

Identifying the continuing professional development (CPD) needs of Advanced Practitioners (APs) within the UK – a national evaluation

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INTRODUCTION

To promote collaborative working in a safe and supportive environment and to ensure high quality education, mentorship, networking and research opportunities, a new academic network – Advanced Clinical/Critical Care Practitioners Academic Network (ACCPAN) has launched. A lack of CPD opportunities and unclear career pathways for advanced practitioners is demonstrated in the literature¹⁻³ and to our knowledge, there is no data that currently exists to evaluate the national perspectives of the CPD needs of advanced practitioners (APs).

The Hennessy Hicks Training Needs Analysis Tool (HHTNAT)⁴ is a psychometrically robust and validated tool, which offers a means of evaluating training requirements and prioritising education and development opportunities to meet local needs. HHTNAT is tailored for use specifically with health teams and designed to be adapted, without compromising its validity and reliability. Although not specifically designed to analyse the CPD needs of Advanced Practitioners, HHTNAT reflects the 4 pillars of advanced practice via the questions contained within its 5 super-ordinate categories: Communication/Teamwork; Administration; Research/audit; Clinical Tasks and Management/Supervision.

AIMS & OBJECTIVES

The aim of this study is to generate systematic data to inform the understanding of the perceived continuing professional development (CPD) needs of Advanced Clinical Practitioners (ACPs) and Advanced Critical Care Practitioners (ACCPs). This was achieved through via the completion of 3 main objectives:

1. Complete thematic review of the relevant literature
2. Determine the perceived CPD needs of ACPs and ACCPs utilising a validated tool (Hennessy Hicks Training Needs Analysis Tool (HHTNAT))⁴
3. Utilise the above data to prioritise the training needs and aid in the creation of a rolling annual timetable of CPD events co-ordinated by ACCPAN to address said training needs.

This study has been endorsed by the ICS Council.

METHODS

A three-stage, mixed-methods design;

Stage 1: Exploratory consultation and validation of an adaptation of the HHTNA questionnaire⁴ with consenting, practising APs via an online platform (Microsoft Teams and Zeetings).

Stage 2: A national service evaluation utilising a cross-sectional, mixed-methods, (single) survey-based design within which the adapted HHTNAT questionnaire⁴ is embedded. The survey was hosted on an online platform fully GDPR compliant and certified to ISO 27001 data security standard. Access to the survey was open for a twelve-week period. Informed consent was assumed by the completion of the survey. The survey (endorsed by the Intensive Care Society (ICS)) was then circulated via social media using the hashtag '#ACCPANdev', to the ICS membership via newsletter and via other professional AP networks.

Stage 3: The development and evaluation of various CPD activities aimed at ACPs and ACCPs.

Ethical approval for this study was obtained from Northumbria University Research Ethics Committee.

RESULTS

We present here the preliminary analysis of the results of stage 2 of this project. Statistical analysis of both demographic and HHTNAT outcomes is ongoing.

135 participants, currently practising in an AP role, took part in stage 2 of the project. 8 participants were currently in a training post. The majority of respondents (42%) held the job title "Advanced Clinical Practitioner", possessed a Master's degree level qualification (75%), had worked in an AP role for ≤5 years (59%) and were Nursing and Midwifery Council registrants (86%).

Preliminary analysis of the HHTNAT outcomes was performed using descriptive statistics as per the recommendations outlined within the HHTNAT manual. The 5 super-ordinate categories contained within HHTNAT were coded against the capabilities outlined within the Multi-professional framework for advanced clinical practice⁵ to reflect the benchmark standard expected of APs across the all 4 pillars of advanced practice:

1. Clinical practice
2. Leadership & Management
3. Education
4. Research

The HHTNAT allows the identification and analysis of where there are the largest disparities between the perceived importance attributed to a skill/capability (Rating A on the questionnaire) and how well the respondent perceives they perform this skill/capability (Rating B on the questionnaire). The larger the gap between A and B, the greater the training need. Figure 1 illustrates the results for each of the 30 skill/capabilities associated with AP roles, contained within the HHTNAT questionnaire against ratings A and B. Table 1 details the top 5 ranking questions in which there was perceived to be the greatest training need.

Rank (descending order of training need)	Question	AP pillar code	Importance score minus Performance Score (A-B)
1	Q22: Personally coping with the dynamic changes associated with working in the health service	Leadership	172
2	Q16: Using and/or interpreting the results of diagnostic technology relevant to your area of practice	Clinical	158
3	Q25: Interpreting results from diagnostic investigations	Clinical	157
4	Q8: Service development and implementation	Research & Clinical	150
5	Q29: Organising and evidencing your professional portfolio	Education	144

Table 1

CONCLUSIONS

Preliminary analysis of the stage 2 data demonstrates that APs in the U.K. perceive there to be training needs across the 4 pillars of Advanced Practice. Further statistical analysis of the data is underway to examine the significance of these results, and to further explore the demographics of this population and the relationships that exist between APs and their perceived CPD needs. ACCPAN will utilise this data to develop and source an annual timetable of AP CPD activity to address the training needs gleaned from this study.

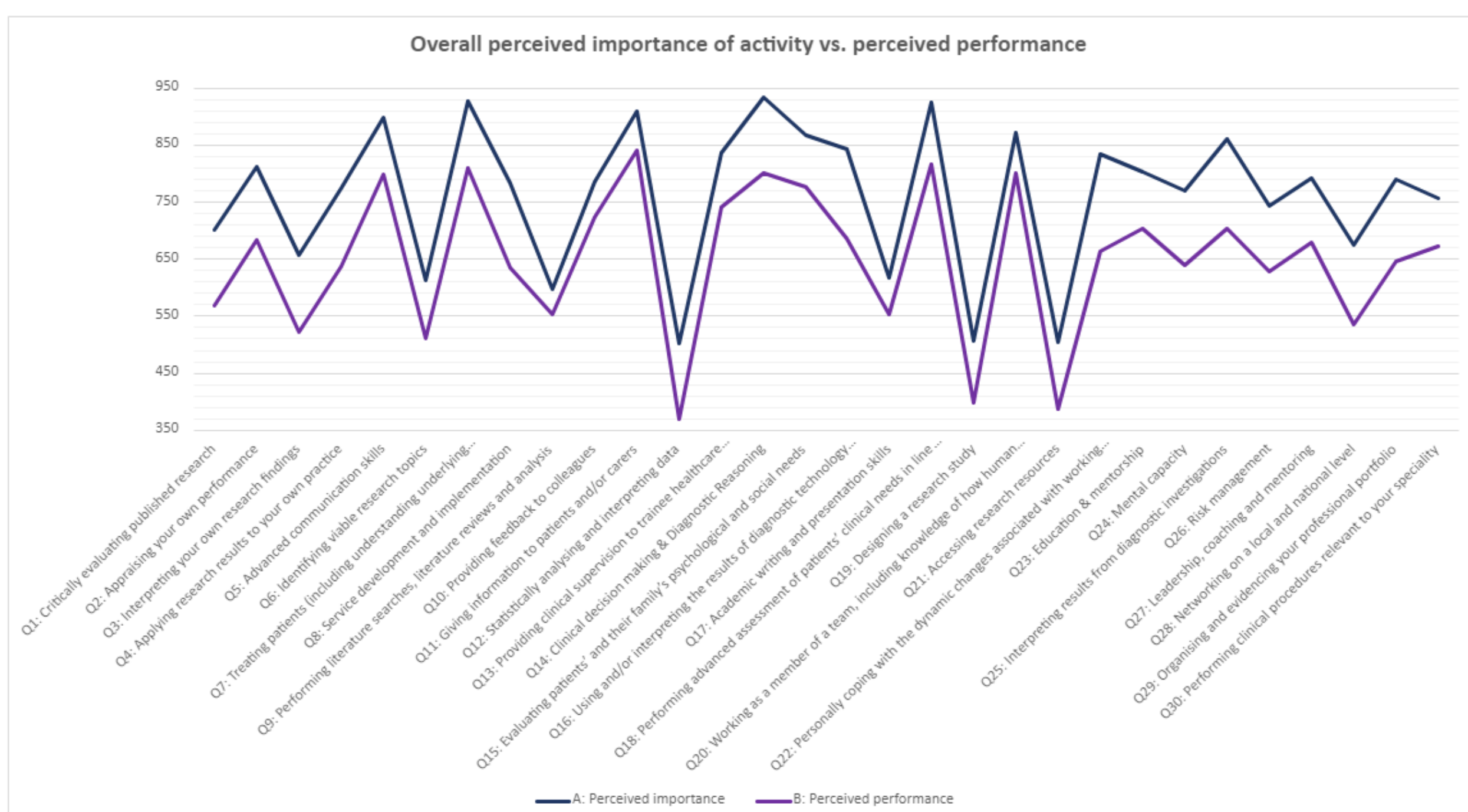


Figure 1