

## **Transitioning to an ACP: a challenging journey with tribulations and rewards.**

Authors: Julie Reynolds, Senior Lecturer, University of Derby

Gerri Mortimore, Senior Lecturer, University of Derby

*British Journal of Nursing* (2021), Vol 30, No 3: pp 2.

Over the last 70 years, to keep pace with the changing health requirements of the nation, the NHS has needed to adapt to survive. Now in the 21<sup>st</sup> century, to meet the complex health demands of an ageing population and to relieve medical workforce pressures, one of the newer roles to emerge is that of the Advanced Clinical Practitioner (ACP).

Over the last 10 years this role has developed and flourished. Trainee ACPs arise from a variety of backgrounds such as nurses, operating department practitioners, paramedics, pharmacists, physiotherapists and speech and language therapists and many were senior clinicians within their original fields of practice. Because of this fact becoming an ACP often represents a significant change in role and many will underestimate how difficult this transition can be. From being an expert in their previous roles to transition to a novice in their new ACP role is challenging. This is compounded by the fact that trainee ACPs can be on rotation, for example, through different medical or surgical wards and with each rotation there requires a period of adjustment. There is often a temporary loss of confidence until they not only become familiar with their new environment but feel valued and able to contribute.

An additional challenge, often not considered is that frequently newly appointed trainee ACPs will take up their role in the Trust where they previously worked. Tension can occur between long time colleagues which can be attributed to personal jealousy, feeling threatened, or simply because there is an expectation that the ACP should contribute like they did before in their previous role.

Frustrations have come to light with regards to prescribing rights. As ACPs come from a variety of professional backgrounds, not all of them are allowed to undertake the non-medical prescribing course, or others may only prescribe from a limited formulary. For example, an operating department practitioner now undertaking a surgical rotation as an ACP is not allowed to prescribe fluid or pain relief, when arguably they see this as a key part of their role when reviewing post-operative patients. This can leave them feeling inadequate when comparing themselves to

their peers. Additionally, they feel that they spend a lot of time seeking out medical intervention to assist with prescribing issues. This can be circumvented somewhat by Patient Group Directives, depending on the organisation

In some Trusts the ACP is delineated by a particular uniform. However, it may not be obvious if they are a trainee ACP or a trained senior ACP. This can cause undue anxiety to a trainee who may feel they are not meeting the expected standard of a senior ACP and this can have serious consequences on self-esteem and confidence.

As well as coping with new role transition another difficulty encountered is undertaking academic study - to attain ACP status requires the completion of a Master of Science degree in Advanced Clinical Practice (Health Education England [HEE] 2017). As lecturers within a HEI, we have noted that academic study can be an intimidating experience if trainees have not undertaken any for some years. However, there are positive outcomes from being in senior roles prior to ACP training which are transferable skills such as: excellent communication skills, positive behaviour characteristics as well as knowledge and experience in their field of expertise which can be employed to educate other trainee ACPs and health professionals.

Mentorship and supervision is of paramount importance to support transition but unfortunately this can be limited due to time constraints and availability of mentors/supervisors. Good mentorship has been shown to increase the attainment of clinical skills as well as reduce any feeling of isolation that a new trainee may feel. Interestingly, since 2018 the NMC no longer uses the term mentor but instead have replaced the term with practice supervisors and assessors.

According to HEE (2020) ACPs enhance and supplement service provision by supporting continuity of care and offer a holistic approach to patient management and outcomes. There is also evidence that patients are comfortable with ACP consultations as compared to their medical counterparts (Horrocks, Anderson, Salisbury 2002).

The road to becoming an ACP is fraught with challenges and tribulations, as mentioned within this discussion, all of which can affect and undermine confidence and self-assurance. Becoming an ACP offers great rewards in the form of job

satisfaction, autonomy and the ability to provide timely care to patients makes the journey worthwhile.

Health Education England (2020) **Advanced Practice**. Available at: [www.hee.nhs.uk](http://www.hee.nhs.uk) Accessed 23<sup>rd</sup> November 2020.

Health Education England (2017) Multi-professional framework for advanced clinical practice in England. Available at: [www.hee.nhs.uk](http://www.hee.nhs.uk) Accessed 23<sup>rd</sup> November 2020.

Horrocks, S., Anderson E., Salisbury C., (2002) A systematic review of whether nurse practitioners working in Primary Care can provide equivalent care to doctors. **British Medical Journal**. 324(7341): 819-823.