questionnaire 3 – Organisations/Trusts

Thank you for taking the time to complete this survey about advanced clinical practice which is part of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted by Ipsos MORI.

Those working at advanced clinical practice level play a critical role in enhancing capacity and capability within multi professional teams, and come from a range of professional backgrounds such as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, and some Clinical Nurse Specialists as well as many others).

They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is anticipated that the role of advanced practice staff will continue to develop and increase in importance over the coming years.

To help develop and improve their policies relating to advanced clinical practice, Health Education England is keen to understand the training and roles that advanced clinical staff are currently undertaking in your organisation, your workforce strategy, the support and training advanced practice staff are offered, and the governance structures underpinning it all. The more people we hear from, the more we learn about what is working well and what could be improved.

For more information, a link to Health Education England's multi-professional framework for advanced clinical practice in England (2017) can be found [here](#).

We have also produced a short webinar about the purpose of this research, which can be found [here](#). This may help with completing the survey.

NEXT BUTTON**Privacy Notice****How your data will be used**

Health Education England have invited you to take part in this survey, and as a potential participant it's important that you are informed on how your personal data will be used and your rights under GDPR.

To process your data Ipsos MORI ("the processor") and Health Education England ("the controller") require a legal basis to do so. For this survey the legal basis for the processing of your personal data is your consent.

Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any time. If you would like to withdraw your consent at any point please contact healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.

You also have the right to object to, or restrict the processing of your personal data at any time. To do so please email gdpr@hee.nhs.uk.

The personal data which may be collected in this survey includes your name, email address and job title. However, you do not need to provide this information if you do not wish to and there are answer options in the survey that will allow you to remain anonymous.

HEE Questionnaire 3 – Organisations

Data from this survey may be reported at various levels including organisation/trust level, STP/ICS level and by profession and speciality. Some verbatim answers submitted as part of this survey will also be passed on to HEE for their own analysis purposes.

Data collected through this survey will be retained for 3 months with personal data held for up to 12 months after completion of the research and will be deleted via secure methods. For more information on your rights please see Health Education England's privacy notice [here](#).

Toward the end of the survey you will also be asked if you consent to taking part in further research and other work on advance clinical practice. If you choose to do so, your personal data will be shared with Health Education England and this information will be held for up to 12 months.

NEXT BUTTON**How to complete this survey**

We only require one response per Organisation, please liaise with colleagues and other departments before completing this survey to avoid duplication.

You may also wish to download a PDF version of the questionnaire, available [here](#) to share with others in your organisation to help you gather their views and staff numbers, before you respond to the survey online.

We have also produced an excel form which can be found [here](#), to help you collect some of the information required for this survey. You may have already received this document from Health Education England. Before proceeding, please make sure you have collected this information as it will help you answer questions in relation to staff headcounts and whole-time equivalents (WTE).

Please note that the answers that you provide on behalf of your Organisation may be shared with Health Education England so they can understand what is happening at a local level. You won't personally be identified in the data unless you choose to provide information which could identify you.

Depending on the extent of your comments, this questionnaire should only take around **30 minutes** to complete.

Please note, your answers will only be saved once you have completed and submitted the survey. However, if you would like to save your progress and submit your answers later, please tick the box below to provide your email address. We will then send you a unique link to the survey which will allow you to access your answers and pick up where you left off. We will only use this email address to send you the unique link and this will not be shared with Health Education England or any other organisation.

If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS BOX.

1. I would like to provide an email address.

If you need to change any of your answers, please use the back button to go back and change previous responses.

If you need help completing this survey, please let us know by emailing healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.

HEE Questionnaire 3 – Organisations

CONSENT BUTTON: I agree to participate in the survey and provide data about advanced clinical practice and understand that participation is voluntary and I can change my mind at any time.

By clicking the button, you agree to participate in the survey about advanced clinical practice and understand that participation is voluntary and you can change your mind at any time.

Organisation information

The first few questions are about the organisation that you work for.

ASK ALL

Q1 Which of the following categories does your organisation fall under?

MULTICODE

1. Primary care
2. Out of Hours care
3. Acute trust
4. Community trust
5. Mental health trust
6. Learning Disability trust
7. Other NHS commissioned Service
8. Ambulance trust
9. Community pharmacy
10. Education
11. Social Care
12. Something else – (please write in)
13. None of these - THANK AND CLOSE

IF CODED 1 AT Q1. SHOW SCREEN.

Thank you for your interest in this survey. We have developed a slightly different questionnaire for organisations in Primary care. Please use the link below to access this survey.

QUESTIONNAIRE 5 (PRIMARY CARE) OPEN LINK.

Thank You.

END SURVEY.

ASK ALL

Q2A Which area does your STP/ICS fall under?

SINGLE CODE

1. North
2. Midlands and East
3. London
4. South

ASK ALL

Q2B What is the name of your STP/ICS? Please choose from the following list.

CHOOSE FROM DATABASE. FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

HEE Questionnaire 3 – Organisations

1. Other – please write in (SPECIFY)

ASK ALL

Q3 What's the name of your organisation? Please choose from the following list.

SINGLE CODE

CHOOSE FROM DATABASE – FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

1. Other (please write in)

ASK ALL

Q3A Are you responding to this survey on behalf of your organisation overall or on behalf of one part of your organisation?

1. On behalf of my organisation overall
2. On behalf of one part of my organisation

IF CODE 2 AT Q3A – PLEASE CLOSE – Thank you for your interest in this research. Please liaise with your organisation ACP lead/designated ACP lead for this survey to complete your answers, as we respectfully request one response per organisation.

Awareness of the framework and workforce

The next few questions are about your workforce and your awareness of the multi-professional advanced clinical practice framework.

ASK ALL

Q4A Is there currently a lead person in your organisation for advanced clinical practice?

1. Yes – A lead for single professions
2. Yes – A lead for multi-professions
3. No – But we are intending to have a lead in the future
4. No – We do not intend on having a lead
5. Don't know

IF YES AT Q4A

Q4B Are you the lead person?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select 'prefer not to say'.

1. Yes
2. No
3. Prefer not to say

ASK ALL

Q5 Do you have a lead person for multi-professional Consultant Practitioners?

1. Yes
2. No
3. Don't know

IF CODED 1 AT Q6

HEE Questionnaire 3 – Organisations

Q5B Is it the same person as the lead for multi-professional advanced clinical practice?

1. Yes
2. No
3. Don't know

ASK ALL**Q6 Before today, how much, if anything, would you say you know about Health Education England's multi-professional framework for advanced clinical practice in England (2017)?****SINGLE CODE**

1. A great deal
2. A fair amount
3. Just a little
4. Heard of, but know nothing about
5. Never heard of
6. Don't know

IF CODED 3, 4, 5 AT Q6

The following questions link to the framework. You can find the framework [here](#).

Definition of advanced practice:

"Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterized by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes."

The four pillars (taken from the multi-professional framework for advanced clinical practice):

This framework requires that health and care professionals working at the level of advanced clinical practice should have developed and can evidence the underpinning competencies applicable to the specialty or subject area, i.e. the knowledge, skills and behaviours relevant to the health and care professional's setting and job role. The core capabilities **across the four pillars**...

- Clinical practice
- Leadership and management
- Education
- Research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

HEE Questionnaire 3 – Organisations

ASK ALL

The next few questions are about staff working at advanced clinical practice level and the professions and specialities they work within. When answering these questions please refer to the excel form provided to you and the information you have collected on staff headcount and whole time equivalents.

Please click [here](#) to download the form if you have not already done so.

ASK ALL

Q7A Does your organisation have staff working at an advanced level of clinical practice, in any of the following professions across your organisation?

Please note, job titles for staff working at an advanced level of clinical practice may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, and some Clinical Nurse Specialists as well as many others.

MULTICODE**1. Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and Language Therapist

2. Midwife**3. Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability
- District nurse
- Public Health Nursing (school nurse or health visitor)
- Other – please write in (SPECIFY)

4. Health Care Sciences

- Clinical Scientist - Life Sciences
- Clinical Scientist - Physical Sciences
- Clinical Scientist - Physiological Sciences
- Clinical Scientist - Bioinformatics and Digital Healthcare Sciences

5. Optometrist

HEE Questionnaire 3 – Organisations

6. Pharmacist

- Clinical pharmacist
- Community pharmacist

7. Psychological Professions

- Clinical Psychologist
- Counselling Psychologist
- Forensic Psychologist
- Health Psychologist
- High Intensity Therapist
- Psychological Wellbeing Practitioner
- Counsellor
- Cognitive Behaviour Therapist
- Systemic Family Therapist
- Adult Psychotherapist
- Child Psychotherapist
- Children's Wellbeing Practitioners
- Other – please write in (SPECIFY)

8. Dental

- Dental nurse
- Other – please write in (SPECIFY)

9. None of these – CLOSE QUESTIONNAIRE**ASK ALL**

Q7B Does your organisation have staff working at a consultant level of clinical practice, in any of the following professions?

MULTICODE**1. Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and Language Therapist

2. Midwives**3. Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability

HEE Questionnaire 3 – Organisations

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- District nurse
 - Public Health Nursing (school nurse or health visitor)
 - Other – please write in (SPECIFY)
- 4. Health Care Sciences**
- Clinical Scientist - Life Sciences
 - Clinical Scientist - Physical Sciences
 - Clinical Scientist - Physiological Sciences
 - Clinical Scientist - Bioinformatics and Digital Healthcare Sciences
- 5. Optometrist**
- 6. Pharmacist**
- Clinical pharmacist
 - Community pharmacist
- 7. Psychological Professions**
- Clinical Psychologist
 - Counselling Psychologist
 - Forensic Psychologist
 - Health Psychologist
 - High Intensity Therapist
 - Psychological Wellbeing Practitioner
 - Counsellor
 - Cognitive Behaviour Therapist
 - Systemic Family Therapist
 - Adult Psychotherapist
 - Child Psychotherapist
 - Children’s Wellbeing Practitioners
 - Other – please write in (SPECIFY)
- 8. Dental**
- Dental nurse
 - Other – please write in (SPECIFY)
- 9. None of these**

Advanced Practice staff

The next few questions are about staff working at advanced clinical practice level.

The information you provide in the following questions is particularly important as it will allow Health Education England to assess the current level of staff working at advanced level of clinical practice across professions and within specialities.

ASK IF CODED 1-8 AT Q7A AND/OR CODED 1-8 AT Q7B (profession)

LOOP: PLEASE ASK FOR EACH PROFESSION SELECTED AT Q7A AND/OR Q7B

Q8 You previously stated that your organisation has staff working in advanced clinical practice in the following professions <<ENTER LIST FROM Q7A AND/OR Q7B>>.

Please select the specialities that a <<INSERT CODE SELECTED AT Q9A AND Q9B>> may work in within your organisation. (Respondent selects all specialities which cover profession selected)

MULTICODE

1. Emergency medicine (including urgent and emergency care)
2. Acute Medical

HEE Questionnaire 3 – Organisations

3. Medical specialities (e.g. gastro, cardio-vascular, respiratory, stroke etc)
4. Surgery
5. Critical Care
6. Neonates
7. Paediatrics
8. Older People
9. Ophthalmology
10. Musculoskeletal services (including orthopaedics, primary care etc)
11. Mental health
12. Cancer
13. Diagnostics (e.g. ultrasound, reporting radiographers etc)
14. Learning disability
15. Obstetrics and gynaecology
16. Community care (health and care)
17. Primary care
18. Dental
19. Other – please write in (SPECIFY)
20. Unknown/not specified
21. None of these (SINGLE CODE)
22. Don't know (SINGLE CODE)

ASK IF CODED 1-8 AT Q7A AND/OR CODED 1-8 AT Q7B (profession), AND CODED 1-20 AT Q8 (speciality).

Q9 You previously stated that your organisation has staff working in advanced clinical practice in the following professions <<ENTER LIST FROM Q7A AND/OR Q7B>> (professions).

LOOP: PLEASE ASK QUESTION FOR EACH CODE SELECTED AT Q9A AND/OR Q9B.

For << INSERT CODE SELECTED AT Q7A AND/OR Q7B>> please now record the number of staff working at advanced level practice or consultant level in each speciality.

Please use the excel form provided to help you complete this question. You can also download the form here if needed.

Please record both the actual number of staff and the whole time equivalents.

BRING FORWARD LIST OF SPECIALTIES SELECTED AT Q8 (speciality)

1. Trainee advanced level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)
2. Advanced level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)
3. Trainee consultant level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)

HEE Questionnaire 3 – Organisations

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4. Consultant level practitioner – RECORD NUMBER
- a) Number of staff headcount
 - b) Whole time equivalent (WTE)

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ASK ALL

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Q10 Has your workforce been mapped against HEE’s multi-professional framework for advanced clinical practice in England? When answering this question please think about those who are working at advanced clinical practice level or consultants.

16

SINGLE CODE

- 17
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19
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21
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23
24
1. All staff have
 2. Some staff have
 3. Hardly any staff have
 4. None have
 5. Don’t know

25
26
27

ASK IF WORKFORCE MAPPED AT Q10 (CODES 1 &2)

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30

Q11B Approximately, what proportion of your advanced practice staff have skills gaps in <INSERT PILLAR>?

- 31
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41
- A. Advanced clinical practice
 - B. Leadership and management
 - C. Research and service development
 - D. Education
1. Enter percentage (MIN 0%-MAX 100%)
 2. Don’t know

42
43
44

Q11D Has your organisation developed a plan to support staff who have skills gaps relating to HEE’s multi-professional framework pillars?

- 45
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1. Yes
 2. No
 3. Don’t know

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IF PLAN HAS BEEN DEVELOPED (CODED 1 AT Q11D)

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Q12 Please list up to three areas you have identified where your organisation needs further focus or support to ensure your advanced practice staff meet the capabilities of the advance clinical practice framework.

57
58

OPEN ENDED

- 59
60
1. We have not done this yet.

HEE Questionnaire 3 – Organisations

2. Prefer not to say

Q16 Which of the following, if any, does your organisation have in place for those working at advanced clinical practice level?

GRID**MULTICODE**

1. A workforce plan
2. An advanced practice forum/meeting bringing together different professions
3. Standardised job titles
4. Core job descriptions aligned to the framework
5. A generic job planning template
6. An organisation wide agreed grading system
7. An organisation governance policy
8. Annual appraisals

- a) Yes
- b) No
- c) Don't know

Training, Development and Supervision

The next section is about the, training, supervision and support that is given to people working in Advanced Practice roles/at advanced practice level.

ASK ALL

Q17 Is there an organisational standard policy for the supervision and support offered to those training to advanced clinical practice level? Please think about each of the following roles...

- a) Trainee advanced practitioner
- b) Advanced practitioner
- c) Trainee Consultant
- d) Consultant

SINGLE CODE

1. Yes
2. No
3. Don't know

ASK ALL

Q18 Overall, is there a standard as to how supervision is given? When answering this question please think about things like how much time, when and where this supervision takes place?

SINGLE CODE

1. Yes
2. No
3. Don't know

Competencies and Training

The next few questions are about the competencies and training of advanced clinical practitioners.

HEE Questionnaire 3 – Organisations

Q19 Thinking more generally, are your advanced clinical practice level workforce required to have capability frameworks (competencies) aligned to their areas of clinical practice?

SINGLE CODE

1. Yes
2. No
3. Only in specific areas – please write in (SPECIFY)
4. Don't know

ASK ALL

Q20 Thinking about your training and development programs. How do you...

- a) Currently provide local training to your advanced clinical practice level staff?
- b) Plan to provide local training to your advanced practice staff in the future?

MULTICODE

1. Training posts
2. In-house training
3. Higher Education Institution training places
4. Working with postgraduate schools of medicine
5. System wide training opportunities which are speciality specific
6. Other
7. None of these
8. Don't know

ASK ALL

Q21 How is the advanced clinical practice level /consultant training generally funded? Please select all that apply.

MULTICODE

1. Trust training fund
2. HEE funded
3. Charity funded
4. Trust service improvement funded
5. Individually Funded
6. Other
7. Don't know

Service Development, New posts and Evaluation

The next section is about service development, new posts and evaluation.

ASK ALL

Q22 In your opinion what are the main drivers for new advanced clinical practice level positions and services within your organisation? Please select the three main drivers.

MULTICODE – ALLOW UP TO THREE REPSONSES.

1. Retention of your existing workforce
2. Service improvements
3. Population needs/STP plan
4. Improving productivity/reducing locum spend
5. Workforce shortages
6. Individual career development

HEE Questionnaire 3 – Organisations

7. Waiting list initiatives
8. Government priority
9. System wide pathway development
10. Other
11. Don't know

OPEN ENDED**ASK ALL**

Q23 Are advanced clinical practice level staff expected to provide evidence about their impact? For example, service evaluation, quality assurance measures or outcome measures.

1. Yes
2. No
3. Don't know

ASK ALL

Q24 How do you support and enable your staff to share examples of good practice? For example, please describe here if any individuals from your organisation have presented national or international work, or written papers in peer reviewed journals.

OPEN ENDED

1. Don't know

Q25 Are there any other thoughts you would like to share with us around advanced clinical practice?

OPEN ENDED

1. No, I have nothing further to add

Q26 RECONTACT QUESTION

Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research as part of this project within the next 12 months.

If you are willing to be contacted as part of this project we will need to collect some contact details. All details provided will be treated in the strictest confidence, held only for 12 months by HEE, and will only be used to invite you to take part in further research as part of this project.

Are you willing to provide your contact details to HEE so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
2. No

SHOW IF CODED 2 AT Q26

Q27A Would you be happy to be contacted by Ipsos MORI or Health Education England to discuss your role and advanced clinical practice in more depth?

1. Yes
2. No

IF YES AT Q27A, CODE 1

HEE Questionnaire 3 – Organisations

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2
3 **Q42B Please could you put your contact details here? Please write in your email address / contact**
4 **number.**

5 **OPEN ENDED**

6
7 **IF CODED 4 AT Q16**

8 **Q43 You stated earlier that you had a job description for your advanced clinical practice level staff,**
9 **would you be happy to share this core job description with HEE?**

10 **SINGLE CODE**

- 11
12
13 1. Yes
14 2. No

15
16 **IF CODED 7 AT Q16**

17 **Q44 You stated earlier that you had a governance policy for your advanced clinical practice level**
18 **staff, would you be happy to share this document with HEE? If you agree to this your details will**
19 **be passed to HEE for someone on behalf of HEE to contact you about this.**

20 **SINGLE CODE**

- 21
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23 1. Yes
24 2. No

25
26 **Thank and close**
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18-090780-01 Primary Care Questionnaire 5 – Version 14

Questionnaire 5 – Primary Care

Version 14 30.07.19

Thank you for taking the time to complete this survey about advanced clinical practice which is part of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted by Ipsos MORI.

Those working at advanced clinical practice level play a critical role in enhancing capacity and capability within multi professional teams, and come from a range of professional backgrounds such as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, Advanced Nurse Practitioners, and some Clinical Nurse Specialists as well as many others). They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is anticipated that the role of advanced practice staff will continue to develop and increase in importance over the coming years.

To help develop and improve their policies relating to advanced clinical practice, Health Education England is keen to understand the training and roles that advanced clinical staff are currently undertaking in your organisation, your workforce strategy, the support and training advanced practice staff are offered, and the governance structures underpinning it all.

For more information, a link to Health Education England's multi-professional framework for advanced clinical practice in England (2017) can be found [here](#).

We have also produced a short webinar about the purpose of this research, which can be found [here](#). This may help with completing the survey.

NEXT BUTTON

Privacy Notice

How your data will be used

Health Education England have invited you to take part in this survey, and as a potential participant it's important that you are informed on how your personal data will be used and your rights under GDPR.

To process your data Ipsos MORI ("the processor") and Health Education England ("the controller") require a legal basis to do so. For this survey the legal basis for the processing of your personal data is your consent.

Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any time. If you would like to withdraw your consent at any point please contact healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.

You also have the right to object to, or restrict the processing of your personal data at any time. To do so please email gdpr@hee.nhs.uk.

The personal data which may be collected in this survey includes your name, email address and job title. However, you do not need to provide this information if you do not wish to and there are answer options in the survey that will allow you to remain anonymous.

18-090780-01 Primary Care Questionnaire 5 – Version 14

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3 Data from this survey may be reported at various levels including organisation/trust level, STP/ICS
4 level and by profession and speciality. Some verbatim answers submitted as part of this survey will
5 also be passed on to HEE for their own analysis purposes. However, no personal data or information
6 submitted as part of this survey will be passed on to your employer.
7

8
9 Data collected through this survey will be retained for 3 months with personal data held for up to 12
10 months after completion of the research and will be deleted via secure methods. For more
11 information on your rights please see Health Education England's privacy notice [here](#).
12

13 Toward the end of the survey you will also be asked if you consent to taking part in further research
14 and other work on advance clinical practice. If you choose to do so, your personal data will be shared
15 with Health Education England and this information will be held for up to 12 months.
16

17 NEXT BUTTON

18 How to complete this survey

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21 **We only require one response per practice**, please liaise with colleagues and organisation leads
22 before completing this survey to avoid duplication.
23

24 **You may also wish to download a PDF version of the questionnaire**, available [here](#) to share with
25 others in your organisation to help you gather their views and staff numbers, before you respond to
26 the survey online.
27

28 Please note that the answers that you provide on behalf of your practice may be shared with Health
29 Education England so they can understand what is happening at a local level. You won't personally
30 be identified in the data unless you choose to provide information which could identify you.
31

32 Depending on the extent of your comments, this questionnaire should only take around **15**
33 **minutes** to complete.
34

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36 **Please note, your answers will only be saved once you have completed and submitted the survey.**
37 **However, if you would like to save your progress and submit your answers later, please tick the**
38 **box below to provide your email address.** We will then send you a unique link to the survey which
39 will allow you to access your answers and pick up where you left off. We will only use this email
40 address to send you the unique link and this will not be shared with Health Education England or any
41 other organisation.
42

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44 **If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS**
45 **BOX.**
46

47 1. I would like to provide an email address.

48
49 If you need to change any of your answers, please use the back button to go back and change
50 previous responses.
51

52 If you need help completing this survey, please let us know by emailing
53 healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.
54

55 **CONSENT BUTTON:** I agree to participate in the survey and provide data about advanced clinical
56 practice and understand that participation is voluntary and I can change my mind at any time.
57

58 By clicking the button, you agree to participate in the survey about advanced clinical practice and
59 understand that participation is voluntary and you can change your mind at any time.
60

18-090780-01 Primary Care Questionnaire 5 – Version 14

Organisation information

The first few questions are about the practice that you work in.

ASK ALL

Q1 Which STP/ICS does your practice fall under? Please choose from the following list.

SINGLE CODE

CHOOSE FROM DATABASE. ADD INSTRUCTIONS FOR SEARCHING.

1. Other – please write in (SPECIFY)

ASK ALL

Q2 Please state which training hub your practice falls under? This may previously have been referred to as CEPN/CPEN.

OPEN ENDED

1. Don't know

ASK ALL

Q3 What is your job role?

MULTICODE

1. Practice manager
2. Practice administrator
3. GP within the practice
4. Other health care professional within the practice – please write in (SPECIFY)
5. Other - please write in. (SPECIFY)
6. Don't know

ASK ALL

Q4 Before today, how much, if anything, would you say you personally know about Health Education England's multi-professional advanced clinical practice framework?

SINGLE CODE

1. A great deal
2. A fair amount
3. Just a little
4. Heard of, but know nothing about
5. Never heard of
6. Don't know

IF CODES 3 TO 6 AT Q4 SHOW THE FOLLOWING INFORMATION

The following questions link to the HEE advanced clinical practice framework. You can find the framework [here](#).

Definition of advanced clinical practice:

“Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical

18-090780-01 Primary Care Questionnaire 5 – Version 14

practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes."

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This framework requires that health and care professionals working at the level of advanced clinical practice should have developed and can evidence the underpinning competencies applicable to the specialty or subject area, i.e. the knowledge, skills and behaviours relevant to the health and care professional's setting and job role. The core capabilities **across the four pillars...**

- Clinical practice
- Leadership and management
- Education
- Research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

ASK ALL

Q5 Have those in your workforce who are working at advanced practice level been mapped against HEE's multi-professional advanced clinical practice framework?

When answering this question please think about those who are qualified advanced clinical practitioners or consultants. This may include nurses, midwives, health scientists, pharmacists, allied healthcare professionals and psychological professions.

SINGLE CODE

1. All staff have
2. Some staff have
3. Hardly any staff have
4. None have
5. Don't know

ASK ALL

Q6 Does your practice have staff working at advanced clinical practice level, in any of the following professions? Please include staff that you employ directly and staff that provide services to your practice/network. For example, please include staff from private organisations commissioned to provide NHS services or staff from any Community Interest Companies (CICs).

MULTICODE

1. Nurses
2. Midwives
3. Pharmacists
4. Physiotherapists

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5. Paramedics
6. Other allied healthcare professionals
 - a) Art Therapists
 - b) Drama Therapists
 - c) Music Therapists
 - d) Podiatrists
 - e) Dietitians
 - f) Occupational Therapists
 - g) Operating Department Practitioners
 - h) Orthoptists
 - i) Osteopaths
 - j) Prosthetist and orthotists
 - k) Radiographer – Diagnostics
 - l) Radiographer – Therapeutics
 - m) Speech and language therapists
7. Psychological professionals (including both statutory and non-statutory regulated)
8. Healthcare scientist
9. Other professions – please write in (SPECIFY)
10. In none of these professions – CLOSE QUESTIONNAIRE
11. Don't know

ASK ALL WHO CODED 1-10 AT Q6 (I.E. WHO HAVE ADVANCED CLINICAL PRACTITIONERS WORKING IN EACH OF THE PROFESSIONS)

LOOP: PLEASE ASK FOR EACH PROFESSION SELECTED AT Q6.

Q6B You previously stated that your organisation has staff working at advanced clinical practice level in the following professions <<ENTER LIST FROM Q6>>

Please select the specialities <<INSERT CODE SELECTED AT Q6>> work in within your organisation. REPEAT QUESTION FOR EACH CODE SELECTED AT Q6.

MULTICODE

1. GP nursing
2. Musculoskeletal Services (e.g. physio)
3. Paramedic Services
4. Other – please write in (SPECIFY)
5. Non-specific specialties
6. None of these (SINGLE CODE)
7. Don't know (SINGLE CODE)

ASK IF CODED 1-9AT Q6 (profession), CODED 1-5 AT Q6B (speciality).

LOOP: PLEASE ASK Q7 FOR EACH CODE SELECTED AT Q6.

Q7 How many <<<INSERT CODE SELECTED AT Q6>>> does your practice have working at advanced clinical practice level for each of the following specialities?

Please record both the actual number of staff and the whole time equivalents. If you are unsure, please give your best estimate.

BRING FORWARD LIST OF SPECIALITIES SELECTED AT Q6B.

1. Trainee advanced level practitioner – RECORD NUMBER
 - a. Number of staff headcount

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- 1
- 2
- 3 b. Whole time equivalent (WTE)
- 4
- 5
- 6 2. Advanced level practitioner – RECORD NUMBER
- 7 a. Number of staff headcount
- 8 b. Whole time equivalent (WTE)
- 9
- 10 3. Trainee consultant level practitioner – RECORD NUMBER
- 11 a. Number of staff headcount
- 12 b. Whole time equivalent (WTE)
- 13
- 14 4. Consultant level practitioner – RECORD NUMBER
- 15 a. Number of staff headcount
- 16 b. Whole time equivalent (WTE)
- 17
- 18

ASK IF CODED 1-9 AT Q6 (profession)**LOOP: PLEASE ASK QUESTION FOR EACH PROFESSION SLECTED AT Q6**

Q22 Of those in your workforce working at advanced clinical practice level, as <<CODE SELECTED AT Q6>> how many are directly employed by you, and how many are employed by someone else?

Please record both the actual number of staff and the whole time equivalent. If you are unsure, please give your best estimate.

- 27 1. Employed by you – RECORD NUMBER
- 28 a. Number of staff headcount
- 29 i. Don't know
- 30 b. Whole time equivalent (WTE)
- 31 i. Don't know
- 32
- 33
- 34 2. Employed by someone else – RECORD NUMBER
- 35 a. Number of staff headcount
- 36 i. Don't know
- 37 b. Whole time equivalent (WTE)
- 38 i. Don't know
- 39
- 40

Supervision

The next few questions are about the supervision of staff working at advanced clinical practice level.

ASK ALL

Q9 Is there a policy or a standard for supervision of staff employed within your practice working at an advanced clinical practice level?

- 49 1. Yes – across all specialties
- 50 2. Yes – across some specialties
- 51 3. No – no policy or standard for supervision within our practice
- 52 4. Don't know
- 53
- 54

IF CODED 1 OR 2 AT Q9

Q10 Does the policy or standard for supervision within your practice address either of the following areas?

- 55 1. Frequency of supervision
- 56
- 57
- 58
- 59
- 60

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- 2.
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 - 58.
 - 59.
 - 60.
2. Set proforma for supervision
 3. Neither of these
 4. Don't know

Governance

The next question is about any processes or governance structures you may have in place.

ASK ALL

Q10B Do you have a process or governance structure in place to support and monitor the impact of your advanced clinical practice level roles?

1. Yes
2. No
3. Don't know

Training

The next few questions are about the training your staff are involved in either locally (i.e. within your practice or CCG) or externally.

ASK ALL

Q11 Do any of your advanced clinical practice level staff receive training locally– e.g. within your practice or CCG?

MULTICODE

1. Yes, training alongside the medical team
2. Yes, profession specific training
3. Yes, speciality specific training
4. Yes, other training, please write in (SPECIFY)
5. No, none of these
6. Don't know

Q12 Do any of your advanced clinical practice level staff receive training externally – e.g. outside of your practice or CCG?

1. Yes, Full Masters (including PG cert and PG Dip)
2. Yes, specific modules
3. Yes, Royal College (credential)
4. Yes, credentialing other
5. Yes, other (please write in)
6. No, none of these
7. Don't know

ASK ALL

Q13 What collaboration, if any, does your practice currently have with your local training hub/CEPN/CPEN? E.g. through meetings, attending or providing training courses etc.

OPEN ENDED

1. Meetings
2. Training

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3. Open contact/access
4. Other
5. We do not have any collaboration with our local training hub
6. Don't know

ASK ALL

Q14 Are practice staff who are working at an advanced clinical level represented at your training hub/CPEN/CEPN meetings?

SINGLE CODE

1. Yes – fully
2. Yes – partly
3. No – hardly at all
4. No – not at all
5. Not applicable – we do not have any training hub meetings
6. Don't know

Alignment to HEE's Multi-professional framework for advanced clinical practice

Please think about the staff in your practice, who are working at an advanced clinical level, and how they may align to the multi-professional framework for advanced clinical practice.

ASK ALL

Q15 Which, if any, of the four pillars from the HEE multi-professional framework do you think you will need to provide training on in the near future (e.g. within the next six months) to ensure that your advanced clinical practice level staff comply with the HEE advanced clinical practice framework?

MULTICODE

1. Clinical practice
2. Leadership and Management
3. Education
4. Research
5. None - we will not need to provide any training on these pillars in the near future
6. Don't know

ASK ALL WHO SELECTED MORE THAN ONE CODE AT Q15 (CODES 1-4)

Q16 Which pillar, if any, is your practice's priority to ensure your staff align to the framework?

BRING FORWARD LIST FROM Q15

1. We do not have a priority

ASK ALL WHO SELECTED CODES 1-4 AT Q16

Q17 What plans if any do you have in place to address this training gap?

OPEN ENDED

1. We do not have any plans in place
2. Don't know

ASK ALL

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1
2
3 **Q18 How many staff, if any, do you currently have in your practice who may be able to move**
4 **towards an advanced clinical practice level role for each of these specialties? If you are unsure**
5 **please provide your best estimate.**
6

- 7
- 8 1. GP nursing – RECORD NUMBER
9 ○ Don't know
 - 10 2. Musculoskeletal Services (e.g. physio) – RECORD NUMBER
11 ○ Don't know
 - 12 3. Paramedic Services – RECORD NUMBER
13 ○ Don't know
 - 14 4. Other – please write in (SPECIFY) – RECORD NUMBER
15

16 **ASK IF CODED 4 AT Q18**
17

18 **Q18B You mentioned at the previous question, that you have other staff who may be able to**
19 **move towards an advanced clinical practice role. For which specialities would this be for?**
20 **OPEN ENDED**
21
22

23
24 **Q19 What, if any, are the main barriers preventing staff from working towards an advanced**
25 **clinical practice role?**
26

- 27 1. Support/supervision
- 28 2. Time
- 29 3. Funding
- 30 4. Course/training availability
- 31 5. Backfill
- 32 6. There are no barriers preventing staff from working towards an advanced clinical practice
33 role
- 34 7. Don't know
35

36
37 **Q20 What support, if any, does your practice need to help staff work towards advanced clinical**
38 **practice roles?**
39

- 40 1. Support/supervision
- 41 2. Time
- 42 3. Funding
- 43 4. Course/training availability
- 44 5. Backfill
- 45 6. We do not need any support to help staff work toward advanced clinical practice roles
- 46 7. Don't know
47

48
49 **Q21 Who invited you to take part in this survey?**
50

- 51 1. Peer/colleague
- 52 2. Manager/team lead
- 53 3. Professional lead
- 54 4. Organisational lead
- 55 5. Other
- 56 6. Don't know/can't remember
57

58
59 **RECONTACT QUESTION**
60

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1
2
3 Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to
4 get in contact with those who have responded to this survey for the purpose of inviting them to take
5 part in follow up research as part of this project within the next 12 months.
6

7
8 If you are willing to be contacted as part of this project we will need to collect some contact
9 details. All details provided will be treated in the strictest confidence, held only for 12 months by
10 HEE, and will only be used to invite you to take part in further research as part of this project.
11

12 Are you willing to provide your contact details to HEE so that they, or an agency working on their
13 behalf, can contact you within the next 12 months for this purpose?
14

- 15 1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
 - 16 2. No
- 17
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Nationwide evaluation of the Advanced Clinical Practitioner role in England: a cross-sectional survey

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3 Nationwide evaluation of the Advanced Clinical Practitioner role in England: a cross-sectional survey
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5

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22 Abstract word count and strengths/limitations: 359

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24 **Abstract**

25 **Background and study objective:**

26
27 In response to growing pressures on healthcare systems, the advanced clinical practice (ACP) role has been
28 implemented widely in the UK and internationally. In England, ACP is a level of practice applicable across various
29 healthcare professions, who exercise a level of autonomy across four domains, referred to as the four pillars of
30 practice (education, leadership, research, and clinical practice). A National framework for advanced clinical
31 practice was established in 2017 to ensure consistency across the ACP role, however current ACP governance,
32 education and support is yet to be evaluated. This study aimed to analyse data from a national survey of the ACP
33 role to inform the development and improvement of policies relating to ACP in the National Health Service (NHS)
34 in England.
35

36 **Design:**

37 A cross-sectional survey with free-text comments.

38 **Setting:**

1
2
3 The survey was distributed across primary and secondary levels of care to three distinct groups in England,
4 including individual ACPs, NHS provider organisations and Trusts, and Primary care settings.
5
6

7 **Participants:**

8
9 A total of 4365 surveys were returned, from ACP staff (n=4013), NHS provider organisations and Trusts (n=166)
10 and primary care organisations (n=186).
11
12

13 **Results:**

14
15 Considerable variation was found in role titles, scope of practice, job descriptions and educational backgrounds
16 of ACPs. Differing approaches to governance were noted, which led to inconsistent ACP frameworks in some
17 organisations. A further challenge highlighted included committing time to work across the four pillars of
18 advanced practice, particularly the research pillar. ACPs called for improvements in supervision and continuing
19 professional development alongside further support in navigating career pathways.
20
21
22

23 **Conclusions:**

24
25 A standardised approach may support ACP workforce development in England and enable ACPs to work across
26 the four pillars of practice. Due to the wide uptake of advanced clinical practice roles internationally, this study
27 has relevance across professions for global healthcare workforce transformation
28
29
30

31 Strengths and limitations of this study

- 32
33
- 34 • This is the first large-scale evaluation of the ACP role across professions, geographical regions, and
35 settings.
 - 36 • Quantitative and free-text qualitative data allows rich exploration of ACP roles and has global
37 implications for workforce transformation.
 - 38 • The distribution of the online surveys may introduce a gatekeeper bias, although the sample was large
39 and broadly representative.
40
41
42

43 **Introduction**

44
45 Over recent years, health systems such as the United Kingdom's National Health Service (NHS) have faced
46 considerable pressures associated with workforce shortfalls, ageing populations, increasing health care costs
47 and more recently, the COVID-19 pandemic.^{1,2} In response to these challenges, NHS policies such as the NHS
48 Long Term Plan (2019) have focused on transforming the workforce to enhance service provision and optimise
49 standards of care.^{3,4} To meet growing service demand, NHS policies highlight the increasing need to establish
50 innovative care models and develop advanced roles to contribute to the workforce transformation agenda.⁴ One
51 strategy of importance is the introduction and formalisation of advanced clinical practice (ACP).
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54

55
56 ACP is a level of practice that healthcare practitioners can attain. ACP roles span various professions, including
57 nursing, pharmacy, paramedics, occupational therapy and other allied health professions.⁵ ACPs can
58 complement tasks traditionally conducted by doctors, such as primary care duties.⁶ Shortages in healthcare
59
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2
3 professionals exist in many countries, and increasingly, advanced practice roles have been implemented
4 internationally to maximise workforce capacity and help in workforce retention.⁷ ACP roles have been shown to
5 have positive outcomes on clinical practice, service efficiency and team functioning, with consistently high
6 patient satisfaction.⁶ However, historically, ACP roles have been unregulated and ill-defined, leading to a
7 proliferation of positions with different job specifications, educational requirements and scope of practice.^{8,9}
8 Similar trends have been noted internationally, with levels of advanced practice and education varying
9 considerably across Europe in absence of educational requirements, limiting opportunities for expanded
10 practice across countries.⁷ The lack of clarity surrounding ACP can result in confusion to the public, employers
11 and commissioners, and may impede workforce planning, professional support and development, and ultimately
12 patient safety.^{10,11} Research in this area is limited but suggests there may be issues with current ACP governance,
13 including lack of role clarity, inconsistent educational background, scope of practice, as well as training issues
14 including lack of mentorship, support and unclear career pathways.^{8, 12}

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22 Health Education England is a non-departmental public body, which provides co-ordination and support for the
23 training and education within England's healthcare workforce.¹³ In 2017, HEE published a 'Multi-professional
24 Framework for ACP' to drive national consistency within ACP roles in England, and provide a common
25 understanding across healthcare professions of ACP with agreed education and competency arrangements.¹⁴
26 HEE stipulates that healthcare professionals in ACP roles are educated to Masters level and have developed the
27 skills and knowledge to allow them to take on expanded roles and scope of practice in relation to patient care.
28 Whilst studying for their Masters degree, they are classified as trainee ACPs which incorporates academic
29 learning in a university and workplace-based learning. The university develop the competencies and capabilities
30 to reflect the required knowledge, skills, experiences, behaviours and values in relation to advanced practice
31 and some universities embrace the various Royal College curricula, for example, the Royal College of Emergency
32 Medicine (RCEM).

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40 Whilst in training, each ACP trainee should have a nominated education supervisor in their workplace. High
41 quality workplace-based supervision is vital in order to achieve the competencies and capabilities required to
42 become a safe and effective ACP. As some ACP roles are new, it is common for workplace-based supervisors to
43 cross traditional professional boundaries. HEE (2020) published a 'Workplace supervision for Advanced Clinical
44 Practice: an integrated multi-professional approach for practitioner development' which outlines seven
45 fundamental principles to underpin the trainees ACPs workplace-based supervision to enhance patient and
46 professional safety.¹⁵ These are practice context, competence and capability, multi-professional registrations,
47 individual learning plan, professional development and transition, integrated approach and finally service
48 development.

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60 Whilst the HEE framework may contribute positively to defining ACP level roles, the impact of this framework
on current ACP governance, education and support is yet to be evaluated in practice. Developments in
understanding of the ACP role, related workforce strategies, support, and training available to ACPs, and
underpinning governance structures may facilitate improved workforce transformation and planning, which may
provide knowledge to international audiences on the impact of implementing an ACP framework.

This paper reports the results of a national survey conducted by Ipsos MORI in 2019, to inform the development and improvement of policies relating to ACP. Ipsos MORI is a social research institute that works closely with national governments, local public services, and the not-for-profit sector to ensure that research makes a difference for decision makers and communities. This work was commissioned by HEE to survey the advancing practice workforce and key stakeholders. The aim of the survey was to provide information on the role of the advanced practitioner and to inform future work developing and improving advancing practice within the NHS in England. This survey will also provide a baseline to evaluate these future developments of the role of advanced practitioners. Specific objectives were:

- To better understand the patterns of governance, education, clinical practice, accreditation, and work-based learning in ACP roles.
- To explore the challenges affecting advanced-level practice implementation by sector, speciality, and profession in England.
- To assess the outcomes and impacts of advanced-level practice roles by sector, speciality, and profession in England.
- To identify the key gaps in governance, education, clinical practice, accreditation, and work-based learning.
- To identify the most urgent areas for future investigation or provision.

Methods

Study design

A mixed-method online survey was distributed via HEE to trainee and current ACPs in England.¹⁶ The survey utilised both quantitative and qualitative items in recognition of the multifaceted nature of the study's aim and objectives.¹⁷

Materials and procedure

To evaluate current governance, education, and support within advanced-level practice, HEE distributed three distinct questionnaire surveys to ACPs (Supplementary file 1), NHS provider organisations and Trusts (Supplementary file 2) and primary care organisations (Supplementary file 3). The questionnaire surveys were developed by the HEE AHP Lead and HEE ACP Steering Group member, HEE project manager, HEE Regional Chief Nurse, Deputy Chief Nurse, HEE Head of Clinical Education Transformation, HEE Advancing Practice Faculty Lead and members from the Ipsos MORI team. They were trialled with AAPE-UK members and refined by the HEE AHP Lead and HEE Steering group member, HEE Head of Clinical Education Transformation and Ipsos MORI. This trial helped in the decision to distribute distinct questionnaires for participants' recruitment to allow for the exploration of ACP practice across different organisations, professions, and settings. Data collection took place between 21st August and 1st November 2019.

The surveys were disseminated by a nominated survey lead within each region to the organisations and contacts identified by HEE. This lead was responsible for communication and engagement with the target groups in order to identify the relevant participants and to encourage a good response to the surveys. The subsequent method of dissemination beyond this across the HEE local offices, NHS organisation, advanced clinical practice level staff

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2
3 and primary care organisations is outlined. For the ACP survey, organisational leads were responsible for
4 dissemination, sending the survey to managers or professional leads to forward onto staff who considered
5 themselves to be working at the level of an ACP, or ACP trainee, regardless of their job titles. For the NHS
6 provider organisations and Trusts' survey, there was a named organisational lead (identified by HEE) responsible
7 for responding to the survey. This person was typically responsible for workforce development within their Trust
8 and worked with relevant colleagues and departments to collect the information required. For the primary care
9 organisations, a named Clinical Commissioning Group (CCG) lead was responsible for sending the survey out to
10 relevant GP practices within their area. Practice Managers or GPs were then asked to complete the survey on
11 behalf of their practice. Early exploration with HEE showed that it would not be possible to define the target
12 population for the study at the outset, as the contact details required for distribution of each survey were held
13 by a range of disparate and diverse organisations who took responsibility for onwards distribution, making it
14 difficult to accurately collate information. Therefore, a programme of engagement and collaborative working
15 was undertaken by HEE to engage local offices, NHS organisations, advanced clinical practice level staff and
16 primary care organisations in awareness-raising about the study, and in onwards distribution of the survey. This
17 was achieved through workshops, posters, information leaflets and an online webinar video.
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26 27 **Data analysis**

28
29 Data from the quantitative and qualitative elements of the survey were analysed separately, and then
30 triangulated and interpreted.¹⁶ Quantitative data were analysed using descriptive statistics (mean, standard
31 deviation, and frequencies) in SPSS PASW Version 26.0. Descriptive statistical operations were performed
32 separately on data from each of the three surveys, to identify differences in roles and scope across various
33 settings.
34
35

36
37 Free-text responses were analysed using a semantic level inductive thematic analysis in NVivo 12.¹⁸ Two
38 researchers (AA and LF) familiarised themselves with the data, then coded the data using two existing conceptual
39 frameworks to align the data analysis approach to the research questions. These frameworks included the four
40 pillars of advanced practice set out in the HEE Multi-professional Framework for ACP and Bonsall & Cheater's
41 (2008) framework which considers the development, barriers and facilitators of the ACP role.⁶ These two
42 frameworks were utilised as they presented simple concepts to evaluate the ACP roles with, which were thought
43 to facilitate a descriptive analysis of the free-text responses, rather than an in-depth analysis. The two
44 frameworks facilitated code creation, with the themes presented in relation to the research questions of the
45 study. Quantitative and qualitative data were merged by highlighting similarities in the data, to enrich findings
46 and synthesize complementary results.¹⁶
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53 **Results**

54
55 A total of 4365 surveys were returned, of which 4013 surveys were from ACP staff (76.6% female. N=3,073), 186
56 surveys were from primary care organisations and 166 surveys were returned from various NHS provider
57 organisations and Trusts.
58
59
60

Governance and regulations

Variability of the ACP role

ACP job titles were varied and inconsistent (Table 1). Whilst 9 out of 10 respondents of the ACP survey had a job description for their ACP post, many respondents stated that the job description was unclear and did not reflect their current roles. This inconsistency in ACP titles and job roles was suggested to contribute to discrepancies over banding between Trusts, and a lack of recognition of the ACP role within the wider team.

“There is no job description and I feel very frustrated and the 'just get on with it' approach that seems to exist here and the lack of a defined role for me to go into once finished training.” (RID:1875, Adult Nurse)

Table 1. Job Titles (n=4178)

| | N | | N |
|---|-----|---|-----|
| Acute care practitioner | 13 | District nurse lead | 6 |
| Acute nurse practitioner | 14 | Education lead / consultant | 23 |
| Acute oncology practitioner | 8 | Emergency care practitioner | 44 |
| Adult nurse practitioner | 14 | Emergency nurse practitioner | 38 |
| Advanced clinical practice | 390 | Extended scope physiotherapist | 18 |
| Advanced community practitioner | 12 | Extended scope practitioner | 15 |
| Advanced critical care practitioner | 43 | First contact practitioner | 18 |
| Advanced musculoskeletal practitioner | 17 | Gastroenterology nurse specialist | 6 |
| Advanced nurse practitioner | 645 | Head of community services | 3 |
| Advanced occupational therapist | 20 | Highly specialist clinical/principal psychologist | 5 |
| Advanced orthopaedic practitioner | 10 | Inflammatory bowel disease clinical specialist | 7 |
| Advanced paramedic practitioner | 26 | Lead advanced clinical practitioner | 10 |
| Advanced pharmacy practitioner | 26 | Lead chaplain | 3 |
| Advanced physiotherapy practitioner | 111 | Lead practitioner | 4 |
| Advanced podiatrist | 5 | Manager / clinical manager | 71 |
| Advanced radiographer practitioner | 58 | Matron / community matron | 59 |
| Advanced sonographer practitioner | 16 | Musculoskeletal practitioner specialist | 4 |
| Advanced specialist speech and language | 15 | Nurse lead / consultant | 167 |

| | | | |
|---|-----|---|-----|
| Advanced ultrasound practitioner | 4 | Nurse manager | 20 |
| Associate director | 5 | Nurse practitioner | 147 |
| Associate director of nursing | 3 | Older persons assessment and liaison practitioner | 3 |
| Cancer nurse specialist/practitioner | 31 | Older persons nurse practitioner | 15 |
| Cardiac specialist | 32 | Paediatric advanced clinical practitioner | 4 |
| CBT therapist | 7 | Paediatric nurse | 15 |
| Children's specialist nurse | 11 | Paramedic practitioner | 48 |
| Clinical endoscopist | 4 | Pharmacist clinical lead | 22 |
| Clinical lead dietician | 22 | Physiotherapist practitioner | 15 |
| Clinical lead for minor injuries/illness | 11 | Practice educator | 3 |
| Clinical lead medical | 20 | Practice nurse lead | 19 |
| Clinical lead non-medical | 11 | Principal pharmacist | 5 |
| Clinical lead occupational therapist | 6 | Principal radiographer | 4 |
| Clinical lead physiotherapist | 36 | Radiographer lead | 17 |
| Clinical lead psychologist | 5 | Reporting radiographer | 33 |
| Clinical lead specialist physiotherapist | 88 | Respiratory nurse specialist / lead specialist | 24 |
| Clinical nurse endoscopist | 40 | Respiratory physiotherapist specialist | 12 |
| Clinical nurse specialist | 289 | Senior / team leader physiotherapist | 15 |
| Clinical podiatrist lead | 9 | Senior advanced practitioner | 26 |
| Clinical podiatrist specialist/surgeon | 22 | Senior clinical / biomedical scientist | 5 |
| Clinical practitioner | 24 | Senior clinical pharmacist | 13 |
| Clinical scientist | 8 | Senior nurse practitioner | 38 |
| Clinical specialist extended scope practitioner | 4 | Senior nurse specialist | 5 |
| Clinical specialist occupational therapist | 23 | Senior occupational therapist | 5 |
| Clinical specialist sonographer | 3 | Senior radiographer | 13 |
| Community clinical practitioner | 4 | Site nurse practitioner | 12 |
| Community nurse specialist | 20 | Sonographer lead | 27 |

| | | | |
|---|----|--|-----|
| Community specialist practitioner | 4 | Specialist midwife | 3 |
| Consultant / Team lead dietician | 5 | Specialist paramedic | 17 |
| Consultant clinical scientist | 16 | Specialist pharmacist | 13 |
| Consultant midwife | 11 | Specialist practitioner | 5 |
| Consultant musculoskeletal practitioner | 2 | Specialist practitioner critical / urgent care | 4 |
| Consultant paramedic | 3 | Specialist radiographer | 12 |
| Consultant pharmacist | 17 | Speech and therapy language specialist | 33 |
| Consultant physiotherapist | 17 | Surgical care practitioner | 30 |
| Consultant podiatrist | 7 | TACP | 7 |
| Consultant practitioner trainee | 2 | Team lead practitioner | 9 |
| Consultant practitioner | 5 | Trainee ACP | 396 |
| Consultant psychologist | 11 | Trainee specialist practitioner | 13 |
| Consultant radiographer | 36 | Trainee surgical care practitioner | 7 |
| Consultant therapist / CT lead | 3 | Urology nurse lead / consultant | 14 |
| Critical care outreach nurse | 21 | Ward sister | 11 |
| Critical care outreach specialist | 9 | No answer | 9 |
| Deputy director / lead pharmacist | 2 | Other | 152 |
| Diabetes specialist nurse | 26 | | |

Governance structures

Participants in the ACP survey highlighted the importance of appropriate governance but suggested that there was a lack of a defined formal structure and provision for ACPs, leading to an inconsistent framework and dissatisfaction among ACPs.

“There is no clear governance structure in place at present and no clear Advanced Practice lead.”

(RID:10258, Adult Nurse)

ACP’s knowledge about the existence of governance was low (Table 2), with fewer than one third of respondents having access to meetings or a forum to discuss advanced practice (31.6%, n=1997), and only a small proportion were able to identify a lead for ACP (29.9%, n=1886) or an organisational policy on advanced practice (n=1155, 18.2%). Sixty-one per cent of respondents to the primary care survey reported that the practice had a process or governance structure in place to support and monitor the impact of ACP roles.

Table 2. ACP reports relating to forms of governance

| Does your organisation have any of the following? | N (%) |
|--|-------------|
| Lead for advanced practice | 1886 (29.9) |
| Forum or meetings where professionals for different groups can discuss advanced practice | 1997 (31.6) |
| Organisational policy on advanced practice | 1155 (18.2) |
| None of these | 511 (8.1) |
| Don't know | 769 (12.2) |

Education

The majority of ACPs were trained to at least degree level (82.7%, n=2886) and more than half to master's level (56.9%, n=1985), however the subjects studied varied considerably.

ACP respondents (12%, n=482) shared positive experiences of the educational support and training they had received and the improvements in educational opportunities over the last few years.

"I have been on a training role for 18 months which has involved watching assessments, teaching and feedback. This has been very helpful in order to allow me to start a job in advance practice." (RID:8462, Physiotherapist)

Almost 37% (n=1602) of the ACP survey respondents were currently undertaking masters level training. There were frequent reports of ACPs feeling overwhelmed by the volume of academic work alongside their clinical workloads. ACPs often highlighted the lack of protected study time offered by their organisation outside of study days to attend taught sessions. ACPs felt that this was the primary reasons for high stress and the "immense struggle" experienced by ACPs, hindering their ability to fulfil their competencies. The impact of using personal time to complete studies had a negative impact on ACP wellbeing:

"In the first year I had to work 70% of my time as a band 5 nurse with only 30% of my time being released to attend university (weekly) and gain the clinical exposure necessary to complete an extensive clinical portfolio of assessments and achievements across the 4 pillars (16 hours a month). This was extremely stressful, caused me significant anxiety and allowed me very little rest time. I nearly burnt out." (RID:4802, Pediatric Nurse)

Respondents challenged the concept of 'advanced' being based on educational qualifications and advocated that clinical experience should be considered in ACP accreditation.

"I also don't think having an MSc in advanced practice makes you advanced. We need time under your belt. You can get a MSc but unless you have seen the 1000 chest pains or 1000 abdominal pains or seen things that others will not have seen due to experience, then you are not advanced." (RID:4393, Adult Nurse)

Supervision and support

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3 Although ACPs reported that the role had evolved over the years in terms of support, there was significant
4 inconsistency across organisations, and a mismatch between the views of organisational representatives and
5 ACPs regarding the amount of supervision offered, and the processes for how it was provided.
6
7

8 In the NHS organisations and Trust survey, 42.8% (n=71) respondents reported that their organisation had a
9 policy relating to supervision (regarding time allocated, when and where supervision should take place) and
10 65.1% (n=108) reported that their ACP workforce was required to have capability frameworks aligned to their
11 areas of clinical practice. However, ACP respondents indicated that only 32% of ACPs (n=1241) had a formal
12 structure for their supervision; in the primary care survey, one in five (n=38, 20%) indicated there was no policy
13 for ACP supervision in place. Supervision frequency was varied and there was no consistency in the guidance
14 structure for supervision, with ACPs reporting that supervision was provided by numerous stakeholders
15 including higher education institution (8.2%, n=98), organisation/Trust (53.7%, n=638), service (13.1%, n=156),
16 professional group (13.3%, n=158), other (7.1%, n=85), and 'don't know' (4.5%, n=54).
17
18

19 Despite considerable variability in provision, those who had received mentoring support unanimously viewed
20 this as a positive experience:
21
22

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24
25
26 *"I feel very supported within my Trust for my training. We have regular supervision meetings monthly
27 and have ARCP 6 monthly. Our ACP supervisor is always willing to meet up to discuss or review portfolio
28 or anything else."* (RID:10706, Mental health nurse)
29
30

31 However, many ACPs experienced difficulty in accessing practical support in terms of resources and funding, and
32 this was clearly inequitable across organisations. One in four ACP staff (26.3%, n=138) had made a personal
33 financial contribution to their studies. The lack of funding, combined with limited support was perceived by ACPs
34 to restrict their performance in the ACP role and protected time for studies was flagged by NHS Trusts as an area
35 for improvement.
36
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41 *"It is extremely frustrating that staff such as myself are having to fully self-fund training to work at this
42 advanced level."* (RID:1462, Podiatrist)
43

44
45 *"Support to undertake master level study - time & finance - difficult to achieve at organisation level
46 against competing demands. Needs Universities to open up the apprenticeship route as availability is
47 limited this academic year. Also disadvantages those that have undertaken some master level study but
48 need to complete their MSc."* (RID: 1160)
49

50 ACPs described how their development pathway had been driven by personal needs rather than a consistent
51 and standardised national policy. The lack of a defined structure was viewed as problematic, and the language
52 used by ACPs alluded to worry and concern about their individual competencies and career progression,
53 associated with the level of guidance, supervision and support provided. This led to a perceived lack of direction
54 and concern about the future sustainability of the ACP role.
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59 *"There is no standard competencies or practice for these roles. Also, where is the future of these roles?"
60 (RID:3998, Adult Nurse)*

Working in accordance with the HEE framework

Knowledge of the HEE framework

Respondents' current level of knowledge of HEE's 2017 Multi- Professional Framework for ACP was indicated on a scale ranging from 'a great deal' to 'never heard of' (Figure 1). NHS organisations had greater knowledge of the HEE framework, compared to individual ACPs. Knowledge of the HEE framework in primary care settings was particularly poor, as 36% (n=67) of respondents stated they had never heard of the framework or had heard of it but knew nothing about it, while 40.4% (n=85) reported that none or hardly any staff working at the ACP level had been mapped against the HEE framework. In primary care settings, clinical practice was the area most likely to be prioritised for mapping against the HEE Framework (27.4%, n=51), although 46.2% (n=86) of respondents did not complete the item of framework and organisational mapping priorities may be low.

The four pillars of advanced practice

There was a widely held belief across the three surveys that the four pillars of advanced practice were integral to ACP roles. Yet mapping of ACP roles to the framework was not common, and the clinical pillar of practice appeared to be consistently prioritised over the remaining three pillars. This was attributed to the demanding nature of the role, making it challenging to allocate time to the other three pillars.

"There is no recognition that advanced practitioners should be working within the 4 pillars - the emphasis is on clinical work and no options for research, education or management." (RID:11429, Podiatrist)

Table 3. Framework priorities from the primary care survey (n=186)

| | N (%) |
|---------------------------|-----------|
| Clinical practice | 51 (27.4) |
| Leadership and management | 14 (7.5) |
| Education | 8 (4.3) |
| Research | 1 (0.5) |
| We do not have a priority | 26 (14.0) |
| No response | 86 (46.2) |

The research pillar was a neglected area of focus, with only 0.5% of primary care trusts stating it was a framework priority (Table 3). Only 11% of the ACP survey respondents (n=979) reported that they were involved in research (Table 4). Research findings were most often disseminated within the Trusts and organisations, with 70.9% (n=2844) of ACPs reporting having presented their research in this way, and locally (36.7, n=1471). A minority of ACPs had disseminated research nationally (24.7%, n=992) or internationally (9.6%, n=386).

Table 4. ACP survey reports of involvement in research (n=4013)

| In which, if any, of the following areas of research are you involved? | N (%) |
|--|-------------|
| Quality improvement | 2187 (24.4) |
| Service evaluation | 2137 (23.8) |
| Economic evaluation of practice | 290 (3.2) |
| Research | 979 (10.9) |
| Audit | 2696 (30.0) |
| Other | 119 (1.3) |
| None of these | 543 (6.0) |
| Don't know | 30 (0.3) |

Discussion

Main findings of this study

This is the largest national workforce survey of the ACP workforce in England, with global significance for healthcare workforce transformations, given the overlap of issues highlighted in England to an international context. A high level of variation in roles and specialities across ACPs was revealed, which subsequently led to confusion around the scope and expectations of the role and contributed to the lack of recognition of ACPs within teams. Significant variation in established governance approaches and defined ACP competencies across employers was found. These inconsistent frameworks for ACPs contributed to frustration and demotivation amongst ACP staff. Significant variation in educational backgrounds of those in ACP roles was highlighted. Although participants acknowledged that supervision and support levels were evolving, considerable variation in the amount and quality of training and support was found across different professions and settings. Participants called for a defined career pathway for ACPs, to influence ongoing development, motivation, and retention. ACP knowledge of the HEE framework was significantly lower than that of employing organisations. Few ACP roles were mapped onto the framework, and there was a clear focus on the clinical pillar, compared to the leadership, education, and research pillars. Reasons for the neglect of other pillars included high workloads and competing time pressures in a clinical environment.

Lack of standardised governance structures and role regulation

Governance structures were viewed as important by ACPs and NHS provider organisations to support and develop ACP employees and ensure effective incorporation of the role into the organisational structure. However, in the absence of national guidance, the responsibility of forming governance structures for advanced practice was determined by each NHS Trust or organisation, leading to significant variation in established governance approaches and definitions of ACP competencies across employers. Although the HEE framework provides a definition of the ACP role and scope, there is little guidance for employers regarding suitable and supportive governance structures.^{5,19} Although the lack of national guidance on ACP governance has been

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3 discussed in literature,^{8,19} there are no prior studies specifically exploring ACP governance within healthcare
4 settings in the UK. This study highlighted challenges faced by NHS Trusts, organisations, and primary care
5 settings to establish governance structures. Organisations spoke of specific barriers to establishing governance
6 structures, including time commitments, lack of knowledge surrounding ACP competencies and subsequent
7 reduced confidence in establishing ACP frameworks and governance structures. NHS provider organisations
8 and Trusts suggested the creation of a national agenda for ACP roles, to provide advice on formally organising
9 ACPs, alongside a standardised competency framework across all specialities. International studies have shown
10 that governance is crucial in implementing ACP roles effectively into the workforce, however regulatory
11 approaches require country-specific evaluations.²⁰ Further research to investigate appropriate regulatory
12 approaches for ACPs in England may facilitate a standardised governance structure for advanced roles.

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19 In line with recent reviews, this study identified a high level of variation in role and specialities across ACPs.¹²
20 NHS provider organisations, Trusts and ACP staff reported great inconsistencies in ACP job titles and roles,
21 which has been demonstrated in other studies investigating variability in nursing titles in the UK.¹¹ The historic
22 absence of regulation in ACP role definition has resulted in the proliferation of professional titles and roles,
23 causing confusion amongst ACPs regarding the functions, scope and expectations of their role.^{6,12} Although
24 most ACPs reported having a job description, it was commonly stated that job descriptions were unclear, and
25 in some cases did not reflect their current roles. The inconsistency in ACP roles was suggested to contribute to
26 a lack of recognition of the ACP role within the team.⁶ ACP respondents suggested that ACP job titles should be
27 harmonised in healthcare. This may serve to enhance professional identity, potentially curb the proliferation
28 of titles, enable clarity in job scope, improve cohesion of ACPs within the wider medical team and potentially
29 enhance quality of care.^{11,12} It can be argued that the lack of clarity in ACP roles and scope of practice may
30 contribute to difficulties in establishing governance structures, therefore exacerbating other challenges within
31 the ACP workforce.

32 33 34 35 36 37 38 39 *Diversity in education, supervision, and support*

40
41 In line with previous research, this study showed great variability in the education and training undertaken by
42 ACPs.¹² Although over half of ACPs held a Masters degree, the subjects studied varied considerably. Differing
43 educational and training routes have led to advanced practitioners working with quite different skill sets,
44 competencies, knowledge and experience, which may cause confusion among other healthcare professionals
45 regarding the competencies of ACP roles.^{6,21} Although ACP was defined officially in 2017 by HEE, this study
46 suggests that significant variation in the educational backgrounds of ACPs still exists, likely originating from the
47 historic development of the ACP role, forming organically and asynchronously. Similar variations in educational
48 backgrounds in advanced practice roles have been noted in international studies, suggesting a need to further
49 standardise educational requirements.^{7,22} This study suggests stating an education requirement for ACP entry
50 is not sufficient at standardising educational backgrounds. Further efforts are required to reduce the variability
51 in qualifications undertaken by ACPs.²¹ This may enhance clarity regarding the ACP roles amongst healthcare
52 professionals (including ACPs themselves), and other stakeholders, to enable the development of consistent
53 clinical governance processes.

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3 There was consensus from respondents that the ACP role had evolved over the years in terms of progression,
4 supervision and support.¹² However, ACP respondents reported ongoing concerns regarding the variability and
5 quality of training across different professions and settings. Supervision was highlighted as an area of concern,
6 with respondents stating that supervision came from a variety of sources and at differing frequencies,
7 particularly in primary care settings. ACPs reported vast differences in the numbers of study days, financial and
8 professional support provided to them to complete their training with many ACPs having to financially support
9 their own development, which is likely to generate inequality of opportunity. ACPs also acknowledged the need
10 for a defined career pathway, which can influence ongoing development, motivation and retention.¹²
11 International studies have highlighted similar issues, with supervisors lacking understanding of the advanced
12 practice role, leading to underutilisation and lack of career development.²³ Continuing professional
13 development is important to career satisfaction and supervision can ensure competency and quality of
14 practice.¹⁰ Further support is required to support high-quality supervision, support, and training for ACPs
15 nationally, to enhance ACP professional development and career progression.

23 *Working in accordance with the HEE framework*

24 Within the 2017 HEE framework, the four pillars of advanced practice represent the pinnacle focus point of
25 ACP's 'core capabilities', which transferred to respondents, who held the belief that the four pillars of advanced
26 practice were integral to the ACP roles. However, we identified a mismatch between organisations' and
27 individual ACPs' knowledge of the ACP framework, since Trusts had a high level of knowledge of the HEE
28 framework compared to ACP. There was also variability in knowledge between settings since knowledge was
29 lower in primary care organisations. Knowledge and awareness did not necessarily translate into action since
30 alignment of ACP roles to the HEE multi-professional framework was not common. Prioritisation for mapping
31 roles to the framework was particularly low in primary care settings.

32
33 Our study has established a need to increase understanding of the HEE multi-professional framework amongst
34 ACPs and their employing organisations, particularly in primary care settings, and organisations needs further
35 support to enable them to map ACP roles into HEE's Multi-Professional Framework.

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37 In this study, although several ACP job descriptions spanned the four pillars, respondents spoke of the clear
38 focus on the clinical pillar of practice. Compliance with the four pillars was not necessarily acknowledged within
39 NHS provider organisations, Trusts and primary care settings and respondents reported significant challenges
40 and barriers to engaging with the educational, leadership and research pillars. The main barriers to engagement
41 were high workloads, limited time, or resources, and competing pressures in a clinical environment. There was
42 particular inactivity with relation to engagement in research and ACPs require time, resources and support for
43 research activity and dissemination. This would contribute to personal development and facilitate sharing of
44 good practice nationally and internationally. Although it may not be feasible or necessary to allocate equal time
45 to each pillar, it is important to understand and acknowledge each of the four pillars within the ACP job roles,
46 where different attention can be paid to each one, but all are incorporated to ensure the core capabilities of
47 ACPs re upheld.

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3 The importance and added value of clinical, leadership, education, and research aspects on practice are widely
4 reported.^{24,25} Developing research and leadership skills for advanced practitioners have shown to contribute to
5 building capacity in multi-disciplinary teams, developing new initiatives for healthcare delivery and
6 implementing evidence-based clinical practice.²⁴ Clarity around the importance and priority of the four pillars
7 of advanced practice is needed, to ensure employers allocate adequate resources and support ACPs to work
8 across all four pillars.²⁵
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12 **Strengths and weaknesses of the study**

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15 This is the first large-scale national evaluation of the ACP role in England since the 2017 HEE framework was
16 established and it has global relevance for healthcare workforce transformation. The use of a cross-sectional
17 survey with qualitative free text responses allowed for the exploration of both the distribution and variety of
18 roles, education, and support across ACP roles, and gain further understanding into the impact of these
19 variations.²⁶ It was not possible to determine an accurate response rate since stakeholders at the organisations
20 were asked to distribute the online survey. However, the survey was widely distributed across regions, ACP roles
21 and settings and therefore provides a comprehensive insight into the ACP role across different professions and
22 organisations, and the data presented highlights the similarities and differences across settings. Although the
23 survey was sent to self-identified ACPs rather than strictly limited to those who held the title of ACP, in practice
24 there is little consistency in who regards themselves as an ACP and limiting the survey distribution to those
25 holding the title of ACP would have limited the representation of ACPs experiences. Therefore, surveys were
26 sent widely to capture a range of views from participants who regarded themselves to be working at an advanced
27 level, regardless of their job title. Further standardisation of ACP definitions, roles and titles in practice will
28 facilitate the identification of ACPs for future evaluative studies.
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38 **Recommendations**

39 Governance and regulations

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- There is a need to standardise job titles and descriptions for ACPs to ensure role recognition and support.
 - There is a need for a structured governance framework for ACP roles within organisations across sectors, with guidelines on operational support and a visible lead for ACP. Guidelines providing information on operational support for ACPs may enable Trusts and organisations to improve the quality and credentials of the employees in ACP roles. An evaluation of current ACP governance may inform appropriate strategies in England.
 - There should be a standard competency framework for ACPs that is applicable across specialities.
 - Clear career pathways for ACPs should be established, to maximise retention and job satisfaction.

57 Education and support

- There is a need to further standardise required education and training for ACP roles across all specialities.
- There should be systems in place within organisations, and particularly primary care settings, to ensure ACPs have access to clinical supervision, continuing professional development and structured mentorship. Guidelines on providing adequate supervision for ACPs may be considered.

Working in accordance with the HEE framework

- There is a need to increase the level of knowledge of HEE's Multi-Professional Framework for ACP, particularly in primary care settings.
- Further support should be given to employing organisations, to enable them to map ACP roles onto HEE's Multi-Professional Framework.
- There is a need to highlight the value and importance of each of the four pillars of practice to employers, to encourage the allocation of adequate resources and support for ACPs to work across all four pillars.
- Increased efforts are needed to support ACPs with national and international research engagement to support professional development and share best practice.

Conclusion

As the first large-scale evaluation of the ACP role, this study highlights the need to establish structure surrounding the ACP role, relating to standardisation of job titles and descriptions, improved governance of advanced practice professions, standardised supervision approaches, improved knowledge and compliance with the HEE framework and further development of professional support for ACPs. This study has national and international implications for ACP workforce development.

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Figure 1. Knowledge of Multi-Professional Framework for Advanced Clinical Practice

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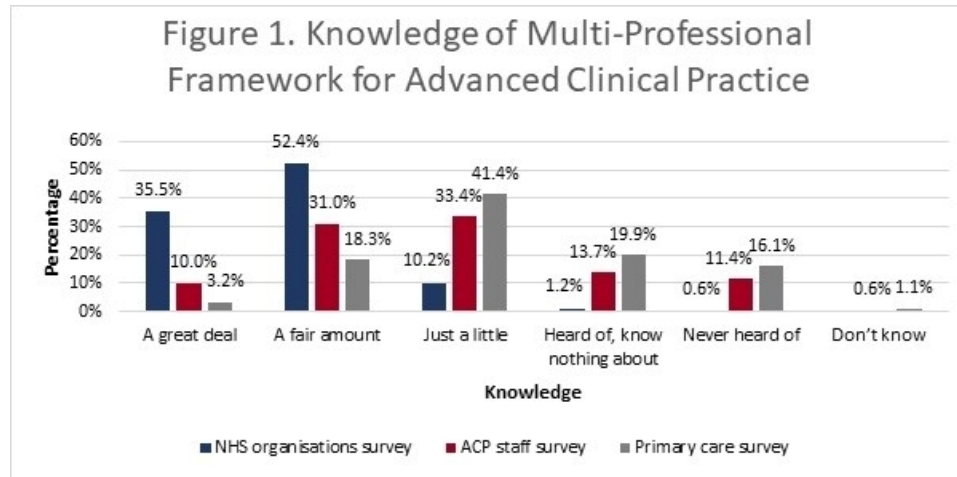
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Research Ethics Approval Statement: The Ipsos MORI surveys were undertaken outside the NHS setting and NHS Research Ethics Committee (REC) review is not required for healthcare market research conducted by professional market researchers. Ipsos MORI is an independent research agency bound by the rules of the Market Research Society. Consent for personal responses to be used by Ipsos MORI and HEE for research purposes is assumed from completion of the survey. Personal identifiers (name and contact details) were not

1
2
3 available to the research team. There were no financial or other incentives and respondents were free to decide
4 whether to participate. All data processing and storage comply with the General Data Protection Regulation and
5 UK Data Protection Act 2018.
6

7 **Patient and Public Involvement:** All questions in the surveys were developed in collaboration with ACPS, lay
8 representatives from HEE and Ipsos MORI's health questionnaire teams.
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For peer review only



132x74mm (120 x 120 DPI)

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2
3 **Questionnaire 4 – Individuals working in advanced clinical practice**
4 **VERSION 16**
5
6
7

8 Thank you for taking the time to complete this survey about advanced clinical practice which is part
9 of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted
10 by Ipsos MORI.
11

12 Those working at advanced clinical practice level play a critical role in enhancing capacity and
13 capability within multi professional teams, and come from a range of professional backgrounds such
14 as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended
15 Scope Practitioners ESP's in Physiotherapy, OT, Pharmacy , and Podiatry Practitioners as well as
16 many others).
17

18 They are healthcare professionals educated to Masters level and have developed the skills and
19 knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is
20 anticipated that the role of advanced practice staff will continue to develop and increase in
21 importance over the coming years.
22

23 To help develop and improve their policies relating to advanced clinical practice, Health Education
24 England is keen to understand the roles and experiences of staff working at advanced clinical
25 practice level. The more people we hear from, the more we learn about what is working well and
26 what could be improved.
27

28 For more information, a link to Health Education England's multi-professional framework for
29 advanced clinical practice in England (2017) can be found [here](#).
30

31 We have also produced a short webinar about the purpose of this research, which can be found
32 [here](#). This may help with completing the survey.
33

34 Please note, this survey should only be completed if it has been sent to you by your **Manager or**
35 **Professional Lead** via your **ACP Organisational Lead** (or your named Organisational Lead for
36 completing this survey).
37

38 **NEXT BUTTON**
39

40 **Privacy Notice**
41

42 **How your data will be used**
43

44 Health Education England have invited you to take part in this survey, and as a potential participant
45 it's important that you are informed on how your personal data will be used and your rights under
46 GDPR.
47

48 To process your data Ipsos MORI ("the processor") and Health Education England ("the controller")
49 require a legal basis to do so. For this survey the legal basis for the processing of your personal data
50 is your consent.
51

52 Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any
53 time. If you would like to withdraw your consent at any point please contact
54 healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.
55

56 You also have the right to object to, or restrict the processing of your personal data at any time. To
57 do so please email gdpr@hee.nhs.uk.
58
59
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18-090780-01 HEE – Questionnaire 4 ACPs

1
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3 The personal data which may be collected in this survey includes your name, age, gender, email
4 address and job title. However, you do not need to provide this information if you do not wish to
5 and there are answer options in the survey that will allow you to remain anonymous.

6
7 Data from this survey may be reported at various levels including organisation/trust level, STP/ICS
8 level and by profession and speciality. Some verbatim answers submitted as part of this survey will
9 also be passed on to HEE for their own analysis purposes. However, no personal data or information
10 submitted as part of this survey will be passed on to your employer.

11
12
13 Data collected through this survey will be retained for 3 months with personal data held for up to 12
14 months after completion of the research and will be deleted via secure methods. For more
15 information on your rights please see Health Education England's privacy notice [here](#).

16
17 Toward the end of the survey you will also be asked if you consent to taking part in further research
18 and other work on advance clinical practice. If you choose to do so, your personal data will be shared
19 with Health Education England and this information will be held for up to 12 months.

20 21 **NEXT BUTTON**

22 23 **How to complete this survey**

24
25 The information you provide will be held in the strictest confidence and no one will be able to
26 identify you from the results, unless you include any personal identifiable information in the free
27 text comments.

28
29 Depending on the extent of your comments, this questionnaire should only take around **25 minutes**
30 to complete.

31
32 **If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS**
33 **BOX.**

34 35 **1. I would like to provide an email address.**

36
37 If you need to change any of your answers, please use the back button to go back and change
38 previous responses.

39
40 If you need help completing this survey, please let us know by emailing
41 healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.

42
43 **CONSENT BUTTON:** I agree to participate in the survey and provide data about advanced clinical
44 practice and understand that participation is voluntary and I can change my mind at any time.

45
46 By clicking the button, you agree to participate in the survey about advanced clinical practice and
47 understand that participation is voluntary and you can change your mind at any time.

48 49 **ASK ALL**

50
51 **Q1 Which of the following types of organisations do you work for?**

52 53 **MULTICODE**

- 54
55
56
57
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60
1. Primary care trust
 2. Acute trust
 3. Community trust
 4. Mental health trust

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5. Learning Disability trust
6. Other NHS commissioned Service
7. Independent Sector HC provider
8. Ambulance trust
9. Other - please write in (SPECIFY)
10. Don't know – THANK AND CLOSE

IF MORE THAN ONE CODE IS SELECTED AT Q1 ASK Q2

Q2 And which of these is your main employer? By main employer I mean the employer that you spend most of your time working for, excluding any paid or unpaid overtime.

SINGLE CODE

INSERT Q1 RESPONSES. ADD CODE FOR

- I am contracted for the same number of hours in each of these organisations.

IF ONLY ONE ORGANISATION SELECTED AT Q1, PLEASE ASK ALL QUESTIONS (Q3a -Q57). IF MORE THAN ONE EMPLOYER SELECTED AT Q1 PLEASE ASK ALL QUESTIONS FOR MAIN EMPLOYER THEN A LOOP OF Q3A, Q3B, Q4, Q6, Q10 FOR EACH ORGANISATION SELECTED.

IF MORE THAN ONE ORGANISATION SELECTED AT Q1 AND COULD IDENTIFY MAIN ONE AT Q2 SHOW THIS MESSAGE:

The following questions refer to the <<ENTER CODE FROM Q2>> you work in which you have selected as your main employer. At a later stage in the survey you will be asked about the other organisation(s) you work for.

IF Q2= I am contracted for the same number of hours in each of these organisations, THEN CHOOSE ONE EMPLOYER AT RANDOM AND SHOW THIS MESSAGE:

The following questions refer to the <<RANDOMLY SELECTED EMPLOYER>> you work for. At a later stage in the survey you will have the option to answer questions about the other organisation(s) you work for.

FOR MORE THAN ONE EMPLOYER: START OF NEW LOOP

REPEAT LOOP FOR EACH EMPLOYER SELECTED AT Q1 AND WAS NOT SELECTED AS MAIN EMPLOYER IN Q2

The next few questions refer to your work in [INSERT ORGANISATION SELECTED AT Q2]

ASK ALL. FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S).

Q3A Which area does your <INSERT ORGANISATION SELECTED> fall under?

SINGLE CODE

1. North
2. Midlands and East
3. London
4. South

CHOOSE FROM DATABASE. FILTER BASED ON ANSWER TO Q3A. ADD INSTRUCTIONS FOR SEARCHING.

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ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q3B What is the name of your organisation? Please choose from the following list.

CHOOSE FROM DATABASE – FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

1. Other (please write in)

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q4 What is the name of your STP/ICS? Please choose from the following list.

1. I work outside of these STPS – i.e. in Wales or Scotland
2. Other – please write in (SPECIFY)

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM SUBSEQUENT LOOP(S))

Q5 To which of the following professional groups do you belong?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. **If you do not wish to answer this question, please select 'prefer not to say'.**

MULTICODE

- **Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and language therapist

- **Midwife**

- **Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability
- District Nursing
- Public Health Nursing (school nurse or health visitor)

Other (please specify)

- **Health Care Sciences**

- Clinical Scientist - Life Sciences

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- 1
2
3 ○ Clinical Scientist - Physical Sciences
4 ○ Clinical Scientist - Physiological Sciences
5 ○ Clinical Scientist - Bioinformatics and Digital Healthcare Sciences
6
7 - **Optometrist**
8 - **Pharmacist**
9 ○ Clinical pharmacist
10 ○ Community pharmacist
11 - **Psychological professions**
12 ○ Clinical Psychologist
13 ○ Counselling Psychologist
14 ○ Forensic Psychologist
15 ○ Health Psychologist
16 ○ High Intensity Therapist
17 ○ Psychological Wellbeing Practitioner
18 ○ Counsellor
19 ○ Cognitive Behaviour Therapist
20 ○ Systemic Family Therapist
21 ○ Adult Psychotherapist
22 ○ Child Psychotherapist
23 ○ Children's Wellbeing Practitioners
24 ○ Other - please write in (SPECIFY)
25
26
27
28 - **Dental**
29 ○ Dental nurse
30 ○ Other – please write in (SPECIFY)
31 - Other – please write in (SPECIFY)
32 - None of these – CLOSE THE QUESTIONNAIRE .
33 - Prefer not to say
34
35

ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

36
37 **Q6 Below is a list of clinical specialities, please tell us which one(s) you work in, and your specific**
38 **area within it.**
39

- 40
41 1. Emergency medicine (including urgent and emergency care) - please write in (SPECIFY)
42 2. Acute Medical – please write in (SPECIFY)
43 3. Medical specialities (e.g. gastro, cardio-vascular, respiratory, stroke etc) – please write in
44 (SPECIFY)
45 4. Surgery – please write in (SPECIFY)
46 5. Critical Care – please write in (SPECIFY)
47 6. Neonates – please write in (SPECIFY)
48 7. Paediatrics – please write in (SPECIFY)
49 8. Older people – please write in (SPECIFY)
50 9. Ophthalmology – please write in (SPECIFY)
51 10. Musculoskeletal services (including orthopaedics, primary care etc) – please write in (SPECIFY)
52 11. Mental health – please write in (SPECIFY)
53 12. Cancer – please write in (SPECIFY)
54 13. Diagnostics (e.g. ultrasound, reporting radiographers etc) – please write in (SPECIFY)
55 14. Learning disability – please write in (SPECIFY)
56 15. Obstetrics and gynae – please write in (SPECIFY)
57 16. Community care (health and care) – please write in (SPECIFY)
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18-090780-01 HEE – Questionnaire 4 ACPs

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17. Primary care – please write in (SPECIFY)
 18. Dental – please write in (SPECIFY)
 19. Other – please write in (SPECIFY)
 20. None of these (SINGLE CODE)
 21. Don't know (SINGLE CODE)
 22. Prefer not to say

11
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14

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM SUBSEQUENT LOOP(S))

Q9 What is your current level of working practice?

SINGLE CODE

- 15
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19
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21
22
1. Working at Trainee advanced clinical practitioner level
 2. Working at advanced clinical practitioner level
 3. Working at Trainee consultant practitioner level
 4. Working at consultant practitioner level
 5. Other – please write in (SPECIFY)
 6. Prefer not to say

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ASK ALL FOR MAIN EMPLOYER AND SUBSEQUENT LOOP(S)

Q10 What is your job title (or titles, if you hold more than one role)? Please note that your answers will be shared with Health Education England and therefore your answer may make you identifiable. If you would rather not answer this question, please click 'I would prefer not to say' and press next.

OPEN ENDED

- I would prefer not to say

LOOP(S) FOR OTHER EMPLOYERS ENDS HERE.

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ASK ALL

Q11 Do you have a job description for your current role?

SINGLE CODE

1. Yes, I do have a job description
2. No, I do not have a job description
3. Don't know

IF YES AT Q11

Q12 When was the last time your job description was reviewed?

SINGLE CODE

1. Within the last 6 months
2. 6 months ago, but less than a year
3. 1 year ago, but less than two years
4. Two years ago or more
5. My job description has never been reviewed
6. Don't know

ASK THOSE WHO HAD THEIR JOB DESCRIPTION REVIEWED WITHIN THE LAST TWO YEARS – Q12

Q13 Were you personally involved in the review of your job description?

SINGLE CODE

1. Yes
2. No
3. Don't know

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1
2
3 **ASK ALL**

4 **Q14 Does your job description cover the following areas?**

5 **MULTICODE**

- 6 1. Leadership and management
7 2. Research (service development and evaluation)
8 3. Education
9 4. Advanced Clinical Practice
10 5. Scope of your practice
11 6. None of these
12 7. Don't know
13
14

15 **ASK ALL**

16 **Q15 Do you currently have a job plan?**

17 **SINGLE CODE**

- 18 1. Yes
19 2. No
20 3. Don't know
21
22

23 **IF CODED 1 AT Q15**

24 **Q16 Does your job plan separate out the clinical elements of your role from the non-clinical**
25 **elements (e.g. research)? By clinical we mean the direct and indirect contact you have with**
26 **patients**

27 **SINGLE CODE**

- 28 1. Yes
29 2. No
30 3. Don't know
31
32

33 **IF CODED 1 AT Q16**

34 **Q17 Is the non-clinical part of your job plan protected?**

35 **SINGLE CODE**

- 36 1. Yes – all of the time
37 2. Yes – some of the time
38 3. No – not protected
39 4. Don't know
40
41
42

43 **ASK ALL**

44 **Q18 Before today, how much, if anything, would you say you know about Health Education**
45 **England's multi-professional framework for advanced clinical practice?**

46 **SINGLE CODE**

- 47 1. A great deal
48 2. A fair amount
49 3. Just a little
50 4. Heard of, know nothing about
51 5. Never heard of
52 6. Don't know
53
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56
57 **IF CODE 3, 4 AND 5 AT Q18 SHOW DEFINITION**
58
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The following questions link to the multi-professional advanced clinical practice framework and you can find this link at the beginning of the questionnaire.

Definition of advanced practice:

“Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes.”

The four pillars (taken from the multi-professional framework for advanced clinical practice in England):

This framework requires that health and care professionals working at the level of advanced clinical practice should have developed and can evidence the underpinning competencies applicable to the specialty or subject area, i.e. the knowledge, skills and behaviours relevant to the health and care professional’s setting and job role. The core capabilities **across the four pillars...**

- clinical practice
- leadership and management
- education
- research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

ASK ALL

Q19 Are you working to align yourself with the capabilities in the HEE multi-professional framework?

1. Yes – I already aligned to the capabilities
2. Yes – I have a developmental plan in place
3. No – I am not currently working towards aligning myself with the capabilities in the framework
4. No – I don’t think the capabilities apply to my job role.
5. Don’t know

IF CODE 3 and 4 AT Q19

Q20 Have you reviewed the HEE multi-professional capabilities with your employer?

1. Yes
2. No
3. Don’t know

ASK ALL

Q21 Are you evidencing the impact of your role in each of the following areas?

1. Leadership and management
2. Research (Service Development and evaluation)

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3. Education
4. Advanced Clinical Practice
5. I am not evidencing my role in any of these areas.
6. Don't know

ALL WHO ARE EVIDENCING THE IMPACT OF THEIR ROLE AT Q21 (CODES 1, 2, 3, 4)

Q22 Overall, are you using this evidence...

1. For appraisals
2. Internally as part of service line reporting
3. Professional body accreditation of advanced level practice
4. Externally through posters and publications
5. In another way – please write in (SPECIFY)
6. None of these
7. Don't know

Education

The next section is about the types of formal and informal education you may be receiving regarding advanced clinical practice, including consultant practitioners.

ASK ALL

Q23A Which, if any, of the following types of formal learning and development are you currently completing?

MULTICODE

1. Full Masters (PG cert and PG Dip)
2. Specific modules
3. Royal College (credential)
4. Credentialing other
5. None of these
6. Don't know

ASK IF CODED 1, 2, 3, 4, at Q23A

Q23B What is the name of the module or programme of study you are currently undertaking?

OPEN ENDED

1. Don't know

ASK IF CODED 1, 2, 3, 4, at Q23A

Q24 How many days study leave did your employer agree to give you to support you in undertaking this course? When answering this question please think about the leave given to you over the whole duration of the course.

1. I was not given any study leave days
2. Less than 1 day (e.g. half a day)
3. 1-4 days
4. 5-9 days
5. 10-19
6. 20-29
7. 30+ days
8. Don't know

IF GIVEN TIME AT Q24 (codes 2-7)

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2
3 **Q25 Since agreeing the amount of time you could have for study leave, to what extent has your**
4 **employer been able to honour this arrangement?**

- 5 1. Fully
6 2. Partially
7 3. Hardly at all
8 4. Not at all
9 5. Don't know
10

11 **ASK ALL**

12 **Q26 To what extent have your advance education and training opportunities prepared you for the**
13 **reality of your job role?**

- 14 - A great deal
15 - A fair amount
16 - Not very much
17 - Not at all
18
19

20 **ASK ALL**

21 **Q28 Which, if any, other education and training options are open to you within your organisation?**

- 22 1. Joining in junior doctor training
23 2. Other advanced clinical practitioner learning
24 3. Other medical training
25 4. Training provided by your trust / organisation
26 5. Other
27 6. None of these
28
29

30 **ASK ALL**

31 **Q29 In an average month what proportion of your total work time is spent delivering training to**
32 **others?**

- 33 1. I do not deliver learning to others
34 2. 1-9%
35 3. 10-19%
36 4. 20-29%
37 5. 30-39%
38 6. 40-49%
39 7. 50-59%
40 8. 60-69%
41 9. 70-79%
42 10. 80-89%
43 11. 90-99%
44 12. 100% - all of my time
45 13. Don't know
46
47
48
49
50

51 **IF DELIVERING TRAINING TO OTHERS (CODES 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)**

52 **Q30 To which of the following groups do you deliver training to?**

53 **MULTICODE**

- 54 1. Patient groups
55 2. Students in your organisation
56 3. General staff in your organisation
57 4. Those in Higher Education Institutions
58 5. Others working in advance clinical practice roles
59
60

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6. Other – please write in (SPECIFY)

IF DELIVERING LEARNING TO OTHERS Q30 – CODE 4, 5 and 6

Q31 Thinking about the training you deliver external to your organisation, do you consider yourself to be...

1. A visiting lecturer
2. A subject area expert
3. Something else – please write in (SPECIFY)
4. None of these
5. Not applicable

Research

The next section is about research in which you may be involved.

ASK ALL

Q32 In which, if any, of the following areas of research are you involved?

MULTICODE

1. Quality improvement
2. Service evaluation
3. Economic evaluation of practice
4. Research
5. Audit
6. Other – please write in (SPECIFY)
7. None of these
8. Don't know

ASK ALL

Q33 Have you presented or shared your work in any of the following ways....

This could be either verbally or in writing.

1. Within your organisation / trust
2. Locally
3. Nationally
4. Peer reviewed journal
5. Internationally
6. I have not presented or shared my work
7. Don't know

IF CODED 4 AT Q33

Q33A

Please can you state which peer reviewed journal, and provide the online link?

Providing an answer to this question may make you identifiable to Health Education England. If you would like to remain anonymous please select prefer not to say

OPEN ENDED

1. It has not been published yet
2. Prefer not to say

ASK ALL

Q34 To what extent would you be happy or not to share your learnings and evaluation with HEE?

1. Very happy

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2. Fairly happy
3. Not very happy
4. Not at all happy
5. Don't know

Advanced Clinical Practice

The next section is about advanced clinical practice for advanced clinical practitioners, including consultants.

ASK ALL

Q35 Typically, what proportion of your average working week is spent on all patient facing related activity? This includes direct and indirect contact with patients.

1. 0% - I spend no time on patient facing related activity
2. 1-9%
3. 10-19%
4. 20-29%
5. 30-39%
6. 40-49%
7. 50-59%
8. 60-69%
9. 70-79%
10. 80-89%
11. 90-100%
12. It varies too much to say
13. Don't know

ASK ALL

Q36 Did you take a portfolio route or an academic route to get to your current level of advanced clinical practice?

1. Portfolio route
2. Academic route
3. Both portfolio route and academic route
4. Don't know

IF CODED 1 AND 3 AT Q36

Q37 Can you please tell me what education and training accredited or non-accredited courses you have taken to build your portfolio?

OPEN ENDED

1. Don't know

IF CODED 2 AND 3 AT Q36

Q38 What is your highest level of qualification?

1. Undergraduate degree or equivalent
2. Master's degree or equivalent
3. PhD
4. Other – please write in (SPECIFY)

ASK ALL

Q39 What, if any, funding did you personally receive for your <<INSERT ANSWER FROM Q38>>

MULTICODE

1. I did not receive any funding – I self-funded (SINGLE CODE)

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- 2.
3. My employer/another paid for 100% of the costs (SINGLE CODE)
4. My employer/another paid towards some of the costs but also had to contribute myself
5. Other
6. Prefer not to say

ASK ALL

Q40 How many months and years have you been working as a fully trained advanced level practitioner?

ENTER YEARS AND MONTHS

1. I am still in training

ASK IF YEARS AND MONTHS ENTERED AT Q40

Q41 How long did your training take to allow you to work in advanced practice?

ENTER YEARS AND MONTHS

Leadership & management

The next section is about leadership and management.

ASK ALL

Q42A

What proportion of your average week is typically spent leading on....

- a) Service provision and innovation
- b) People management

ENTER PROPORTION OF TIME

1. None of the time
2. 1-9%
3. 10-19%
4. 20-29%
5. 30-39%
6. 40-49%
7. 50-59%
8. 60-69%
9. 70-79%
10. 80-89%
11. 90-100%
12. Don't know

ASK ALL

Q43 What support, if any, have you been given by your organisation to help you develop your leadership and management skills? Support from...

MULTICODE

1. Others in the team I work in
2. Department level
3. Service/Speciality level
4. Organisation wide
5. Other – please write in (SPECIFY)
6. None of these
7. Don't know

ASK ALL

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Q44 What support, if any, have you been given by organisations outside your trust to help you develop your leadership and management skills?

MULTICODE

1. Leadership Academy programme
2. Mentoring or coaching
3. Shadowing others trained in advanced clinical practice
4. Structured reflective learning
5. Action learning sets
6. Leadership Fellowship e.g. Darzi
7. Other – please write in (SPECIFY)
8. None of these
9. Don't know

Competency framework and supervision

The next few questions are about competency frameworks and supervision.

ASK ALL FOR MAIN EMPLOYER ONLY (EXCLUDE FROM LOOP)

Q45 Which, if any, of these do you have which are related to your job?

MULTICODE

1. Competency Framework
2. Personal Development plan
3. Neither a Competency Framework or a Personal Development plan
4. Other – please write in (Specify)
5. Don't know

ASK ALL

Q46 Which, if any, of the following do you have in your job role?

MULTICODE

1. Appraisals
2. Educational supervision for trainees
3. Clinical supervision (e.g. mentoring and coaching on the job in their clinical practice)
4. Regular one to one with line managers to support role development
5. None of these
6. Don't know

REPEAT FOR EACH OPTION SELECTED AT Q46

Q47 – From whom do you receive your <<TEXT SUBSTITUTE FROM Q46>>

MULTICODE

1. Operational lead
2. Professional lead
3. Clinical lead medical
4. Clinical lead non-medical – please write in (SPECIFY)
5. Senior Advanced Care Practitioner
6. Other – please write in (SPECIFY)
7. None of these
8. Don't know

REPEAT FOR EACH OPTION SELECTED AT Q46

Q48 Typically, how often do you receive your <<TEXT SUBSTITUTE FROM Q46>>

1. Daily
2. Weekly

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3. Monthly
4. Annually
5. Less often
6. Don't know

IF CODED 1, 2, 3, 4 AT YES AT Q46

Q49 How much formal guidance are you receiving from your supervisor?

1. A great deal
2. A fair amount
3. Hardly any
4. None
5. Don't know

IF CODED 1, 2, 3, 4 AT YES AT Q46

Q50A Is there a formal guidance structure for your supervision?

1. Yes
2. No

IF CODED 1 AT Q50A

Q50B Who provides the formal guidance structure for your supervision?

1. Higher Education Institution
2. Organisation / trust
3. Service
4. Professional group
5. Other – please write in (SPECIFY)
6. Don't know

Governance

The final section is about Governance.

ASK ALL

Q51 Does your organisation have any of the following?

MULTICODE

1. Lead for advanced practice
2. Forum or meetings where professionals for different groups can come together to discuss advanced practice
3. Organisation policy on advanced practice
4. None of these
5. Don't know

ASK ALL WHO CODED 2 – 9 AT Q1 AND SELECTED CODES AS MAIN EMPLOYER

Q52 To whom does the person who leads on advanced clinical practice report into?

1. Trust board
2. Governance group
3. Workforce committee
4. Other – please write in (SPECIFY)
5. The person leading on advanced clinical practice does not report to anyone else
6. Don't know

18-090780-01 HEE – Questionnaire 4 ACPs

1
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5
6 **ASK ALL WHO CODED 1 AT Q1 AND SELECTED PRIMARY CARE AS MAIN EMPLOYER**
7 **Q60 To whom does the person who leads on advanced clinical practice report into?**

8
9 **OPEN ENDED.**

10
11 **1. Don't know**

12
13 **ASK ALL**

14 **Q53 Is there any other information that you would like to share about your experience of working**
15 **in advanced practice?**

16
17
18 **Please note - by providing an answer to this question you may make yourself identifiable to Health**
19 **Education England. If you do not wish to answer this question, please select "prefer not to say".**

20
21 **OPEN ENDED**

- 22 1. I have nothing else to add
23 2. Prefer not to say
24

25
26 **Demographics**

27 We would now like to ask a few questions about yourself. These questions are for analysis purposes
28 only.
29

30 **Q59 Who invited you to take part in this survey?**

- 31 1. Peer/colleague
32 2. Manager/team lead
33 3. Professional lead
34 4. Organisational lead
35 5. Other
36 6. Don't know/can't remember
37

38
39 **ASK ALL**

40 **Q54A Are you registered with a Statutory regulatory body?**

- 41
42 1. NMC, HCPC etc
43 2. Voluntary register
44 3. Not on any
45 4. Don't know
46
47

48 **ASK ALL**

49 **Q54B Which of the following describes how you think of yourself**

50
51 **Please note - by providing an answer to this question you may make yourself identifiable to Health**
52 **Education England. If you do not wish to answer this question, please select 'prefer not to say'.**

- 53
54
55 1. Male
56 2. Female
57 3. In another way
58 4. Prefer not to say
59
60

18-090780-01 HEE – Questionnaire 4 ACPs

ASK ALL

Q55 What is your age?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select 'prefer not to say'.

OPEN ENDED

1. Prefer not to say

IF REFUSED AT Q55

Q55A What is your age?

If refused probe for age bands

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65+
7. Prefer not to say

IF MORE THAN ONE EMPLOYER SELECTED ASK Q57 ONCE AT END OF LOOP(S).

Q57 Re-contact Question

Thank you for taking part in this survey.

Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research as part of this project within the next 12 months.

If you are willing to be contacted as part of this project we will need to collect some contact details. All details provided will be treated in the strictest confidence, held only for 12 months by HEE, and will only be used to invite you to take part in further research as part of this project.

Are you willing to provide your contact details to HEE so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
2. No

IF YES AT Q34

Q58 You previously agreed that you were happy to share your learnings and evaluations with HEE.

Are you happy for someone on behalf of HEE to contact you about this?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS (IF NOT CODED 1 AT Q57)
2. No

Thank and close.

HEE Questionnaire 3 – Organisations

Questionnaire 3 – Organisations/Trusts

Thank you for taking the time to complete this survey about advanced clinical practice which is part of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted by Ipsos MORI.

Those working at advanced clinical practice level play a critical role in enhancing capacity and capability within multi professional teams, and come from a range of professional backgrounds such as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, and some Clinical Nurse Specialists as well as many others).

They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is anticipated that the role of advanced practice staff will continue to develop and increase in importance over the coming years.

To help develop and improve their policies relating to advanced clinical practice, Health Education England is keen to understand the training and roles that advanced clinical staff are currently undertaking in your organisation, your workforce strategy, the support and training advanced practice staff are offered, and the governance structures underpinning it all. The more people we hear from, the more we learn about what is working well and what could be improved.

For more information, a link to Health Education England's multi-professional framework for advanced clinical practice in England (2017) can be found [here](#).

We have also produced a short webinar about the purpose of this research, which can be found [here](#). This may help with completing the survey.

NEXT BUTTON**Privacy Notice****How your data will be used**

Health Education England have invited you to take part in this survey, and as a potential participant it's important that you are informed on how your personal data will be used and your rights under GDPR.

To process your data Ipsos MORI ("the processor") and Health Education England ("the controller") require a legal basis to do so. For this survey the legal basis for the processing of your personal data is your consent.

Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any time. If you would like to withdraw your consent at any point please contact healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.

You also have the right to object to, or restrict the processing of your personal data at any time. To do so please email gdpr@hee.nhs.uk.

The personal data which may be collected in this survey includes your name, email address and job title. However, you do not need to provide this information if you do not wish to and there are answer options in the survey that will allow you to remain anonymous.

HEE Questionnaire 3 – Organisations

Data from this survey may be reported at various levels including organisation/trust level, STP/ICS level and by profession and speciality. Some verbatim answers submitted as part of this survey will also be passed on to HEE for their own analysis purposes.

Data collected through this survey will be retained for 3 months with personal data held for up to 12 months after completion of the research and will be deleted via secure methods. For more information on your rights please see Health Education England's privacy notice [here](#).

Toward the end of the survey you will also be asked if you consent to taking part in further research and other work on advance clinical practice. If you choose to do so, your personal data will be shared with Health Education England and this information will be held for up to 12 months.

NEXT BUTTON**How to complete this survey**

We only require one response per Organisation, please liaise with colleagues and other departments before completing this survey to avoid duplication.

You may also wish to download a PDF version of the questionnaire, available [here](#) to share with others in your organisation to help you gather their views and staff numbers, before you respond to the survey online.

We have also produced an excel form which can be found [here](#), to help you collect some of the information required for this survey. You may have already received this document from Health Education England. Before proceeding, please make sure you have collected this information as it will help you answer questions in relation to staff headcounts and whole-time equivalents (WTE).

Please note that the answers that you provide on behalf of your Organisation may be shared with Health Education England so they can understand what is happening at a local level. You won't personally be identified in the data unless you choose to provide information which could identify you.

Depending on the extent of your comments, this questionnaire should only take around **30 minutes** to complete.

Please note, your answers will only be saved once you have completed and submitted the survey. However, if you would like to save your progress and submit your answers later, please tick the box below to provide your email address. We will then send you a unique link to the survey which will allow you to access your answers and pick up where you left off. We will only use this email address to send you the unique link and this will not be shared with Health Education England or any other organisation.

If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS BOX.

1. I would like to provide an email address.

If you need to change any of your answers, please use the back button to go back and change previous responses.

If you need help completing this survey, please let us know by emailing healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.

HEE Questionnaire 3 – Organisations

CONSENT BUTTON: I agree to participate in the survey and provide data about advanced clinical practice and understand that participation is voluntary and I can change my mind at any time.

By clicking the button, you agree to participate in the survey about advanced clinical practice and understand that participation is voluntary and you can change your mind at any time.

Organisation information

The first few questions are about the organisation that you work for.

ASK ALL

Q1 Which of the following categories does your organisation fall under?

MULTICODE

1. Primary care
2. Out of Hours care
3. Acute trust
4. Community trust
5. Mental health trust
6. Learning Disability trust
7. Other NHS commissioned Service
8. Ambulance trust
9. Community pharmacy
10. Education
11. Social Care
12. Something else – (please write in)
13. None of these - THANK AND CLOSE

IF CODED 1 AT Q1. SHOW SCREEN.

Thank you for your interest in this survey. We have developed a slightly different questionnaire for organisations in Primary care. Please use the link below to access this survey.

QUESTIONNAIRE 5 (PRIMARY CARE) OPEN LINK.

Thank You.

END SURVEY.

ASK ALL

Q2A Which area does your STP/ICS fall under?

SINGLE CODE

1. North
2. Midlands and East
3. London
4. South

ASK ALL

Q2B What is the name of your STP/ICS? Please choose from the following list.

CHOOSE FROM DATABASE. FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

HEE Questionnaire 3 – Organisations

1. Other – please write in (SPECIFY)

ASK ALL

Q3 What's the name of your organisation? Please choose from the following list.

SINGLE CODE

CHOOSE FROM DATABASE – FILTER BASED ON ANSWER TO Q2A. ADD INSTRUCTIONS FOR SEARCHING.

1. Other (please write in)

ASK ALL

Q3A Are you responding to this survey on behalf of your organisation overall or on behalf of one part of your organisation?

1. On behalf of my organisation overall
2. On behalf of one part of my organisation

IF CODE 2 AT Q3A – PLEASE CLOSE – Thank you for your interest in this research. Please liaise with your organisation ACP lead/designated ACP lead for this survey to complete your answers, as we respectfully request one response per organisation.

Awareness of the framework and workforce

The next few questions are about your workforce and your awareness of the multi-professional advanced clinical practice framework.

ASK ALL

Q4A Is there currently a lead person in your organisation for advanced clinical practice?

1. Yes – A lead for single professions
2. Yes – A lead for multi-professions
3. No – But we are intending to have a lead in the future
4. No – We do not intend on having a lead
5. Don't know

IF YES AT Q4A

Q4B Are you the lead person?

Please note - by providing an answer to this question you may make yourself identifiable to Health Education England. If you do not wish to answer this question, please select 'prefer not to say'.

1. Yes
2. No
3. Prefer not to say

ASK ALL

Q5 Do you have a lead person for multi-professional Consultant Practitioners?

1. Yes
2. No
3. Don't know

IF CODED 1 AT Q6

HEE Questionnaire 3 – Organisations

Q5B Is it the same person as the lead for multi-professional advanced clinical practice?

1. Yes
2. No
3. Don't know

ASK ALL**Q6 Before today, how much, if anything, would you say you know about Health Education England's multi-professional framework for advanced clinical practice in England (2017)?****SINGLE CODE**

1. A great deal
2. A fair amount
3. Just a little
4. Heard of, but know nothing about
5. Never heard of
6. Don't know

IF CODED 3, 4, 5 AT Q6

The following questions link to the framework. You can find the framework [here](#).

Definition of advanced practice:

“Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterized by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.”

The four pillars (taken from the multi-professional framework for advanced clinical practice):

This framework requires that health and care professionals working at the level of advanced clinical practice should have developed and can evidence the underpinning competencies applicable to the specialty or subject area, i.e. the knowledge, skills and behaviours relevant to the health and care professional's setting and job role. The core capabilities **across the four pillars**...

- Clinical practice
- Leadership and management
- Education
- Research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

HEE Questionnaire 3 – Organisations

ASK ALL

The next few questions are about staff working at advanced clinical practice level and the professions and specialities they work within. When answering these questions please refer to the excel form provided to you and the information you have collected on staff headcount and whole time equivalents.

Please click [here](#) to download the form if you have not already done so.

ASK ALL

Q7A Does your organisation have staff working at an advanced level of clinical practice, in any of the following professions across your organisation?

Please note, job titles for staff working at an advanced level of clinical practice may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, and some Clinical Nurse Specialists as well as many others.

MULTICODE**1. Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and Language Therapist

2. Midwife**3. Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability
- District nurse
- Public Health Nursing (school nurse or health visitor)
- Other – please write in (SPECIFY)

4. Health Care Sciences

- Clinical Scientist - Life Sciences
- Clinical Scientist - Physical Sciences
- Clinical Scientist - Physiological Sciences
- Clinical Scientist - Bioinformatics and Digital Healthcare Sciences

5. Optometrist

HEE Questionnaire 3 – Organisations

6. Pharmacist

- Clinical pharmacist
- Community pharmacist

7. Psychological Professions

- Clinical Psychologist
- Counselling Psychologist
- Forensic Psychologist
- Health Psychologist
- High Intensity Therapist
- Psychological Wellbeing Practitioner
- Counsellor
- Cognitive Behaviour Therapist
- Systemic Family Therapist
- Adult Psychotherapist
- Child Psychotherapist
- Children's Wellbeing Practitioners
- Other – please write in (SPECIFY)

8. Dental

- Dental nurse
- Other – please write in (SPECIFY)

9. None of these – CLOSE QUESTIONNAIRE**ASK ALL**

Q7B Does your organisation have staff working at a consultant level of clinical practice, in any of the following professions?

MULTICODE**1. Allied Health Professionals**

- Art Therapist
- Drama Therapist
- Music Therapist
- Podiatrist
- Dietitian
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Osteopath
- Paramedic
- Physiotherapist
- Prosthetist and orthotists
- Diagnostic Radiographer
- Therapeutic Radiographer
- Speech and Language Therapist

2. Midwives**3. Nurse**

- Adult
- Paediatric
- Mental health
- Learning disability

HEE Questionnaire 3 – Organisations

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- District nurse
 - Public Health Nursing (school nurse or health visitor)
 - Other – please write in (SPECIFY)
- 4. Health Care Sciences**
- Clinical Scientist - Life Sciences
 - Clinical Scientist - Physical Sciences
 - Clinical Scientist - Physiological Sciences
 - Clinical Scientist - Bioinformatics and Digital Healthcare Sciences
- 5. Optometrist**
- 6. Pharmacist**
- Clinical pharmacist
 - Community pharmacist
- 7. Psychological Professions**
- Clinical Psychologist
 - Counselling Psychologist
 - Forensic Psychologist
 - Health Psychologist
 - High Intensity Therapist
 - Psychological Wellbeing Practitioner
 - Counsellor
 - Cognitive Behaviour Therapist
 - Systemic Family Therapist
 - Adult Psychotherapist
 - Child Psychotherapist
 - Children’s Wellbeing Practitioners
 - Other – please write in (SPECIFY)
- 8. Dental**
- Dental nurse
 - Other – please write in (SPECIFY)
- 9. None of these**

Advanced Practice staff

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The next few questions are about staff working at advanced clinical practice level.

The information you provide in the following questions is particularly important as it will allow Health Education England to assess the current level of staff working at advanced level of clinical practice across professions and within specialities.

ASK IF CODED 1-8 AT Q7A AND/OR CODED 1-8 AT Q7B (profession)

LOOP: PLEASE ASK FOR EACH PROFESSION SELECTED AT Q7A AND/OR Q7B

Q8 You previously stated that your organisation has staff working in advanced clinical practice in the following professions <<ENTER LIST FROM Q7A AND/OR Q7B>>.

Please select the specialities that a <<INSERT CODE SELECTED AT Q9A AND Q9B>> may work in within your organisation. (Respondent selects all specialities which cover profession selected)

MULTICODE

1. Emergency medicine (including urgent and emergency care)
2. Acute Medical

HEE Questionnaire 3 – Organisations

3. Medical specialities (e.g. gastro, cardio-vascular, respiratory, stroke etc)
4. Surgery
5. Critical Care
6. Neonates
7. Paediatrics
8. Older People
9. Ophthalmology
10. Musculoskeletal services (including orthopaedics, primary care etc)
11. Mental health
12. Cancer
13. Diagnostics (e.g. ultrasound, reporting radiographers etc)
14. Learning disability
15. Obstetrics and gynaecology
16. Community care (health and care)
17. Primary care
18. Dental
19. Other – please write in (SPECIFY)
20. Unknown/not specified
21. None of these (SINGLE CODE)
22. Don't know (SINGLE CODE)

ASK IF CODED 1-8 AT Q7A AND/OR CODED 1-8 AT Q7B (profession), AND CODED 1-20 AT Q8 (speciality).

Q9 You previously stated that your organisation has staff working in advanced clinical practice in the following professions <<ENTER LIST FROM Q7A AND/OR Q7B>> (professions).

LOOP: PLEASE ASK QUESTION FOR EACH CODE SELECTED AT Q9A AND/OR Q9B.

For << INSERT CODE SELECTED AT Q7A AND/OR Q7B>> please now record the number of staff working at advanced level practice or consultant level in each speciality.

Please use the excel form provided to help you complete this question. You can also download the form here if needed.

Please record both the actual number of staff and the whole time equivalents.

BRING FORWARD LIST OF SPECIALTIES SELECTED AT Q8 (speciality)

1. Trainee advanced level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)
2. Advanced level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)
3. Trainee consultant level practitioner – RECORD NUMBER
 - a) Number of staff headcount
 - b) Whole time equivalent (WTE)

HEE Questionnaire 3 – Organisations

4. Consultant level practitioner – RECORD NUMBER

- a) Number of staff headcount
- b) Whole time equivalent (WTE)

ASK ALL

Q10 Has your workforce been mapped against HEE's multi-professional framework for advanced clinical practice in England? When answering this question please think about those who are working at advanced clinical practice level or consultants.

SINGLE CODE

1. All staff have
2. Some staff have
3. Hardly any staff have
4. None have
5. Don't know

ASK IF WORKFORCE MAPPED AT Q10 (CODES 1 &2)

Q11B Approximately, what proportion of your advanced practice staff have skills gaps in <INSERT PILLAR>?

- A. Advanced clinical practice
 - B. Leadership and management
 - C. Research and service development
 - D. Education
1. Enter percentage (MIN 0%-MAX 100%)
 2. Don't know

Q11D Has your organisation developed a plan to support staff who have skills gaps relating to HEE's multi-professional framework pillars?

1. Yes
2. No
3. Don't know

IF PLAN HAS BEEN DEVELOPED (CODED 1 AT Q11D)

Q12 Please list up to three areas you have identified where your organisation needs further focus or support to ensure your advanced practice staff meet the capabilities of the advance clinical practice framework.

OPEN ENDED

1. We have not done this yet.

HEE Questionnaire 3 – Organisations

2. Prefer not to say

Q16 Which of the following, if any, does your organisation have in place for those working at advanced clinical practice level?

GRID**MULTICODE**

1. A workforce plan
2. An advanced practice forum/meeting bringing together different professions
3. Standardised job titles
4. Core job descriptions aligned to the framework
5. A generic job planning template
6. An organisation wide agreed grading system
7. An organisation governance policy
8. Annual appraisals

- a) Yes
- b) No
- c) Don't know

Training, Development and Supervision

The next section is about the, training, supervision and support that is given to people working in Advanced Practice roles/at advanced practice level.

ASK ALL

Q17 Is there an organisational standard policy for the supervision and support offered to those training to advanced clinical practice level? Please think about each of the following roles...

- a) Trainee advanced practitioner
- b) Advanced practitioner
- c) Trainee Consultant
- d) Consultant

SINGLE CODE

1. Yes
2. No
3. Don't know

ASK ALL

Q18 Overall, is there a standard as to how supervision is given? When answering this question please think about things like how much time, when and where this supervision takes place?

SINGLE CODE

1. Yes
2. No
3. Don't know

Competencies and Training

The next few questions are about the competencies and training of advanced clinical practitioners.

HEE Questionnaire 3 – Organisations

Q19 Thinking more generally, are your advanced clinical practice level workforce required to have capability frameworks (competencies) aligned to their areas of clinical practice?

SINGLE CODE

1. Yes
2. No
3. Only in specific areas – please write in (SPECIFY)
4. Don't know

ASK ALL

Q20 Thinking about your training and development programs. How do you...

- a) Currently provide local training to your advanced clinical practice level staff?
- b) Plan to provide local training to your advanced practice staff in the future?

MULTICODE

1. Training posts
2. In-house training
3. Higher Education Institution training places
4. Working with postgraduate schools of medicine
5. System wide training opportunities which are speciality specific
6. Other
7. None of these
8. Don't know

ASK ALL

Q21 How is the advanced clinical practice level /consultant training generally funded? Please select all that apply.

MULTICODE

1. Trust training fund
2. HEE funded
3. Charity funded
4. Trust service improvement funded
5. Individually Funded
6. Other
7. Don't know

Service Development, New posts and Evaluation

The next section is about service development, new posts and evaluation.

ASK ALL

Q22 In your opinion what are the main drivers for new advanced clinical practice level positions and services within your organisation? Please select the three main drivers.

MULTICODE – ALLOW UP TO THREE REPSONSES.

1. Retention of your existing workforce
2. Service improvements
3. Population needs/STP plan
4. Improving productivity/reducing locum spend
5. Workforce shortages
6. Individual career development

HEE Questionnaire 3 – Organisations

7. Waiting list initiatives
8. Government priority
9. System wide pathway development
10. Other
11. Don't know

OPEN ENDED**ASK ALL**

Q23 Are advanced clinical practice level staff expected to provide evidence about their impact? For example, service evaluation, quality assurance measures or outcome measures.

1. Yes
2. No
3. Don't know

ASK ALL

Q24 How do you support and enable your staff to share examples of good practice? For example, please describe here if any individuals from your organisation have presented national or international work, or written papers in peer reviewed journals.

OPEN ENDED

1. Don't know

Q25 Are there any other thoughts you would like to share with us around advanced clinical practice?

OPEN ENDED

1. No, I have nothing further to add

Q26 RECONTACT QUESTION

Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to get in contact with those who have responded to this survey for the purpose of inviting them to take part in follow up research as part of this project within the next 12 months.

If you are willing to be contacted as part of this project we will need to collect some contact details. All details provided will be treated in the strictest confidence, held only for 12 months by HEE, and will only be used to invite you to take part in further research as part of this project.

Are you willing to provide your contact details to HEE so that they, or an agency working on their behalf, can contact you within the next 12 months for this purpose?

1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
2. No

SHOW IF CODED 2 AT Q26

Q27A Would you be happy to be contacted by Ipsos MORI or Health Education England to discuss your role and advanced clinical practice in more depth?

1. Yes
2. No

IF YES AT Q27A, CODE 1

HEE Questionnaire 3 – Organisations

Q42B Please could you put your contact details here? Please write in your email address / contact number.

OPEN ENDED

IF CODED 4 AT Q16

Q43 You stated earlier that you had a job description for your advanced clinical practice level staff, would you be happy to share this core job description with HEE?

SINGLE CODE

1. Yes
2. No

IF CODED 7 AT Q16

Q44 You stated earlier that you had a governance policy for your advanced clinical practice level staff, would you be happy to share this document with HEE? If you agree to this your details will be passed to HEE for someone on behalf of HEE to contact you about this.

SINGLE CODE

1. Yes
2. No

Thank and close

18-090780-01 Primary Care Questionnaire 5 – Version 14

Questionnaire 5 – Primary Care**Version 14 30.07.19**

Thank you for taking the time to complete this survey about advanced clinical practice which is part of a wider piece of work being undertaken by HEE along with NHSE and NHSi and being conducted by Ipsos MORI.

Those working at advanced clinical practice level play a critical role in enhancing capacity and capability within multi professional teams, and come from a range of professional backgrounds such as nursing, midwifery, allied health professionals, and pharmacy (job titles may include Extended Scope Practitioners in Physiotherapy, OT, Pharmacy; Podiatry Practitioners, Advanced Nurse Practitioners, and some Clinical Nurse Specialists as well as many others). They are healthcare professionals educated to Masters level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. It is anticipated that the role of advanced practice staff will continue to develop and increase in importance over the coming years.

To help develop and improve their policies relating to advanced clinical practice, Health Education England is keen to understand the training and roles that advanced clinical staff are currently undertaking in your organisation, your workforce strategy, the support and training advanced practice staff are offered, and the governance structures underpinning it all.

For more information, a link to Health Education England's multi-professional framework for advanced clinical practice in England (2017) can be found [here](#).

We have also produced a short webinar about the purpose of this research, which can be found [here](#). This may help with completing the survey.

NEXT BUTTON**Privacy Notice****How your data will be used**

Health Education England have invited you to take part in this survey, and as a potential participant it's important that you are informed on how your personal data will be used and your rights under GDPR.

To process your data Ipsos MORI ("the processor") and Health Education England ("the controller") require a legal basis to do so. For this survey the legal basis for the processing of your personal data is your consent.

Responding to this survey is entirely voluntary and you can choose to withdraw your consent at any time. If you would like to withdraw your consent at any point please contact healtheducationacp@ipsos.com or call Ipsos MORI on Freephone 0800 141 3657.

You also have the right to object to, or restrict the processing of your personal data at any time. To do so please email gdpr@hee.nhs.uk.

The personal data which may be collected in this survey includes your name, email address and job title. However, you do not need to provide this information if you do not wish to and there are answer options in the survey that will allow you to remain anonymous.

18-090780-01 Primary Care Questionnaire 5 – Version 14

Data from this survey may be reported at various levels including organisation/trust level, STP/ICS level and by profession and speciality. Some verbatim answers submitted as part of this survey will also be passed on to HEE for their own analysis purposes. However, no personal data or information submitted as part of this survey will be passed on to your employer.

Data collected through this survey will be retained for 3 months with personal data held for up to 12 months after completion of the research and will be deleted via secure methods. For more information on your rights please see Health Education England's privacy notice [here](#).

Toward the end of the survey you will also be asked if you consent to taking part in further research and other work on advance clinical practice. If you choose to do so, your personal data will be shared with Health Education England and this information will be held for up to 12 months.

NEXT BUTTON

How to complete this survey

We only require one response per practice, please liaise with colleagues and organisation leads before completing this survey to avoid duplication.

You may also wish to download a PDF version of the questionnaire, available [here](#) to share with others in your organisation to help you gather their views and staff numbers, before you respond to the survey online.

Please note that the answers that you provide on behalf of your practice may be shared with Health Education England so they can understand what is happening at a local level. You won't personally be identified in the data unless you choose to provide information which could identify you.

Depending on the extent of your comments, this questionnaire should only take around **15 minutes** to complete.

Please note, your answers will only be saved once you have completed and submitted the survey. However, if you would like to save your progress and submit your answers later, please tick the box below to provide your email address. We will then send you a unique link to the survey which will allow you to access your answers and pick up where you left off. We will only use this email address to send you the unique link and this will not be shared with Health Education England or any other organisation.

If you are happy to do so please select "I would like to provide an email address". EMAIL ADDRESS BOX.

1. I would like to provide an email address.

If you need to change any of your answers, please use the back button to go back and change previous responses.

If you need help completing this survey, please let us know by emailing healtheducationacp@ipsos.com or calling Ipsos MORI on Freephone 0800 141 3657.

CONSENT BUTTON: I agree to participate in the survey and provide data about advanced clinical practice and understand that participation is voluntary and I can change my mind at any time.

By clicking the button, you agree to participate in the survey about advanced clinical practice and understand that participation is voluntary and you can change your mind at any time.

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1
2
3 **Organisation information**
4

5 The first few questions are about the practice that you work in.
6

7 **ASK ALL**

8 **Q1 Which STP/ICS does your practice fall under? Please choose from the following list.**

9 **SINGLE CODE**
10

11 CHOOSE FROM DATABASE. ADD INSTRUCTIONS FOR SEARCHING.

- 12
13
14 1. Other – please write in (SPECIFY)
15

16 **ASK ALL**

17 **Q2 Please state which training hub your practice falls under? This may previously have been**
18 **referred to as CEPN/CPEN.**
19

20 OPEN ENDED

- 21 1. Don't know
22

23 **ASK ALL**

24 **Q3 What is your job role?**

25 **MULTICODE**
26

- 27 1. Practice manager
28 2. Practice administrator
29 3. GP within the practice
30 4. Other health care professional within the practice – please write in (SPECIFY)
31 5. Other - please write in. (SPECIFY)
32 6. Don't know
33
34

35 **ASK ALL**

36 **Q4 Before today, how much, if anything, would you say you personally know about Health**
37 **Education England's multi-professional advanced clinical practice framework?**
38

39 **SINGLE CODE**
40

- 41 1. A great deal
42 2. A fair amount
43 3. Just a little
44 4. Heard of, but know nothing about
45 5. Never heard of
46 6. Don't know
47

48 **IF CODES 3 TO 6 AT Q4 SHOW THE FOLLOWING INFORMATION**
49

50 The following questions link to the HEE advanced clinical practice framework. You can find the
51 framework [here](#).
52
53

54
55 **Definition of advanced clinical practice:**
56

57 "Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is
58 a level of practice characterised by a high degree of autonomy and complex decision making. This is
59 underpinned by a master's level award or equivalent that encompasses the four pillars of clinical
60

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practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes."

The four pillars (taken from the multi-professional advanced clinical practice framework):

This framework requires that health and care professionals working at the level of advanced clinical practice should have developed and can evidence the underpinning competencies applicable to the specialty or subject area, i.e. the knowledge, skills and behaviours relevant to the health and care professional's setting and job role. The core capabilities **across the four pillars...**

- Clinical practice
- Leadership and management
- Education
- Research

...are then applied to these specialist competencies. These may be manifested/demonstrated in different ways depending on the profession, role, population group, setting and sector in which an individual is practising.

ASK ALL

Q5 Have those in your workforce who are working at advanced practice level been mapped against HEE's multi-professional advanced clinical practice framework?

When answering this question please think about those who are qualified advanced clinical practitioners or consultants. This may include nurses, midwives, health scientists, pharmacists, allied healthcare professionals and psychological professions.

SINGLE CODE

1. All staff have
2. Some staff have
3. Hardly any staff have
4. None have
5. Don't know

ASK ALL

Q6 Does your practice have staff working at advanced clinical practice level, in any of the following professions? Please include staff that you employ directly and staff that provide services to your practice/network. For example, please include staff from private organisations commissioned to provide NHS services or staff from any Community Interest Companies (CICs).

MULTICODE

1. Nurses
2. Midwives
3. Pharmacists
4. Physiotherapists

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5. Paramedics
 6. Other allied healthcare professionals
 - a) Art Therapists
 - b) Drama Therapists
 - c) Music Therapists
 - d) Podiatrists
 - e) Dietitians
 - f) Occupational Therapists
 - g) Operating Department Practitioners
 - h) Orthoptists
 - i) Osteopaths
 - j) Prosthetist and orthotists
 - k) Radiographer – Diagnostics
 - l) Radiographer – Therapeutics
 - m) Speech and language therapists
 7. Psychological professionals (including both statutory and non-statutory regulated)
 8. Healthcare scientist
 9. Other professions – please write in (SPECIFY)
 10. In none of these professions – CLOSE QUESTIONNAIRE
 11. Don't know

ASK ALL WHO CODED 1-10 AT Q6 (I.E. WHO HAVE ADVANCED CLINICAL PRACTITIONERS WORKING IN EACH OF THE PROFESSIONS)

LOOP: PLEASE ASK FOR EACH PROFESSION SELECTED AT Q6.

Q6B You previously stated that your organisation has staff working at advanced clinical practice level in the following professions <<ENTER LIST FROM Q6>>

Please select the specialities <<INSERT CODE SELECTED AT Q6>> work in within your organisation. REPEAT QUESTION FOR EACH CODE SELECTED AT Q6.

MULTICODE

1. GP nursing
2. Musculoskeletal Services (e.g. physio)
3. Paramedic Services
4. Other – please write in (SPECIFY)
5. Non-specific specialties
6. None of these (SINGLE CODE)
7. Don't know (SINGLE CODE)

ASK IF CODED 1-9AT Q6 (profession), CODED 1-5 AT Q6B (speciality).

LOOP: PLEASE ASK Q7 FOR EACH CODE SELECTED AT Q6.

Q7 How many <<<INSERT CODE SELECTED AT Q6>>> does your practice have working at advanced clinical practice level for each of the following specialities?

Please record both the actual number of staff and the whole time equivalents. If you are unsure, please give your best estimate.

BRING FORWARD LIST OF SPECIALITIES SELECTED AT Q6B.

1. Trainee advanced level practitioner – RECORD NUMBER
 - a. Number of staff headcount

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- 1
2
3 b. Whole time equivalent (WTE)
4
5
6 2. Advanced level practitioner – RECORD NUMBER
7 a. Number of staff headcount
8 b. Whole time equivalent (WTE)
9
10 3. Trainee consultant level practitioner – RECORD NUMBER
11 a. Number of staff headcount
12 b. Whole time equivalent (WTE)
13
14 4. Consultant level practitioner – RECORD NUMBER
15 a. Number of staff headcount
16 b. Whole time equivalent (WTE)
17
18

19 **ASK IF CODED 1-9 AT Q6 (profession)**

20 **LOOP: PLEASE ASK QUESTION FOR EACH PROFESSION SLECTED AT Q6**

21 **Q22 Of those in your workforce working at advanced clinical practice level, as <<CODE SELECTED**
22 **AT Q6>> how many are directly employed by you, and how many are employed by someone else?**
23

24 **Please record both the actual number of staff and the whole time equivalent. If you are unsure,**
25 **please give your best estimate.**
26

- 27 1. Employed by you – RECORD NUMBER
28 a. Number of staff headcount
29 i. Don't know
30 b. Whole time equivalent (WTE)
31 i. Don't know
32
33 2. Employed by someone else – RECORD NUMBER
34 a. Number of staff headcount
35 i. Don't know
36 b. Whole time equivalent (WTE)
37 i. Don't know
38
39 i. Don't know
40

41 **Supervision**

42 **The next few questions are about the supervision of staff working at advanced clinical practice**
43 **level.**
44

45 **ASK ALL**

46 **Q9 Is there a policy or a standard for supervision of staff employed within your practice working at**
47 **an advanced clinical practice level?**
48

- 49 1. Yes – across all specialties
50 2. Yes – across some specialties
51 3. No – no policy or standard for supervision within our practice
52 4. Don't know
53
54

55 **IF CODED 1 OR 2 AT Q9**

56 **Q10 Does the policy or standard for supervision within your practice address either of the**
57 **following areas?**
58

- 59 1. Frequency of supervision
60

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 - 60.
2. Set proforma for supervision
 3. Neither of these
 4. Don't know

Governance

The next question is about any processes or governance structures you may have in place.

ASK ALL

Q10B Do you have a process or governance structure in place to support and monitor the impact of your advanced clinical practice level roles?

1. Yes
2. No
3. Don't know

Training

The next few questions are about the training your staff are involved in either locally (i.e. within your practice or CCG) or externally.

ASK ALL

Q11 Do any of your advanced clinical practice level staff receive training locally– e.g. within your practice or CCG?

MULTICODE

1. Yes, training alongside the medical team
2. Yes, profession specific training
3. Yes, speciality specific training
4. Yes, other training, please write in (SPECIFY)
5. No, none of these
6. Don't know

Q12 Do any of your advanced clinical practice level staff receive training externally – e.g. outside of your practice or CCG?

1. Yes, Full Masters (including PG cert and PG Dip)
2. Yes, specific modules
3. Yes, Royal College (credential)
4. Yes, credentialing other
5. Yes, other (please write in)
6. No, none of these
7. Don't know

ASK ALL

Q13 What collaboration, if any, does your practice currently have with your local training hub/CEPN/CPEN? E.g. through meetings, attending or providing training courses etc.

OPEN ENDED

1. Meetings
2. Training

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3. Open contact/access
4. Other
5. We do not have any collaboration with our local training hub
6. Don't know

ASK ALL

Q14 Are practice staff who are working at an advanced clinical level represented at your training hub/CPEN/CEPN meetings?

SINGLE CODE

1. Yes – fully
2. Yes – partly
3. No – hardly at all
4. No – not at all
5. Not applicable – we do not have any training hub meetings
6. Don't know

Alignment to HEE's Multi-professional framework for advanced clinical practice

Please think about the staff in your practice, who are working at an advanced clinical level, and how they may align to the multi-professional framework for advanced clinical practice.

ASK ALL

Q15 Which, if any, of the four pillars from the HEE multi-professional framework do you think you will need to provide training on in the near future (e.g. within the next six months) to ensure that your advanced clinical practice level staff comply with the HEE advanced clinical practice framework?

MULTICODE

1. Clinical practice
2. Leadership and Management
3. Education
4. Research
5. None - we will not need to provide any training on these pillars in the near future
6. Don't know

ASK ALL WHO SELECTED MORE THAN ONE CODE AT Q15 (CODES 1-4)

Q16 Which pillar, if any, is your practice's priority to ensure your staff align to the framework?

BRING FORWARD LIST FROM Q15

1. We do not have a priority

ASK ALL WHO SELECTED CODES 1-4 AT Q16

Q17 What plans if any do you have in place to address this training gap?

OPEN ENDED

1. We do not have any plans in place
2. Don't know

ASK ALL

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1
2
3 **Q18 How many staff, if any, do you currently have in your practice who may be able to move**
4 **towards an advanced clinical practice level role for each of these specialties? If you are unsure**
5 **please provide your best estimate.**
6

- 7
- 8 1. GP nursing – RECORD NUMBER
9 ○ Don't know
 - 10 2. Musculoskeletal Services (e.g. physio) – RECORD NUMBER
11 ○ Don't know
 - 12 3. Paramedic Services – RECORD NUMBER
13 ○ Don't know
 - 14 4. Other – please write in (SPECIFY) – RECORD NUMBER
- 15

16 **ASK IF CODED 4 AT Q18**
17

18 **Q18B You mentioned at the previous question, that you have other staff who may be able to**
19 **move towards an advanced clinical practice role. For which specialities would this be for?**
20 **OPEN ENDED**
21
22

23
24 **Q19 What, if any, are the main barriers preventing staff from working towards an advanced**
25 **clinical practice role?**
26

- 27 1. Support/supervision
 - 28 2. Time
 - 29 3. Funding
 - 30 4. Course/training availability
 - 31 5. Backfill
 - 32 6. There are no barriers preventing staff from working towards an advanced clinical practice
 - 33 role
 - 34 7. Don't know
- 35
36
37

38 **Q20 What support, if any, does your practice need to help staff work towards advanced clinical**
39 **practice roles?**
40

- 41 1. Support/supervision
 - 42 2. Time
 - 43 3. Funding
 - 44 4. Course/training availability
 - 45 5. Backfill
 - 46 6. We do not need any support to help staff work toward advanced clinical practice roles
 - 47 7. Don't know
- 48
49

50 **Q21 Who invited you to take part in this survey?**
51

- 52 1. Peer/colleague
 - 53 2. Manager/team lead
 - 54 3. Professional lead
 - 55 4. Organisational lead
 - 56 5. Other
 - 57 6. Don't know/can't remember
- 58
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60

RECONTACT QUESTION

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1
2
3 Health Education England or an agency working on behalf of HEE (such as Ipsos MORI) may want to
4 get in contact with those who have responded to this survey for the purpose of inviting them to take
5 part in follow up research as part of this project within the next 12 months.
6

7
8 If you are willing to be contacted as part of this project we will need to collect some contact
9 details. All details provided will be treated in the strictest confidence, held only for 12 months by
10 HEE, and will only be used to invite you to take part in further research as part of this project.
11

12 Are you willing to provide your contact details to HEE so that they, or an agency working on their
13 behalf, can contact you within the next 12 months for this purpose?
14

- 15 1. Yes – COLLECT CONTACT DETAILS – NAME & EMAIL ADDRESS.
 - 16 2. No
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Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

| <i>Checklist Item</i> | <i>Explanation</i> | <i>Page Number</i> |
|----------------------------------|---|--------------------|
| Describe survey design | Describe target population, sample frame. Is the sample a convenience sample? (In “open” surveys this is most likely.) | 4 |
| IRB approval | Mention whether the study has been approved by an IRB. | 18 |
| Informed consent | Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study? | 4 |
| Data protection | If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access. | 18 |
| Development and testing | State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire. | 4,5 |
| Open survey versus closed survey | An “open survey” is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password-protected survey). | 4 |
| Contact mode | Indicate whether or not the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry) | 4 |
| Advertising the survey | How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix. | 4,5 |
| Web/E-mail | State the type of e-survey (eg, one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses? | 4 |
| Context | Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on an anti-immunization Web site will have different results from a Web survey conducted on a government Web site | 4 |
| Mandatory/voluntary | Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site or was it a voluntary survey? | 4 |

| | | |
|---|---|--|
| Incentives | Were any incentives offered (eg, monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)? | No mention of incentives as they were not provided |
| Time/Date | In what timeframe were the data collected? | 4 |
| Randomization of items or questionnaires | To prevent biases items can be randomized or alternated. | NA |
| Adaptive questioning | Use adaptive questioning (certain items, or only conditionally displayed based on responses to other items) to reduce number and complexity of the questions. | NA |
| Number of Items | What was the number of questionnaire items per page? The number of items is an important factor for the completion rate. | As a supplementary material |
| Number of screens (pages) | Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate. | As a supplementary material |
| Completeness check | It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if "yes", how (usually JavaScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as "not applicable" or "rather not say", and selection of one response option should be enforced. | As a supplementary material |
| Review step | State whether respondents were able to review and change their answers (eg, through a Back button or a Review step which displays a summary of the responses and asks the respondents if they are correct). | NA |
| Unique site visitor | If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both. | NA |
| View rate (Ratio of unique survey visitors/unique site visitors) | Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!). It is not unusual to have view rates of less than 0.1 % if the survey is voluntary. | NA |
| Participation rate (Ratio of unique visitors who agreed to participate/unique | Count the unique number of people who filled in the first survey page (or agreed to participate, for example by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present). This can also be called "recruitment" rate. | 5, 15 |

| | | |
|--|--|----|
| first survey page visitors) | | |
| Completion rate (Ratio of users who finished the survey/users who agreed to participate) | The number of people submitting the last questionnaire page, divided by the number of people who agreed to participate (or submitted the first survey page). This is only relevant if there is a separate informed consent" page or if the survey goes over several pages. This is a measure for attrition. Note that "completion" can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word "completeness rate".) | NA |
| Cookies used | Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (eg, the first entry or the most recent)? | NA |
| IP check | Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (eg, 24 hours). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)? | NA |
| Log file analysis | Indicate whether other techniques to analyze the log file for identification of multiple entries were used. If so, please describe. | NA |
| Registration | In "closed" (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)? | NA |
| Handling of incomplete questionnaires | Were only completed questionnaires analyzed? Were questionnaires which terminated early (where, for example, users did not go through all questionnaire pages) also analyzed? | NA |
| Questionnaires submitted with an atypical timestamp | Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point, and describe how this point was determined. | NA |
| Statistical correction | Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods. | 5 |

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5 This checklist has been modified from Eysenbach G. Improving the quality of Web surveys: the Checklist for Reporting Results of Internet E-Surveys
6 (CHERRIES). J Med Internet Res. 2004 Sep 29;6(3):e34 [erratum in J Med Internet Res. 2012; 14(1): e8.]. Article available at
7 <https://www.jmir.org/2004/3/e34/>; erratum available <https://www.jmir.org/2012/1/e8/>. Copyright ©Gunther Eysenbach. Originally published in the
8 [Journal of Medical Internet Research](#), 29.9.2004 and 04.01.2012.
9

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12 Research, is properly cited.
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