Service User Engagement

Views on the Standards of Proficiency and Advanced Practice

November 2020 | Draft v1

community research

Bringing the voices of communities into the heart of organisations

Contents

1. Executive summary 3
2. Introduction 5
   - 2.1 Background 5
   - 2.2 Methodology 5
   - 2.3 Sample 6
   - 2.4 Notes on reading the report 7
3. Awareness and understanding of HCPC 8
   - 3.1 Spontaneous awareness of the HCPC 8
   - 3.2 Understanding the work of the HCPC 9
   - 3.3 Future focus of the HCPC 10
4. Standards of Proficiency 12
   - 4.1 Spontaneous list of standards 12
   - 4.2 Equality, diversity and inclusion 15
   - 4.3 Service user involvement 20
   - 4.4 Health, digital and leadership 24
5. Advanced Practice 29
   - 5.1 Awareness of Advanced Practitioners 29
   - 5.2 Overall reactions to the role 31
   - 5.3 The background of Advanced Practitioners 34
   - 5.4 Training is all important 36
   - 5.5 Support for regulation of Advanced Practitioners 37
6. Appendices 42
   - 6.1 Outline content of bulletin board 42
   - 6.2 Research stimulus for Corporate Strategy discussions 42
   - 6.3 Research stimulus for Standards discussions 42
   - 6.4 Research stimulus for Advanced Practice discussions 42

1. Executive summary

The HCPC recently identified the revised Standards of Proficiency and Advanced Practice as policy areas which would benefit from being informed by a programme of service user engagement. Community Research set up and ran an online forum with 24 participants for 3 weeks to explore these policy areas. 24 participants took part in the research, comprising 14 service users (had seen at least one of the professionals registered with the HCPC in the last 12 months) and 10 members of the public who had not seen a HCPC registrant.

Views on the draft Standards of Proficiency

Participants spontaneously raised the importance of equality, diversity and inclusion and putting service users at the heart of decision-making when asked how they expected to be treated by a registrant. They went on to broadly welcome the standards set out by the HCPC in these areas. They felt that the standards were a step in the right direction in ensuring inclusive practise and empowering all service users.

Standards around equality, diversity and inclusion were generally considered more 'vague' than those designed to put service users at the heart of decision-making and there were mixed levels of confidence in relation to how equality, diversity and inclusion would be translated into registrants' practice. In part, this was driven by the passive nature of 'be aware' and recognition that registrants may struggle to identify their own underlying beliefs (unconscious bias).

In contrast, participants derived a sense of empowerment from the standards that placed service users at the heart of decision-making; particularly welcoming informed consent and recognition of the role of carers. However, the use of 'personal incompatibility' within the standards was questioned as it challenged participants' views of professionalism and raised questions about how potentially difficult situations would be dealt with.

Within 'other' standards, participants applauded direct mention of registrants' mental health; supported the inclusion of digital skills; suggested that the inclusion of leadership within the generic standards would benefit from further explanation to ensure that it was recognised as relevant to all registrants.

Views on Advanced Practitioners

In line with other research and HCPC anecdotal evidence, the majority of participants were unaware of the Advanced Practitioner role prior to discussions. However, their general assumption was that it involved 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.

That said, 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.

Following discussion of spontaneous views, arguments for and against more regulatory action were given to participants. However, the 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 on challenging issues for the regulator rather than service users (complexity, cost and duplication of effort). 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).

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.

2. Introduction

2.1 Background

The HCPC recently identified Standards of Proficiency and Advanced Practice as policy areas which would benefit from being informed by a programme of service user engagement. More specific information and objectives for each policy area is as follows:

Standards of Proficiency

From the 17th June to the 30th October HCPC ran a consultation on proposed changes to the Standards of Proficiency for each of the 15 professions they regulate. These standards set out what HCPC consider necessary for safe and effective practice, describe what professionals must know, understand and be able to do at the time they apply to join the Register. HCPC commissioned Community Research to understand the views of service users and members of the public on the 5 key changes to the generic standards:

- The role of equality, diversity and inclusion in the standards; specifically the importance of making sure that practice is inclusive for all service users.
- The central role of the service user, including the importance of informed consent and effective communication in providing good care.
- The importance of maintaining fitness to practise, considering the roles of mental health and seeking help where necessary.
- The need to be able to keep up to date with digital skills and new technologies.
- The role and importance of leadership at all levels of practice.

Advanced Practice

HCPC wished to understand service user and public perceptions and expectations of registered professions when they advance their practice, and whether they feel the need to be made aware of the education/training/experience and background of the individual that is caring for them (including their cognate profession, for example, a physiotherapist that is working as an Advanced Clinical Practitioner).

2.2 Methodology

Community Research set up and ran an online forum with 24 participants for 3 weeks to explore these policy areas. The three week time period provided an opportunity to explore spontaneous top of mind responses, as well as more considered views. Participants were taken on a journey, and their knowledge of regulation and standards developed over time.

There was a natural progression within the forum, with participants initially learning about and providing their views on the HCPC corporate strategy (reported separately)

before moving on to Standards of Proficiency and the potential changes to them – and then, finishing with a discussion on Advanced Practice.

A range of accessible stimulus material was used to ensure that participants were able to give meaningful feedback. All materials can be found in Section 6.

2.3 Sample

24 participants took part in the research, comprising 14 service users (had seen at least one of the professionals registered with the HCPC in the last 12 months) and 10 members of the public who had not seen a HCPC registrant. A full sample breakdown is given below:

Table 1. Sample breakdown

Criteria	TOTAL = 24
Type of health care professional seen	14 x to have seen a HCPC registrant in the last 12 months 10 x not to have seen a HCPC registrant in the last 12 months (but could have seen other health and care professionals)
Country/Region	13 x England 4 x Scotland 4 x Wales 3 x Northern Ireland
Urban versus rural (self-classification)	8 x rural dwellers 14 x urban dwellers
Gender	12 x male 12 x female
Age	8 x under 35 years 11 x 35-54 years 5 x 55-74 years
SEG	7 x AB 12 x C1C2 5 x DE
Ethnicity	6 x BAME
Long term condition/disability	10 x LTC or disability
LGBT+	2 x LGBT+

All participants were incentivised for taking part.

2.4 Notes on reading the report

It is important to note that 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. Where visual representations of responses have been included these are based on a sample of 24 participants and are for illustrative purposes only.

Throughout the report, quotes have been included to illustrate particular viewpoints. It is important to remember that the views expressed do not always represent the views of all those who participated. In general, however, quotes have been included to illustrate where there was particular strength of feeling about a topic.

The quotes have been labelled to distinguish between 'service users' of the professions regulated by HCPC and 'public' who have not seen one of the 15 professions but may have seen another health professional over the past 12 months.

Although titles used in Advanced Practice vary across the four nations, throughout the report Advanced Practitioner is used as shorthand to refer to both Advanced Practitioners and Advanced Clinical Practitioners.

3. Awareness and understanding of HCPC

Section summary

Participants reported that they would expect health and care professions to be regulated but displayed virtually no spontaneous awareness of the Health and Care Professions Council (HCPC). This is consistent with research that we have conducted for other health regulators in the past. Upon learning more, they were particularly struck by the fact that there was a publically available record of registrants and that the HCPC regulated so many different professions.

Although participants had little knowledge initially, they quickly identified what they would like HCPC's future focus to be. This included the continual professional development of registrants; inclusive practice; preventing patient harm; promoting public awareness of regulation and taking account of the public/service user voice within regulation.

3.1 Spontaneous awareness of the HCPC

Participants displayed very little awareness of the HCPC prior to taking part in the research (and this was limited to service users rather than members of the public). These low level of awareness has been found in much of the research conducted on behalf of health regulators in the past, including for example, recent research on public confidence conducted for the GMC[1] and research on potential changes to the fitness to practise process for the PSA[2].

In spite of their low levels of knowledge of the specifics, most had expected that there was some form of oversight of health and care professions. In part, this was because they were aware of other professional and industry regulators, in some cases connected to their own profession:

> No, I was not aware of the HCPC prior to this study. It seems to be very similar to the GTCS [General Teaching Council for Scotland], which regulates us in the teaching profession. (Service User, Male, White, British, 18-24, C1C2, Urban, Scotland)

> No, I can't say I was aware of the HCPC. It probably sounds a bit ignorant that I did assume there was a council that regulated the Health and Care Industry but never thought to find out what they were called. I have heard of the Food

[1] https://www.gmc-uk.org/-/media/documents/promoting-and-maintaining-public-confidence-in-the-medical-profession---final-report_pdf-78718694.pdf
[2] https://www.professionalstandards.org.uk/publications/detail/patient-and-public-perspectives-on-future-fitness-to-practise-processes

> Standards and Food safety organisations involved with catering that I spent most of my career in. (Public, Male, White British, 55-74, C1C2, Urban, England)

A number of participants attributed their lack of awareness of the HCPC to the fact that they had never needed to know/had reason to complain about a health and care professional.

3.2 Understanding the work of the HCPC

Give these low levels of spontaneous awareness, many of the participants were being introduced to the HCPC for the first time via an introductory video and handout that explained the organisation's role (see Section 6). Several aspects of the HCPC's role stood out to participants as noteworthy:

- That the HCPC covers a number of professions, rather than focuses on one
- That the register the HCPC maintains can be accessed by the public
- That the HCPC plays a role in the training of registrants

> I didn't know they helped to train some professions. I thought they were only where complaints went to. (Public, Female, White British, 35-54, C1C2, Rural, Northern Ireland)

> I was surprised that we are able to check details of the health and care professionals. (Public, Male, White British, 55-74, C1C2, Urban, England)

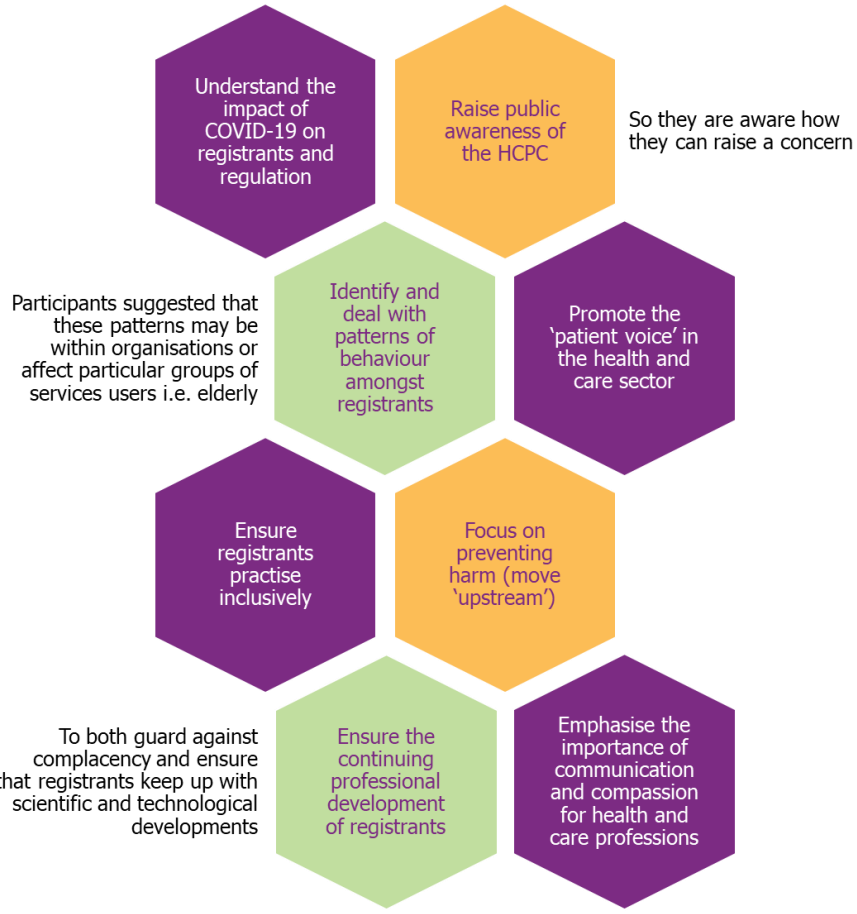
> I was surprised that the HCPC oversees so many different professions in health and care, since I assumed that each profession would have its own separate regulatory body. I thought it was quite surprising that members of the public could look up their health or social care provider to check their profile on the register, including their qualifications etc. (Public, Male, White British, 25-34, AB, Urban, Scotland)

> I was surprised to hear that they are also monitoring professionals in training i.e. checking up on education providers to ensure they are producing graduates with high skill standards and knowledge bases. That is not surprising, in itself, that that should be done - it sounds like a smart thing to do but I was just surprised because they are the Professions Council so I think I assumed they were only monitoring those already in the jobs. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

3.3 Future focus of the HCPC

As a means of gauging both how well participants understood the current role and eliciting spontaneous responses relating to the future strategy of the HCPC, participants were asked what areas they would like the HCPC to focus on in the future. Subsequent comments revealed that not only had participants digested the information provided about the HCPC but that the areas of focus were broadly aligned with the strategic direction of the organisation (and amendments to Standards of Proficiency). Participants wished the HCPC to focus on the following areas going forward:

Figure 1. Future focus of HCPC



I feel like all the areas it works on are important. However, if it focused more on the educational/monitoring side then it may have less issues further down the line with fitness to practice etc. (Public, LTC, Male, Indian, 35-54, C1C2, Urban, England)

They are there to take action if something goes wrong. Makes me wonder if there is anything they do or could do to prevent or address these common

occurrences before they happen. (Public, LTC, Female, White British, 25-34, DE, Rural, Wales)

I would like to see it focusing on the 'ethics' side of performance. The vast majority of the public I'm assuming will trust that a healthcare professional is trained and educated to a satisfactory level. The issue that some communities will face however is whether the professional will administer the same level of care and attention to them based on their personal biases. (Service User, Female, LGBTQ+, Caribbean, 25-34, C1C2, Urban, England)

Also, it seems to me that the emphasis on training is about education and knowledge of the profession. Does it go into depth about customer care, social skills? A patient not only needs someone who is qualified but someone they can feel comfortable in confiding sometimes personal information with. It is all very well being the most qualified person in the world but if you cannot interact with people, show compassion and empathy then a patient will not feel comfortable and satisfied with the treatment they receive. (Public, Male, White British, 55-74, C1C2, Urban, England)

4. Standards of Proficiency

Section summary

Participants spontaneously raised the importance of equality, diversity and inclusion and putting service users at the heart of decision-making when asked how they expected to be treated by a registrant. They went on to broadly welcome the standards set out by the HCPC in these areas. They felt that the standards were a step in the right direction in ensuring inclusive practise and empowering all service users.

Standards around equality, diversity and inclusion were generally considered more 'vague' than those designed to put service users at the heart of decision-making and there were mixed levels of confidence in relation to how equality, diversity and inclusion would be translated into registrants' practice. In part, this was driven by the passive nature of 'be aware' and recognition that registrants may struggle to identify their own underlying beliefs (unconscious bias).

In contrast, participants derived a sense of empowerment from the standards that placed service users at the heart of decision-making; particularly welcoming informed consent and recognition of the role of carers. However, the use of 'personal incompatibility' within the standards was questioned as it challenged participants' views of professionalism and raised questions about how potentially difficult situations would be dealt with.

Within 'other' standards, participants applauded direct mention of registrants' mental health; supported the inclusion of digital skills; suggested that the inclusion of leadership within the generic standards would benefit from further explanation to ensure that it was recognised as relevant to all registrants.

4.1 Spontaneous list of standards

Participants were introduced to Standards of Proficiency in two ways (see Section 6 for full details):

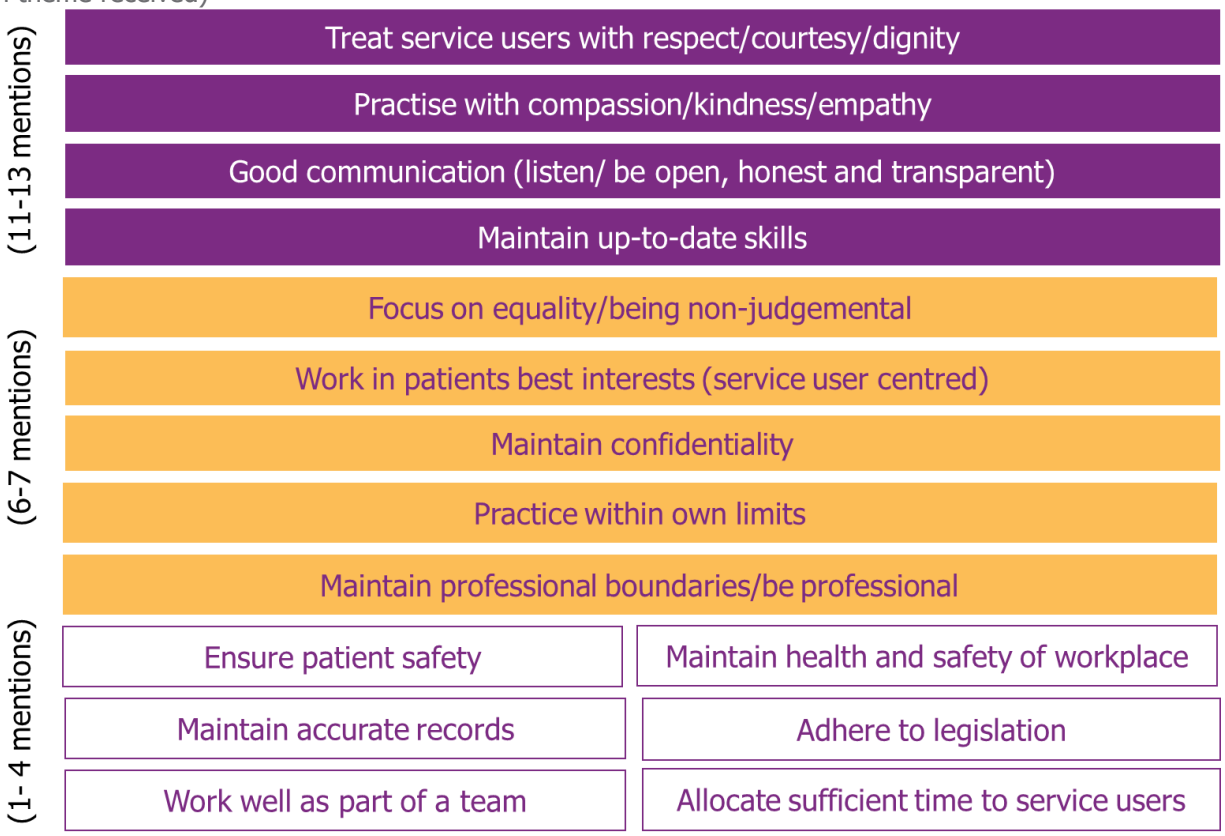
- A video produced by the HCPC highlighting what standards mean to registrants.
- A handout produced by Community Research giving an overview of the different sets of standards relating to:
  - Registrants' behaviour (standards of performance, conduct and ethics)
  - Registrants' knowledge and abilities when they start practising (Standards of Proficiency)
  - Education and training.

After viewing these materials, participants were asked to draw up a list of areas/headings that they considered important when seeing a registered professional. They were asked to focus on:

- How they would expect to be treated by a registrant.
- How they would expect a registrant to behave towards them and those who may be with them at the time.
- The broad skills that registrants need to conduct their role.

There was a high level of consistency in the lists produced by participants, with much focus placed on the interpersonal skills of registrants. Participants wanted to be treated with respect and dignity by kind and compassionate registrants (see Figure 2). Many of the attributes and characteristics mentioned by service users mirror the findings of previous research conducted by HCPC on healthcare professionals' perceptions of professionalism (for example, research conducted in 2012[3] and follow up research conducted by Community Research in 2020).

Figure 2. A summary of the areas/headings (including a qualitative count of the number of mentions each theme received)



[3] https://www.hcpc-uk.org/globalassets/resources/reports/professionalism-in-healthcare-professionals.pdf

These headings reflected much of what is already included within the Standards of Proficiency, including ensuring all services users are treated equally and putting service users at the heart of decision-making.

- A number of participants directly referenced equality and the need for registrants to practise inclusively and without prejudice. This largely focussed on registrants being mindful of how to approach patients with protected characteristics but, for at least one participant, also included registrants not making judgements based on a service user's lifestyle.

  5) Be mindful of different cultures and not be too hasty to judge, consider all the facts, do not discriminate. 6) Prioritise keeping skills and knowledge up-to-date. 7) As per video, feel empowered knowing that there are standards they need to uphold and be monitored against. 8) Act within the boundaries of your profession. (Service User, Male, Indian, 35-54, C1C2, Urban, England)

  Understanding of different cultures/religions/sexual preference or genders. Understanding how your approach may need to differ when dealing with a woman who is usually modestly covered due to religious reasons or a transgender patient for example. (Service User, Female, LGBTQ+, Caribbean, 25-34, C1C2, Urban, England)

  I would like to be listened to and, despite previous illness, to treat my concerns about my health with respect and not to jump to conclusions of any one's illness based on lifestyle, race or personality. (Service User, Female, White British, 55-74, DE, Rural, England)

- The importance of placing service users at the heart of decision-making was also spontaneously raised by a number of participants. There were several specific mentions of registrants having the patients 'best interests at heart'. (Note that participants could not see the responses of others until they had answered the question themselves).

  I would expect the health care professional to empower me with confidence and treat me and engage me with my best interests at heart being their main objective. (Service User, Female, African, 35-54, DE, Urban, England)

  Be engaging - ask questions, have my best interests at heart. (Public, Male, Indian, 35-54, C1C2, Urban, England)

  Respect patients' ability and right to contribute to decisions regarding their health care. (Public, Male, White British, 25-34, AB, Urban, Scotland)

Whilst responses often focussed on the importance of demonstrating interpersonal skills, over a third of participants highlighted the importance of registrants maintaining up to date knowledge in their field. Linked to this, a number of participants mentioned

that registrants had to be able to acknowledge their limits and refer a service user to an alternative practitioner or service when necessary.

> The professional has the required skills and knowledge to deal with my issues. If not, they will refer me to someone who can. (Service User, Male, LGBTQ+, White British, 35-54, C1C2, Urban, Scotland)

> To demonstrate an understanding of the current evidence base and keep up to date with new developments in practice. To have a good understanding of other professions' roles and expertise and know when and how to refer patients to other specialists. (Public, Male, White British, 25-34, AB, Urban, Scotland)

Confidentiality also received a number of mentions. Often participants simply referred to 'confidentiality' without explanation, however, one or two linked confidentiality to digital skills. They suggested that registrants need to be aware of GDPR guidance and ensure that all service users' data was kept and transferred securely.

4.2 Equality, diversity and inclusion

Current experience of equality, diversion and inclusion in healthcare

Regardless of background, most participants had positive experiences of health and care professionals. Several participants highlighted that this may be because they did not come from a disadvantaged group.

> In my personal experience I feel that the healthcare professionals I have met are meeting these standards. However it is difficult to say as my experiences are "normal" for me. Unless I could have the same experience as a different race, gender, sexuality, ability level it would be difficult for me to comment on whether I have or would encounter any discrimination. (Service User, Female, White British, 35-54, AB, Urban, Wales)

> Personally I have not had any issues relating to equality with the health and care professionals I have seen. This might be because I do not belong to a particular group any of those professionals happened to have an issue with, though. (Service User, Male, LGBTQ+, White British, 35-54, C1C2, Urban, Scotland)

> I have always received good professional service from healthcare professionals that I have encountered with. So, I believe they are meeting the standards that is mentioned in your handout. (Service User, Male, Indian, 35-54, AB, Urban, England)

> The ones I have encountered have been professional, shown respect to patients and commitment to providing high quality service. (Public, Female, Caribbean, 35-54, C1C2, Urban, England)

Whilst individual experiences were largely positive, participants believed that discrimination was a potential issue for other service users and that the standards around equality, diversity and inclusion were a step in the right direction to help tackle it.

Reaction to the written standards

Participants were shown the relevant standards (in a slightly summarised form).

Figure 3. Equality, diversity and inclusion standards shown to participants

To make sure that practice is inclusive for all service users, registrants should:

Adapt practice to service users' needs

- understand the need to adapt practice to respond appropriately to the needs of all different groups and individuals

Be non-judgemental

- be aware of the impact of their own values and beliefs on practice

Be aware that everyone they work with, including service users, are from a wide range of backgrounds

- And that things like someone's age, gender, culture, sexual orientation or religious belief may mean that they communicate in different ways.
- Be aware of non-verbal communication (body language or their expression) as well as what they actually say

Be aware some service users will find it really difficult to access services

- And that some groups of people or types of people find it more difficult than others to access services so they may need to adapt their practice accordingly

The vast majority of participants welcomed the focus on equality, diversity and inclusion within the standards and it reflected an area spontaneously raised by participants as important (see Figure 2). Participants generally found the language used in the standard clear and easy to understand with the following exception:

- Several participants called for more detail regarding the groups of service users being referred to:
  - Within 'adapt practice to service users' needs'.
  - In relation to those 'finding it really difficult to access services'.

> I think what I don't understand is what different groups they refer to? (Service User, Female, African, 35-54, DE, Urban, England)

> I am not sure why some groups or types of people would find it more difficult to access these services than others. (Service User, Male, White British, 55-74, C1C2, Urban, England)

- Although there is a specific list of groups detailed in the full Standards of Proficiency, participants' suggestions went beyond this. For example:
  - Some called for learning disability to be referenced.
  - One participant wished the digitally excluded to be highlighted.
  - Others just called for a complete list of potentially disadvantaged service users.

> Perhaps just specific reference to disability (physical or learning) in reference to adapting to differing needs. (Service User, Female, White British, 35-54, AB, Urban, Wales)

> Some patients will have learning difficulties and the professional should bear this in mind when communicating to them. Not all of these difficulties are obvious. (Public, Female, White British, 55-74, AB, Rural, England)

Although it was widely understood that further information and guidance is available, a small number of participants commented that the standards alone would not be sufficient for registrants. They suggested that registrants needed examples and supporting materials to help them translate the standards into practice.

> I'm wondering whether staff are adequately supported to do all of these things, and if they're given sufficient CPD training around diversity related issues. I'm also wondering if these standards are reflected in the diversity of the workforce and how much work is being done there, since I think that these issues go hand in hand. (Public, Male, White British, 25-34, AB, Urban, Scotland)

> I am not concerned by anything I have read here. I would query however whether this would be a sufficient document for professional use as like others have earlier mentioned there is no indication or what an 'appropriate response' would be ….. I think is this was a document intended to be useful to professionals, to put into practice, some examples would be useful. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

Finally, a minority of participants were concerned by the use of 'be aware' in several places throughout the standard. They felt that 'being aware' was not the same as a registrant taking action and adapting their behaviour to different service users. They questioned how it was possible to hold registrants to account in terms of awareness.

> The final parts mention how professionals should be aware, but I wonder if simple awareness is enough here? Perhaps how to actually address such issues is a different topic, though. (Service User, Male, LGBTQ+, White British, 35-54, C1C2, Urban, Scotland)

General confidence in the standards in action

Approximately two-thirds of participants felt more confident that they would be treated fairly, having seen the standards on equality, diversion and inclusion.

> The existence of this document makes me feel confident that fair treatment can be expected, not just for me but for our diverse society. These standards strive towards a more inclusive practice and encourage sensitivity and understanding when interacting with and caring for people from all walks of life. They're a step in the right direction and so I feel confident that my needs and the needs of others, with more complex, individual requirements will be met. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

> Having seen these standards and knowing that professionals would have signed up to adhere to there I would feel confident I would be treated fairly by all. (Public, Male, White British, 35-54, DE, Urban, England)

Although, this is a qualitative research study and the sample size is small, it appears to be participants from the highest social grades (AB) that were more likely (6 out of 7 participants) to say that the standards gave them confidence that they would be treated fairly – perhaps, in part, because they already had confidence in the system.

> If adhered to and practised by the practitioner, I am confident that all will be done to give me the best possible treatment. (Service User, Male, White British, 55-74, AB, Urban, England)

> I was already reasonably confident that I'd be treated fairly before reading these standards, so seeing them written down has just supported that feeling. (Public, Male, White British, 25-34, AB, Urban, Scotland)

> I would say that this gives me full confidence in the matter of fairness. (Public, Female, White British, 55-74, AB, Rural, England)

Whereas, 4 out of 6 participants from a non-White British background explained that, although they welcomed the standards on equality, diversity and inclusion, they believed that individual experiences would still vary because:

- Standards were vague (i.e. 'be aware') and, therefore, open to individual interpretation by registrants. One participant referred to how difficult it already was to prove discrimination.

> I find that accusations of discrimination usually turn into a 'he said' 'she said' scenario. It is extremely hard to prove that someone is treating you poorly due to your sexual orientation or religious beliefs/gender as not all prejudices are loudly voiced. (Service User, Female, LGBTQ+, Caribbean, 25-34, C1C2, Urban, England

- Standards could not address the difficult issue of unconscious bias; registrants might not be able to recognise their implicit beliefs and behaviours (and therefore adapt their practice).

  > Somewhat. However, individual personalities and personal beliefs often come into play so this is not a guarantee of fair treatment. (Public, Female, Caribbean, 35-54, C1C2, Urban, England)

  > It uses vague phrases that could be interpreted differently or adapted by a practice/individual that is being challenged and they could reason their way of a scenario. (Public, Male, Indian, 35-54, C1C2, Urban, England)

  > A common theme in most workplaces is treating customers fairly. This is a good attempt at laying down some equality standards that need to be adhered to. Again, may need to rule out unconscious bias here around what you see on the surface may be small versus what is hidden beneath (iceberg effect). (Service User, Male, Indian, 35-54, C1C2, Urban, England)

To help address some of these concerns, participants called for more information about how these standards would be monitored and how registrants would be held to account against them.

4.3 Service user involvement

Current experience of service user involvement in decision-making

Participants generally already felt involved in decisions relating to their own treatment/care. They believed that their involvement was driven by several factors:

- They had chosen to self-refer themselves to a particular service and, therefore, had adopted an active role from the outset.
- They had taken the time to educate themselves about potential treatment options.
- They had a good relationship with the healthcare professional involved.

> In my experience, I have generally felt very involved in the process. It was my decision to go see the professional in the first place (podiatrist, physio) and once I told them my issues they made it clear what my options were. Where I already had opinions on which treatments I wanted, they were happy to go with that after letting me know it was feasible. (Service User, Male, LGBTQ+, White British, 35-54, C1C2, Urban, Scotland)

> I think service users are very much involved in decisions relating to their treatment. I have noticed that the health professionals always make the service user aware of the options available to them in terms treatment available to them. (Service User, Male, Indian, 35-54, AB, Urban, England)

Whilst personal experience was largely positive, some participants were unsure if all service users were at the heart of decision-making. They suggested that:

- Not all service users wanted to play a role in decision-making and allowed the health care professional to make decisions on their behalf. They willingly deferred to an 'expert' view.
- Some service users were not comfortable expressing their views to a healthcare professional.
- Appointments were often subject to time constraints (limiting the ability for service users to fully explore all the options available).

> I think because the service user knows that the professional is the expert on the treatment required, they can agree to something without really knowing full well what the ins and outs are of the treatment. We just trust the professionals and their decision on our treatment. So we tend to go along with it. But I don't think anyone is at fault here, as the service user has to also take responsibility, if they are capable of course, of knowing what is happening with their own body. (Public, Female, White British, 35-54, C1C2, Urban, Northern Ireland)

> Perhaps due to the levels of knowledge held by professionals and lack of understanding of patients, they can often simply be told what is happening rather

> than being asked. (Service User, White British, Male, 18-24, C1C2, Urban, Scotland)
>
> I think some patients are involved in decisions about their own treatment. Some I feel might not be and it could be down to a number of factors. One mainly being time restraints in appointments, so decisions may be taken prior and then advised. (Public, Female, White British, 25-34, DE, Rural, Wales)

Reaction to the written standards

Participants were shown the relevant standards (in a slightly summarised form).

Figure 4. Service user involvement standards shown to participants

To put service users at the heart of decision-making, registrants should:

Give service users/carers the opportunity to be involved in decision-making

- be able to work with service users or their carers so service users can have a say in decisions that affect them and have the information they need
- be able to adapt how they communicate with different service users and remove any barriers that are stopping them having a say

Ensure that they are working in the interest of service users

- understand the need to promote and protect the service user's interests at all times
- understand the need to respect and uphold the rights, dignity, values, and choices of service users including their role in identifying health issues and in their treatment; as well as keeping themselves healthy

Not let personal feelings towards a service user/carer get in the way

- recognise that relationships with service users should be based on mutual respect and trust, and give high standards of care even in situations of personal incompatibility (where the registrant and service user may not get along)

Make sure service users/carers know what they are agreeing to

- understand the importance of and be able to get informed consent

Work as a team

- be able to work, where appropriate, in partnership with service users, their relatives and carers, other professionals, support staff and others

Overall participants responded enthusiastically to the written standards and welcomed the emphasis on involving service users in decision-making; they felt that empowering service users was an important component of healthcare delivery. Participants also welcomed reference to 'respect' and 'dignity' which were identified as key themes in their earlier spontaneous list of standards (see section 4.1).

> I feel these standards enable me to have a high level of confidence that service users will be at the centre of decisions, it's empowering me with control and it's

> trying to build and maintain a relationship with service users and removing barriers and adapting communication but at the same time prompting and protecting the service users. (Service User, Female, African, 35-54, DE, Urban, England)
>
> I think they are positive statements to show service users that the professionals they are dealing with have them at the centre of decisions that are made/actions taken and that these will be done with their best interests and involvement throughout even if not in the best interest of the organisation. (Public, Male, White British, 35-54, DE, Urban, England)
>
> It gives me a feeling of confidence in the healthcare system to know that registrants are held to such high standards, and that the needs and considerations of service users such as myself are taken so seriously. (Public, Female, Caribbean, 35-54, C1C2, Urban, England)

Although broadly welcomed, a minority of participants went on to highlight the ambitious nature of the standards, questioning how feasible it would be to meet the standards in some instances:

- Promoting and protecting the service user's interests at all times could prove challenging to organisations (what is best for the patient may not be best for the organisation).
- It may not be possible for registrants to remove barriers to a service user having their say.

> There could perhaps be some more detail on how practitioners are expected to actively remove barriers to service user involvement to promote equity in decision making, and ensure that everyone is able to contribute to these decisions regardless of their background. I feel like that there could be some more information about situations were a patient might not be able to contribute to decisions for themselves, or where they may not be able to provide informed consent. It would be useful to have some detail on how practitioners are expected to respond in these situations. (Public, Male, White British, 25-34, AB, Urban, Scotland)

Others picked up on what they felt was missing from the standards that placed service users at the heart of decision-making:

- One participant wanted the importance of registrants 'listening' to service users to be directly referenced.
- Another felt that the sharing of full and frank information should be highlighted alongside informed consent.
- One participant raised the question of whether having 'the information they need' should include being told that the health care professional is registered.

> It talks about working as a team with service users and the importance of communication, but doesn't make specific reference to listening - when I have been a service user one of the most frustrating things is when it feels like a healthcare professional isn't listening to what you are trying to say, or act like they've already diagnosed you before they've even see you. (Service User, Female, White British, 35-54, AB, Urban, Wales)

All this aside, the main issue raised by a number of participants was the reference to 'personal incompatibility' within the standards.

- Some participants had envisaged, that in instances of personal incompatibility, a service user would automatically be referred to an alternative professional.
- Others simply believed that referencing personal incompatibility within the standards forced them to question their wider understanding of what it meant to be a professional.

> The bit where it says there may be personal incompatibility - I thought if that was the case it could be passed to another professional in the same field. (Service User, Female, White British, 35-54, C1C2, Rural, Northern Ireland)

> Not let personal feelings get in the way - surprised that it suggests that where the service user and provider don't get along they should continue to work together. I would expect a change of service provider in those circumstances. (Public, Male, Indian, 35-54, C1C2, Urban, England)

> Where it states that professional should provide "high standards of care even in situations of personal incompatibility'. This concerns me because a professional who is there to help and provide a service, should not have these types of views in the first place. (Public, Female, White British, 25-34, DE, Rural, Wales)

> I wouldn't feel comfortable putting any serious health concerns into the hands of someone I feel dislikes me or would not have my best interests at heart. As much as I understand that these standards are trying to address this issue. (Service User, Female, LGBTQ+, Caribbean, 25-34, C1C2, Urban, England)

General confidence in the standards in action

Again, participants regarded these standards as a step in the right direction and they were reasonably confident that they would help place the service user at the centre of decisions. They were reassured by a number of factors:

- An awareness/experience that health and care professionals were increasingly involving service users in decision-making.
- The focus on gaining informed consent and recognition of carers in the process.

> These standards do give me confidence that even people with communication difficulties, and those with other disabilities who require a carer, will receive full

> communication about their condition and treatment and know fully what's happening. (Public, Female, White British, 35-54, C1C2, Urban, Northern Ireland)

> I feel confident in these standards. I think that generally across all health care sectors that service users are being more involved in decision making about their health care than ever before. (Service User, Male, White British, 55-74, C1C2, Urban, England)

However, one participant highlighted that the traditionally 'paternalistic' culture that existed within healthcare could be a barrier to service users and carers accepting their role at the heart of decision-making.

> I think that these standards are a good starting point, and will definitely help to improve the likelihood that patients will be involved in decisions regarding their healthcare. In practice though, I think that patients still tend to have a paternalistic attitude toward healthcare, and may not feel able or comfortable to participate in these decisions. So I feel as though there might need to be a bit of a culture change on the part of patients and their carers as well. Perhaps one of the standards could be for practitioners to promote the importance of shared decision makers and advocate for patients and their carers. (Public, Male, White British, 25-34, AB, Urban, Scotland)

4.4 Health, digital and leadership

Figure 5. Other aspects of the standards shared with participants

The importance of looking after both physical and mental health (previously the standards just referred to 'health') and getting help if needed

- understand the importance of looking after their own mental and physical health and be able to take appropriate action if their health may affect their ability to practise safely and effectively
- understand the role that coping strategies can play in maintaining fitness to practise and the importance of seeking help and support when necessary

The importance of developing digital skills

- to be able to use information and communication technologies appropriate to their role (or practise)
- be able to change their practice as needed to take account of new developments, technologies and changing circumstances

The importance of leadership

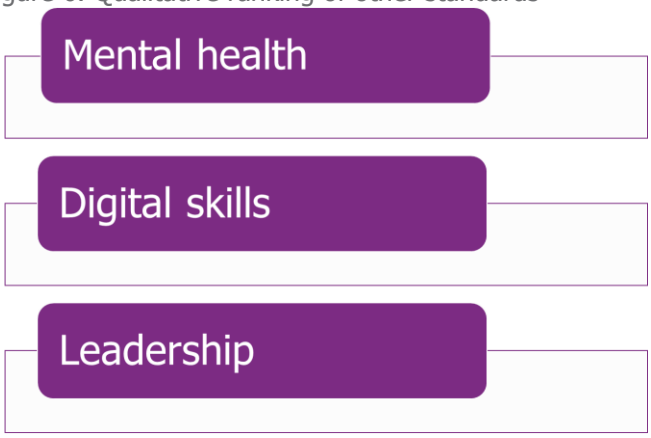
- understand the qualities, behaviours and benefits of leadership and be able to apply them at work

Overall response to 'other' standards

As a means of encouraging participants to engage with the other broad themes in the standards, participants were asked to rank them in order of what was most important to include within the standards. The qualitative ranking exercise was intended to act as a mechanism to encourage participants to consider each of the activities carefully.

Participants unanimously agreed that it was important to reference both mental and physical health within the standards; most, if not all, ranking it above digital skills and leadership.

Figure 6. Qualitative ranking of other standards



> Most important I believe is the focus on mental and physical health. They both interlink. Leadership may be seen as least important. You may not need to have strong leadership in order to be a good practitioner.
>
> (Public, Female, White British, 25-34, DE, Rural, Wales)

> Mental health definitely. We're all just human no matter what job we have. Without your mental health, you've got nothing. Then digital skills, very important as things are progressing so rapidly in that department. Leadership in last place as some people are natural leaders, training to be leaders or not one bit interested in being a leader at all. It depends on the desires of the individual in the role. (Public, Female, White British, 35-54, C1C2, Urban, Northern Ireland)

Focus on mental health

Participants recognised that the explicit reference to mental health within the standards was reflective of the greater focus on mental health within wider society and efforts being made to destigmatise it. What is more, several participants welcomed the shift of focus from the service user to the registrant within the standards they were reviewing; suggesting that the regulator needed to strike a balance between protecting the public and taking care of registrants.

> The most important area to include is to ensure that mental and physical health is maintained so they can give their service users the very best care. I think that particularly with any mental health issues some practitioners may be reluctant to seek help because they may perceive a stigma, so vitally important that they are reassured that help is always available. (Service User, Male, White British, 55-74, C1C2, Urban, England)

> The most important is the standard which emphasises physical and mental health awareness. Placing both on an equal footing and recognising how both are fundamental parts of health by naming them both - rather than going for a general 'health' umbrella is great and goes some way to de-stigmatising mental health. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

Participants recognised that the mental health of registrants had a potential impact on patient/service user care and that registrants who did not look after their own mental health would struggle to look after others.

> Physical and mental health wellbeing is essential in any walk of life especially for a health professional where decisions about another person's well-being and future recovery are solely in their control. If the practitioner is under par then this may prejudice his decision making progress and result in an erroneous diagnosis and remedy. (Service User, Male, White British, 55-74, AB, Urban, England)

> Health professionals need to be aware of their own physical and mental health as they cannot possibly look after service users if they are not well within themselves. (Public, Female, White British, 35-54, AB, Scotland)

> It is important to include the mental health aspect. We sometimes forget how important it is for an individual (especially health care professional) to be mentally sound in order to carry out their duties with utmost care and professionally. (Service User, Male, Indian, 35-54, AB, Urban, England)

Digital skills

Again, participants welcomed the inclusion of digital skills within the standards for the following reasons:

- To keep up with societal changes and ensure that healthcare does not lag behind other sectors.
- To mirror the digital demands placed on patients and service users.
  - Accessing services and information online i.e. Patient Access.
  - The rapid increase of online consultation as a result of the COVID-19 pandemic.
- To enable better record keeping and facilitate the sharing or patient records across multi-disciplinary teams, resulting in more joined up services.
- To help drive efficiency and cost effectiveness.

> Digital skills are key to improving efficiency, and improving the service user experience through a more streamlined and joined up service provision. Healthcare is a sector which seems resistant to change and reluctant to adopt new technologies, so I think it's important this is included. (Service User, Female, White British, 35-54, AB, Urban, Wales)

> The transfer of data is so important to ensure every level of care and every different care provider has got access to the necessary information required. (Service User, Male, White Irish, 25-34, AB, Urban, England)

> It will save money, save on wastage, stop files being lost or information not shared between parties. Instant access. (Public, Male, Indian, 35-54, C1C2, Urban, England)

> It's necessary because we are in an age of time of everything being digital and online. The Covid situation has almost pushed us into booking appointments online, zoom appointments and assessments and it's a vital form of communication. (Service User, Female, African, 35-54, DE, Urban, England)

Whilst participants did not dispute the need to include digital skills within the standards, they very much wanted the emphasis to remain on the 'human touch' in the delivery of healthcare services.

> We live in a fast changing digital world which is always developing and all industries and sectors need to be on top of this area. However, there is a risk that if this area is focused on too heavily or in the wrong way that service users may become part of a process and lose the personal, human interaction. (Public, Male, White British, 35-54, DE, Urban, England)

> It is necessary to keep up to date with modern technology as long as it doesn't distract from the most essential service of client care and attention. (Public, Male, White British, 55-74, Urban, England)

Leadership

Participants believed that including standards around leadership was not as important as including standards on mental health and digital skills. Some participants even questioned whether leadership needed to be included at all within the generic standards. These participants did not see an obvious link between being a competent registrant and needing to 'understand the qualities, behaviours and benefits of leadership and be able to apply them at work'. They felt that not all registrants should or would be interested in demonstrating leadership and that leadership opportunities would be limited for registrants working independently or within small teams.

> I don't think it's of high importance. I don't link having leadership skills to how good a health care professional you are. (Public, Female, White British, 25-34, DE, Rural, Wales)

> It feels a little out of place to me, like it's just been tacked on. We don't just need leaders, we also need team players, followers, grafters working in the background. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

Approximately half of participants, however, were adamant that leadership skills were important in order for registrants to be authoritative and inspire confidence in service users and colleagues. They welcomed the inclusion of leadership in the generic standards but believed further explanation was necessary to highlight how it was relevant for all registrants.

> Without leadership skills, I believe that the profession will not convey the necessary authority and therefore confidence in their ability. (Public, Female, White British, 55-74, AB, Rural, England)

> Personally, I think this is important but not in a corporate hierarchical sense. They should possess a strong personality, one that is liked, respected and trusted, able to make firm and clear decisions and can lead the way forward. (Service User, Male, Indian, 35-54, C1C2, Urban, England)

> I think that leadership is very important for any organisation to function properly; even a highly trained and skilled workforce will perform poorly if there is an absence of leadership. I also think that leadership skills are something that are important for everyone in an organisation or team, even if they are not a manager or team leader per se. For me it's about being able to delegate tasks, issue clear instruction and feedback to others and take charge of situations when necessary and appropriate. (Public, Male, White British, 25-34, AB, Urban, Scotland)

5. Advanced Practice

Section summary

The majority of participants were unaware of the Advanced Practitioner role prior to discussions, however, their general assumption, was that it involved 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.

That said, participants did voice a number of concerns, primarily around the training and education of Advanced Practitioners and 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. There was also support for regulation to ensure the setting of standards for education and training; to enable 'advanced' practitioners to be held to account against a higher set of standards (as participants tended to equate greater responsibility with greater risk); to promote transparency (by enabling service users to check a register).

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.

5.1 Awareness of Advanced Practitioners

Approximately one-quarter of participants were familiar with the role and/or had been seen by an Advanced Practitioner and they reported positive perceptions or experiences. However, even amongst this small group of participants there was some confusion around the title of Advanced Practitioner, with one or two querying if it was the same role as an Advanced Nurse Practitioner.

> I have come across Advanced Clinical Practitioners in the nursing field, primarily in relation to my children. It is my understanding that they are qualified to a higher level (Masters??) and this allows them to have a greater level of responsibility than those in their field who are not qualified for advanced practice. In my experience they have more decision-making powers and autonomy. My daughter had to attend a clinic for a while for a health condition which was previously run by doctors but had recently been moved to be under the care of ACPs - I presume this had the benefit of freeing up doctors for other duties within the hospital, and it certainly didn't detract from the care we received, which was

professional and expert. (Service User, Female, White British, 35-54, AB, Urban, Wales)

I have heard of the role, I believe they are qualified higher than a nurse and are able to take on the role in some areas that a doctor would usually do and work in different areas looking at alternative pathways. (Public, Male, White British, 35-54, DE, Urban, England)

I think maybe the nurse at my GP practice is an advanced practice nurse or something along those lines. Is that the same? I think she had more responsibility for specific health conditions, like my asthma, and dealt with them rather than the GP. It was really good actually, as she knew a lot more about asthma than my GP seemed to and helped me a lot with getting it back under control. She could prescribe medications too, I think. (Service User, Male, LGBTQ+, White British, 35-54, C1C2, Urban, Scotland)

The majority of participants reported being unaware of the role prior to participating in the research, however, they did share similar perceptions of the role. These perceptions revolved around the Advanced Practitioner being more qualified, more specialised and more senior (see Figure 7).

Figure 7. Shared understanding of what an Advanced Practitioner role involves

I do not know what the role is nor have I ever come across ACP. I can only imagine their role is more defined and has a higher level of practise and responsibilities. Also I imagine they are advanced health care professionals due to their level of education i.e. masters level or the equivalent. (Service User, Female, African, 35-54, DE, Urban, England)

> No, I have not that I'm aware of and I couldn't say for certain that I know what one is. I would imagine that this role is held by the most experienced practitioners and that they would have greater workplace responsibilities. (Service User, Male, White British, 18-24, C1C2, Urban, Scotland)

> I haven't come across this but I imagine them to be a senior or a sort of lead at a practice and would be ultimately responsible for quality of care. (Service User, Male, White Irish, 25-34, AB, Urban, England)

> I would imagine they are senior/advanced/an expert in their field. So either they have excelled in a very defined and specialised area of their profession, are a leader because of all the expertise they have built up, or are an expert because they have maybe done research and advanced studies. (Public, Male, Indian, 35-54, C1C2, Urban, England)

Service users' views were largely consistent with the findings of the 2009 PSA report[4], suggesting that perceptions had not moved on much over the course of the last decade.

> It was assumed that it meant more qualified or experienced in some way, but people were unsure in what way and what being 'advanced' actually said about the professional. However, some people found it inspired confidence where they had personal experience of advanced staff.

5.2 Overall reactions to the role

In order to familiarise participants with the role of an Advanced Practitioner, participants were shown an animation designed by Community Research and a series of case studies based on materials adapted from the relevant Advanced Practice frameworks set out in England, Wales and Northern Ireland. Together the stimulus was designed to highlight:

- The changing needs of healthcare in the UK and how the role of Advanced Practitioner could help meet some of these needs.
- The range of work undertaken by Advanced Practitioners.
- Different professional backgrounds of Advanced Practitioners, and the possibility that Advanced Practitioners may not be registered professionals.
- Different potential training routes for Advanced Practitioners (including the possibility of no additional training).
- Lack of consistency in use of the word 'Advanced' in job titles.

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

Participants welcomed the Advanced Practitioner role in principle. They believed that they key advantage of the role was that patients could be seen, diagnosed and treated in shorter timeframes, the burden on doctors reduced and patient flow improved (see Table 2). Participants regarded these as a highly desirable outcomes.

Table 2. Service users' perceived benefits and drawbacks for patients/service users and practitioners

	Patients/service users	Practitioners

Benefits	• Patients/service users being seen, diagnosed and treated within shorter timeframes
	  • And in some instances by one practitioner
	• The possibility of patients/service users being seen by a health care practitioner who has particular (and advanced) knowledge of a certain procedure or condition.
		• Spreads the workload and reduces the burden on doctors
		• Improves patient flow
		• Opportunity for career progression
		  • Can specialise in an area of interest.
		  • Receive a higher salary
		  • Receive additional training
		  • Have more influence in the workplace
		  • Increased job satisfaction
		• Become a role model for more junior staff

Drawbacks	• They are not a doctor! • Patients may be less confident in the diagnosis and treatment • Potential for it to take longer for a patient/service user to be referred to a doctor • Variable quality of care/service (as a result of inconsistent training) which could potentially impact on patient safety	• GPs may lose some contact with patients • Increased workload and more paperwork for AP/ACP • AP/ACP may lose broader skills as they become more specialised.

> Benefits: they get to specialise in something they are (presumably) very interested in, professionally. More responsibility and autonomy, hopefully better salary. Perhaps more prestige, due to the specialisation and additional training/qualifications needed.
>
> In theory the role is a good idea, the needs of the population are changing and the health service needs to work smarter to meet the change and demand. (Public, Male, White British, 35-54, DE, Urban, England)

A minority suggested that their acceptance of the role was dependent on the severity of the health issue being treated and that they would be less welcoming of an Advanced Practitioner in relation to undergoing surgery.

> Although it is great that the role affords so much opportunity for training in different aspects of healthcare, I wouldn't be happy to be treated by one for anything serious. My main concern is that there's no proof of what this person can do. With a doctor, you at least have the assurance that he's been through

> med school and received appropriate training. With an AP or ACP there's no standardized qualification or monitoring, therefore no assurance that this advanced practitioner is qualified to perform a proper diagnosis. (Public, Female, Caribbean, 35-54, C1C2, Urban, England)

As well as identifying specific drawbacks for patients/service users and practitioners, there were a number of similar concerns that participants repeatedly returned to through the course of the research that should be emphasised:

- The potential for the lack of standardised training routes for Advanced Practitioners to result in variable standards of care for service users (which could be to the detriment of patient safety).
- Confusion about where Advanced Practitioners sat within the hierarchy of health and care professionals given that they undertook such a broad range of roles.
  - Case studies highlighted a range of roles, with some Advanced Practitioners running clinics and others supporting doctors.
- The lack of regulation of the role.
  - Compounded by the fact that 'Advanced' could be used by health and care professionals who had received no additional training or education for the role.
- Whether Advanced Practitioners would have a broad enough skillset to take a holistic view of a patient with multiple conditions.
  - All training routes were regarded as substandard compared to a doctor's medical school background.
  - This was particularly in relation Advanced Practitioners working in general practice.

It is noteworthy that participants raised no spontaneous concerns relating to the cognate professions of Advanced Practitioners. They were less concerned about the original role of the Advanced Practitioner i.e. physiotherapist, paramedic and far more focussed on whether these professionals had undertaken adequate and consistent training to undertake their new role.

> Seems like anyone can put themselves as 'advanced' and it just needs someone to rubber stamp it. Concerning that it is not regulated. (Public, Male, Indian, 35-54, C1C2, Urban, England)

> It seems very broad and semi indefinable, what an advanced practitioner is. Some seem to be beneath doctors in the hierarchy whilst others are running everything. I'm a little confused as this term seems to be applied very broadly. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

> How do you ensure that if they have not completed any additional training to move into the ACP role they are suitability qualified? Why would they not be registered with a professional body? Surely that is a risk to give someone this title if not registered somewhere. (Public, Male, White British, 35-54, DE, Urban, England)

> How is it that someone can add advanced practitioner to their title without any valid proof of such qualifications, considering that they will be undertaking additional responsibilities? (Public, Female, Caribbean, 35-54, C1C2, Urban, England)

5.3 The background of Advanced Practitioners

After gauging overall reactions to the role, participants were shown a short HEE film that focussed on the training experience of an Advanced Clinical Practitioner (see Section 6). Although this film brought to attention the varied professional backgrounds of Advanced Practitioners, participants' views of Advanced Practice did not significantly change. The cognate profession of an Advanced Practitioner was still not a concern for most participants. In fact, several other participants suggested that the diverse backgrounds of Advanced Practitioners could be regarded as a positive as they would bring different perspectives to the role.

> Diverse backgrounds can be a positive as this prevents complacency in thinking and learning and can encourage innovation. (Service User, Male, White British, 55-74, AB, Urban, England)

In terms of a registrant's background, service users focussed on the training received rather than the profession that they had originally started in. The importance of standardised or recognised training routes for Advanced Practice remained the key issue for participants.

> I think coming from different backgrounds is largely ok but having different training does not seem ok/does not boost the confidence. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

> As long as the training is excellent and the practitioner is very proficient, background should not be a problem. (Service User, Female, White British, 55-74, DE, Rural, England)

> By the time they've completed their master's degree, they will have studied just a bit less than a doctor. I would have no issues with having confidence in an Advanced Practitioner. I would be interested to know their background but would have faith that they know what they're doing in the AP role, so wouldn't make a big deal about it. (Public, Female, White British, 35-54, C1C2, Urban, Northern Ireland)

Call for transparency

Participants wanted to be made aware that they were seeing an Advanced Practitioner and be alerted to any possible limitations of the role (relevant to their particular situation). They believed that the onus was on the employer organisation and Advanced Practitioners themselves to do this.

> I think it's very important that a service user is aware they are not a doctor and are able to know what background they have. Some health conditions effect patients' daily life. I would want to know that who I was seeing had relevant training and could make the right decisions regarding my treatment. I don't know if I'd feel comfortable in asking them what their background or training was. I wouldn't want them to feel I was undermining them but it would be something I would want to know. It should maybe be made readily available or information provided before seeing them. (Public, Female, White British, 25-34, DE, Rural, Wales)

> I think it is very important to know the background of the practitioner. In the past there have been many cases brought to court because treatment has been provided by an unqualified or unauthorised person. I want to feel completely comfortable and safe in the knowledge that I am being treated by the fully authorised and trained person. For a GP surgery I think it is up to the practice to make service providers aware of the background of the practitioners as they are brought into the surgery. (Public, Male, White British, 55-74, C1C2, Urban, England)

> I would feel positive, as long as their role was clearly explained to me at the start - particularly around the boundaries of the role (what they can / can't do, when I would need to be referred to somebody else etc). (Service User, Female, White British, 35-54, AB, Urban, Wales)

Reluctance to ask questions

Transparency was key as it was clear was that many participants would feel uncomfortable asking an Advanced Practitioner about their professional background. Even those participants that reported that they would be happy to enquire about the professional background of an Advanced Practitioner were doubtful that everyone would have the same confidence. This reluctance to ask questions has obvious implications for checking a register and raising concerns, given how Advanced Practitioners are currently regulated.

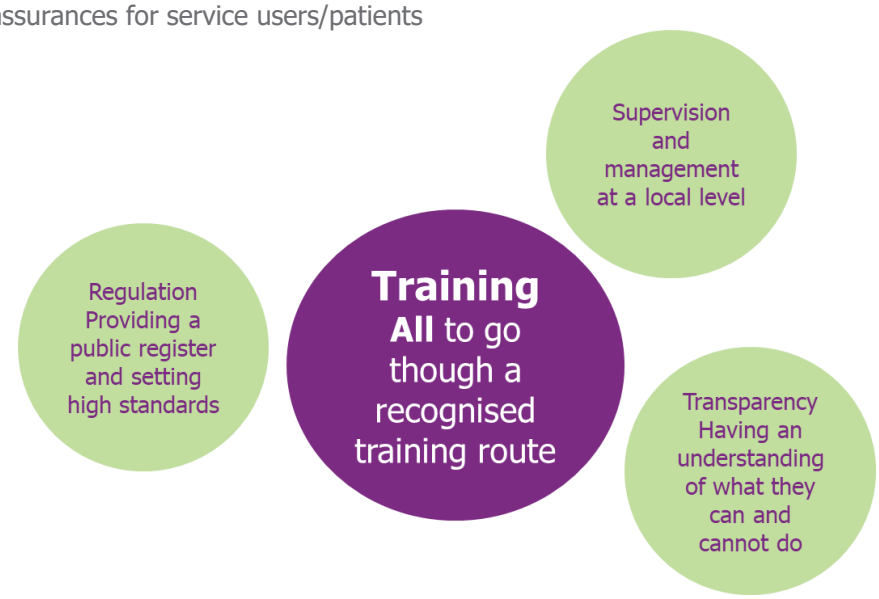
> I might ask for their role, but it could be tricky, explaining why you want this info. I think probably it is best for practices to just be transparent so patients need not even ask. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

> Do you go in and ask your GP or nurse what background and training they have had? I think it's a difficult one because why would you ask an Advanced professional what their original role and experience is? If you have a trust issue then you can find out that information and check if they're registered. (Service User, Female, African, 35-54, DE, Urban, England)

5.4 Training is all important

When participants were asked what would reassure them about the Advanced Practitioner role the overwhelming response was being assured that all Advanced Practitioners had been through an appropriate and consistent training and education route. Participants mentioned supervision, understanding limitations of the role and regulation far less frequently, although undoubtedly related actions would all help reassure the patient/service user. The discussion in relation to regulation will be explored in Section 5.5.

Figure 8. Reassurances for service users/patients



Participants acknowledged that, given diverse professional backgrounds, this training would not be the same for all practitioners; however, they believed that there would be some common ground such as 'leadership' or 'what it means to be an Advanced Practitioner' that could bring some unity to the role. More importantly, participants wanted the reassurance that all training and education was delivered to a consistently high standard and they did not want practitioners using Advanced in their title if they had not undertaken such training.

> Although APs will come from a variety of backgrounds I would expect a certain amount of the training route to be the same, in areas such as leadership and clinical practice which could be delivered in the Masters. After this point depending on the area the AP works then specialist specific training could be delivered. (Public, Male, White British, 35-54, DE, Urban, England)

> I would expect there to be at least one module or course that all advanced practitioners have to complete before gaining the title and being able to practice. (Public, Female, White British, 25-34, DE, Rural, Wales)

> I wouldn't expect them to go through the same training route, but perhaps they would have to undertake the same kind of professional formation at some stage,

> to bring together their skills and experience in a more general way, to ensure they all have the same core skills. I think it is good for there to be all sorts of different backgrounds. (Service User, Male, LGBTQ+, White British, 35-54, C1C2, Urban, Scotland)

The underlying concern was that that poor or insufficient training could potentially impact on patient safety.

> They must have completed the established training route with a certified company. Do not feel it is safe or satisfactory otherwise. (Public, Male, White 55-74, C1C2, Urban, England)

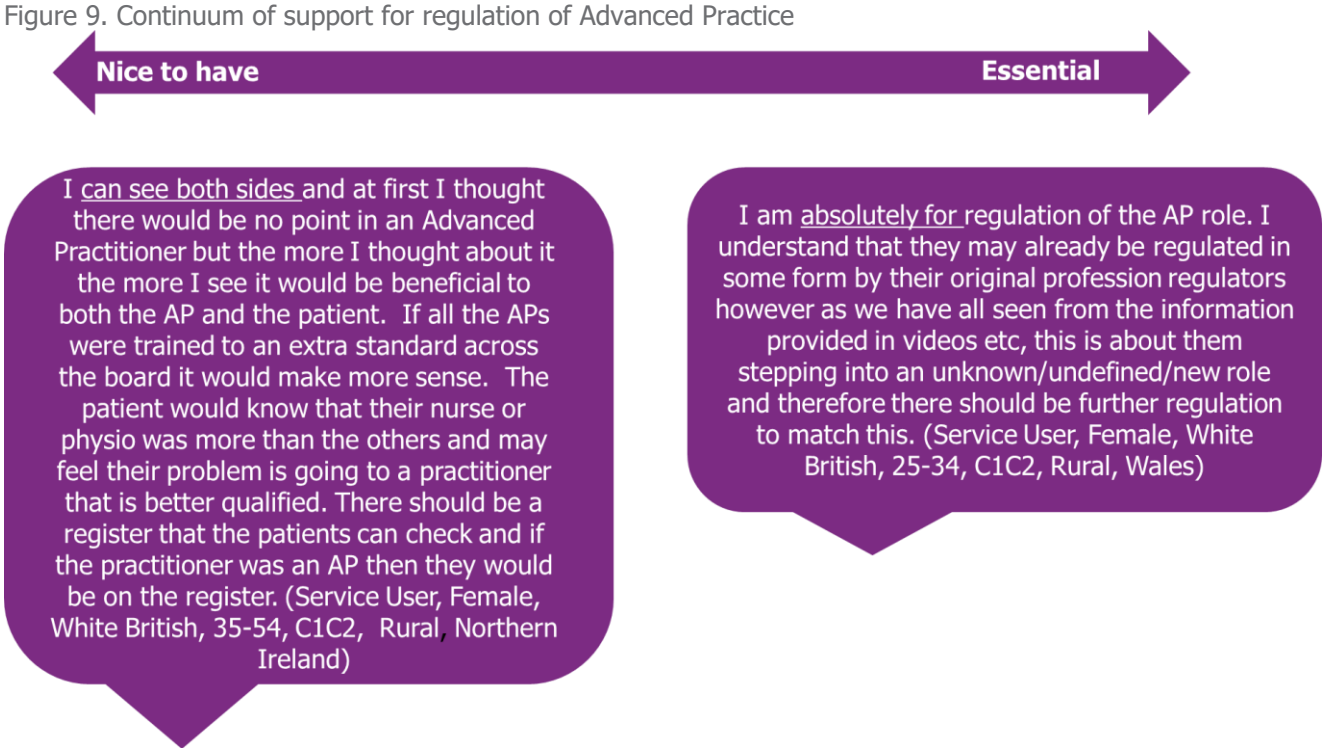
> Training of staff would help to ensure the safest possible practice. (Service User, Female, LGBTQ+, Caribbean, 25-34, C1C2, Urban, England)

5.5 Support for regulation of Advanced Practitioners

Participants started to call for the regulation of the Advanced Practitioner role as soon as they were made aware that it was not currently regulated (see section 5.2). In a short space of time, they had moved from being generally unaware of regulation and the HCPC (see Section 3) to regarding regulation as an effective means of holding Advanced Practitioners to account and ensuring consistent standards in their training and education. To challenge these newly formed views, stimulus was used to outline some of the counter arguments to regulation (see Section 6).

Having had opportunity to review both sides of the argument, there was still almost unanimous support for the regulation of Advanced Practitioners amongst service users and members of the public, however, this support is best viewed on a continuum from being 'nice to have' to being 'absolutely essential' rather than as an outright call for action.

Figure 9. Continuum of support for regulation of Advanced Practice



Regardless of the extent of support expressed for regulation, participants frequently highlighted the following points in their arguments for why regulation of the role was necessary:

- Patients/service users need to be assured that Advanced Practitioners have been through an appropriate training route of a consistently high standard.
  - Participants felt that regulation would result in a more uniform set of standards of education and training for Advanced Practitioners.
- Patients/service users need to be able to check that an Advanced Practitioner has the necessary skills/education for the role i.e. a public register.
  - This was considered important as many participants felt that they and/or the wider population of service users would feel uncomfortable trying to ascertain the cognate profession on an Advanced Practitioner so they required a separate register.
  - That said that majority of participants had been aware of public registers prior to the research.
- There needs to be a mechanism in place for holding Advanced Practitioners to account against a bespoke set of standards.
  - A number of participants were concerned that there was no uniform set of standards against which Advanced Practitioners could be held to account. They felt that as Advanced Practitioners took on greater responsibility (implicitly associated with a greater risk to patient safety) the bar needed to be set higher.

> A phone upgrade to a more advanced model would require better insurance and care, in the same way this upgrade from physio to AP etc should come with greater regulation, more responsibility/risk = more standards and procedures needed. (Service User, Female, White British, 25-34, C1C2, Rural, Wales)

- The role of 'Advanced Practitioner' needs to inspire public confidence and professional pride.
  - Participants often conflated regulation with Advanced Practitioner becoming a designated title that is protected by law.

> I am for regulation of the Advanced Practice role. The main reasons are that I think it would be important to set a standard of competence and conduct for the role, and to check the quality of education and training courses that Advanced Practitioners complete before they are able to begin practicing. Since Advanced Practitioners all come from such different professional backgrounds I don't think that it would be feasible for existing regulatory bodies to perform this role, so a new system would likely have to be set up specifically for this group of workers. (Public, Male, White British, 25-34, AB, Urban, Scotland)

> On balance I do believe that there should be some form of regulation for Advanced Practitioners. However, because the various health and care professions have their own regulators that set and maintain the education, training, skill sets and competency to practice then I don't think that an AP regulator would need to duplicate these areas. My main concern is that without some form of regulation then a practitioner without the highest qualifications in their field would be able to use the title of Advanced Practitioner. I think that the role of an AP regulator should be there for practitioners to apply to be registered as an AP, and to monitor that all applicants do have the relevant highest skill set to be accepted as an AP. This would be relatively easy to check by liaising with the appropriate Health and care profession regulator. (Service User, Male, White British, 55-74, C1C2, Urban, England)

The two participants who did not support regulation highlighted the difficulty of establishing a common set of standards for such diverse professionals and the fact that many Advanced Practitioners were already regulated under their cognate profession. Whilst they did not call for regulation per se, they did wish to see some kind of consistency brought to the role.

> I think that while full regulation may be "overkill" considering the majority of APs will be regulated by another body, it could be beneficial to have some of accreditation system when achieving AP status to demonstrate that all capabilities are met. This would provide assurance that people are only becoming an AP when they have the required skill and experience and also provide better metrics on the numbers of APs, their backgrounds etc and help ensure consistency of the role. So upon becoming an AP you would complete some

> form of assessment or accreditation, but then your ongoing regulation and CPD would be done via your main occupation regulator. I guess for those APs who aren't regulated elsewhere this would still leave a gap, which I don't know how this would be addressed. (Service User, Female, White British, 35-54, AB, Urban, Wales)

> I agree that Advanced Practitioners should not require further regulation. They are already regulated through their original profession, so should therefore not require to be regulated once again. It would be almost impossible for regulators to create a set of common standards as each practitioner has a different background. I do however like the idea of there being some kind of consistency among practitioners, but this could even be at a very basic requirement, rather than a huge list of standards. (Public, Female, White British, 35-54, AB, Scotland)

These two participants aside, most found it relatively easy to dismiss the arguments put forward against further regulation of the Advanced Practitioner role. Participants' over-riding concern was for high standards of care (safety is implicit within this) and associated public confidence, the logistics, costs and limitations of regulation were not to detract from this (see Figure 10).

Figure 10. Reasons for rejecting arguments against further regulation

Argument	General response	Argument	General response
But lots of these healthcare professions are already regulated - is it really necessary to have more regulation? Surely they are no greater risk to the public once they become an AP?	With greater responsibility naturally comes greater risk	If I have a concern about patient safety most APs will already have a regulator I can report them to e.g. Nursing and Midwifery Council, HCPC	Patients/service-users may never get to know the cognate profession. Also, would the standards for Advanced Practitioners need to be the same across all regulators?
If the HCPC is busy working out how to regulate APs they may not have time to do everything else they are supposed to do	Regulation may be complicated and costly but that it not an excuse for not doing it – patient/service user safety is paramount	Especially, as we don't know how many APs there are. It might just be a few thousand	Regulation would keep track of numbers as all Advanced Practitioners would be registered in one place
APs come from such a wide range of backgrounds that I don't see how they can all share common standards…or would the regulator have to create standards for lots of different types of APs?? It sounds complicated – I am not sure the benefits are worth it		There are so many advances in healthcare - how would the regulator be able to keep up to date and determine what an AP could potentially do (in their scope of practice)? It might limit an AP from learning new skills if the regulator does not keep up with all these advances	But amongst participants there is already concern that Advanced Practitioners are practicing outside of their comfort zone

It is important that this support for regulation is viewed in the wider context of participants' awareness of the HCPC and regulation in general. The call for regulation of Advanced Practice comes at the end of a journey, through which participants have

been taken through HCPC's corporate strategy and Standards of Proficiency for registrants. They have also been alerted to the fact that the role (and associated training routes) are not currently regulated.

The views of these newly informed service users and members of the public may not be shared by a less informed audience.

6. Appendices

6.1 Outline content of bulletin board

Combined Strategy and SUE online disc

6.2 Research stimulus for Corporate Strategy discussions

The introductory video on YouTube to familiarise participants with the HCPC:

https://www.youtube.com/channel/UCLv8jdHIQQIXRlAxMbgLpEw

Handouts to describe work and remit of the HCPC

Handout A - HCPC's role and profession

Handout B - HCPC's draft strategy.pdf

Vision, values and purpose.jpg

6.3 Research stimulus for Standards discussions

Handouts provided to participants:

Handout D - Putting standards ir

Handout E - List of proposed generic st

Handout F(i) - Equality standards.p

Handout F(ii) - Service user involver

Handout F(iii) - Other standards.pd

HCPC video of registrants talking about what standards mean to them:

https://www.hcpc-uk.org/registration/meeting-our-standards/standards-in-your-words/

6.4 Research stimulus for Advanced Practice discussions

Community Research Video explaining Advanced Practice.

https://vimeo.com/470191045

HEE video of some professionals who are training as an Advanced Practitioner:

https://www.youtube.com/watch?v=B4Lm68A9GQo&list=PLrVQaAxyJE3dJqbcnGK158M8EhufXfY5d&index=8

Further information shown to participants:

Handout G - case studies.pptx

Advanced Practice - For and Against.pd