

Analysis of the online workshop to consider the impact of Covid-19 and the implications for the future of advanced and consultant practice

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01. About this document

In May 2020 Health Education England (HEE) commissioned a two week crowdsourcing online workshop to generate insight into the lived experiences of advanced and consultant practitioners during the Covid-19 pandemic. Alongside the online workshop, participants were asked to share information about themselves and their experiences in a quantitative survey.

This is a summary of the participation data and an overview of the conversation.

02. Background to the online workshop

The current context for Advanced Practice

HEE carried out extensive research and engagement in 2018 to consider how best to develop, deploy and govern an emerging professional group: Advanced Clinical Practitioners (ACPs). This research work, looked at a range of emerging issues, but in particular:

- How to maximise the positive impact of ACPs on patient outcomes;
- Understanding the workforce implications for advanced clinical practice; and
- Examining the effectiveness of current assurance mechanisms and the need for additional governance.

In the last 12 months there has been much progress informed by the initial research.

- Significant progress has been made in the development of effective and recognised pathways; and
- There is an emerging infrastructure for standards development; reassurance has been provided on regulation; and the centre for advancing practice is in development.

HEE has also been able to develop insight into the specific ACP workforce challenges within the NHS including issues around variation, emerging opportunities and trends in development.

The online workshop: challenges and objectives

The development of advanced practice is at a critical juncture. HEE has three core workstreams for ACPs:

1. Supporting the development of advanced clinical practice
2. Improving supply to meet service needs – expanding advanced clinical practice routes and developing the levels prior to and beyond this level of practice

3. Creating the structure and governance for advanced clinical practice

Covid-19 has the potential to negatively impact on all three in the short term and longer term. While progress has been made, the impact of Covid-19 on this particular part of the NHS workforce is not fully understood. HEE commissioned the research and engagement exercise in order to understand better the following:

- The range of deployment or redeployment of ACPs and aspiring ACPs across the health system during Covid-19
- The insights and expectations of ACPs and aspiring ACPs about the impact of Covid-19
- The experience of ACPs during Covid-19 including:
 - The extent to which ACPs knowledge, skills and competence have been deployed effectively
 - The extent to which barriers continue to exist or have been removed (and reasons)
 - The impact on particular professional groups (e.g. physios, nurses, OTs etc)

Generating insight

The online workshop was live from Thursday 14 May – Thursday 28 May 2020 for all advanced and consultant practitioners to share their insight and to consider the impact of Covid-19 and the implications for the future of advanced practice.

In the two weeks the online workshop was live, 1,000 participants logged onto the platform. They shared over 1,375 contributions – a combination of ideas, comments and votes. The workshop asked participants to share their views on four broad questions:

- Your Covid-19 story
- Your organisation's response to Covid-19
- Your knowledge, skills and competence
- Learning and looking to the future

Table 1 shows the distribution of contributions over the question areas.

Theme	Ideas	Comments	Votes
Your Covid-19 story	120	35	485
Your organisation's response to Covid-19	40	20	177
Your knowledge, skills and competence	23	24	166
Learning and looking to the future	28	32	225

Table 1: Contributions to each question

Your Covid-19 story

Tell us your personal experiences of working as an advanced or consultant practitioner during the Covid-19 response. How has your work or training been affected? Are you working in a different role? Are you working to your full potential? How has your clinical specialism been used during the Covid-19 response? Have you experienced any challenges? And what impact is Covid-19 having on your physical and mental health and wellbeing?

This section was intended to provide a repository of learning and best practice case studies rather than a broader conversation. However, the most popular idea was discussing the value of the four pillars of ACP (clinical practice, education, leadership and research) as part of everyday delivery of care.

This was supported by the following quotes in other parts of the conversation:

“When speaking with [an advanced practitioner in training] and observing her practice I noted how she was clearly pulling on all 4 pillars of ACP (clinical practice, education, leadership and research) in her role during this time:

She became an excellent educator to redeployed staff working in that area- something she would never have thought she would need to do so extensively.

When on shift staff frequently looked to her to provide leadership in unfamiliar, unprecedented and scary times, and she expertly provided this with clear and supportive instructions and decisions.

In coffee room debates about 'what's new about Covid-19' she often was able to refer to an evidence base to support what she was saying, to dispel myths and propose areas that still were uncertain, and would likely feature in future research or evidence to come out of this time. ...she was brilliantly demonstrating what it means to be the true embodiment of an ACP!”

“I am also very encouraged by the huge number of postings...which attest to practitioners valuing all four ACP pillars, and many examples of people using their non clinical pillars more fully at this time. I think the descriptions of how people have evolved their practice really attest to the considerable agility of ACPs in being able to work differently, think creatively and engage in higher level problem solving and decision making. All things we hope ACP education achieves - but this data base is strongly suggestive that we are achieving those goals - and that ACPs have a huge part to play in the future NHS workforce.”

The role of clinical leadership in primary care was also a strongly supported topic. The following quotes reflect the conversation:

“Clinically I am not having the patient contact that i use to have and now undertaking a managerial role. I provide advice and direction to GP's and advanced practitioners in regards to local Covid19 responses and support the implementation of new ways of working. I have discussed with the chair of the LMC about the fact that I feel I should be using my clinical skills more however he has dismissed this and stated that him and his colleagues need the direction I give to enable them to deal with more patients than just those I can see in person.”

Your organisation's response to Covid-19

How is your employer responding to the additional workforce challenges caused by Covid-19? Do you feel your experience as an advanced or consultant practitioner is being effectively used by your organisation or elsewhere? Have you had a role in managing your organisation's Covid-19 response, or supporting services to recover or restart?

The most popular ideas in this section discussed the use of remote appointments and digital innovation as well as remote working. Quotes from the conversation around these themes included:

“We decided to see people referred urgently, remotely. As ACP I was asked to lead this work. This was very hard at first but we got training and learnt, we are now flying, the patients love it and we are getting better we don't want to go back to how we were – we are evaluating the work, it looks good....

We now have students joining these sessions and we are learning, supervision and bringing on the next generation - This will drive our outpatient redesign!”

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“We have provided remote consultations within our practices, PCN and beyond in supporting other practices. Due to the capacity of working across multiple patient populations I have been able to maximise the use of my skillset and experience. In some regards it has furthered my clinical development. Video consultations have been key to improving our approach to patient care and feel much more personal than telephone appointments.”

Your knowledge, skills and competence

How are your knowledge, skills and competence as an advanced or consultant practitioner being used (or not used) to respond to Covid-19? Are you able to use your advanced skills at this time, and are you learning new skills? Are there any skills you think you may need to develop for a second wave of Covid-19 or another future pandemic?

Popular themes in this section included advanced clinical practitioners and prescribing. Quotes from the conversation around this theme included:

“The outbreak has... required.. practitioners to utilise their skills to the full extend within their scope of practice. Limitations arise and frustrations when differences appear e.g. paramedics not being able to prescribe controlled drugs, physios can prescribe fentanyl but not co-codamol! and vague recommendations to the extent of their prescribing practice”

“There needs to be full equality, whereby an independent prescribing qualification entitles prescription of the same ranges of drugs with the same restrictions for all, regardless of underlying profession. Until then, paramedics and physios in particular will be held back in advanced practice roles compared to nurses.”

Another popular contribution was around using skills to the maximum. Quotes from the conversation included:

“My skills have developed significantly and I have definitely been working to my potential - my leadership and management skills have benefitted enormously, significant research skills have been used to assess and determine a response to the massive volumes of clinical and non clinical information we have been deluged with. My clinical skills have developed in terms of my confidence and ability to manage conditions remotely. The paramedic background has been very helpful as managing uncertainty and working in unfamiliar conditions is very natural to us, where others from other professional backgrounds have struggled more at times. Paramedics I have spoken to have also said our training in major incident management has been invaluable - we know how to approach these situations and it is clear there is a certain mindset shared across all professional groups who have had that training.”

Learning and looking to the future

In what ways (if any) has the Covid-19 response created opportunities for you as an advanced or consultant practitioner? Are there positive examples of your involvement in the response that you can share? And are there changes happening now that can be secured for the future?

Popular ideas in this section discussed issuing of fit notes. Quotes from the conversation included:

“As autonomous ANP , I can prescribe to the equivalent level of my GP colleagues, I have admission rights equivalent to my GP colleagues, I have the autonomy of assessing my patient to the same level. However, a requirement of a significant number of patients within primary

Impact of Covid-19 and the implications for the future of advanced and consultant practice care require a *Fit Note* – *this is not currently available for any advanced or consultant practitioner.*”

Another popular idea was around the need to show the value of ACPs, build skills and confidence. Quotes from the conversation included:

“My portfolio shows clearly what I can do and my level of practice means I was classed as a senior decision maker in the team, we all pulled our weight each shift and we delivered for our patients – I need to be far prouder of what I have achieved and share with people the full potential of my role to build on this and help embed the roles and support the trainees to show their value and build skills and confidence. We need to show people what these roles can do, back them up with training that means the same wherever you go and a big badge of honour that says I am a Advanced Practitioner “

Notable themes from the conversation

Every idea and comment in the online workshop has been read, the notable themes that have emerged from the conversation were:

- Advanced and consultant practitioners have embraced the challenge of Covid-19 and used their skills and knowledge to deliver high quality care for patients. This was through a combination of hands on clinical activity or designing and overseeing the introduction of new services eg remote consultation.

“ACPs have stepped up and shown courage and commitment to work in any way possible to ensure that patients continue to receive high quality care safely. All 4 pillars have been shown in their work as they have led on Trust wide C-19 projects, led on C-19 education, moved specialties, altered their working patterns, joined different Rotas etc”

- ACP leadership skills have, on the whole, been powerfully used during the Covid-19 response.

“My ACP role was fully used in every way – people say it is because they could understand what I could do and then what I could do more of. This will be really interesting to see how this has broken down the last few remaining barriers as we all got along together with a single focus – it was very levelling.”

“Leadership has been core to my role throughout the pandemic and as part of the senior leadership team of the department, problem solving, crisis averting and managing change has been key to our daily work, identifying, exploring and analysing different solutions, ways of working and pathways has been a core part of the job for the last 3 months”

- There is a lack of understanding in some organisations about the role and potential skills ACPs can provide to both patients and the wider organisation. This led to frustration that the ACP roles were not being fully utilised.

“I am a consultant practitioner working with acute medicine so my role hasn't changed during COVID and has enabled me to utilise my skills/experiences as a senior decision maker. However, I have been redeployed back to critical care where I felt my skills were not full time utilised. My background is critical care but going from working as an 8b to that of a band 5 wasn't the most effective use of my skills.

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This is the challenge that I feel ACP's and consultant practitioners face when compared to medical colleagues and highlights the lack of understanding by organisations regarding the role of the ACP."

"I have now (after 6 weeks) been taken out of Hot ED and just working in Cold SDEC/ACU. The numbers of patients are low as they get stopped in Hot ED due to SOB or temperature and I feel like a secretary, following up patients via the telephone and following up outstanding results. I do not feel I am working to the best of my ability and have lost any respect as an ANP that I previously had."

- Frustrations were raised about the inability for some ACPs to be able to prescribe, issue fit notes and death certificates.

"Sadly despite all that has been achieved, it's the small things that still form a massive barrier to practice such as not being able to sign a fit note for a patient I have examined, diagnosed and managed, and having to ask a junior doctor who hasn't seen the patient to sign a fit note. My doctoral thesis examined why pts sought unplanned follow up after visiting an ED, the most common cause was for a fit note!"

03. Analysis of the participants

Before participants were able to join the discussion in the online workshop, they were asked to complete a short questionnaire to help establish their professional groups and their demographics, and to get a snapshot of their experiences prior to and during the Covid-19 response. The charts on the following pages reflect the responses to these questions. We have not, at this stage, carried out any detailed analysis of the qualitative feedback in the workshop by demographic group or mapped to responses about Covid-19 experiences.

1,000 people completed the gateway questionnaire.

The responses in Figure 1 show how the participants answered a series of questions related to their experiences of working as an advanced or consultant practitioner during the Covid 19 response.

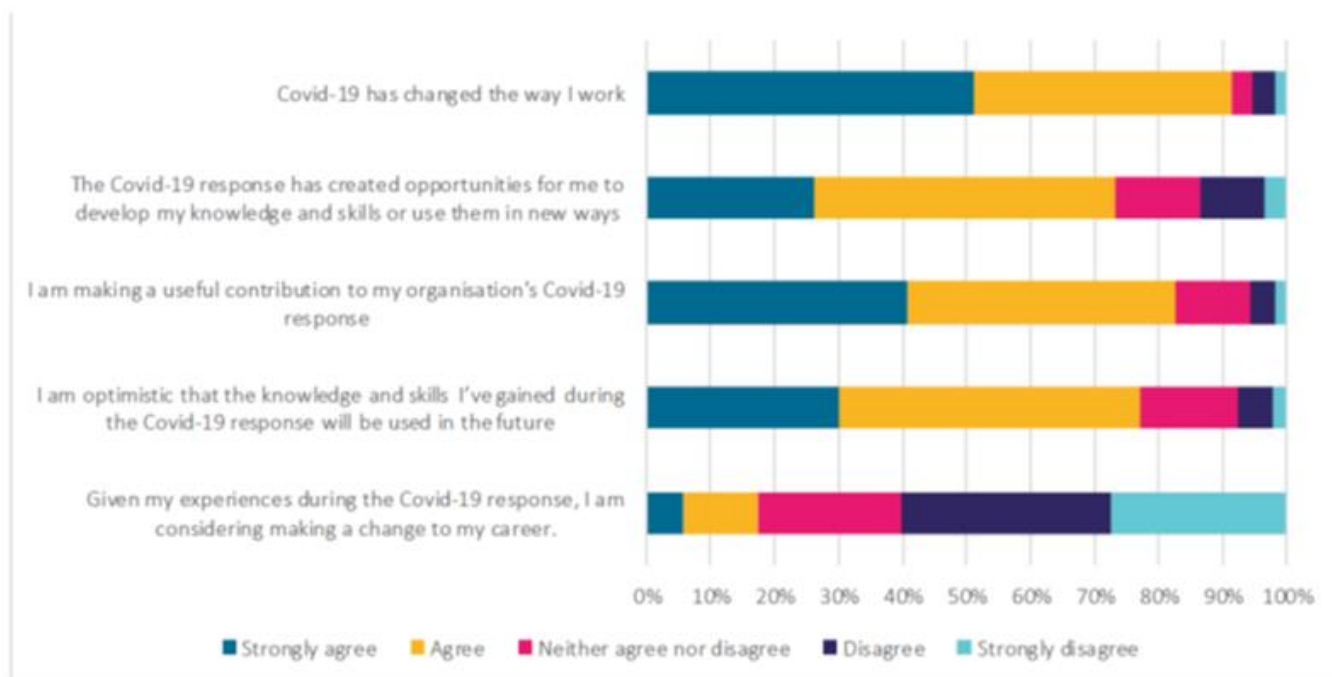


Figure 1: *Experiences of working as an advanced or consultant practitioner during the Covid-19 response*

The impact of Covid-19 on their working lives is stark with over 90% of participants stating that the Covid-19 response has changed the way they work to some extent. Although the impact on their working lives has been huge, over 70% felt that the response had created opportunities for them to develop their skills and knowledge. This positive message is echoed in the qualitative insight generated from the online workshop. 85% of participants felt that they had made a useful contribution to their organisation's response. Again, these figures are supported by the stories of the impact ACPs have made in the online workshop.

We asked a question about whether participants were considering a career change as a result of Covid-19. 60% of participants felt that their experiences during the Covid-19 response would not lead them to consider a career change, with just over 20% neither agreeing nor disagreeing that the experiences had led them to consider a change of career. While this feedback is interesting, the data does not allow us to draw any conclusions on the impact of workforce supply, merely that there is likely to be some impact as a result of Covid-19.

Figure 2 shows that 87% of the participants were registered healthcare professionals with 7% having an academic or education role.

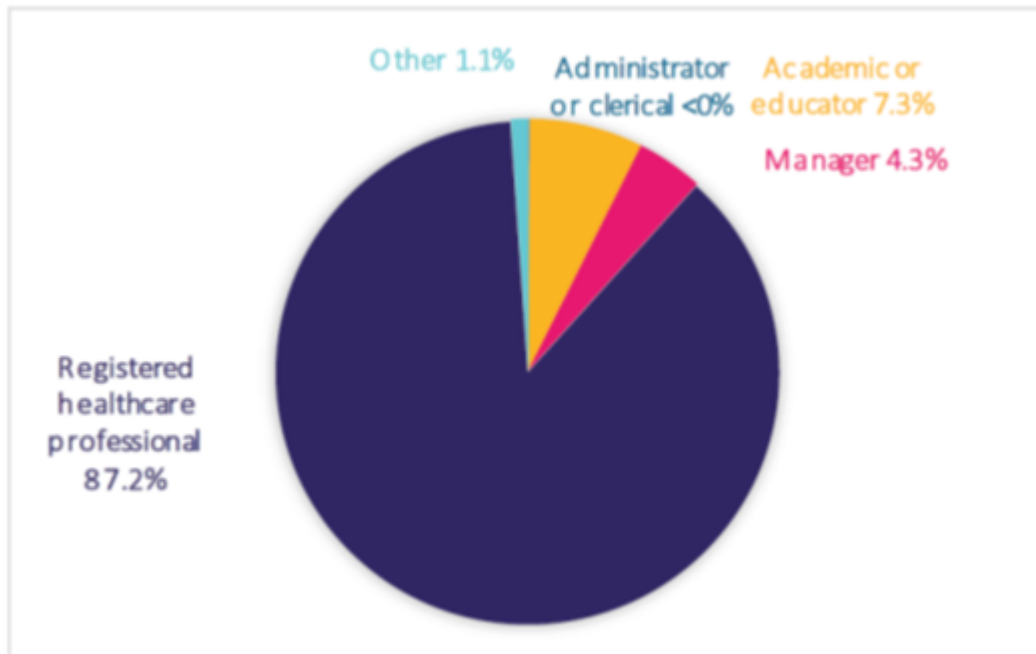


Figure 2: Primary role of participants in the online workshop

Over half of those who said they were registered healthcare professionals were advanced practitioners. (Figure 3). Over 20% of the participants were training to be advanced or consultant practitioners.



Figure 3: Advanced or consultant practitioner status

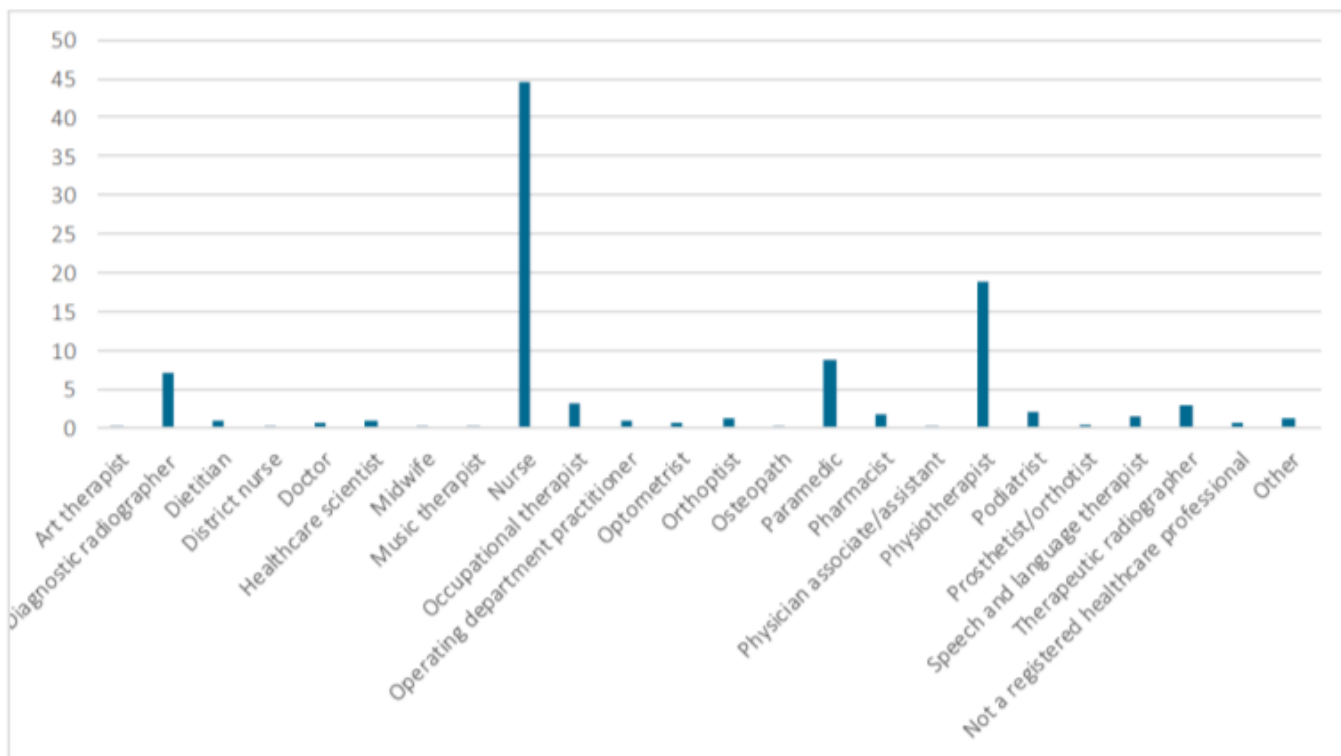


Figure 4: Participants by professional group (%)

Participants came from over 23 different clinical professions (Figure 4), with nurses and physiotherapists representing over 60% of all participants. Unsurprisingly, over half of the participants were from an acute setting (Figure 5). The workshop also saw representatives from a variety of types of NHS organisations as well as the independent sector and social enterprises.

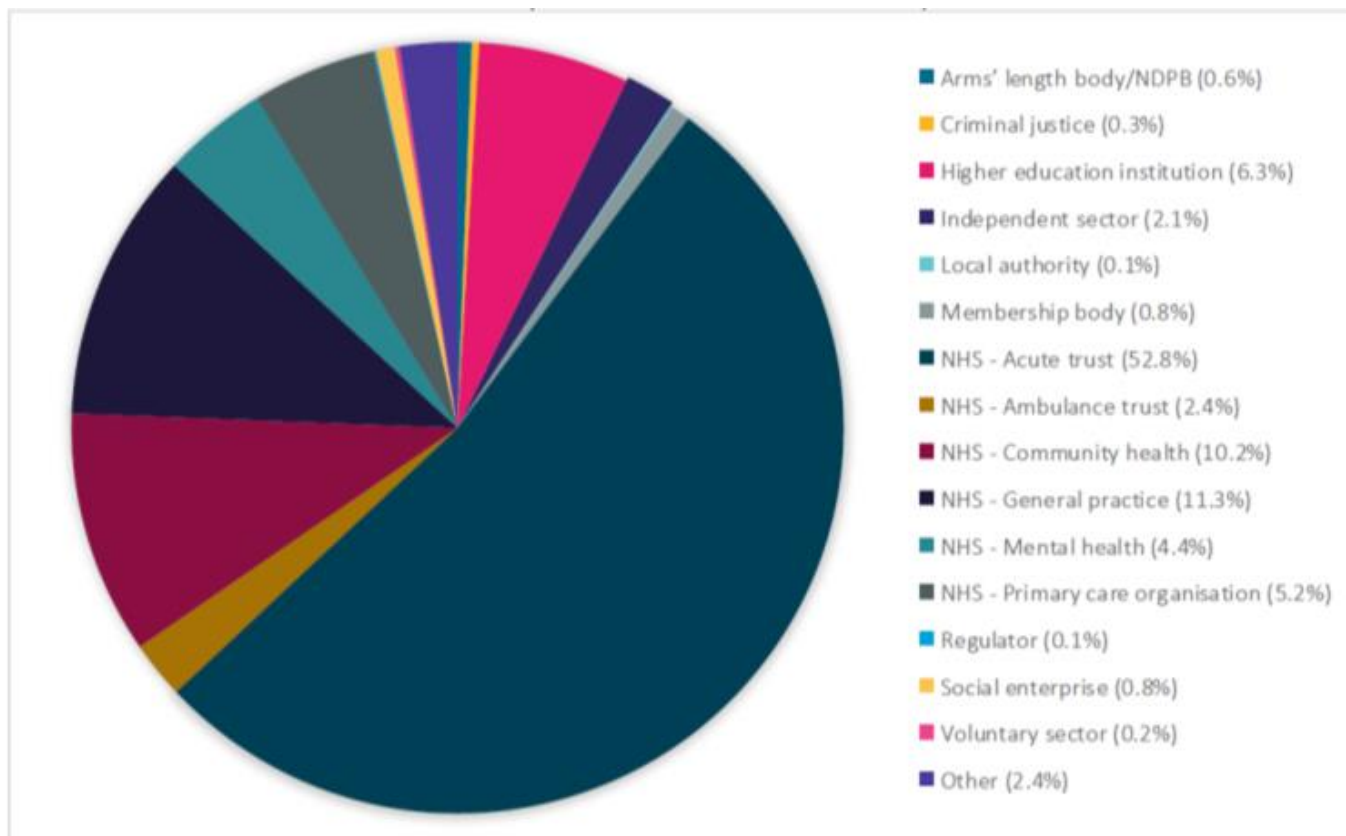


Figure 5: Types of organisations

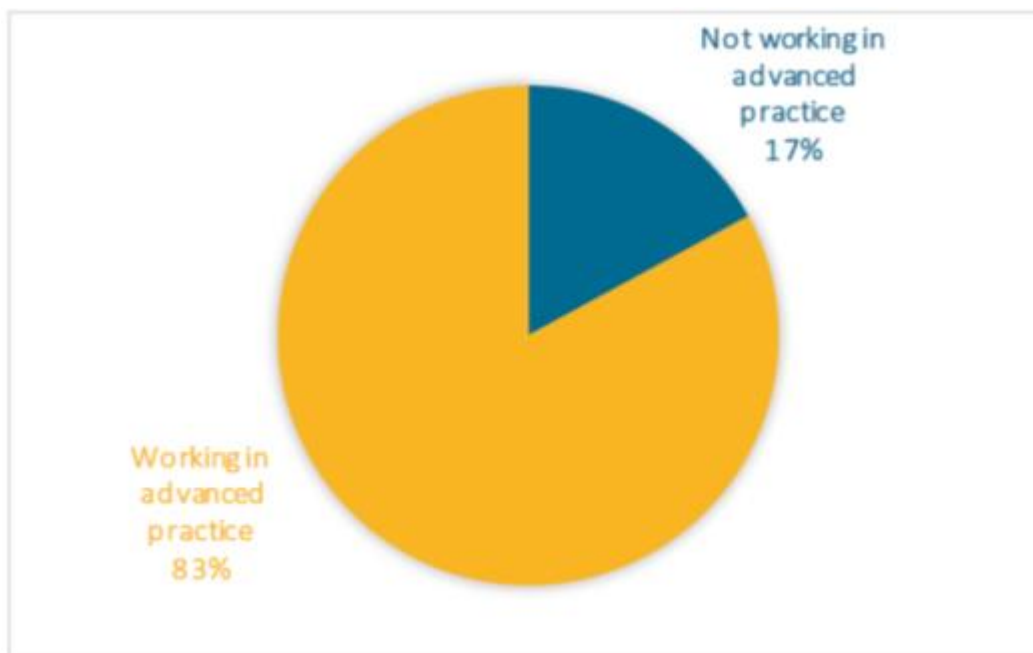


Figure 6: Role of advanced or consultant practitioners during the Covid-19 response

The participants who identified as being advanced or consultant practitioners were predominantly working in advanced or consultant practitioner roles during the Covid-19 response (Figure 6).

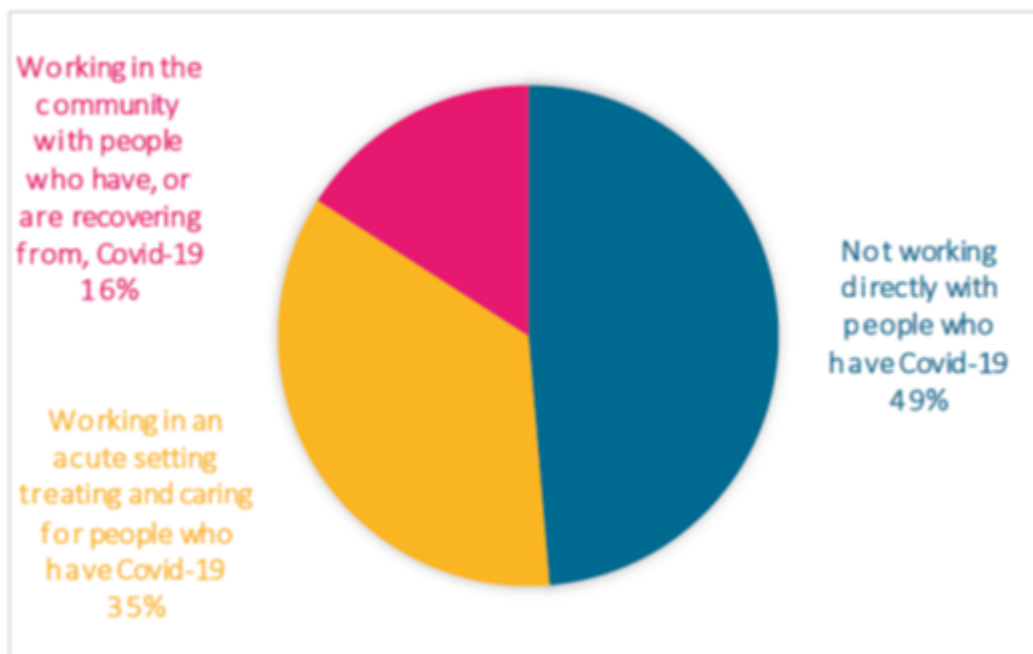


Figure 7: Role during Covid-19 response

Almost half of those working in an advanced or consultant practitioner role were not working directly with those who have Covid-19. (Figure 7)

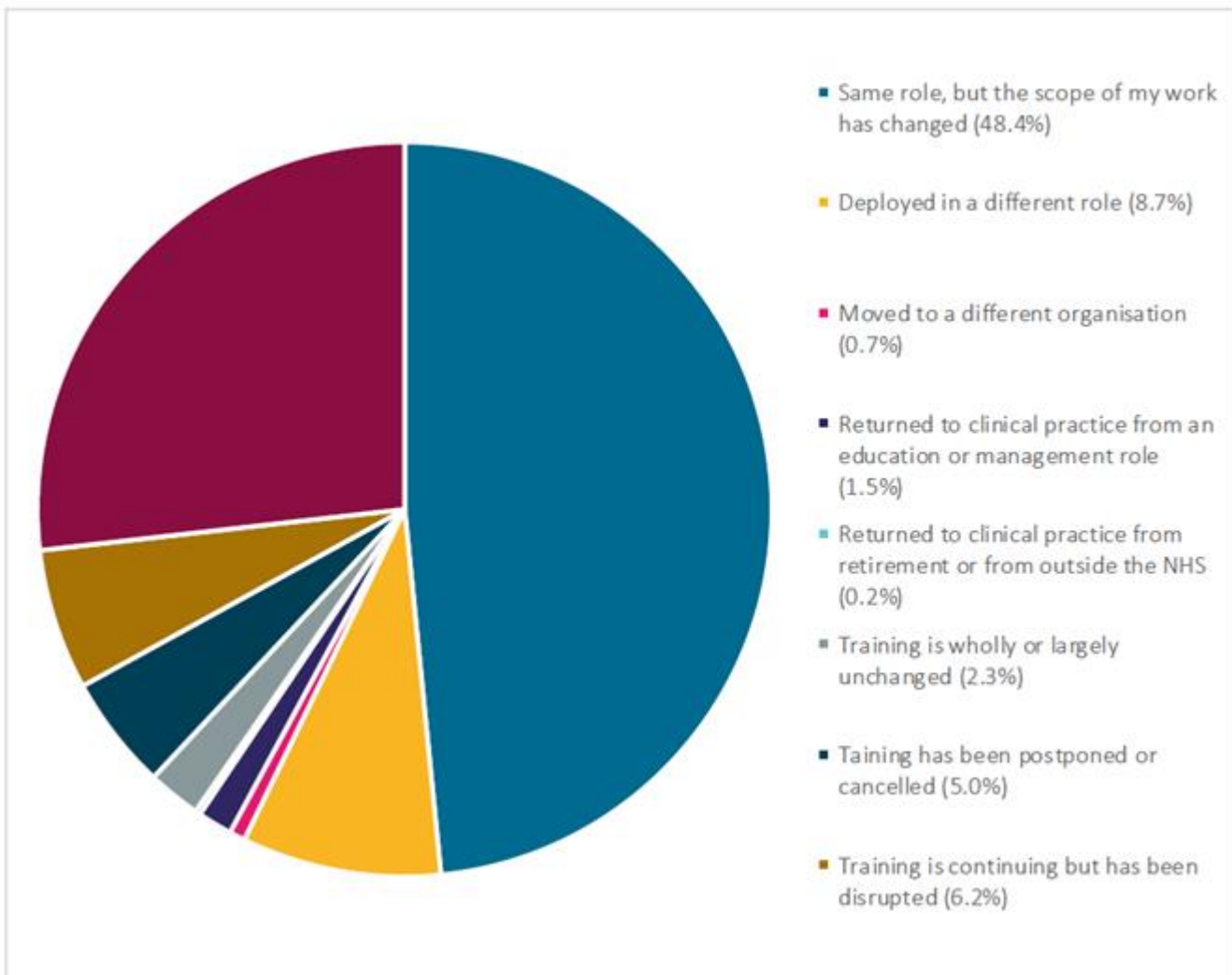
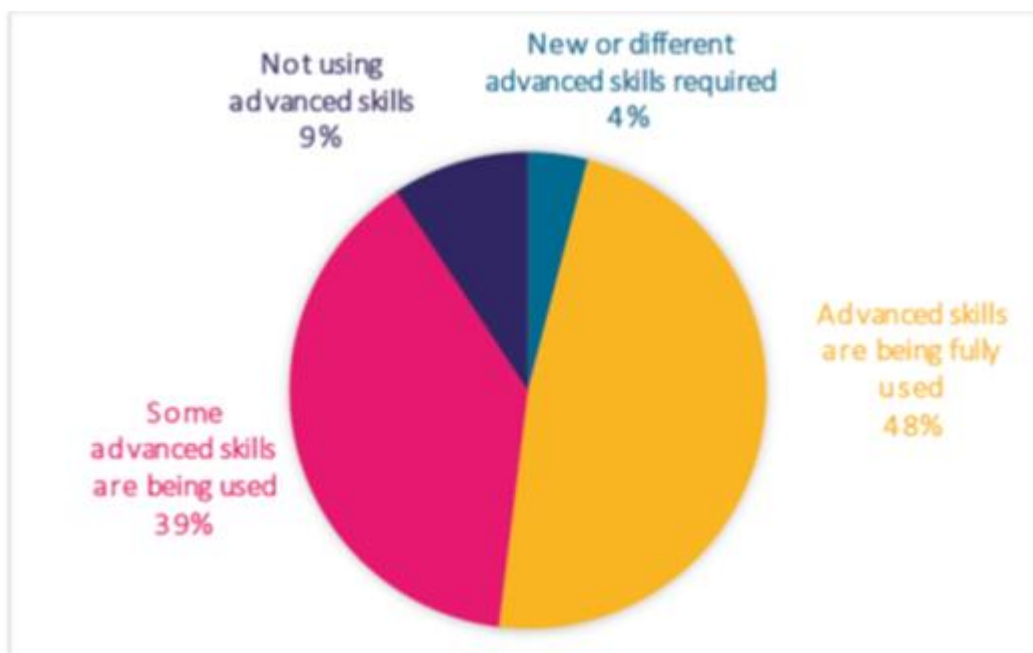


Figure 8: Impact of Covid-19 response on normal role or training

Almost half (48.4%) of participants told us that they were in the same role, but the scope of their work had changed. While 26.7% reported that their work was wholly or largely unchanged due to the Covid-19 response. (Figure 8)



Only 9% of the participants felt that their advanced skills were not being used, with almost half (48%) reporting their skills were fully used (Figure 9).

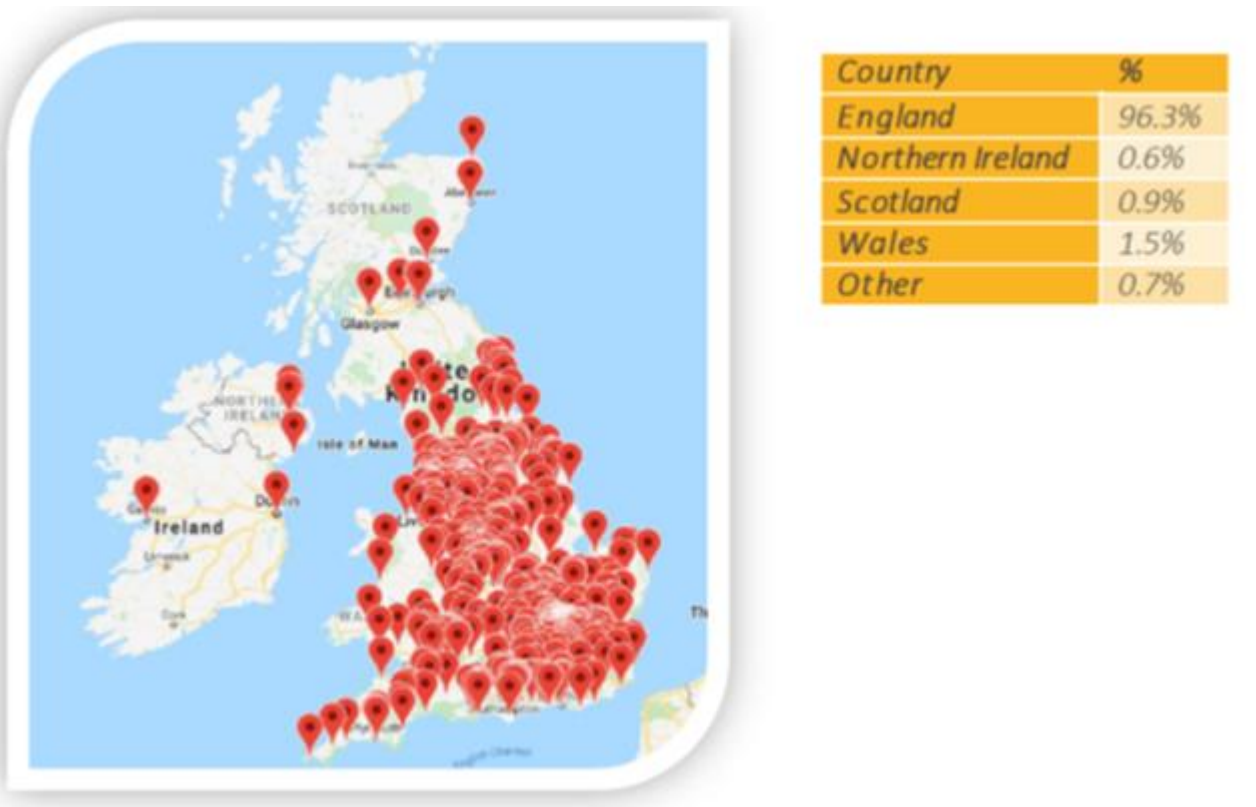
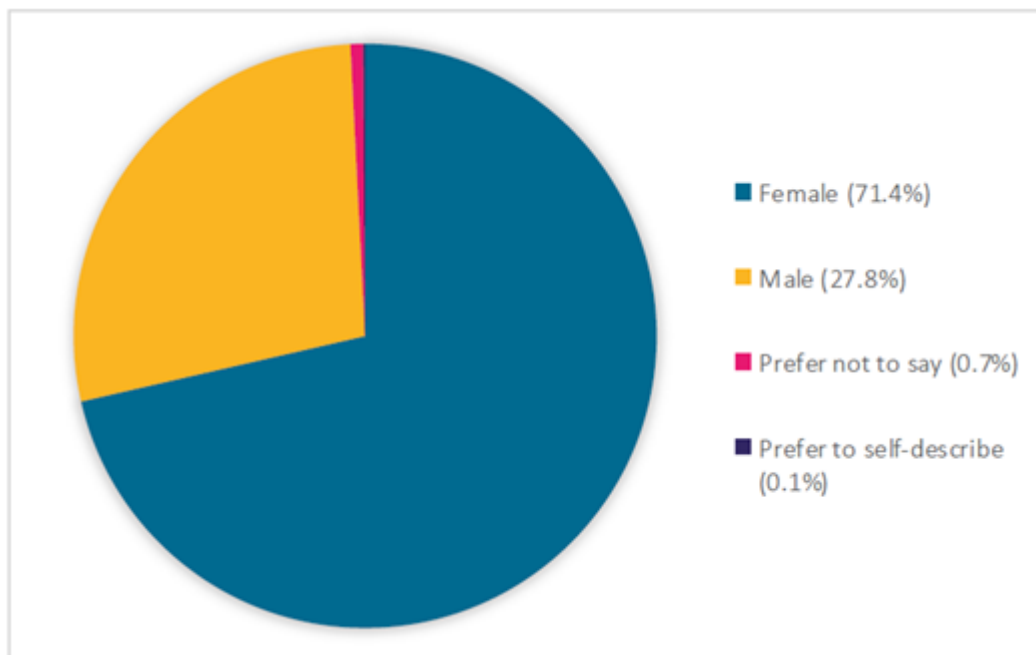


Figure 10: Geographical location of the participants

This online workshop was hosted by HEE, therefore the vast majority of participants were from England. It is encouraging to see experiences were shared from across the UK, and beyond.



Over 70% of the participants identified as female with just over a quarter being male. We have no comparative data to make a judgement about the representativeness of participants. The participants in this online workshop, in common with most workshops of this nature, was self-selecting. (Figure 11)

Participants came from a broad age range, with almost two thirds of participants being aged between 31 and 51.

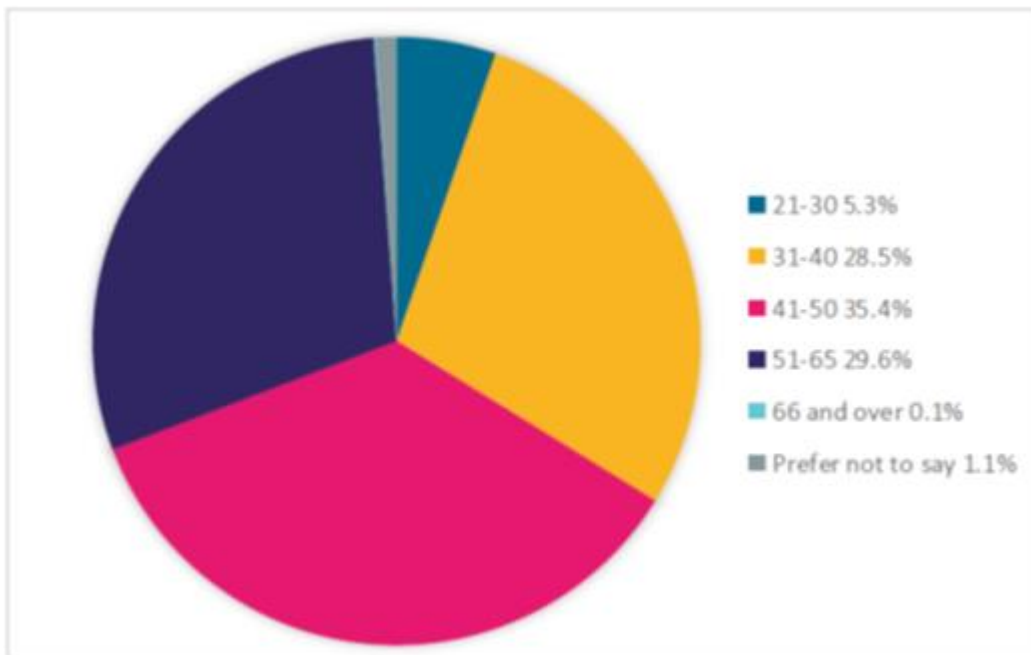


Figure 12: Age of participants

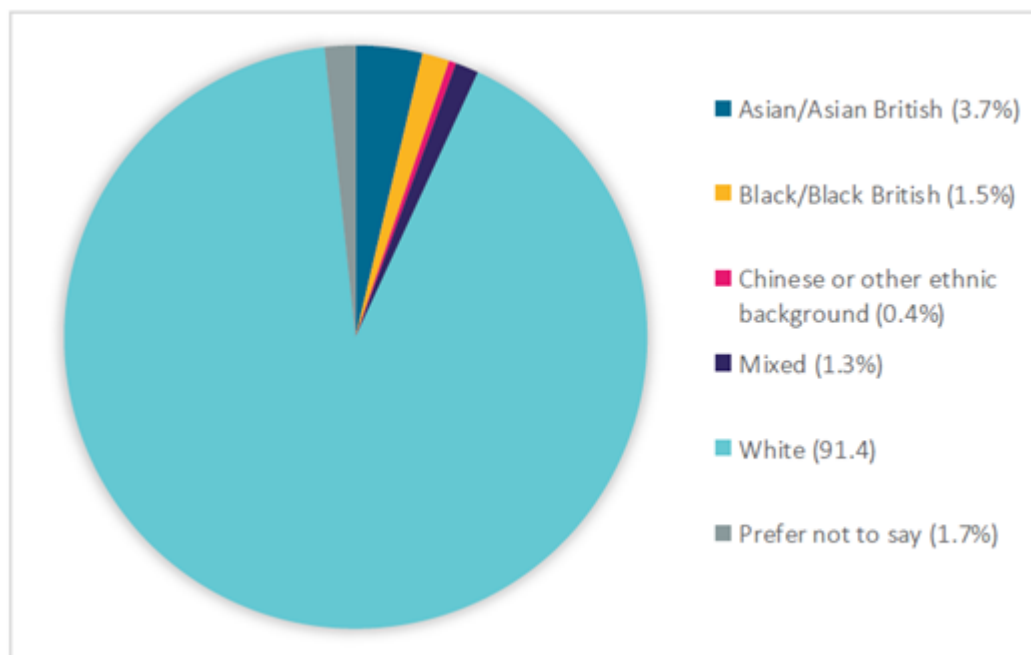


Figure 13: Ethnicity of participants

We have not carried out any comparative analysis to assess how representative the ethnicity of participants was, compared to the population group. (Figure 13).

04. Summary

This project was commissioned to generate insight via a crowdsourcing platform into the realities advanced and consultant practitioners were experiencing as a result of Covid-19 and to analyse the data about the participants.

The qualitative feedback shared with HEE gives a rich picture of the experiences of advanced and consultant practitioners. The data is a snapshot in time, but also provides useful indicators both about the ongoing management of Covid-19, but also critical insight for policy makers wishing to ensure this key professional group continues to grow as a key component of multi-disciplinary teams of today, and of the future.

The insight generated during the online workshop has been shared with HEE who will now continue to use this data to shape their ongoing work with ACPs.