

The Principles of Enhanced Level Practice

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1. Introduction

The Long-Term Plan (2019) clearly signalled to need to realise the full trained potential of the workforce and the need for meaningful career pathways to retain our valued staff in clinical roles. The development of professional skills and awareness of unique, shared and new skills are essential to build clinicians able to meet the needs of complex populations and work productively within multi professional teams. There is a significant career development gap for most professions between becoming a registered clinician and advanced practice roles, this leads to increased attrition from the workforce and lost opportunity to maximise professional and team contribution. Sustainable health and care requires a confident capable registered workforce able to fully realise their scope of practice at each level of practice from novice to expert.

Professionals in health and social care develop their professional practice through pre-registration educational preparation and over the course of their career from qualification onwards. They do this in many ways, for example learning new skills, attaining, and applying knowledge and using reflection. Developing as professionals means that they can work with increasing levels of complexity and unpredictability.

There is a large workforce in health and social care which provides complex care to patients or service users and manages much of the day-to-day risk of the service. This workforce is a valuable, mission critical resource but can have high rates of turnover and retention issues. It is made up of different professional groups and works in different settings. It operates at a level of complexity and uncertainty and within a sphere of practice. These professionals might work within a specialism or be more generalist. They might work with a specific population or client group.

Each profession develops approaches and expertise to meet the needs of patients and populations and to develop a body of knowledge that they hold and apply. Enhanced level practice is very much rooted in that development of knowledge and expertise, therefore different professional different groups express what it looks like to work at this level of practice. This means there is no generic “enhanced clinical practitioner” role or training, as a result different professional groups will define what enhanced level practice is.

In the summer of 2019 we engaged with workers from different professional groups, citizens, professional bodies and healthcare providers to understand the function and work of this group of workers, to describe them and to recognise the contribution they make. We went back to this group in May 2021 to see if our findings were still valid.

There is no common identity to this large productive workforce, so after consulting with stakeholders by consensus, we called them the *enhanced practice workforce*.

Enhanced level practice can be the precursor to advanced level practice, or it can be a workplace destination in its own right, offering services and patients a consistent level of expertise.

2. What is enhanced level practice?

Enhanced practice is a level of practice evident in the healthcare workforce. It is delivered by experienced, often registered professionals who practice with autonomy and independently. They do complex work and manage day to day risk, including risks on behalf of, or with patients.

What do we mean when we talk about enhanced practice being evident in the workforce? We are referring to a level of complexity of work and the ability to respond to that work by the development of professional practice and skills. This level of practice is what authors such as Dreyfus and Dreyfus or Benner would describe as proficient.

In professional practice we move through stages of development. From the novice practitioner reliant on information, rules, and principles to the expert practitioner with their mastery, applying knowledge in different contexts almost without conscious thought. Enhanced level practice is a precursor or preparation for advanced level practice, but equally it can be a destination level of practice where people want to stay. Enhanced practice is vital to functioning of complex health and social care.

The development of proficient professional practice in safety critical complex work such as healthcare is more than gaining practical skills and the completion of ever more complex tasks. It is the application of knowledge to different situations, of skills in many ways, this is sometimes referred to as praxis.

In summary:

Enhanced Practice

- **Describes a level of practice.**
- **Describes a level of complexity of work beyond 1st level registration.**
- **Encompasses a risk managing workforce.**

Enhanced practice professionals have many job titles and roles across many different professions. They tend to have undertaken post registration education or have undertaken relevant professional development to their area of practice and role. They usually work as part of a multidisciplinary team and apply their skills, education, and experience to substantially contribute to episodes of care. Although they work across different settings or spheres of practice, they will often have a skillset and depth of knowledge related to their individual specific sphere of practice where it intersects with professional knowledge. They occupy a space before advanced practice in terms of the management of complexity and uncertainty. Enhanced practice is a level of practice beyond being competent. On the continuum of Novice to Expert (Dreyfus 2004) enhanced practice would be more aligned to being proficient than being competent.

Although enhanced level practice can be a route to advanced level practice, it is also a legitimate career destination/level of practice that contributes much to person centred care quality, safety, and efficiency.

The Enhanced Clinical Practitioner Apprenticeship

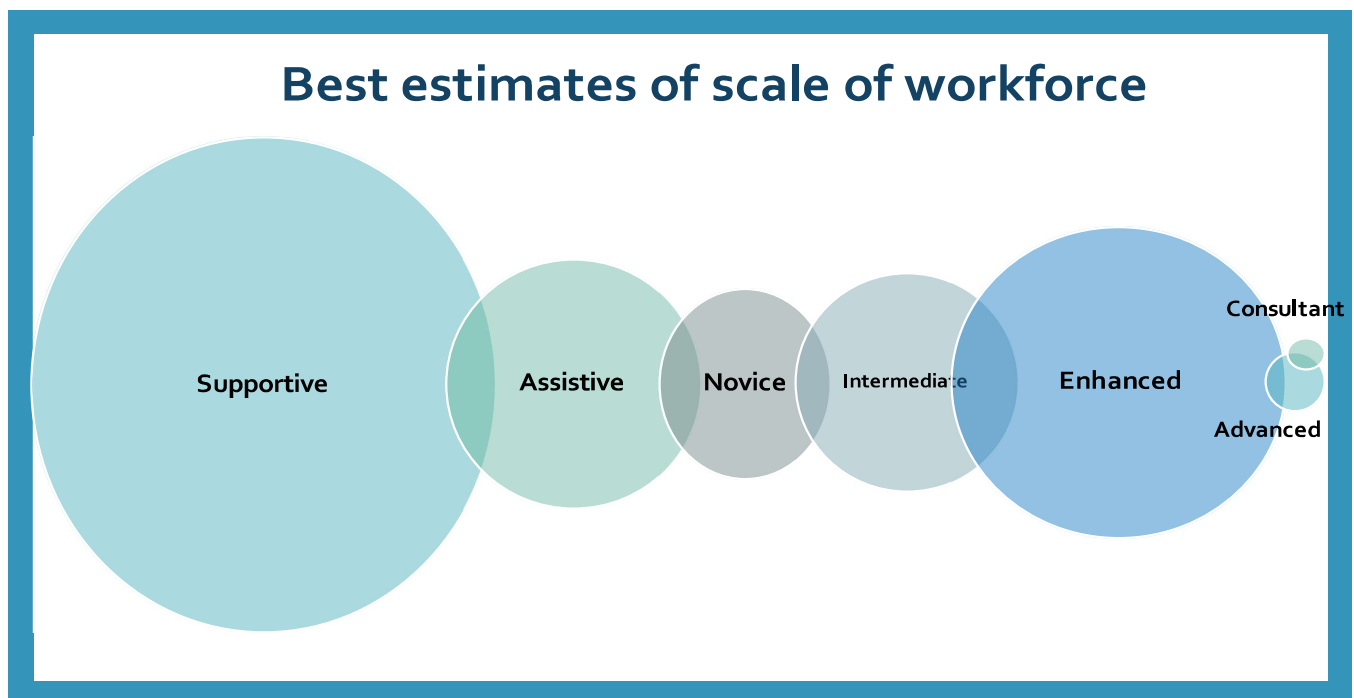
The Enhanced Clinical Practitioner Apprenticeship is now live and will enable this level of practice. This level of practice carries a wide variety of job titles, and it is important to recognise the varying types of work and professions within this level of practice. Role titles and professions remain an important part of the realisation, value, and recognition of enhanced level practice. There is no Enhanced Clinical Practitioner job title. The title of the apprenticeship refers to a new occupation (a requirement for apprenticeships in England).

3. Who are the enhanced practice workforce?

The current workforce

There is no robust data collection which depicts the levels at which people are performing in clinical practice roles in different specialties, professions, services, settings and sectors. Using several sources of data such as data from NHSD, HEE, NHS Employers, and other agencies a multi-professional “best guesstimate” was constructed in 2019 and is shown in Figure 1.

Figure 1 An estimation of the distribution of the nursing, AHP and HCP workforce by level of practice. This is for illustrative purposes only. Professionally registered workforce ranges from assistive to consultant.



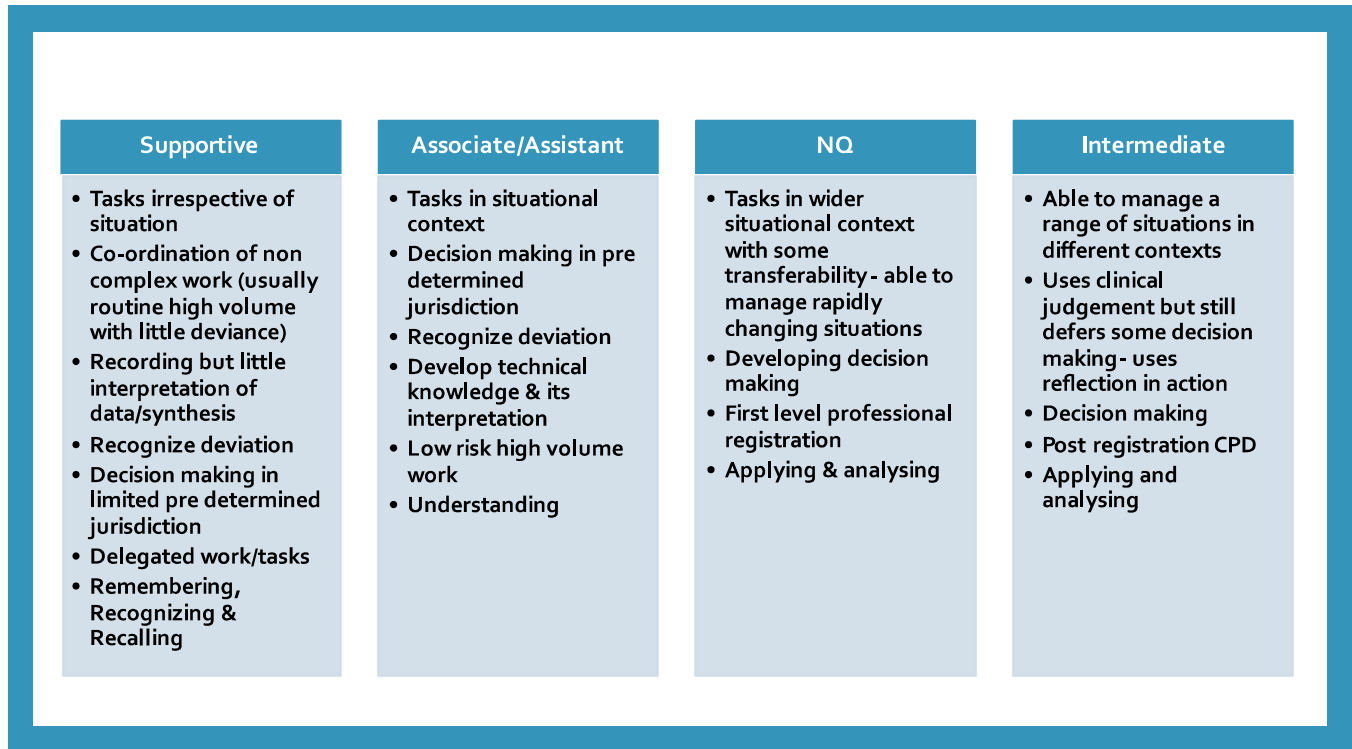
The current workforce operates at different levels of complexity

A data/literature mining exercise was done to determine different levels of practice in the real world in England. The data comes from around 45,000 workers in 27 organisations (more details on the modelling can be found here). It was then compared to the literature particularly the work of Benner (1984), Dreyfus and Dreyfus (1980, 1986, Dreyfus 2004), Bloom (Anderson

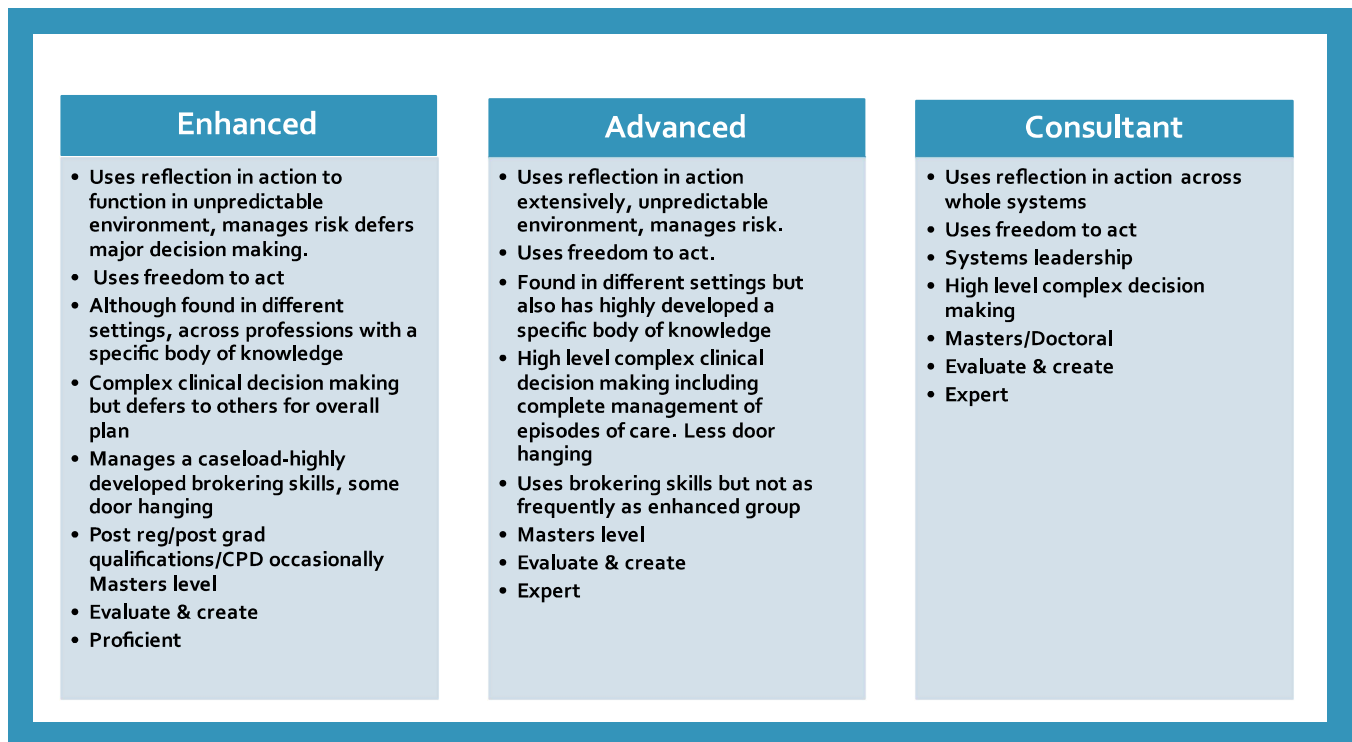
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et al 2000) Dowie (2009) and Schon (1983). The workforce sediments into seven areas or levels of practice (which overlap). These are shown in Figure 2.

Figure 2 The emerging real-world levels of practice in 2019.



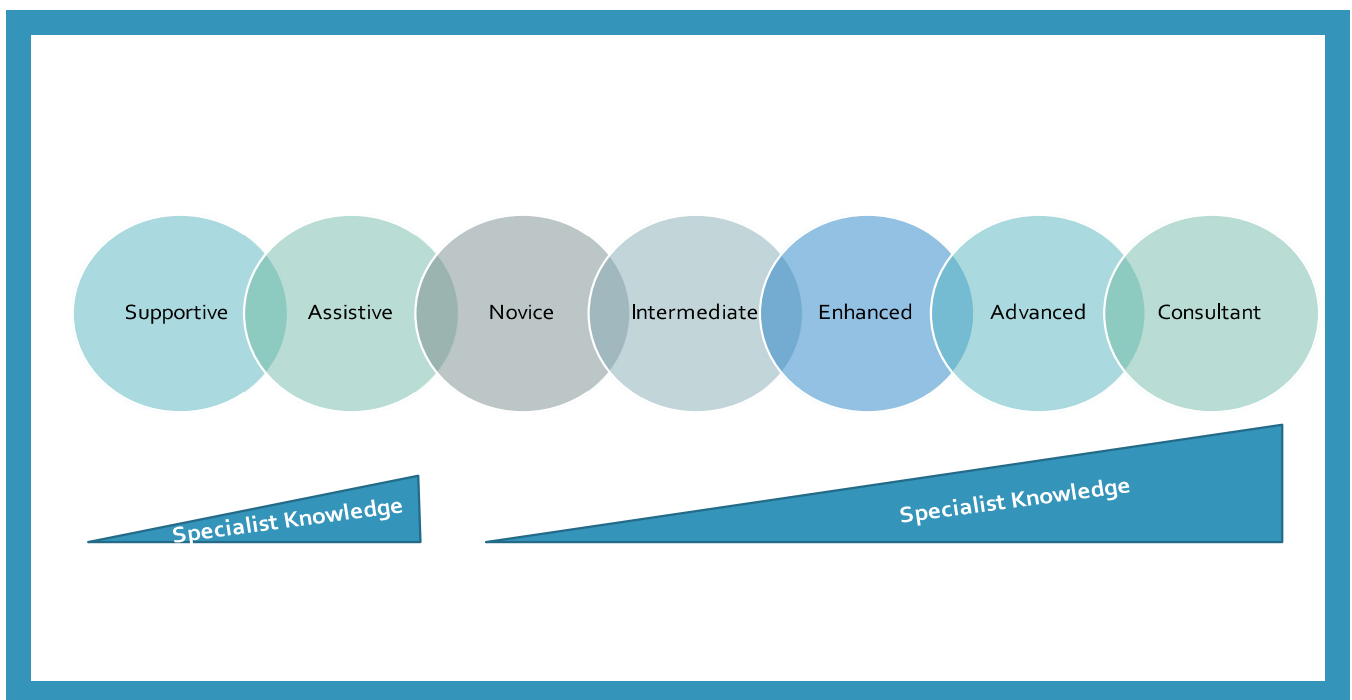
NQ Newly Qualified



4. What enhanced practice is not

Enhanced practice is not a job title or a synonym for a sphere of practice (ie it is not the equivalent of “specialist”). This is because workers have specialist knowledge across all levels of practice (Figure 3). As specialist knowledge is articulated across all levels of complexity there was a consensus not to use “specialist” as a level of practice. This challenge has been articulated before in the literature-particularly in nursing. You can read more about this in the original report and modelling.

Figure 3 specialist knowledge is found across all levels of practice



Enhanced practice is found in many different professions, it is not a generic multi-professional job role. It usually builds on pre-registration and post registration professional practice in the different professions to perform complex work. There is no generic “enhanced clinical practitioner” role but there are people working in various roles at enhanced levels of practice.

5. Working at enhanced practice level-what does this look like in the real world?

This group are established, experienced workers.

They hold post qualifications/registration and have experience. This can be in a variety of clinical settings and do not have to be directly patient facing as risk is managed in several different settings. For example, people working at enhanced level of practice can be found in laboratories and clinical engineering as well as in the nursing, pharmacy or AHP workforce. Each profession or workforce often has an identifiable, often professional recognized body of knowledge applied to practice.

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The educational level of enhanced practice professionals is post qualification. This might range from post registration or post qualification certificates, diplomas or professional development courses through to Master's level qualifications, some may hold PhDs.

Education and development are often portrayed as linear but, many proficient workers in safety critical industries may not wish to pursue increasingly higher levels of education for various reasons. The role that they have and the development they need might be met at a variety of educational levels. For example, a professional with a degree, postgraduate diploma and masters might choose to undertake a certificate level course or educational activity if it gives them the required knowledge or skills they need to develop in role. They may also wish to hone their practice through non pedagogic developmental activity, for example undertake clinical supervision to develop reflection in action or coaching for development in role. The range of professional groups and size of this workforce mean that there is no one set path, but opportunities can be explored through the enhanced practice apprenticeship alongside professional bodies, regulators and service/patient needs. Although the enhanced practice apprenticeship is entitled "Enhanced Clinical Practitioner" it is describing a new occupation, it does not describe a new role or job title.

In terms of the four pillars of practice (clinical, leadership, education, and research) the following attributes are often found at this level:

Clinical

Enhanced practice professionals use clinical decision making within a scope of practice, participate in decision making amongst the wider MDT and often contributes specific knowledge of an area of practice, a population or a setting/context for example in social care. The care or service provided might not be face to face care directly with patients but the end point is usually influencing patient care.

Enhanced level practice includes freedom to act. Practice is autonomous within professional scope of practice as determined by each profession/regulatory framework. Commonly these workers negotiate and advocate.

The enhanced practice professional manages day to day risk both for themselves and on behalf of patients often as part of an MDT. Uses Evidence-based strategies to manage clinical risk. Works at the level of proficient. Develops praxis through reflection in action and clinical supervision. Provides clinical supervision to others.

Some of the attributes of proficient work include:

- Conceptual understanding-underpinning knowledge for practice for example professional knowledge gained from education and experience.
- Procedural fluency-what needs doing, when, doing it skillfully
- Strategic competence-able to decide what/when/when not to act (complex decision making)
- Adaptive reasoning-freedom to act within professional remit
- Conclusion or ongoing management including determination and making decisions as part of a wider clinical team.

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Leadership

Service level leadership for own service or area of practice. Promotes an inclusive workplace, promotes patient safety and advocacy, actively promotes inclusivity, and uses active listening/communication skills to collaborate with colleagues in the wider MDT. Encourages and enables others to develop in role, offers clinical supervision. Some enhanced practice workers may manage others for example managerial leadership of a team or service. Reflect on and contribute to improving services. Contributes to the appraisal of individuals in the multidisciplinary team and conducts appraisals if they have a managerial function.

Education

Enables others through mentoring, teaching and/or supervision of colleagues and students.

Provides mentorship, opportunity for peer-learning and constructive feedback to guide, support, motivate and develop others in the multidisciplinary team.

Research

Research informed practice and participation in research. The enhanced practice professional also grasps the limitations of research for example where there is little evidence.

Evaluates own service or role in service. Engages in or leads Quality Improvement.

Some professionals working at this level will engage with clinical academic careers.

Enhanced practice-capable work that is beyond competent task completion

A capable and proficient workforce in healthcare is likely to have many attributes (Fig 4) and these should be considered when thinking about defining enhanced level practice within professional groups or roles. Capability describes the combination of skills, knowledge, values and self-esteem which enables individuals to manage change, be flexible and move beyond competency (O'Connell et al 2014).

It is important to see enhanced level or proficient clinical work as beyond only 'competent'. The idea that complex work including complex clinical decision making can be described by technical competency alone (for example "upskilling") is one that emerged from Taylorist principles used in areas like manufacturing. These approaches were embraced in healthcare due to the adoption of the internal market and classical management theories during the 1980s which were introduced to increase efficiency but not quality (Propper et al 2008). This could be because these approaches tend to focus only on technical tasks or task achievement rather than factors that influence quality or safety.

Figure 4 The main overarching capabilities of safety critical work (different professions made have additional aspects of capability) and the development of praxis.

Professional Bodies

(how we practice and apply knowledge)

- Develop clinical acumen
- Understand risk/safety aspects of work
- Critical thinking
- Apply regulatory professional standards
- Apply principles of ethics and values
- Relational work with colleagues and patients
- Understand practice jurisdiction and scope
- Practice with autonomy and accountability
- Work beyond technically psychosocial/reflect on performance
- Application of skill to different situations and contexts
- Undertake reflective practice, develop reflection in action
- Lifelong learning

Competency

- (what we do)
- Skills acquisition
- Knowledge
- Competent technical practice
- Professional skills
- Jurisdiction and overlap with other professions

6. Where does the enhance practice workforce fit into the bigger workforce picture?

A workforce within a complex system is not static and the levels of practice and complexity reflect this therefore enabling workforce responsiveness to changing population/patient and service delivery needs is essential for care delivery. The enhanced practice workforce is contextualised here with the other levels of practice. Table 1 shows how the workforce is currently emerging ie a range of academic qualifications, overlap in levels of practice as represented by the four pillars of Clinical Practice, Facilitating Learning, Leadership, and Evidence, Research and Development.

Table 1 A matrix of context for Enhanced Practice (this is a reflection of the real world at the time of the modelling-for most people most of the time)

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	Example role/	Academic range typically From	To	Leadership	Professional Development	Clinical academic careers
Enhanced Advanced Consultant	Advanced to consultant	Masters/PhD or Professional doctorate	Post-doctoral specialist qualifications	Systems Leadership	CPD	Clinical lectureship Post-doctoral/PI/Senior clinical lectureship/Chair
	Advanced Level Practice Roles	Post grad diploma/Master's Degree	PhD or Professional doctorate	Service leadership	CPD Accreditation	Clinical lecturer Research studentships
	Enhanced Level Practice Roles	Post qualifying/Graduate certificate/Dipl	Masters	Service leadership	CPD Professional accreditation	Studentships Evidence based practice
Assistive-novice-intermediate	Intermediate Roles (this is a transitional level)	CPD and Study days	Post qualifying/Graduate certificate/Dipl	Leadership of self and others	CPD	Studentships Evidence based practice
	NQ/NR* preceptorship roles	Degree or other baseline pre-registration qualification for role.	CPD and Study days	Leadership of self and others	CPD/preceptorship Registration or membership	Evidence based practice
	Assistant/Associate practitioners	Certificate of Higher Education	Foundation degree	Leadership of self and others	In house CPD	Evidence based practice
Pre-employment-supportive-Assistive	Senior supportive roles	14-19 Advanced Diploma/Princi	Certificate HE	Leadership of self and others	Care certificate/Skills	Research awareness & evidence based
	Supportive roles	14-19 Higher Diploma BTEC Firsts	Care certificate	Self-awareness	Care certificate/Skills development	Evidence awareness in practice
	Apprentice entry level (non-clinical staff)	14-19 Foundation Diploma BTEC Firsts	BTEC Higher or similar	Self-awareness	Learning and skills development	

*NQ/NR Newly qualified/Newly registered

How does enhanced level practice fit with advanced level practice?

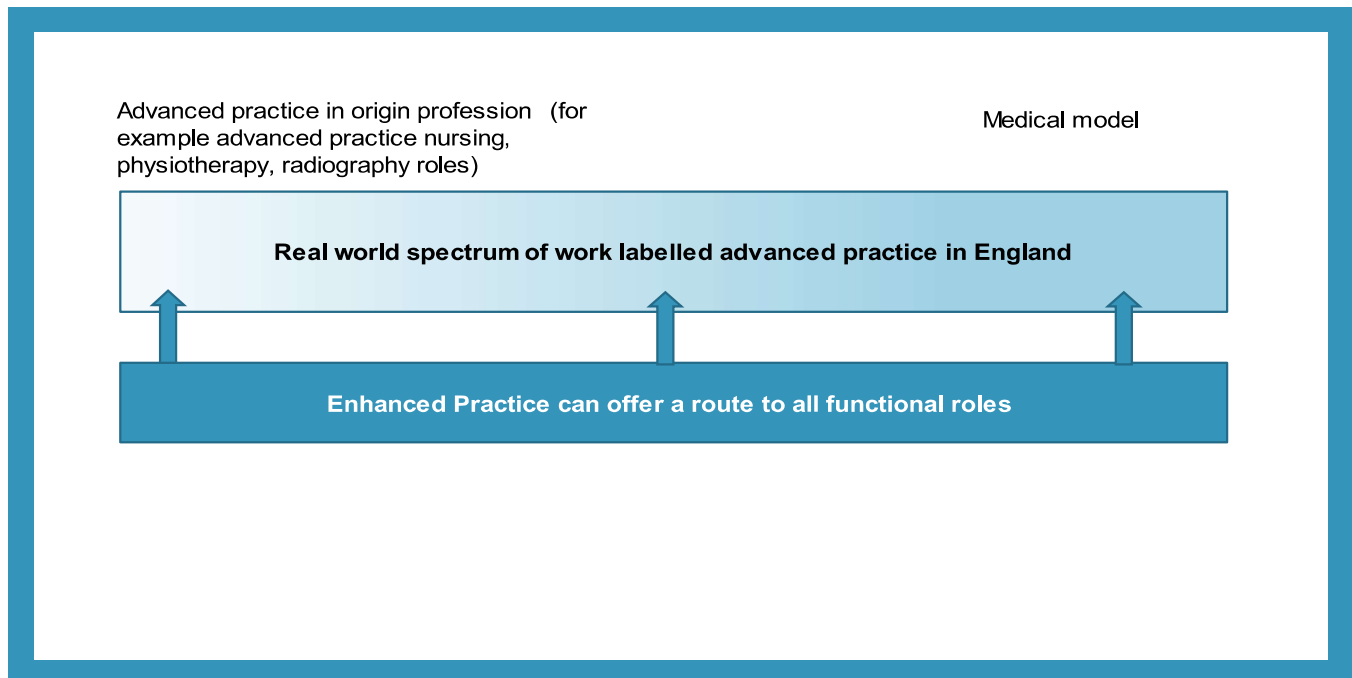
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Various models are emerging in advanced practice (Figure 6). These range from traditional advancement of practice in origin profession to roles based in the medical model. The

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enhanced framework would supply all of these models of provision and support better incremental development of skills and proficient practice.

Figure 6. The real-world spectrum of advanced practice roles in England.



Glossary

ACP Advanced Clinical Practice/Advanced Clinical Practitioner

Door hanging a term used by Prof Molly Courtney to define actions where a professional is capable of making decisions and technically competent to do but requires the sanction of another professional to authorise, usually because of restrictions by employers. An example of this is the requesting of imaging.

HEE Health Education England

NHSD NHS Digital

Praxis using a theory or something that you have learned in a practical way, the application of knowledge into practice.

Sphere of practice The domain in which practice occurs such as a specific population (adults, children), a specific area of practice (eg cancer care), a specific type of practice (for example a procedure based service like endoscopy) a combination of these factors alongside the level of work, determine the sphere of practice.

Taylorist/Talorism A system of management of work developed by Frederick Winslow Taylor. Taylor argued that work process issues could be scientifically solved through improved management methods and that the best way to increase productivity was to optimize the way the work was done, for example breaking work into tasks.

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