An evaluation of the Advanced Clinical Practitioner (ACP) role in Jersey: a cross-sectional survey

Hannah McCormack - Student ID: 2329206 (ACP in Trauma and Orthopaedics)

Academic Supervisor: Dr Moyra Journeaux

Abstract

Background: Advanced practice is a level of practice in multi-professional roles including nurses and AHPs. It is characterised by mapping to advanced practice capabilities within the four pillars of: clinical practice, leadership and management, education and research (NHE England, 2025). Despite frameworks outlining expected capabilities; the understanding of the Advanced Clinical Practitioner (ACP) role is inconsistent.

Design: Service evaluation using a quantitative cross-sectional survey. Descriptive statistics and content analysis were used for data analysis.

Findings: Key interpretations indicate varying levels of understanding of the ACP role. Some practitioners self-identify as ACPs yet do not demonstrate working at this level, whereas others can demonstrate working at this level, but do not necessarily have job titles to reflect this. There is a mismatch between the understanding of the role and employment expectations. Gaps in governance and support from the organisation were highlighted.

Conclusion: Variation exists in how advanced practice is understood across the four pillars which needs to be addressed for those within the roles and those recruiting to it. Prioritisation of governance, supervision and leadership is vital to inform workforce development, policy and optimisation of advanced practice roles in the future.

Background

Advanced practice defined by high level autonomy, complex decision making and practice across four pillars of professional practice: clinical care, leadership and management, education and research. National frameworks (NHS England, 2025) provide guidance for those in ACP roles, yet governance and implementation remains variable. Research has demonstrated the clinical effectiveness of ACPs (Evans *et al*., 2021) but there are inconsistencies in role definition, supervision, understanding and alignment with the four pillars (Fothergill *et al*., 2022). Jersey presents a unique context due to its independent healthcare system, mixed public and private service model, independent governance and geographical uniqueness.

Question: How do ACPs in Jersey understand and experience their role in relation to the core principles of advanced practice?

Project aim: to explore and evaluate the roles of ACPs with a focus on their understanding of the role in relation to advanced practice.

Objectives: To map roles, describe role understanding, identify engagement with the 4 pillars and evaluate trends, strengths and gaps in roles.

Project Design

Methodology: A service evaluation was carried out using a quantitative cross-sectional survey to understand ACPs and enable identification of prevalence and patterns.

Recruitment: Total population purposeful sampling of the local ACP workforce

Inclusion Criteria	Exclusion Criteria
• Age 18+ • Currently working in Jersey • ACP, ACP trainee or self-identifying as working at advanced practice level • Professionally registered (e.g. HCPC, NMC, GPS)	• Not currently practicing • Based outside Jersey • Not identified as working at advanced practice level • Not self-identifying as working in an advanced practitioner role • non-registered professionals

Data Collection Methods: An online survey was hosted within Microsoft Forms.
The survey explored 3 domains of influence:

1. Individual factors (e.g. professional background, education level)
2. Professional context (e.g. professional identity, perceived autonomy, scope of practice)
3. Local organisational context (e.g. role setting, support, training)

Data Analysis Methods: Descriptive statistics were used to analyse numerical data and Content Analysis was used to analyse an open text question.

Ethical Considerations: Although a Service Evaluation design was used and full Jersey Health Research Ethics review was therefore not required, the principles of research ethics were upheld (Varkey, 2021) and the process was scientifically reviewed by the RGU School Ethics review panel.

Sample

A total population of 45 was identified and approached to participate.

Response rate: 49% (n=22, 21 females, 1 male).

Profession: Nurse (15), Physiotherapists (3), Pharmacist (1), Radiographer (1), OT (1), Sonographer (1).

Service area: Secondary acute (14), secondary mental health (3), primary care (3), hospice (1), FNHC (1), secondary non-acute (1).

Findings

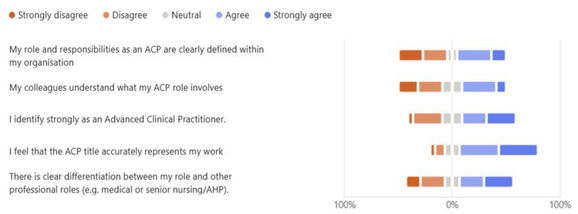
Qualifications and Accreditation: Highest level achieved was doctorate level (n=1). 17 respondents had a full masters' qualification or were due to complete a full masters' qualification in the current year. 3 respondents' highest level of qualification was a postgraduate diploma. 7 respondents had formal advanced practice accreditation, 2 were working towards it, and 13 did not have any formal accreditation.

Clinical Specialty: Cardiology (5), palliative/oncology (3), mental health (2), musculoskeletal (2), paediatrics (1), older people (1), community (1), diagnostics (1), urology (1), pain (1), alcohol and drugs (1), dermatology (1), medical imaging (1), obstetrics and gynae (1), renal (1), respiratory (1).

Job Titles: A variety of job titles were reported from those self-identifying as working at advanced practice level. Only 4 held an actual ACP job title.

Level of Practice: 14 respondents identified as working at an advanced practice level. 3 identified as working at consultant level. 3 identified as a trainee ACP and 2 as a clinical nurse specialist.

Role understanding: Awareness and understanding of the multi-professional framework for advanced practice varied significantly. There was inconsistent levels of understanding of the 4 pillars. Although respondents strongly believed they were able to define their scope of practice, this was not always demonstrated. Role and professional identity of ACPs varied.



Governance and Supervision: Shortfalls in support from the organisation and governance procedures were identified. Understanding of existence of local governance was poor with 50% of respondents feeling unsupported by organisational policy. 81% reported having no formal guidance or supervision and limited CPD opportunities.

Experience of the role: Professional development and support, governance and role development, acceptance and understanding, and organisational factors were identified as main components of role experience. Many of these presented as barriers, but some positive reflections from some teams were shared regarding clinical support. .

Implications

ACPs display inconsistent understanding of the role in relation to the 4 pillars, which is the essence of advanced practice. This raises concern about how roles are regarded and if capabilities of advanced practice are being met. Not all those working at advanced level are employed as ACPs which questions whether the organisation understands or supports these roles.

Conclusion

Governance and organisational structures are unclear contributing to poor understanding inconsistencies within the role. Wide variation in supervision, job titles and role recognition was demonstrated. Some participants felt supported with good role acknowledgement, whilst others felt frustrated regarding lack of formal support and leadership. Findings help inform workforce development and policy to facilitate optimisation of ACP roles in Jersey.

Recommendations

Organisational level:

1. Implement local ACP policy and structure
2. Provide support for formal ACP accreditation
3. Review of job titles and job re-evaluation/
4. Implementation of regular, island-wide AP forums
5. Develop and a centralised approach for competency assessment and clinical safety
6. Support managers and practitioners to understand the concept of AP
7. Explore the perspectives of clinicians and managers about AP to understand the barriers

Service level:

1. Develop a standardised support structure for AP, including clinical supervision, training arrangements and competency assessment systems
2. Identification of mentors to guide ACP development
3. Establish relationships with specialist off-island centres or AP mentors to support ACPs working in relative isolation
4. Utilise existing local sharing and learning events to increase AP profile
5. Support the development of the research and education pillars.

References