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HCPC Questions for medical profession on regulation of advanced practice

About You

1. **Please tell us your name and job title**

   Dr Michael Mulholland, Vice Chair (Professional Development)

2. **Please tell us the name of the organisation you are responding on behalf of**

   Royal College of General Practitioners

3. **Please provide us with your email address if you would be happy for us to contact you about the submission you have provided**

   VCProfDevelopment@rcgp.org.uk

Questions about HCPC registrants undertaking advanced practice

1. **What is the nature of the potential risk to patient safety presented by HCPC registrants advancing their practice? (Please indicate what the risk factors are in your opinion, and how the nature of the risk extends beyond that presented by their cognate profession (ie that which they are registered with the HCPC)**

   The Royal College of General Practitioners (RCGP) welcomes the opportunity to respond to this consultation on HCPC regulation of advanced practice.

   The RCGP is the largest membership organisation in the UK solely for GPs. Founded in 1952, it has over 54,000 members who are committed to improving patient care, developing their own skills, and promoting general practice as a discipline. The RCGP is an independent professional body with expertise in patient-centred generalist clinical care.

   Safe and effective general practice is fundamental to the healthcare system. The majority of patient contacts, whether for acute illness and injury, or for the ongoing management of chronic health conditions, happen in general practice. A range of factors inherent to the model of general practice mean that there is a higher potential risk to patient safety than would be seen in other settings.

   1. In contrast to secondary care settings, where activity is inherently team based, and where staff supervision is often physically direct, most patient contacts in general practice take place on a one-to-one basis, without direct oversight or supervision by other staff. In these conditions, the risk to patients from clinician error (or, in exceptional cases, malpractice) is heightened, even if the specific clinical role and level of practice is unchanged.

   2. Historically, general practice has been based around a GP-led model of care, where a small number of tasks might be delegated to a practice team, but where GPs continue to manage patients overall and hold risk. As the general practice team expands to tackle unmanageable workload, address the GP workforce crisis and ensure the long-term sustainability of general practice, this model is changing. Increasingly, entire patient care pathways are managed by other practitioners (for example first contact physiotherapists managing MSK pathways), with GPs maintaining an oversight role. However, the nature of that oversight and risk management varies substantially, depending on the role. Advanced practice roles will accelerate this trend, with practitioners working with greater autonomy and lower levels of supervision by GPs. This differentiates such roles from their colleagues working at a lower level of practice, where a greater degree of GP oversight is to be expected.

3. The differentiation between advanced roles and others in the cognate professions will be increased should advanced practitioners gain certain additional rights such as the legal power to sign fit notes (currently under development by DWP/DHSC). The RCGP supports fit note reform, however this (as well as mooted future changes, for example around prescribing) would give advanced practitioners further autonomy, enabling them to manage the care of their patients more holistically, and reducing the burden of clinical administration falling on GPs. This would have benefits for patients and general practice, however it would also mean a touch point which allows for GP oversight would be removed. This would increase the potential risks of inappropriate practice, if appropriate safeguards aren't in place.

2. **Whether there are sufficient mechanisms currently in place to mitigate such risk to patient safety? (This could include for example: local employer governance and accountability mechanisms; the current HCPC model of regulation at entry level to the professions; and/or professional body voluntary measures, such as accreditation)**

   At present, setting aside statutory regulation of cognate professions, there are a range of mechanisms in place which play a role in mitigating the risks to patient safety of practitioners working at advanced level. However, these mechanisms are inconsistent, and not well embedded at present.

   HEE has made significant progress in defining standards for advanced practice in England and is moving towards the creation of a directory of advanced practitioners, but this is not expected to go live until autumn 2021 at the earliest, and will not have the same authority as statutory regulation. Similar work on professional standards for advanced practice is under way in other nations, but we are not aware of efforts to create directories of advanced practitioners outside England, which leaves a potential gap in oversight. A range of professional bodies are also working to assure advanced practice within their professions, including through the creation of voluntary managed registers and good practice frameworks. However, these are by definition voluntary, and approaches are not entirely consistent between professional bodies.

   The result of these various initiatives is a complex and inconsistent landscape of different frameworks and professional directories. This makes it harder for employers to be sure that they are employing the right staff, working at an appropriate level, with proportionate oversight, and for patients to have confidence that they are being seen by the right staff.

3. **What are your views on whether there should be additional regulation of advanced level practice? (Please indicate what the potential benefits and disadvantages of additional regulation might be)**

   Given the greater risk posed by advanced practitioners compared to their cognate professions, and the difficulty of ensuring and assuring good practice under the current patchwork of frameworks, the RCGP believes that some form of formal regulation of advanced practice roles would be appropriate and useful. This should reflect the greater level of independence and professional responsibility of these roles. Regulation may be pursued through annotation of registers, recognising that advanced practice is an extension of existing professional skills, rather than an entirely separate role (in the same way that GPs are certified . Such a step would give both patients and employers confidence that advanced practitioners were operating at an appropriate level.

   Alternatively, it may be possible to provide appropriate assurance by ensuring the adoption and spread of HEE's advanced practice directory (as well as equivalent systems across the four nations). If widely understood and adopted, this could allow GPs as employers to be assured that their staff have the skills and experience appropriate to operate at an advanced level of practice. Meanwhile the existing regulatory requirement for professionals to act 'within their scope of practice' would allow for appropriate regulatory measures to taken in the event of professional misconduct or malpractice. However, this arrangement may be more confusing for patients and employers. It may also provide a lower level of assurance than a regulatory system, given the challenge of clearly defining professional "scope of practice".

4. **If you believe that additional regulation of advanced level practice is necessary, please tell us what you think that should look like in order to provide sufficient assurance of safety, quality and reliability? (This could include for example: an HCPC policy position statement with definitions and principles; sign-post to relevant materials/professional bodies; and/or annotate the register, meaning we would: -set standards (the equivalent of standards of proficiency and standards of education and training) for advanced level practice. -approve programmes which deliver those standards leading to eligibility for the Register to be annotated. -annotate the Register entries of registrants who have successfully completed those programmes. This list is not exhaustive!)**

   As suggested above, if regulation were to be pursued, the RCGP believes this would be most appropriately done through annotation of existing professional registers, as this

would be clear, authoritative, and accessible to both patients and employers. These annotations would need to be consistently applied and understood.

This raises the important question of the basis for annotation. As noted above, HEE and other SEBs are making significant progress in developing multi-professional credentials and frameworks for advanced practice and are beginning work to accredit specific programmes of study. It would therefore be possible for HCPC annotation to be underpinned by these frameworks and accreditations. However, if deemed appropriate, there would be nothing to preclude HCPC from setting standards and approving programmes independently of the work of SEBs, working with the relevant stakeholders.

5. **Is there anything else you would like to tell us, not captured by the questions and answers above?**

   N/A