Council

1 July 2021

Review of regulation of advanced practice – options analysis and recommendations

Executive Summary

In May 2020, we began a wide-ranging review of regulation of advanced practice in response to calls from stakeholders for the HCPC to regulate advanced practice, define its scope of practice, or otherwise provide further clarity about our position on advanced practice.

During the course of this review, we carried out both mixed methods and targeted research with input from more than 4,000 stakeholders across the UK and across all relevant stakeholder groups. This includes HCPC registrants, service users, members of the nursing and medical professions, other regulators (systems and professional), national education bodies, higher education institutions, professional bodies, trade unions, and representatives of the governments in each of the four countries of the UK.

We set out four possible broad outcomes at the outset of our review and were genuinely open to all options. These options are set out in detail in Annex A and in summary are: (1) do nothing; (2) develop a policy position statement; (3) signpost to external resources; and (4) develop a full standards, education quality assurance, and annotation approach.

Our review has identified how complex this landscape is. It has found that there is neither consensus about what advanced practice is (a necessary precursor to regulation) nor consensus that regulation is the right solution to the issue at this time. While most stakeholders instinctively favoured regulation, some did not. Amongst those who did, there was no clear view on how regulation could work in practice. In addition, the review did not find clear evidence that public safety concerns could be addressed through regulation; with some stakeholders pointing to existing local employer governance/assurance arrangements as the most appropriate and effective mechanism to mitigate any risk.

The review also highlighted the risk that regulation could stifle innovation in this area and views that the sector needed further time to mature. Arguments favouring additional regulation were commonly at odds with other stakeholder groups' positions and sometimes seemed to be aimed at fixing perceived issues with other (potentially appropriate) voluntary assurance mechanisms, such as the lack of a unified approach across four countries, or across NHS and non-NHS settings.

In summary, the review found that, at this stage, there was not sufficient evidence to meet the high threshold required for a new regulatory framework to be developed. However, there was strong consensus that regulators, registrants and other stakeholders would benefit from a clearer, shared definition of advanced practice.

This paper therefore invites Council to agree that HCPC adopts option 2, namely that HCPC continues to provide thought leadership in this important area through taking a leading role in the development of a definition and guiding principles for advanced practice, continuing to monitor the developing landscape and to review and respond to changes where necessary. Our full recommendations are set out in paragraph 19 below.

We also provide a detailed summary of the background and approach to our review, the evidence gathered, and an options analysis at Annex A.

Previous consideration	The Council had discussed the area of Advanced Practice on several occasions notably, at its meeting in December 2019, May 2020 and presentation on University of Bradford research findings, January 2021.
Decision	Council is asked to agree that we proceed in line with option 2 (see from paragraph 72, Annex A): a) lead the development of a definition and guiding principles for advanced practice in collaboration with key stakeholders b) continue to monitor the developing advanced practice landscape and review and respond to changes where necessary
Next steps	If Council agrees the recommendation we will: a) communicate the decision to stakeholders b) scope and plan the development of a definition and guiding principles c) continue to monitor and engage with stakeholders on advanced practice
Strategic priority	• Promote high quality professional practice: enable our professions to meet our standards so that they are able to adapt to changes in health and care practice delivery, preventing harm to service users. • Develop insight and exert influence: learning from data and research to inform our decision-making and share insights to protect promote and maintain the health, safety and well-being of the public
Financial and resource implications	Financial, resource and EDI implications to pursue the development of a definition and guiding principles will form part of the scoping and planning exercise
Author	Charlotte Rogers, Policy Lead Charlotte.rogers@hcpc-uk.org
Sponsor	Naomi Nicholson, Executive Director of Professional Practice and Insight Naomi.nicholson@hcpc-uk.org

Review of regulation of advanced practice – options analysis and recommendations

Introduction

1. Advanced practitioners are employed within the NHS and private healthcare sector, across all four UK countries. The roles they undertake vary from the highly specialised to more general roles with greater professional autonomy and decision-making.

2. For decades there have been repeated calls from stakeholders and professional groups to introduce some form of regulation for advanced practice, and our registrants are often seeking advice and guidance from us about advanced practice roles.

3. There was very little (to no) pre-existing evidence or literature focussed on the risk or regulation of HCPC registrants advancing their practice beyond the traditional scope of practice.

4. In May 2020 we began a review to:

    a) understand the risk, if any, presented by the advancement of registrants' practice

    b) identify the implications, if any, for our regulatory functions

    c) determine and communicate the HCPC's policy position for advanced practice

    d) identify any legislative changes that could/should be sought as part of regulatory reform.

5. The review has concluded and this paper presents the findings and options analysis. We recommend that:

    a) we do not develop a new regulatory framework for advanced practice at this stage

    b) we lead the development of a definition and guiding principles for advanced practice

    c) we continue to monitor the developing advanced practice landscape and review and respond to changes where necessary.

Risks

6. The strategic risks engaged with this work are:

    a) Strategic risk 2: the HCPC's regulatory expectations are not appropriate or not understood by registrants and other stakeholders – the recommended option provides for a clear policy position statement that

will enable our stakeholders to understand our position and expectations around advanced practice.

b) Strategic risk 4: we do not understand our stakeholders' needs and so are unable to be the regulator they (the wider system) need – the review has included wide stakeholder engagement, which enables us to understand their views on advanced practice and the risk and challenges it poses.

7. Keep advanced practice under review, as it continues to develop and change, will ensure that we continue to mitigate both risks identified here.

Research and engagement

8. Our research and engagement has included:

   a) Internal desk-based research

   b) University of Bradford research to explore the issues around advanced practice and seek opinion on the need for additional regulatory measures for people working at an advanced practice level

   c) Community research to explore and obtain service users' views on advanced practice

   d) Community research to explore and obtain employers' views on advance practice

   e) Workshops and meetings with other key stakeholders to obtain their views

Risks of advanced practice

9. The review set out to understand the risk, if any, presented by the advancement of registrants' practice. The findings did not identify any hard evidence to demonstrate that advanced practice currently presents a particular service user safety risk.

10. We were told by some stakeholders that the level of risk is no different to the inherent risk within the cognate profession or in any more senior role/scope of practice that carries an inherent risk of harm by its very nature.

11. It is worth noting that some stakeholders strongly believed there was a heightened risk. Reasons given were that advanced practice often extends well beyond the traditional scope of practice of the HCPC registered professions, and that there is variation of education, training and practice within advanced practice.

Implications for our regulatory functions

12. The review set out to identify any implications for our regulatory functions. At this point in time, we have found that there is not sufficient evidence of risk to justify creating a new regulatory framework for advanced practice.

13. There is, however, considerable evidence that enhanced clarity, consistency and a shared understanding of what advanced practice (AP) is, is required. As the four-country regulator of 15 professions, HCPC is in an optimum position to lead the creation of, and promote, this shared understanding that is so consistently called for.

HCPC's policy position

14. The review set out to determine and communicate the HCPC's policy position for advanced practice and the findings identify that we should lead the development of a definition and guiding principles for AP.

15. It is recommended that we develop a communications campaign, following the development of the definition and guiding principles, to enhance understanding and consistency amongst all stakeholder groups.

Legislative changes

16. The review set out to identify any legislative changes that could/should be sought as part of regulatory reform and the findings identify that disparity in prescribing rights across the professions HCPC regulates, and the introduction of protected title(s) for AP, were commonly debated as core issues and barriers in discussion about AP. Frequently it was misunderstood that HCPC had powers to protect title, or to introduce prescribing rights for new professions. Given the findings above in relation to risk (or lack of evidence of it), we do not find that legislative change is necessary at this time.

17. There was also some call for a single statutory regulator to be created for AP across multi-professions (with a single register), however this was from a small minority of stakeholders and, leaving aside practical implications, the rationale for this was not always clear.

Summary of the review findings

18. The review identifies that:

    a) There is considerable complexity, variation, confusion, and lack of consensus on the subject of advanced practice across all professions, settings, areas of practice and geographies.

    b) There is currently no consistency in: role title, scope of advanced practice, education or professional accreditation, across all HCPC registered professions.

    c) There was no hard evidence obtained that demonstrates that advanced practice currently presents a particular service user safety risk. There was also no evidence presented of a particular service user safety risk in a particular HCPC profession or within a particular area or setting of practice (although this was explored extensively whenever anecdotal perceptions on this arose).

    d) The majority of registrants surveyed and a minority of other stakeholders felt that there was a case for additional regulation – the precise mechanism or parameters for delivering additional regulation was not clear or in line with other findings.

    e) There was a general sense amongst those not in favour of additional regulation, that it is currently too early for regulation because of the numbers involved; the need to allow the sector to develop further; and, a concern about regulation inhibiting innovation.

f) Stakeholders want clarity and consistency and cautioned against rigidity or prescriptiveness; and many were not sure what the role of the HCPC should be in relation to AP.

g) All stakeholders also indicated that they want clarity over terminology, particularly the meaning of AP, the appropriate education level, and the difference between specialism and advanced practice.

h) The need for a unified multi-profession approach to advanced practice was highlighted, which included professions regulated by others, to ensure that any model of regulation would be effective and fair in practice.

Our recommendation

19. In light of the findings above, it is recommended that we take a phased 'monitor and review' approach. It is proposed that we *do not* introduce the full regulatory option available to us (annotation, standards and quality assurance), nor that we do nothing. Instead, it is recommended that, for now, we take a relatively lighter regulatory approach and:

    1. Lead the development of a shared definition and guiding principles governing AP. In so far as possible, we do this in collaboration with the other professions' regulators and other key stakeholders.

    2. Explore improvements to our data capture, analysis and monitoring in this area (including in relation to organisations involved in the education, training, employment, and assurance/accreditation of individuals undertaking AP) to provide more evidence and assurance about the risk to safety.

    3. Develop a communications campaign (post development of definition and principles) to promote greater understanding and consensus surrounding AP, amongst all stakeholder groups.

    4. Work with employers through our professional liaison service to ensure that employers understand the products developed and are supported in carrying out their role in local governance of AP.

    5. Keep our approach under review and take action if evidence and engagement warranted this. Set a 'hard review' point of our approach to regulation of AP in five years' time to allow the sector to have matured and associated assurance mechanisms to have become more established and potentially, stabilized.

Appendix A: A detailed summary of the background, approach to the review and evidence gathered

Purpose of this paper

1. This paper outlines the background to the review of advanced practice, including our approach and the findings.

Background

2. Advanced practitioners are employed within the NHS and non-NHS healthcare sectors, across all four UK countries. The roles they undertake vary from the highly specialised to more general roles with greater professional autonomy and decision-making. There is currently no consistency in role title, scope of advanced practice, necessary underpinning education, or professional accreditation across all HCPC registered professions.

3. Our current model of regulation of our registrants is that we only define minimum entry-level requirements (education and practice standards) to the professions (this is referred to as the cognate profession in the context of advanced practice). This means that there is no HCPC regulation specific to the advanced level of practice or advanced practice education programmes. The only two areas in which the HCPC currently quality assures and annotates the register for non-undergraduate programmes, are prescribing and podiatrists undertaking surgery.

4. The HCPC does not collect information on scope of practice, nor do we prescribe the areas in which our registrants work, instead our standards say that, *'registrants must ensure that they practice safely and effectively within their chosen scope of practice[1]'.*

5. We are regularly contacted by registrants asking for advice and support in relation to extended, specialist or advanced scope of practice; quite often in relation to advanced practice roles. Some registrants raise concerns about how to ensure they are acting within the scope of their Standards of Proficiency in their new roles; for example, Operating Department Practitioners moving into surgical care practitioner roles. During the course of the review, enquiries have continued and risen, to seek clarity on our position on voluntary measures of assurance, such as the career roadmaps and directory developed by HEE's Centre for Advancing Practice.

[1] 'You must keep within your scope of practice by only practising in the areas you have appropriate knowledge, skills and experience for' (3.1); and, 'You must refer a service user to another practitioner if the care, treatment or other services they need are beyond your scope of practice' (3.2), Standards of conduct, performance and ethics; and, You must be able to practise safely and effectively within your scope of practice (1), Standards of proficiency.

6. For decades there have been repeated calls from a number of stakeholders and professional groups to introduce some form of regulation of advanced practice.

7. When we commenced the review there was very little (to no) pre-existing evidence and literature focussed on the subject of risk, and/or regulation of HCPC registrants advancing their practice. Therefore, a considerable amount of research and engagement was required to inform any decisions about the regulation of advanced practice.

8. It is worth stressing the complexity of this review in terms of the vast and varied registrant base we have who consider themselves to be working at an advanced or consultant practice level roles, across multiple settings (e.g. NHS and non-NHS, primary and secondary care) and areas of practice (e.g. musculoskeletal in primary care or emergency medicine in acute settings) and with considerably varied roles/jobs associated with the level of practice.

The review

9. The advanced practice landscape is complex and in May 2020 we began a review to:

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

Our approach

10. We took a phased approach to research and evidence gathering, with and across, a broad range of stakeholder groups, adapting our approach iteratively in accordance with the evidence.

Project Governance and expertise/advice

11. We appointed:

    - HCPC employee subject matter experts across our regulatory functions (fitness to practise, policy and standards, education, and registration) as members of a standing internal project team.
    - Six registrant HCPC Council members as members of a standing Expert Reference Group (ERG) to advise and guide the project throughout its duration.

Guiding principles of good regulatory practice

12. Throughout we have been guided by the principles of good regulatory practice[2] and our own strategic aims:

[2] These principles are a combination of the OECD's 'Better Regulation' (which is the idea that governments should have an over-arching policy for decisions about regulation was supported by the OECD in their

- Clarity, consistency and fairness
- Transparency and accountability
- Collaboration and engagement with key stakeholders
- Agility, to look forward and be able to adapt to anticipate change.
- A focus on prevention
- Proportionality: tailoring our regulatory approach to the risk profile
- Removing unnecessary barriers and regulatory burdens, serving as an enabler of good practice and not in any way hindering development of safe and effective practice
- Ensuring public confidence in the professions we regulate and providing appropriate levels of assurance to mitigate the risk

Criteria and evidence for introduction of statutory regulation

13. We established the criteria that would need to be satisfied through evidence to warrant any form of additional regulation, recognising that the threshold for introducing additional statutory regulation should be high and in accordance with the Professional Standards Authority's (PSA) 'right touch' regulation policy[3]. Other important reasons such as, supporting career progression and professional status of registrants, maximizing registrant's potential, and/or promoting the effectiveness of use of advanced practice roles in service design would not be sufficient.

14. The PSA's advice to the Government in relation to the question about whether additional regulation of advanced practice is necessary is that 'regulatory bodies may need to consider whether action is necessary to assure the professional's fitness to practise in the context of a very different nature of practice where *risk to the public is evident*. Such cases would be where the standards for practising proficiently in these roles *are significantly different to those assessed against at initial registration, going far beyond ordinary progression within a given scope of practice, and where the risks to patients from these roles are of a qualitatively different nature* from those ordinarily associated with the practice of the profession.'[4]

15. To determine whether a new professional group should be brought into statutory regulation, a principled and evidenced case for regulation must be made. To explore this, the GMC, building on the work of the HCPC, developed a set of criteria[5] to map the evidence against and better understand/analyse the case for/against. Similarly, for a new level of practice to warrant additional statutory regulation it was prudent to consider the same criteria, albeit with some nuance:

    - The profession (in this case, level of practice) must be a clearly definable and differentiated group and have a clear role

2012 report Recommendation of the Council on Regulatory Policy Governance); and the PSA's Right Touch Regulation Policy, which can be found here: https://www.professionalstandards.org.uk/publications/right-touch-regulation

[3] https://www.professionalstandards.org.uk/publications/right-touch-regulation

[4] https://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/advanced-practice-2009.pdf?sfvrsn=6

[5] https://www.gmc-uk.org/-/media/documents/GMC_response_to_MAPs_consultation.pdf_72863064.pdf

- Statutory regulation is necessary to perform functions associated with the role (for example prescribing)
- There is a high level of complexity associated with the role
- There is a high level of risk associated with activities necessary to fulfil the role and therefore a need for accountability
- Professionals have a significant degree of autonomy
- Regulation is necessary to be able to command public confidence
- Regulation is necessary to provide assurance of quality and reliability to other professional groups or agencies using the services of the profession
- Statutory regulation must be supported by the proposed professional group and other key stakeholders
- The professional group must be of sufficient size and maturity to be able to support the requirements of regulation (for example, an established educational and professional infrastructure and professional standards This might be demonstrated through voluntary regulation or credentialing)

16. We have adopted these criteria to guide our assessment of whether additional regulation is necessary. To address gaps in our understanding against the criteria, we have undertaken a considerable amount of research and engagement with a broad range of stakeholders across the four countries of the UK.

Research and engagement

17. Since May 2020, the HCPC has:

    - Undertaken initial desk-based research to scope available literature on AP in relation to our registrants' professions.
    - Commissioned and published a report of extensive research and engagement carried out by a research team from the University of Bradford July 2020-January 2021. This research was to identify a range of facts, opinions and experiences, from a range of stakeholders, across a range of settings, professions and geographies. The research team undertook the following steps:
        - a survey of HCPC registered professionals undertaking, or aspiring to undertake, AP (3742 responses);
        - 31 semi structured interviews/focus groups with key stakeholders to elicit their perceptions regarding the scope of practice and autonomy of advanced practitioners;
        - a survey of education providers delivering 31 AP programmes;
        - an advisory board – used to provide feedback on proposed research plans and project outputs and offer guidance and advocate within their relevant networks; and
        - a reference group - of the registrant professional bodies created to provide profession specific insight
    - Commissioned and published a report of service user research carried out by Community Research (Autumn 2020)

- Commissioned and published a report of employer research, also carried out by Community Research (Spring 2021)
- Hosted a two-part workshop with key stakeholders (led by our Expert Reference Group) to explore perceptions on the research findings; identify evidential gaps; and any further work that needed to be done, to ensure this could be carried out before HCPC's Council could make an informed decision about next steps. The workshops included approximately 45 participants from the following stakeholder groups, from across the UK (although representation from Northern Ireland was lacking):
    - Professional bodies
    - Trade unions
    - PSA, systems and other professions regulators
    - National education bodies
    - Registrants practising at AP level
    - Chief Allied Health and Scientific Officers' office
- Conducted surveys with members of the Academy of Medical Royal Colleges and with members of the British Medical Association.
- Facilitated several meetings and workshops with representatives from across the following regulators: NMC, GMC, GDC, GOSC, GOC and with representatives of Health Education England and their Centre for Advancing Practice, throughout the project.

Research limitations

18. It is worth noting that there were some limitations to the research we have undertaken which provides important context when considering the findings below:

    a. The global COVID-19 pandemic throughout the research will have inevitably impacted level of engagement/coverage of stakeholders/fatigue

    b. the numbers involved in the research were relatively small. Qualitative research is not intended to be statistically reliable and, as such, does not permit conclusions to be drawn about the extent to which something is true for the wider population

    c. Participants were a self-selecting group - participants 'opted in' to the process and actively responded to communication about the research and it is possible that individuals not involved hold different views

    d. The research is all qualitative, perceptions/self-reflection based research, as opposed to hard, objective quantitative data (in particular, data on actual patient safety risk presented by AP). Attempts were made to obtain such objective data, but it either does not yet exist or is not currently identifiable within the resource constraints of this project

Key findings of the University of Bradford Independent Research

Purpose

19. This research was undertaken to explore the issues and seek opinions on the need for additional regulatory measures for registrants working at an advanced practice level.

General findings

20. There were 1,940 HCPC registrants who considered themselves to be practising (or towards) at advanced practice level, across each of the four countries of the UK, in NHS (majority) and Non-NHS settings, and across all 15 HCPC professions

21. There is variation amongst registrants about what is considered to be advanced practice level scope of practice vs what is not [6]

22. There appears to be a distinction between:

    - More or well established, uni-professional advanced and consultant level of practice and roles, some with professional body or medical college assurance mechanisms (considered to be an extension of the traditional scope of practice of the cognate profession); and,
    - Less established and emerging, multi-professional 'roles' e.g. First Contact Practitioner, Advanced Clinical Practitioner, Advanced Critical Care Practitioner, Surgical Care Practitioner etc

23. The 'advanced practitioner' and 'clinical specialist' titles were in use across all HCPC professions. Similarly, the 'consultant practitioner' title was absent only from Operating Department Practitioner (ODP) and Orthoptist respondents. Role titles were not commensurate with Agenda for Change (AfC) bands.

24. 40.9% felt that they were working outside of the traditional scope of practice of their registered profession(s) - particularly reported by Orthoptists (75.0%), Paramedics (63.5%) and ODPs (62.3%).

25. Advanced practitioners held a range of qualifications with only 50.4% holding a full Master's degree or higher. Managers' expectations of minimum education level required for advanced practice varied considerably, despite the national frameworks' Level 7 or 'equivalent' requirement:

    - Nearly as many managers (223), thought that a postgraduate certificate (63), diploma (67) or bachelor's degree (BSc or BA) (93) is the minimum requirement, as the 230 managers who selected Master's Degree (MSc or MA)
    - Findings also suggest that employers are not fully engaged with supporting those working at advanced practice level to access education to support all four pillars of advanced practice or value the wider learning and development these pillars provide

Views on regulation of advanced practice

26. The majority of registrant survey participants (78.2%) agreed that the HCPC should be regulating advanced practice. This majority was generally consistent

[6] see table in Appendix 2 of the report https://www.hcpc-uk.org/resources/policy/advanced-practice-full-research-report/

across respondent roles, professions (except Practitioner Psychologists (49.4%), and across the four countries of the UK.

27. The top four perceived benefits amongst registrants were:

    - greater professional standing with other professions (73.7%)
    - assurance to employers of knowledge and skills (73.5%)
    - greater consistency in education and training standards (72.0%)
    - greater standardisation of advanced practice (69.7%)

28. The majority of education provider respondents also believed that additional regulation of advanced practice is required (90.9%).

29. The top three perceived benefits were

    - Protection and safety of service users (95.5%)
    - Greater consistency in education and training (90.9%)
    - Assurance to employers (90.9%)

30. The main disadvantages/challenges of regulating advanced practice were identified by registrants and educators as:

    - increased cost of registration (67.6%);
    - difficulty in regulating multi-professional practice (53.8%);
    - duplication of effort with other professional bodies or credentialing organisations (43.3%).

31. However, the level of agreement with statements of disadvantage/challenge were noticeably less than with the statements of advantage/benefit, suggesting respondents perceived fewer disadvantages than advantages

32. Despite these strong perceptions about additional regulation being warranted, the research team stress in the report that: '*No evidence was presented from any participant group that advanced level practice presents a greater risk to the public*.'

Key findings of the service user research

33. Community Research ran (on behalf of HCPC) an online forum for three weeks to explore advanced practice with service users.

34. 24 participants took part in the research, comprising 14 service users who had seen at least one of the professionals registered with the HCPC in the last 12 months and ten members of the public who had not seen a HCPC registrant.

35. The majority of participants were unaware of the advanced practitioner role prior to discussions. However, their general assumption was that it involves practitioners having more responsibility, more education and training and greater opportunity to specialise in their area of interest. Once introduced, the role was broadly welcomed in principle, as participants believed it could result in patients being seen, diagnosed and treated in shorter timeframes; ease pressure on doctors and improve patient flow.

36. Participants did voice a number of prevailing concerns, primarily centred around the training and education of advanced practitioners. They were

particularly concerned that the title could be used without any formal training. They wanted to be assured that all advanced practitioners were equipped with the level of education and training required to deliver a consistently high quality of care.

37. Arguments in favour of not regulating advanced practitioners beyond their cognate profession did not tend to resonate with service users as many of these arguments related to the challenging issues for the regulator rather than service users (complexity, cost and duplication of effort).

38. Service users were much more focused on the patient experience and, implicit within this, potential risks to patient safety. They automatically equated greater responsibility with greater risk in spite of the fact that they were not shown any evidence to support (or dispute) this. There was widespread support for regulation to ensure the establishment of standards for education and training; to enable 'advanced' practitioners to be held to account against a higher set of standards; to promote transparency (by enabling service users to check a register).

39. Participants highlighted that many service users would feel uncomfortable asking an advanced practitioner about their cognate profession and so would not necessarily know which organisation to contact if they had a complaint about their care.

Key findings of the employer research

40. Community Research ran (on behalf of HCPC) ten interviews with a diverse set of employers of advanced practitioners (representing different countries, healthcare settings and professions). In summary this research found that:

    - In principle, advanced practice is welcomed as both a career development opportunity and a way of bolstering capacity and filling workforce gaps.

    - There is currently no agreed definition or understanding of what it means to be an advanced practitioner and all employers sought and would welcome guidance in this area.

    - The Agenda for Change bands further muddy the water around advanced practice for many.

    - The work that some of the professional bodies (Royal Society of Radiographers, Chartered Society of Physiotherapy) have undertaken around advanced practice has very much been welcomed but is limited to pockets of understanding that do not always translate at an organisational level/across all advanced practitioners, even within those single professional groupings.

    - There was some debate amongst employers about what the equivalent of Masters level is or should be for those taking a portfolio route into advanced practice.

    - Several of those interviewed explained that their organisation only accepts APs who had completed the academic route (thus avoiding the issue).

- However, this route did not always marry with the needs of staff wishing to become an advanced practitioner (and their managers).

- Most employers spoke of the governance and assurance of advanced practice that was in place already at a local level and employers were often undertaking work to build on processes that had already been established. Perhaps, as a result, few identified any immediate threats to patient safety beyond those posed by any other healthcare professionals working at a higher level.
    - There was a sense that any risks could be mitigated by robust organisational processes and also an individual's own professionalism.
    - There was also acknowledgement of the work that other organisations (HEE, professional bodies) were undertaking that could further help.

- However, employers did highlight potential risks that needed to be monitored and not all ruled out the need for regulation in the future.

Key findings of the surveys of members of the Academy of Medical Royal Colleges and British Medical Association

41. The Academy of Medical Royal Colleges and British Medical Association were invited to share a survey relating to experiences of working with, educating, supervising and/or training advanced practitioners and perceptions around risk and additional regulation.

42. A total of 50 respondents from a broad range of medical specialties gave their views. Overall, respondents were positive in their comments in their experience of working with advanced practitioners, and supportive of their role in general.

43. Respondents indicated that they believe there is a heightened risk by our registrants advancing their practice (beyond that presented by their cognate profession) and that the current regulatory measures are not sufficient or robust enough to mitigate such as risk.

44. There was a general consensus amongst medical professionals (albeit from a small sample size), that the regulatory measures (both professional and systems) and other assurance mechanisms (including education, training, supervision and CPD) are not perceived to be as robust for advanced practitioners as they are for members of the medical profession who undertake a similar/equivalent scope of practice.

45. Respondents were asked to identify any potential risks to patient safety presented by HCPC registrants advancing their practice. The main theme that emerged was around a perceived lack of training, knowledge and experience, with the vast majority of respondents identifying this theme as a risk factor (25 responses, 83%, mentioned this theme).These responses included concerns that registrants may not have adequate or in-depth training in comparison with the medical profession, as well as the concern that any training they may have may not have given registrants the ability to interpret clinical assessments or diagnose patients, as registrants are not trained in the diagnostic model of care. They indicated that this perceived lack of medical education and training may

also prevent registrants from comprehending or foreseeing any complications from procedures they carry out. The responses indicated a perception that the regulatory measures for HCPC registrants were not as robust as GMC registrants, including revalidation.

46. Many respondents identified regulation (or lack thereof) as a key theme (12 responses, 40%). This included lack of CQC regulation of clinics providing registrant services (five responses specifically made mention of this),and concerns that regulation of advanced practice may be left to professional bodies, which could provide a loophole in oversight and assurance of registrants' practice.

47. The next key theme was of leadership, supervision and accountability (12 responses, 40%, made mention of this theme). This included fears that doctors may still be responsible for oversight of advanced practice clinicians and may have to be accountable for their actions if a mistake is made. One response made mention of having "collusion of anonymity" whereby multiple professionals are responsible for a patient, but no one professional feels confident enough to make decisions or take leadership. One response also expressed concerns about moving away from a GP-led model of care where the GP has oversight of the patient care as this could increase the potential risk of inappropriate practice.

48. A quarter of responses identified another theme as patient confusion, the dilution of job roles and titles and confusion of scope of practice (eight responses, 27%, expressed this as a concern). The comments centred around concerns that patients may not understand the difference between a Doctor and an advanced practitioner in terms of their educational, training and experiential background, with a lack of understanding where the roles have blurred. Another respondent expressed the concern that there may be confusion surrounding the difference between 'advanced' and 'extended', with extended roles not necessarily requiring a master's level degree.

49. Several respondents named the appraisal and CPD process (particularly a lack of revalidation that doctors and nurses have to comply with) as a risk factor (seven responses, 23%, found this to be a concern). This may be due to some confusion or lack of understanding of the existence of the HCPC process of evidenced CPD for registrants to renew their registration and CPD audit (albeit not comparable to revalidation). However, respondents felt that a lack of constant renewal of knowledge and development linked to advanced practice may present a risk factor.

50. A couple of respondents identified insurance and indemnity as a risk factor (two responses, or 7%, commented on this theme). They felt those in advanced practice roles would have less or a lack of cover for their scope of practice in comparison to their doctor counterparts (depending on the organisation and setting they worked in).

51. Some were also concerned with the method of regulation (5 responses, 19%, included this concern) with responses expressing that the APs should be regulated at national level and not left to the employer, and should be subject to systems regulation (or similar) in the same way that medical professionals are in specific settings where HCPC registrants would not be, such as private

physiotherapy practices. There were also comments that a set regulatory framework would ensure there was a set standard across the profession.

Broader issues extending beyond the scope of the project

52. It is worth referencing that many of the thematic issues in the research, and debates arising during the course of this review extend beyond the strict scope and purpose of this review and apply to our regulatory work and areas for reform much more broadly. We found that engagement on the topic of advanced practice frequently led to consideration of broader regulatory issues important to our stakeholders. These included:

- risk to service user safety presented by professions/roles not subject to statutory regulation that have an overlap in scope of practice with some of our registrants, some of which could be considered to be operating at an advanced practice level and some that are pre-registrant level, such as assistant practitioners
- blurring of boundaries between professions and continual emergence of and proliferation of roles and titles, particularly in the NHS and the impact this has/challenge it presents in trying to create meaningful assurance measures that are future proofed
- longstanding lack of recognition for and understanding of the value, scope and role of the professions that we regulate (whether at the cognate profession level or advanced practice level) amongst the other health and care professions, the public and employers
- disparity and difference across the professions we regulate (and those which are regulated by other regulators) in terms of medicines and prescribing rights presenting barriers to progression or access to advance practice level roles and challenges around transferability across professions
- differences in approach to regulation of scope of practice across the regulators
- perceptions around limitations of our sampling approach to CPD audit and it not being considered sufficient to mitigate risk in comparison with more ‘robust’ systems of revalidation
- perceived lack of recognition for, and understanding of, registrants working in private practice. With most, if not all of the support, safeguarding and accountability measures being NHS focussed

Overall findings and conclusion

53. We have provided an assessment of the extent to which the findings have met the criteria for introduction of additional statutory regulation (set out in the section above at paragraph 13 entitled ‘Criteria and evidence for introduction of statutory regulation’) each in turn below.

The profession (in this case, level of practice) must be a clearly definable and differentiated group and have a clear role.

54. This criterion has not been met. Advanced practice is not necessarily 'clearly definable', 'a differentiated group' with a 'clear role'. There is a concern that advanced practice is considered as a 'role' because it is supposed to be a 'level of practice' on a continuum extending from entry-level practice. The findings demonstrate that there is a lack of clear consensus amongst all stakeholder groups of what advanced practice is and is not. There are also a varying degrees of educational preparedness and professional infrastructure across the different areas of advanced practice, across the professions we regulate.

Statutory regulation is necessary to perform functions associated with the role (for example prescribing).

55. This criterion has not been fully met. There was a lot of debate throughout the review around the lack of consistency of prescribing rights amongst HCPC professions, and the negative impact that this has on registrants from those professions in their ability to gain employment in advanced practice roles without them. We haven't seen evidence beyond this issue that demonstrates that the current HCPC model of regulation of advanced practice (at the cognate profession level), has prevented registrants from advancing their level of practice. Many stakeholders misunderstand our powers and roles in relation to prescribing rights, in that they believe it is within our power to introduce prescribing rights for HCPC professions – which is a matter for the Government/Parliament. This criterion is more relevant to a circumstance in which there is no statutory regulation of a role and HCPC registration has been a pre-requisite for some of the professions obtaining prescribing rights.

There is a high level of complexity associated with the role.

56. This criterion has been met. All stakeholder groups appear to agree that the high level of complexity is inherent in advanced level practice (as outlined in each of the national frameworks).

There is a high level of risk associated with activities necessary to fulfil the role and therefore a need for accountability.

57. This criterion has been partially met, in that the evidence is inconclusive. All stakeholder groups agree that the high level of risk is inherent in advanced level practice (as outlined in each of the national frameworks). However, the degree to which this level of risk is unique to advanced practice and the degree of mitigation/accountability required, has not been consistently defined amongst all stakeholders. In addition, there was no evidence presented that risks could be addressed by additional regulation.

58. Given the lack of clarity/agreed scope of practice information for advanced practice beyond each of the four country frameworks, it is difficult to assess, on an informed basis, whether the advanced practice of our registrants goes '*far beyond ordinary progression'* in each profession and if the *'risk is of a qualitatively different nature'* as set out in the PSA's advice to the Government[7] on whether additional regulation of advanced practice was necessary. The

[7] https://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/advanced-practice-2009.pdf?sfvrsn=6

research we have done to date shows that there is not consensus on this amongst the key stakeholders.

Professionals have a significant degree of autonomy.

59. This criterion has been met. All stakeholder groups appear to agree that the high significant degree of autonomy is inherent in advanced level practice (as outlined in each of the national frameworks).

Regulation is necessary to be able to command public confidence.

60. This criterion has been partially met, in that the evidence is inconclusive. While additional statutory regulation is favoured by the majority of stakeholders engaged in the review (particularly registrants who identify as APs), there is not currently universal support for it which makes it unclear that it will command public confidence. There is also no clear consensus on what the additional regulation should look like in practice, if it is introduced.

61. The 12 service users and members of the public engaged in our research believed that additional statutory regulation was necessary to assure consistency of education and training of advanced practice, and to enable service users to check for it on the publicly available register.

Regulation is necessary to provide assurance of quality and reliability to other professional groups or agencies using the services of the profession.

62. This criterion has been partially met, in that the evidence is inconclusive. While additional statutory regulation is favoured by the majority of stakeholders engaged in the review (including the members of the medical and nursing professions), there was no call for additional regulation by the employers engaged (at least not at this current time).

Statutory regulation must be supported by the proposed professional group and other key stakeholders.

63. This criterion has been partially met. The majority of our registrants and members of other professions that we engaged believed that additional statutory regulation was preferred. However, there was not universal support amongst key stakeholders.

The professional group must be of sufficient size and maturity to be able to support the requirements of regulation (for example, an established educational and professional infrastructure and professional standards. This might be demonstrated through voluntary regulation or credentialing).

64. This criterion has been partially met, in that the evidence is inconclusive. Unfortunately, there is no systematic and consistent capture of data on the prevalence of advanced practice workforce consistent across the four countries of the UK (and across sectors: NHS and independent sector), therefore the exact size/scale of the HCPC registrant advanced practice workforce is unknown.

65. However, we do know that the numbers are growing following various workforce strategy commitments across the four countries of the UK. Given that

the exact number and predicted numbers of advanced practitioners in the UK is unknown and, because these are often new 'roles' there is an argument to say that (at least not all) advanced practice is not at a sufficient of 'maturity' to enable additional regulatory measures.

Options Analysis

Purpose

66. The purpose of this section is to present options analysis to inform Council's decision as to the most appropriate approach to be taken to advanced practice.

Potential options

67. No preconceptions of the appropriate approach to regulation of advanced practice were formed at that start, or during, this review – we kept an open mind. This included remaining open to potential options that would require legislative change or an entirely new regulatory approach. We were, however, guided by possible available options to inform scope. These were:

    - Option 1 – do nothing and maintain the status quo, whereby registrants are simply advised to act within their scope of practice, regardless of level of advancement
    - Option 2 – develop a policy position statement on advanced practice
    - Option 3 – signpost to relevant resources (e.g., voluntary assurance mechanisms) and professional bodies
    - Option 4 – annotate the Register, meaning we would:
        - set standards (the equivalent of standards of proficiency and standards of education and training) for advanced practice
        - approve programmes which deliver those standards leading to eligibility for the Register to be annotated
        - annotate the Register entries of registrants who have successfully completed those programmes.

68. In the following paragraphs and pages, an assessment of each of these four options has been provided with consideration of the potential advantages and disadvantages of each.

69. It is worth noting that we were open to potential options that would require legislative change or entirely new regulatory approaches (such as the creation of a new statutory regulator dedicated to the regulation of professionals practising at advanced practice level across multiple professions), however there was no evidence to support a case for such options in the evidence gathered during the course of the review.

70. It is also worth noting that we explored the possibility of differing regulatory options by profession, by work setting, or by areas of practice based on risk profile. However, there was no objective/credible evidence that a particular area of practice, setting or profession was of a unique risk that would warrant a different regulatory approach. While anecdotal and preliminary feedback

suggested that the risk profile might differ between the uni-professional advanced level of practice and multi-professional advanced practice roles (with the latter being perceived to be a potentially heightened risk), we saw no evidence that this was in fact the case. Similarly, the paramedic profession's advancement of practice within the primary care setting was also highlighted as a risk, but again we saw no objective evidence that this risk was over and above that of other professions or work settings.

Assessment of options

Option 1 – do nothing and maintain the status quo

Not recommended.

71. This option is not recommended as, while we have not obtained hard, objective data representing a heightened risk, or uncovered evidence of actual harm arising from advanced practice, there is some consensus amongst all stakeholder groups that an additional degree of risk is inherent in the nature of advanced practice. There is also a sense that there is a risk, whether or not it has been actualised yet.

72. Overall, there was no strong call for regulation amongst the ten employer participants interviewed – for some this was *at all* and for others, this was *at the moment* (indicating that that their views may change if they start seeing issues). Therefore, this may be the preferred option amongst employers (however we should caution that views of the interviewees may not be representative of the much wider employer population).

73. Some stakeholders engaged in the review questioned what, or whether, there was anything wrong with the current model of regulation of AP at the cognate profession level, as they believed there wasn't necessarily a case for suggesting there is. These stakeholders often suggested that the assurance should be/remain at a local employer level, through job and skills mix planning/evaluation, effective recruitment, supervision, induction, performance management and appraisals. In their view, if there was an issue with local governance arrangements then that is where any improvement efforts should be targeted.

74. These stakeholders also strongly expressed the position that individual registrants have a professional duty to know the limits and boundaries to their scope of practice and to create additional regulation would be to prescribe it in a way that would inhibit professionalism, autonomy and professional growth. They also highlighted the ever-evolving nature of scope of practice of individuals and claim that it is potentially impossible to capture that in any more detail than is currently in the Standards of Proficiency. These stakeholders also challenged capturing scope of practice of advanced practitioners in the context of the 'skills escalator effect' whereby the boundaries in scope between the professions are blurring and evolving all the time, and where scope traditionally associated with a 'higher level profession' (e.g. the medical profession) is now being undertaken by the 'next level down' (e.g. the HCPC or NMC registered professions).

Potential advantages

75. Doing nothing would be the least resource intensive option. We would be able to operate in this area in the same way that we do currently, meaning that we would continue to respond to enquiries, predominantly from registrants about scope of practice.

76. Concerns expressed by stakeholders about additional regulatory burden or cost would be met by this option. As would concerns about the unintended consequences of regulation and the imposition of a more rigid structure and potentially inhibiting practice development and innovation.

77. This option would prevent a 'floodgates' effect. Creating additional regulation for advanced practice would change our existing approach to regulation of scope of practice. We do not currently define or prescribe scope of practice and to change this one area may lead to calls or necessity to change it. This could become extremely granular, grow exponentially in number, and be resource intensive for the HCPC and potentially burdensome for stakeholders.

78. Doing nothing would also ensure there were no unintended consequences, such as duplication of efforts or additional confusion for stakeholders. Regulation is by its nature a blunt and a relatively slow instrument and we would not want to be seen as being slow to respond to the external context or to in any way be restricting or stifling the workforce development or their practice.

Potential disadvantages

79. The high volume of enquiries we receive from our registrants about advanced practice demonstrates the level of anxiety that exists about advancing scope of practice and fear of the consequences should something go wrong – if we do nothing, this is likely to continue, as will the need to continue to respond to the enquiries.

80. The majority of registrants who were engaged in our research thought additional regulation was warranted and would be disappointed with this option. There is a reputational risk if it was thought that we had not listened or understood the perceptions evidence we have gathered. In addition, service users and members of the public that were engaged in the research believed that additional regulation of advanced practice was necessary to provide assurance about the level of knowledge, training and skill to undertake the scope of practice. Not responding to these concerns risks us being perceived to not adequately fulfilling our public protection role.

81. This option is therefore not recommended because it would not reflect the high volume and strength of opinion in this issue amongst the majority of our key stakeholders engaged in this review.

Option 2 - Policy position statement

Recommended option (with some further additions as set out in the conclusion and recommendations section below).

82. This is the preferred option because it provides for a proportionate approach in circumstances where there is not consensus on the risk presented by our registrants advancing their practice, and in the context of considerable variation and lack of shared definitions. It does not close the door to further development and enables us to continue to monitor the position. This option enables us to use our position as a four-country regulator of 15 health and care professions to build and influence a shared understanding of what advanced practice is and is not, without needing a full (and potentially burdensome) regulatory framework approach.

83. As advanced practice is relevant not only to HCPC's regulated professions, but across healthcare professions more broadly, it would be difficult for us to take action in the area without co-ordinating with other regulators. We have had an initial discussion with policy colleagues from the Nursing and Midwifery Council (NMC), General Osteopathic Council (GOsC), General Dental Council (GDC) and the General Optical Council (GOC) to explore how we might take this forward in a consistent manner. We shared similar views on the factors we need to consider and committed to exploring the matter further with our Chief Executives, before commencing further discussions to ensure alignment wherever possible. We are aware that the NMC is intending to review this area over the coming year and will want to stay engaged with this as their work will likely inform our future approach.

84. There may also be softer regulatory levers relating to communications and engagement that we are able to utilise to enhance oversight and accountability without the need for formal legislative changes or guidance. These are set out in the conclusion and recommendations section below.

Potential advantages

85. This would provide stakeholders with consistency and clarity over terminology that they are asking for, particularly the meaning of advanced practice, the appropriate education level, and the difference between specialism and advanced practice.

86. This option provides for collaboration with other regulators to develop a shared understanding, definitions and principles of advanced practice that would create consistency, transferability, flexibility and fairness across multiple professions – this would reflect how advanced practice operates in the practical setting and wider system.

87. This is the most commonly called-for option amongst all stakeholder groups and would meet the expectations of many. It could reduce registrant anxiety about advancing their scope of practice and would enable them to communicate with their employers and service users about their scope. It has

the potential to reduce the number of enquiries we are required to respond to, or at the very least provide meaningful information for us to signpost to.

88. This would provide for a consistent and unified four country approach.

Potential disadvantages

89. This may be viewed as a 'light touch' approach by some stakeholders, or that we have not listened to those who have told us that they see a case for additional regulation.

90. It is likely to take considerable time and resource to develop shared definitions and guiding principles, particularly as we will need to work in collaboration with other regulators and stakeholders.

91. There is a risk that we develop definitions and principles that we believe are appropriate that do not fit with the findings of other regulator's reviews in this area. However, the phased 'monitor and review' approach we recommend should enable us to adapt flexibly as and when new evidence arises.

Option 3: Signpost on the website to other resources/organisations with existing measures of assurance for AP

Not recommended.

92. There has already been a considerable amount of work that several of the professional bodies for our registrants, medical colleges, and national NHS education bodies have done to introduce voluntary assurance mechanisms for advanced practice. This option would provide for the recognition and signposting to that work. This would be the appropriate option if we were satisfied that these measures were proportionate to the risk presented by our registrants advancing their practice.

Potential advantages

93. Some stakeholders have pointed to existing assurance measures and identified the value in these, and would, therefore, be supportive of signposting.

94. This approach may be seen, in theory, to meet 'right touch regulation[8]' principles ensuring the level of regulation is proportionate to the level of risk. It would avoid potential duplication of efforts and avoid potential additional confusion or complexity.

Potential disadvantages

95. Voluntary assurance measures that exist do not apply universally across or within professions, which has its limitations, particularly in the context of increasing variation and confusion amongst stakeholders.

96. It would be challenging to identify which of the voluntary measures should be signposted, given the number of organisations and areas of practice in which these measures currently exist, which will continue to grow and change.

97. Signposting to other websites could be problematic for the HCPC because it may be perceived as an endorsement of content when we have no mechanism of assuring quality, safety or appropriateness of content or other bodies' processes of assurance.

98. There is inconsistency in the assurance mechanisms available to our registrants in England, Wales, Norther Ireland and Scotland.

99. While voluntary assurance measures such as accreditation is valued for demonstrating an individual's professionalism, employers felt that the voluntary nature of them makes them less valuable as an assurance mechanism.

100. Our findings showed that some employers might not support individuals to go through a voluntary accreditation process. This lack of parity/consistency would mean that not all advanced practitioners would have access to voluntary assurance mechanisms. This would likely make a voluntary approach less effective as a national assurance mechanism. The review also highlighted that a lack of consistency in voluntary measures available across the different HCPC professions, which could present gaps/risks.

Option 4: annotate the Register

Not recommended

101. This option would require a wholesale overhaul of our regulatory framework and would require very significant resource. It would involve the setting of

[8] https://www.professionalstandards.org.uk/publications/right-touch-regulation

standards of education and training for advanced practice; quality assuring programmes against them; and annotating the register for individuals who had successfully qualified. As well, as setting standards for individual registrants to guide their advanced level of practice.

102. To implement this approach, we would need assurance that the threshold set out in the HCPC annotation to the register policy statement.[9] In this policy it states that we will only annotate the register:

- in exceptional circumstances where we have evidence that annotation is necessary to protect the public; and,
- where we believe that annotating the register is the only mechanism to improve public protection.

103. Based on the extensive research and engagement we have not found this threshold to have been met at this stage. In addition, the criteria set out under the section entitled: 'Criteria and evidence for introduction of statutory regulation' have also not been entirely met. This position could change in future, which is why the recommendation below is that we should keep our position under review.

104. The broad (although by no means universal) finding of the review, is that while additional regulation is favoured by the majority of stakeholders we engaged, there was no hard evidence obtained that demonstrates that AP currently presents a particular patient/service user safety risk. We were told that the level of risk is no different to the inherent risk within the cognate profession or in any more senior role/scope of practice that carries an inherent risk of harm by its very nature. Conversely, some argued strongly that they believe there is a heightened risk; that AP often extends well beyond the traditional scope of practice of the HCPC registered professions; that there is a risk in the variation of education, training and practice of AP; and, that additional regulation is necessary to mitigate such a risk and to provide the necessary assurance to the public.

105. Overall, we do not have clear objective evidence that annotation is necessary to protect the public, and we have been told by some stakeholders that there are other appropriate mechanisms to improve public protection, including local employer assurance and professional body/national education body voluntary assurance mechanisms.

Potential advantages

106. The full standard-setting, education QA and annotation approach will likely be the most popular option with some portions of our registrant base.

[9] https://www.hcpc-uk.org/resources/policy/annotation-to-the-register/

107. It is the most well defined and robust approach we might take, signifying heightened patient safety risk and providing more professional value to the qualification achieved.

108. Additional regulation of the education and standards of AP could serve to provide clarity on the distinction between professions, thus enhancing transparency between professions about who is appropriately qualified and accountable to do what.

109. It could create greater consistency amongst programmes delivered and ensure consistent standards of practice across geographies.

110. Greater understanding about AP amongst employers as a result of additional regulation could also prevent substitution where it could present risk to patient/service user safety.

111. This option would be popular with the small cohort of service users engaged, in so far as their perceptions were that the public should be assured that registrants practising at advanced practice level are educated and trained to the same level regardless of geography or professional background. It would provide for service users to check a public register to gain assurance.

Potential disadvantages

112. This approach would not be proportionate to the identified risk (at the current time) based on our review. The review did not find clear evidence that public safety concerns could be addressed through regulation; with some stakeholders pointing to existing local employer governance/assurance arrangements as the most appropriate and effective mechanism to mitigate any risk. The review also highlighted the risk that regulation could stifle innovation in this area and views that the sector needed further time to mature. Arguments favouring additional regulation were commonly at odds with other stakeholder groups' positions and sometimes seemed to be aimed at fixing perceived issues with other (potentially appropriate) voluntary assurance mechanisms, such as the lack of a unified approach across four countries, or across NHS and non-NHS settings.

113. It would be challenging to achieve, as unlike the two qualifications that we currently annotate (podiatric surgery and prescribing), advanced practice programmes are not a single, well-defined and established course programme or module, relating to a specific area of practice.

114. The variation and proliferation of courses (exact number unknown but anecdotal evidence suggests this could be in the region of 200 programmes) will make it extremely challenging and resource intensive for the HCPC to undertake this option.

115. This would be the most resource intensive option and carry considerable financial implications for the HCPC and additional burdens on all regulatory functions and the Policy and Standards team. It would add additional complexity to our fitness to practise process and decision-making.

116. This option would not protect the title of 'advanced practitioner', which is a matter for Parliament. Many of our stakeholders often misunderstand that with annotation would come protection of title (it wouldn't).

117. It could disadvantage registrants who are already in roles that are perceived to be advanced or place additional hurdles to career progression to such roles.

118. This option would be voluntary only in nature, we would not be able to enforce any action if our registrants did not undertake the qualification and become annotated. This system would only work if registrants, employers, and educators adopted the process voluntarily.

Conclusion and recommendations

119. In light of the conflicting findings in the evidence and following the arguments laid out in the options analysis above, it is recommended that we take an approach in line with an expanded Option 2. This is that we take a phased, monitor and review approach to:

1. Lead the development of a shared definition and guiding principles governing AP. In so far as possible, we do this in collaboration with the other professions' regulators and other key stakeholders.

2. Explore improvements to our data capture, analysis and monitoring in this area (including in relation to organisations involved in the education, training, employment, and assurance/accreditation of individuals undertaking AP) to provide more evidence and assurance about the risk to safety.

3. Develop a communications campaign (post development of definition and principles) to promote greater understanding and consensus surrounding AP, amongst all stakeholder groups.

4. Work with employers through our professional liaison service to ensure that employers understand the products developed and are supported in carrying out their role in local governance of AP.

5. Keep our approach under review and take action if evidence and engagement warranted this. Set a 'hard review' point of our approach to regulation of AP in five years' time to allow the sector to have matured and associated assurance mechanisms to have become more established and potentially, stabilized.