# The evolving role of advanced clinical practitioners: challenges and opportunities

This editorial reviews the roles of advanced clinical practitioners, suggesting how the debate could evolve, returning to the original intent behind these roles and progressing towards ways of sustaining high-quality, equitable and safe care under strong medical leadership.

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Recent discussions on social media, often termed 'Twitter storms', have exemplified the debate surrounding the roles and competencies of advanced clinical practitioners. Two are worth reflecting on. The first was the death of Emily Chesterton as a result of an undiagnosed pulmonary embolism, despite Emily being seen twice by a physician associate at her GP practice (Hansard, 2023). The second was the celebration of the first advanced nurse practitioner to perform a transcatheter aortic valve implantation as first operator (Wood, 2023). While this could be seen as a significant achievement, it also sparked controversy, with some doctors feeling that this was a case of advanced clinical practitioners overstepping their professional boundaries. Both lead to questions about the impact of advanced clinical practitioners taking on more roles which traditionally would have been performed by doctors. In this editorial, a nurse and a consultant professionally and academically involved with advanced critical care practitioners give an overview of the main issues and stances, highlighting the primacy of sustainable care under strong medical leadership.

Amid the debates, it is crucial to consider the current state of the NHS and the challenges it faces. About 7.5 million people are currently waiting for consultant-led elective care and the percentage of patients waiting over 4 hours in the emergency department has trebled since 2017 (British Medical Association, 2023; The King's Fund, 2023). There is a need for more 'boots on the ground' and advanced clinical practitioner roles aim to help meet this demand. Although the concept of advanced clinical practitioners is not new, either in the UK or globally, supporting evidence for their effectiveness remains sparse, low-powered and often methodologically weak.

## Need for a defined role

A nationwide evaluation of the advanced clinical practitioner role in England by Fothergill et al (2022) revealed significant variations in role titles, practice scopes, job descriptions and governance structures. Their primary recommendations called for a more standardised advanced clinical practitioner role, improved governance and a consistent competency framework across specialties. NHS Health Education England has undertaken impact analyses on advanced clinical practitioners and their sub-group of medical associate professions (which include surgical care practitioners, anaesthesia associates and physician associates), aimed at encouraging adoption and knowledge sharing (NHS Health Education England, 2021; 2024).

Adopting advanced practice roles comes with its set of strengths, weaknesses, opportunities and threats. A significant challenge is resistance from within the medical community. Oliver's (2023) opinion piece in the *British Medical Journal*, titled 'Why shouldn't doctors defend our distinct professional identity', sheds light on this resistance, capturing the sentiments of doctors who feel that their professional identity is being threatened.

Proponents of advanced clinical practitioner roles view them as solutions to existing gaps in healthcare. They aim to enhance communication and standardise care. This perspective is echoed by advanced clinical practitioners themselves, who often see their roles as bridges, not just transitioning from one role to another, but actively bridging gaps between different services and professionals (Britton and Di Napoli, 2020). However, the idea that advanced

**How to cite this article:**
Britton CR, Blackwood D. The evolving role of advanced clinical practitioners: challenges and opportunities. Br J Hosp Med. 2024. https://doi.org/10.12968/hmed.2023.0279

clinical practitioners are a quick, cheap and easy alternative to the arduous and costly task of training more doctors is also understandable, at least once belief perseverance and survivorship bias cease to dominate the argument.

Nomenclature has something to do with this, as Oliver (2023) and others before (Nadaf, 2018; Leary and MacLaine, 2019) have pointed out. It goes beyond confusion within role titles, into actual misidentification with medics. The term 'advanced', even when appropriately used and explained, can make this worse. As a surgical care practitioner, the first author has always introduced herself to patients as Mr or Ms X's assistant, adding 'a nurse, trained to help them in surgery'. This gives medicine the primacy while re-enforcing one's professional identity as a nurse (Nadaf, 2018). Because patients come first, it might be clearer to them that someone is undertaking duties 'delegated' from the top, as opposed to 'advanced', rising in an inherently unknown direction.

The term 'shared practice' may be better. And, while 'delegated practice' could be more accurate for many of these roles, it may be harder to associate with career progression and so recruiting the best nurses and allied health professionals from management roles would be even tougher than it is now.

Beyond the professional identity and nomenclature issues, it is essential to consider the central stakeholder in this debate: the patient. It is not clear what patients think of advanced clinical practitioners, underscoring the need for more research.

## Impact on doctors' training

There is huge concern that expanding advanced clinical practitioner roles will impact training opportunities for doctors. This was evident in the Twitter storm following the reports of the advanced nurse practitioner performing a transcatheter aortic valve implantation as first operator. The concern is that advanced clinical practitioners are usurping the consultants' scope to train others, seizing tasks where repetition is key to gain expertise and populating rotas according to their learning needs while junior doctors remain on 'on-call' rotas working nights and weekends when quality training is hard to achieve.

A counterargument emphasises the original intent behind advanced clinical practitioner roles. They were never meant to replace doctors but rather to take on specific tasks, allowing doctors to focus on more specialised duties and trainees on the richest learning opportunities. For instance, instead of a trainee surgeon sitting at the bedside during robot-assisted surgery, they could be operating the console. Similarly, rather than a trainee anaesthetist monitoring a patient classified as ASA (American Society of Anesthesiologists) 1 during a straightforward general anaesthetic, they could be involved in more complex decision-making clinics. When the advanced clinical practitioner role was first envisioned, part of its mandate was to help train doctors and to support strong medical leadership. Advanced clinical practitioners need to feel this as a core component of their professional activity: helping junior doctors onboard and access the hidden curriculum; supporting them, and getting out of the way when needed. In essence, advanced clinical practitioners can act as bridges, enhancing the effectiveness of medical leadership to ensure safe, efficient, equitable, sustainable and value-based patient care.

The advanced clinical practitioner framework, with its four pillars, emphasises 'education' (NHS Health Education England, 2017). However, there is room for improvement. Advanced clinical practitioners need further preparation to navigate the nuances of advanced or delegated roles and to evolve into effective mentors in the increasingly complex world of medical training. Transitioning from being perceived as a threat to being seen as an opportunity is crucial. This requires ongoing debate, robust governance and evidence-based practices. Advanced clinical practitioners also have a role to play, championing the cause of strong medical leadership.

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## Key points

- There is great variability in advanced clinical practitioner roles and evidence around the safety and impact of these roles is still scant but growing.
- Patients' experiences and perspectives need more urgent exploration.
- Weaknesses and threats relate to confusion in titles, as well as the interplay with the roles of doctors.
- Advanced clinical practitioners' tasks should be identified to patients as delegated, consistent with preserving medical leadership.
- The potential for advanced clinical practitioners to function as catalysts and enablers in medical training needs more investment.

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