

## **AHPF Response to NMC Proposals on Regulation of Advanced Practice**

### **Introduction**

On March 27<sup>th</sup> 2024, the Board of the Nursing and Midwifery Council (NMC) approved a proposal to introduce measures for an additional layer of regulation for advanced clinical practice in Nursing and Midwifery.

There is a clear expectation that other health professional regulators will follow suit.

Although there are expected to be periods of development and consultation over the proposals, this paper provides some immediate commentary on the proposals from the professions that make up the Allied Health Professions Federation (AHPF). [Ref]

### **Assumptions, Evidence and Timing**

The proposals seem to be based on an assumption that something is broken within advanced clinical practice, specifically from the perspective of public safety. Protection of the public is the principal rationale for statutory regulation of health professionals and is frequently cited as such by the Professional Standards Agency (PSA).

In the case of advanced clinical practice being performed by regulated professionals, where is the evidence that a specific risk to the public exists?

The NMC quote a review by The Nuffield Foundation. However, the review report seems less than definitive on reasons for an additional layer of regulation.

Conversely, there is a great deal of evidence of the efficacy safety and efficiency of multiprofessional advanced clinical practice.

The assumption could be that regulated professionals are somehow failing in their duties to self-regulate and act in the interest of patients and the public. There is evidence to show that fitness to practice proceedings relating to advanced practice are a very small proportion of the cases investigated and brought to hearings by regulators (0.03% of NMC FTP cases relate to ACP).

The Centre for Advancing Practice (NHS England) has been leading work across Nursing, Midwifery and Allied Health Professions on ACP. This work does not seem to be reflected in the NMC proposals. The evidence within the work of the Centre seems to be actively ignored by the NMC.

The timing of these proposals ahead of a General Election and in the context of preparation for regulatory reform seems particularly unfortunate. In addition, even a rumour of unnecessary increased costs for registrants in the context of the cost of living crisis could be criticised as irresponsibly rash.

### **Risks**

Very significant proportions of patient services are delivered by advanced practitioners across multiple professions. This is a notable achievement for the NHS and the UK system of professional regulation. It indicates admirable multidisciplinary working in the interests of

patients and the public. All professions that promote advanced practice rightly see this as a positive career development and consequently a benefit to recruitment and retention of motivated professionals. The NHS cannot afford to risk disrupting an already fragile workforce supply or to introduce any measure that might prove a barrier to advanced practice.

It would be no exaggeration to state that the NMC proposals pose a significant risk to the NHS England Long Term Workforce Plan and the related plans in all four nations of the UK.

Registrants will be justified in asking how the costs of introduction of these new regulatory measures will be managed. It could be the intention that all nursing and midwifery registrants will share the additional financial burden. Alternatively, there could be a separate regulation charge for professionals that aspire to advanced clinical practice.

It should be evident that either option could have a serious disincentive effect, resulting in challenges to recruitment to the nursing and / or midwifery professions.

If the additional charge were to be levied against advanced practitioners themselves, this would de-incentivise career progression and put patient services further at risk.

Ultimately, the risks impact most importantly on patient service delivery and quality.

This is ironic given the over-riding role of professional regulation in assuring public safety. If additional regulation of ACP is required as claimed, it will by definition have a negative impact on the number of practitioners available at any one time and therefore reduce capacity for service delivery.

## **Discussion**

If there was compelling evidence that the existing professional regulatory systems are exposing patients to harm specifically from advanced and consultant clinical practitioners, the justification to introduce additional regulation would of course over-ride the workforce and service delivery risks.

This evidence is not being provided. The furthest the Nuffield Report is prepared to go is to declare a “latent risk”. This appears to be theoretical and without any sound basis in research.

The support of the Chief Nursing Officers in all four nations of the UK challenges the collaborations in which each of their offices have been involved with regard to multiprofessional advanced practice. Within NHS England specifically, it is bizarre that endorsement for the NMC proposals is being made by the CNO in opposition to the views and continuing work of the Centre for Advancing Practice. The implications for the NHS England Long Term Workforce Plan seem not to have been considered at all.

Action by the NMC seems to be being taken independently of other health professional regulators and of regulatory policy guidance from the DHSC. It is not questioned that the NMC has the right and ability to proceed. However, unilateral action of this sort appears self-interested rather than motivated by genuine concerns for the protection of the public.

It has been suggested that the NMC are responding to a perceived need to enhance the career development opportunities for registrants. If true, this is counter to the remit of the NMC as a regulator. The business of career progression support is the remit of professional bodies.

The implications extend far beyond Nursing and Midwifery. There seems to be a clear belief on the part of the NMC that other regulators will fall into line behind them. All of the risks and damaging sequelae that can be foreseen for nurses and midwives are also applicable to all other professions and patient services where advanced practice is now a core part of health provision.

The DHSC urgently needs to take a lead in bringing all health regulators and professional bodies together in determining regulatory policy. In the current situation, the impression is unescapable that the Department is being led by the NMC.