**The Ascent to Advanced Practice: the potential challenges, support and opportunities that impact on the journey**

**Introduction**

The challenges that impact on the journey to advanced clinical practice are many. However, with structured support the opportunity to develop to this level can be nurtured. This article will reflect upon this development and discuss some of the difficulties for trainee Advanced Clinical Practitioners (ACP), such as imposter syndrome, feelings of inadequacy and role transition. The article will also consider the importance of clinical supervision, mentorship and support mechanisms that may assist in developing advanced clinical practice and facilitate its progression.

**The advent of advanced practice**

Advanced clinical practice has been primarily influenced and shaped by service need and has faced and continues to face several challenges during its development. To meet the growing demand for timely access to health care within the United Kingdom (U.K.) the nursing profession has become a focus of attention for the development of advanced clinical practice, as it is one of the largest professional groups within the National Health Service (NHS) (HEE 2014). Although the journey continues, there have been professional developments and studies that have help shape the progress of advanced nursing and continue to do so.

In 1987 Stilwell *et al.* undertook a study to examine the impact of a specially trained nurse on patient consultations and outcomes. The conclusion suggested that nurses who were able to practice greater autonomy could provide a wider clinical service to patients. Despite such advantages, the evolution of advanced nursing practice remained a complex journey, fraught with misinterpretation, lack of clarity and challenged by those who believed that nursing could be undermined by the advent of advanced nurse practice (Barton and Allan, 2015).

The expansion of nursing skills and knowledge continued with the introduction of the Scope of Practice (UKCC 1992), allowing nursing to increase and develop skills seen as ‘advanced’, which were often aligned to those procedures traditionally performed by doctors. This enabled care to be delivered swiftly to an increasing number of patients with growing complex needs. In 1994, the then governing body of nursing, the United Kingdom Central Council (UKCC), believed acknowledgement of the terms used to define enhanced skills needed recognition. This resulted in the production of the Standards for Specialist Education and Practice (UKCC 1994), which outlined higher level practice. However, within this document it was clearly stipulated that the standards did not relate to advanced practice. Castledine (2002) was critical of this suggestion pointing out that advanced practice was indeed higher-level practice and should be accepted as such. Other noted influential developments included the European Working Time Directive, which restricted junior doctors’ hours (DH 2002) and the NHS Plan in 2000, both of which affected service provision helping to enhance the development of advanced clinical practice. With the emergence of Non-Medical Prescribing, which allowed independent prescribing via the Standards of Proficiency for Nurse and Midwife Prescribers (NMC 2006), an additional opportunity towards greater autonomous practice was achieved.

**Clarifying advanced practice and developing opportunities**

The growing requirement for access to health care by the population and the subsequent growth in advanced clinical practitioners (ACP) to support service provision, only heightened the debate on what ACP’s could offer and who could call themselves an advanced clinical practitioner. This led to misunderstanding and professional debate, both nationally and internationally, as to what knowledge and skills were needed by ACP’s (Ormond-Walshe and Newman, 2001; Daly and Carnwell, 2003; Bryant-Lukosius *et al.* 2004; Sibbald *et al.* 2006).

In recent years attempts have been made to improve the clarity and development that helps structure advanced practice. In 2010 the Department of Health (DH) produced a position statement on advanced level nursing. The intention of this document was to help define advanced nursing practice by using twenty-nine elements divided under four themes, these being clinical/direct care practice, developing self and others, improving quality and developing practice and leadership and collaborative practice, otherwise known as the four pillars (DH, 2010). In 2017 Health Education England (HEE) developed the multi-professional framework for advanced practice in England. This document identified the level and capabilities associated with advanced clinical practice and the preparation and education required for the development of the ACP. The four pillars remained, but were indicated as clinical practice, leadership and management, education and research with thirty-seven subheadings.

The definition provided by HEE (2017) outlined the level of complexity required for advanced clinical practice development and mirrored the Quality Assurance Agency (QAA, 2015) characteristics statement of a master’s degree. Both these documents define the key requirements of the trainee ACP, which include a deep understanding of their field and awareness of the current issues that dominate the subject matter, the ability to critically appraise, undertake and apply relevant research and adopt innovative solutions to complex problems, whilst utilising professional and ethical practice. Advanced clinical practice within nursing has also been supported by the Royal College of Nursing (RCN) who produced the Standards of Advanced Level Nursing Practice (RCN, 2018). This document offered a clinical and professional resource to guide nurses on the requirements for advanced clinical practice.

The four pillars of advanced clinical practice have also been incorporated within the Advanced Clinical Practice Apprenticeship Degree, which was first considered in 2017 and acknowledged in 2018, through the Institute for Apprenticeships (IFA, 2018). More recently the International Council of Nurses (ICN) have created ‘Guidelines on Advanced Practice Nursing’ (ICN, 2020) which help clarify issues surrounding advanced and specialist practice. The guidelines from the ICN help define terms that have been associated with advanced nurse practice and identify what is meant by the titles and what can be expected of someone who holds that title. This has helped to identify and clarify the terms, of which there are many, including: Advanced Nurse Practitioner (ANP), Emergency Care Practitioner (ECP), and Nurse Practitioner (NP). Specialist capabilities related to specific advanced practice roles have also emerged. Competencies associated with emergency medicine have been produced by the Royal College of Emergency Medicine (RCEM, 2015) version one, with version two emerging in 2017 and competencies related to primary care have been produced by the Royal College of General Practitioners (RCGP, 2015). Nevertheless, challenges continue and are still debated not least those surrounding support for development and the transition to advanced practice.

**Challenges to transition**

Despite attempts to define advanced clinical practice it appears challenges relating to the question of what it is to be an advanced practitioner remain. The evolution required to reach an advanced level of practice is discussed by McKee and Eraut (2011) who describe situations that may exacerbate the role transition. They argue that in some smaller organisations where the individual is known to their colleagues’ transition is potentially complicated by not only a modification of themselves to the role of an advanced practitioner, but of fellow colleagues understanding and respecting this change in role and level of practice. Many practitioners who choose to develop into advanced practitioners do so because of their desire to remain clinical, serving the patient and their families. They are confident in their clinical ability to provide high standards of care and often very experienced, but the transition to advanced practice can challenge this confidence with uncertainty and apprehension (Murphy and Mortimore, 2020). Arguably, when developing advanced practice knowledge and skills, the acquisition of new information may challenge the student’s current understanding and create emotional instability in terms of confidence to practice. Benner (1984) From Novice to Expert, explored the various levels of competence identifying the novice, who has little if any experience, through to the advanced beginner, competent, proficient, and finally expert practitioner. Interestingly, Benner (1984) refers to experience as not necessarily resulting from longevity of service, but from the accumulation of numerous practical experiences which provide knowledge. Therefore, this transitional phase is shaped by the clinical environment and experiences of the novice advanced practitioner, which if adequately supported will encourage a structured transition. However, MacLellan, Levett-Jones, and Higgins (2015) suggest that experienced practitioners embarking on a new position often suffer from a sense of inadequacy, the expert to novice phenomenon, which can leave them feeling powerless. This emotional turmoil can lead to feelings of imposter syndrome, the idea of being unworthy of the status bestowed upon them. This can be exacerbated by the academic and clinical expectations required for advanced practice that can stifle progression and create emotional instability as the trainee journeys between expert and novice (Morgan *et al.,* 2012). As a new trainee ACP, it can be daunting to compare themselves to senior ACP’s creating feelings of anxiety that they may not be achieving the expected standard of their senior colleagues (Harris 2014).

Sharu (2011) identifies factors that may also hamper transition. These challenges include the skills to recognise the immediacy of care required by sick patients and the ability to confidently diagnose these cases and others effectively. However, trying to meet these expectations in a timely and effective manner, whilst having the time to progress with continued professional development and learning are challenging to the process of transition. These challenges are recognised by Sharu (2011) as being problematic to a successful transition, but with support the evolution to advanced practice may prove meaningful and more effortless.

**Support**

Supporting the development of advanced practitioners does appear obvious, but how can this be truly effective? Perhaps utilising a community of practice may help address the need for assistance. Essentially, a community of practice enhances members who have a commonality and can share resources and experience from which they can develop and learn (Wenger, 2006). Therefore, if Higher Education Institutions (HEIs) and health organisations who employ advanced practitioners can collaborate, then communities of practice, with a focus upon advanced practice development, may thrive and can cultivate opportunities where capability and transition can be nurtured. This collaboration would help provide a structure for the support and supervision of those developing knowledge and skills and transitioning into advanced clinical practitioners, whatever their professional background.

**Mentorship/ Supervision**

According to Sullivan-Bentz *et al.* (2010) mentorship is beneficial in the first year of transition, when the challenges can be most prominent (Burke, 2017). It is suggested that mentorship can support role transition by offering a positive outcome through encouragement and understanding. However, mentoring is a relationship through which the student is helped to learn (Scott and Spouse, 2013) which whilst very useful is not the same as supervision. The difference in relation to supervision is that those identified to provided clinical supervision are often senior and highly experienced clinical practitioners that help manage the student’s development (Scott and Spouse, 2013). Providing the trainee ACP with someone skilled who can oversee their development and expansion of knowledge and skill within the clinical environment must be advantageous. This point is supported by McKimm and Swanwick (2010) when they identify that learning to do a job is supported by doing the job and identifying what might be experienced and learned from that experience. Therefore, clinical supervision needs to be of a high quality that will help support the ACP transition from indecisiveness to self-assurance and confidence (Crossley, 2014). Supporting development of advanced practice within the clinical environment is an important factor. Morgan *et al.* (2012) discuss the significance of clinical supervision in helping to support development of self and the advanced practice role within the clinical environment. This important point has been documented by Health Education England (HEE) in their publication on Workplace Supervision for Advanced Clinical Practice (HEE, 2020). This document outlines the need for high quality clinical supervision, the education required to develop the clinical supervisor and the guidance required for workplace supervision.

Providing a high standard of clinical supervision affords help to provide the advanced clinical practitioner with the required support to reason the clinical choices they make, which forms the process of clinical reasoning. Cooper and Frain (2017) suggest that clinical reasoning can be modified into an educational activity, which is best delivered at the point of the clinical encounter, therefore helping to keep the learning in context. This process allows the advanced clinical practitioner to experience, dispute, apply judgement and share opinions that can then be negotiated within these communities of practice, encouraging transformation. However, this structure will require greater involvement of the clinical provider in both organisational structure and participation in the educational curricular design. The HEI’s must seek such a collaboration, utilising their knowledge of adult education and the national standards for masterly academic work (QAA, 2015; HEE, 2017), so that advanced practice is sustained, thrives and is central to the provision of today’s health care service.

**Conclusion**

The journey to a level of clinical practice that is advanced is certainly challenging. There are obstacles, but there is also work being undertaken to support such hurdles and develop ACP’s capable of excellence in a twenty first century NHS. Support is key and effective clinical supervision is essential to success placing significant importance on the role of the clinical environment in the education and transition to advanced clinical practice. Greater collaboration between HEI’s and clinical providers is required, with provision for clinical supervision that is supported, monitored and constant.

2,164 words

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