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*Title:* **Advanced Clinical Practice- Is It Worth it?**

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The recently published NHS People Plan (NHS, 2020) made reference to continuing professional development and in particular ACP. Work to provide guidance, professional standards, tools and resources to support advanced practice is being produced by the various networks (e.g. AAPE, ACCPAN, RCEM) at a rapid pace. The doors have opened for Universities to apply for accreditation of their ACP programmes through Health Education England's 'Centre for Advancing Practice' (HEE 2020a). In addition there has been a resurgence of activity as people begin to return from redeployment during the Covid-19 crisis into a new way of working that includes both 'business as usual' and dealing with the continuing impact of the pandemic.

The people plan notes as one of its key messages that bureaucracy falling away in this time has helped people to feel empowered to do what is needed. So is this reflective of the ACP experience? Have bureaucratic blockages been removed to allow ACP to be implemented effectively? Is the effort needed to push forward this agenda worth it?

Covid-19 has forced, nudged, or more generously, allowed us to operate in different ways than we had before. However the hard work needed now will be to effectively evaluate whether this was a positive change, and if so how this can be sustained.

As part of my PhD studies I've conducted a systematic literature review and found a lot of research on ACP, where....

1. we know what benefit ACPs can bring
2. we know the principles of how to effectively implement ACPs
3. we also know the barriers that prevent ACPs working well

....but.....the barriers are still there and there remains evidence of ACPs being prevented from achieving their full potential. The principle of removing barriers, (particularly bureaucratic ones which arguably are there not for any sound justification), is therefore a good one.

In ACP it has been identified that we need to ensure people have equal and easy access to continuing professional development (CPD), supervision, and protected time for training. Research has also found that we need to ensure people that may stand in the way of ACP development are 'enlightened' to the merits of supporting ACP development. We also need to make sure people are given the recognition and autonomous remit to do the work they have the knowledge and skills to do. This all sounds good, right, what's needed.

What I'm not sure of is how some of the recent changes in policy, context or practice help us to get there.

Equal, easy access to CPD with protected time for training requires backfill, as the People Plan highlights. Do we have the skilled workforce and the finances currently to facilitate this? A large amount of the media such as the Royal College of Nursing report\_of staff shortages questions this, (RCN 2020). We've also had NHS workers (including ACPs) excluded from the pay rises given to other public workers in the aftermath of the C-19 crisis, (BBC 2020). The people plan refers to 400 extra ACPs in training but not whether this will translate into new positions and whether that is enough for what is needed and if it recognises the potentially large number of people that are already, or could be working at, ACP level?

It could be that the Covid crisis way of working has opened people's eyes and with renewed vigour we can embed more formally the ACP role in our health services. Alternatively, it could be that as things return back to more routine work, the re-deployed, newly empowered, advanced practitioners are returned back to their original boxes.

From my experience of going through the paperwork required for the accreditation process, whilst also conscious of competing agendas in the 'credentialling' world of ACP, I was initially conflicted as to whether this is just another bureaucratic barrier for ACPs to pass through or whether it may actually remove a barrier by facilitating national recognition against a set of 'guaranteed' standards. The 'Advanced Practice Week' that occurred in November 2020 highlighted the amazing work that is being done to push the barriers and advance advanced practice in health care. However, it also revealed complexity and uncertainty in the rapidly changing policy context of ACP, which makes it difficult to direct people on a clear path to success.

So I'm left feeling there is lots of aspiration here. We have the basis of knowing what ACPs are and what they can offer. We also know the things that may help or hinder that progress. As with many right now I waver between optimism and pessimism, but ultimately I have a lot of hope because of the brilliant, inspirational and energetic ACP champions I have discovered that will keep pushing to overcome the barriers, bureaucratic or not.

References:

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