The Co-Delivery of Advanced Clinical Practice Programmes: Promoting Equitable Student Experiences

Introduction

Advanced clinical practice (ACP) programmes have evolved in the UK since the 1980's (Leary and MacLaine, 2019) and Higher Education Institute (HEI) provision in the UK has needed to adapt to ensure responsiveness to changing political and workforce needs. The introduction of Health Education England's (HEE) multi professional framework for practice (2017) aimed to define and map the capabilities required for clinicians to practice at an advanced level across four pillars of practice. More recently, 'The NHS Long Term Workforce Plan' (NHSE, 2023) highlighted gaps within the NHS workforce in advanced practice roles and shifted its focus to an apprenticeship model of educational healthcare delivery. This poses both an opportunity and a challenge for HEI's to successfully present both traditional and apprenticeship models of delivery whilst maintaining the needs and experiences of students past and present. Equity of student experience is important for a standardised developmental journey and central to HEI quality assurance processes. It also endorses inclusive education by advocating the presence, participation, and progression of all learners, known to improve healthcare outcomes (Medina-García, Doña-Toledo, and Higueras-Rodríguez, 2020, Beech et al. 2019). These processes are key to assuring students are robustly prepared for the demands of the ACP role and are equipped to achieve the required competencies regardless of pathway.

The ACP Landscape

The introduction of ACP programme accreditation aims to maintain a level of consistency and quality assurance to uphold patient safety and clinical excellence (HEE, 2021).

Traditional advanced practice masters programmes are established across UK. HEIs have observed steady growth in admission numbers from self-funded and employer-funded learners. This is expected to continue at pace, given the projections set out in the NHS long term workforce plan (NHSE, 2023). It forecasted a 46% expansion target for advanced practice training by 2031/32, with 22% of all clinical training facilitated through apprenticeships by 2031/32. HEIs must prepare to maintain quality education whilst increasing capacity and apprenticeship routes for advanced practice which may overtake the traditional masters programme route in terms of admission numbers.

The occupational standard for the ACP apprenticeship was first approved in 2018, informed by clinicians and experts, driven by 'trailblazing groups' (IfATE, 2018). Although traditional masters routes to advanced practice have been influenced by workforce needs, apprenticeships require closer collaborations to ensure agreed off-the-job and on-the-job training opportunities (DoE, 2024). A mutual agreement between the employer and the HEI is required to demonstrate apprentices have achieved the required knowledge, skills, and behaviours (KSBs) to proceed to the end point assessment (EPA). The Institute for Apprenticeships and Technical Education (IfATE), Office for Standards in Education (OFSTED) and the Education and Skills Funding Agency (ESFA), are all involved in the regulation and scrutiny of apprenticeship programmes. These governing groups seek to assure quality and standardisation of delivery. The prescriptive nature of the apprenticeship programme and the additional requirements can place an added administrative burden on apprentice learners, inhibiting engagement in comparison to traditional students (Fabian et al. 2022).

Programme delivery

Apprenticeship delivery requires significant resource investment from HEIs to ensure internal and external compliance. The EPA requires the employment of a number of independent assessors (IA's) who possess sufficient clinical and teaching experience. Tripartite progress reviews require both named clinical and academic based assessors. This resource intensive approach to supervision may also be considered a supportive mechanism and adopted for non-apprenticeship students.

Regardless of entry route the level of practice and competence of an ACP must be of a consistent standard, presenting a strong argument for alignment of programme curricula. To facilitate this increased numbers of experienced clinical educators are needed to meet the demands of expansion. Educators must consider innovative teaching and assessment practices to maintain quality education when cohort sizes are growing. Pedagogical developments in learning and design practices can offer additional flexibility. They can incorporate blended learning approaches to foster collaborative learning and accommodate different learning styles to create meaningful learning applicable to real world practices (Bayley, 2023).

Successful co-delivery models such as the personalised learning (PL) model can be emulated for ACP. PL models advocate education for all and there are international efforts to adopt approaches which increase student diversity to become more inclusive in terms of student learning needs (Peterson, 2016). PL provides higher levels of learning individually tailored to build upon existing strengths (Zhang, Basham and Yang, 2020). PL models complement the ethos of ACP programmes given that students are from multiprofessional backgrounds with different levels experience on entry. Apprenticeship students are already required to analyse

their baseline skills set in the form of a skills scan to establish funding edibility and programmes deliver a range of core and optional modules specific to student specialisms tailoring to needs.

There are workload implications for academic and support staff in HEIs given the fragility of the sector in the current climate of financial strain. Striking the balance between pooling resources across programmes for shared and personalised learning opportunities whilst recognising the individual learner journey brings both challenge and opportunity.

Challenges

There are a number of standard academic conventions within higher education institutions that can pose challenges when considering apprenticeship programme delivery. One such challenge is the recognition of prior learning that can be attributed to a programme from learning undertaken at the same level of learning as another institution. The acknowledgment of equitable learning and the associated credit and time can have a significant impact on the apprentice students learning journey. Gap in individualised student plans can emerge within programmes and enforce amendments to the standard programme journey. These 'bespoke' programmes are resource intensive to manage and can often result in a disjointed programme. It can also impact the management of a student progression, the learner journey, and their overall experience. Other issues such as designing programmes that run beyond the standard academic calendar have countless implications. They can impact resource management over the summer months when universities are traditionally quiet with less personnel and support systems in full swing. They require careful consideration to ensure

equitable and inclusive experiences and opportunities are provided to apprentice learners much the same as traditional students (O'Leary, Mudd & King, 2019).

In constructing a full 52-week year programme challenges can also present with pre-set assessment points and quality assurance mechanisms. Set dates for academic and progression points may not align with traditional learners and their expectations to complete programmes at the end of the standard academic calendar year (usually July). Additional provision must be put in place to ensure that apprentice learners are not disadvantaged due to these traditional institutional and organisational barriers (Lester, 2020).

The apprenticeship option for students represents an opportunity to learn debt free. Not only does this increase access to such programmes but can provide opportunities for inclusivity (Dawson and Osborne, 2020). However, it does not come without a cost, there are increased requirements to complete additional tasks and assessments. These are to present as evidence for off-the-job learning regulatory requirements as well as frequent and repeated monitoring through tripartite and skills-scans in order to evidence the KSB's required to meet IfATE standards associated with the programme. This can create a challenge for the apprentice learners who are already juggling work and learning as well as any social burdens that they might have. For those on a non-apprenticeship ACP programme or are self-funding the issues are not dissimilar though stresses may occur at different points. Consistent workplace and employer support which is not tied into an apprenticeship contract may prove a frustration. If students are burdened with service responsibilities and not adequately and consistently supported, they may be forced to choose between work and study.

The cost of self-funded study and financial burdens can often derail students completion due to external factors that may be outside of their control. This may be alleviated in the future by further implementation of standards through accreditation and more stringent requirements within regulation from such professional bodies as NHSE and the NMC. This comes with additional requirements for the education provider and concerns over the potentially divisive impact between professions. Differing professional regulatory bodies means that ambiguity and inconsistency might emerge as a consequence. Maintaining a balance within a co-delivered programme to ensure equity of access and experience is impacted by all of these factors. It is a challenge to ensure that both apprentice learners and traditional students are offered the best opportunity to succeed.

Opportunities

Co-delivery of programmes offers the opportunity to share best practice. This can be illustrated by the apprenticeship 'End Point Assessment (EPA) process. The EPA signifies a readiness of the student to move through the end point gateway. It also indicates a preparedness for students to move towards completion through a robust assessment which is independently assessed and must be achieved to exit with the completed award. The EPA comprises of a meaningful presentation of practice-based changes, assessments of clinical acumen and complex decision making by students using authentic, individualised case studies. It provides a final opportunity to demonstrate the ACP apprenticeship KSB's whilst underpinning the multiprofessional framework for advanced practice to support clinical competence (HEE, 2017, IfATE, 2018). MacArthur (2023) identifies that the ACP EPA is gathering recognition as a symbolic achievement at the end of the ACP apprenticeship programme. She observes that it affords learners and employers confidence in their ability to successfully transition into advanced practice roles. Programmes embracing joint delivery

could adopt the concept of high-quality EPA assessment as the final credit bearing module regardless of funding route. It could be argued that this final assessment at the end of the programme provides the student, employer and educational institution with reassurance that the universal standards are achieved regardless of programme model. The adoption of EPA as a robust final assessment for all programmes may prove fundamental to equitable experiences. It could also support the notion of uniformity in teaching by programme and module teams, to guarantee content quality and comparability in assessment and achievement.

Equity across programmes remains a priority with equality diversity and inclusivity (EDI) acknowledged as a cross cutting theme. The Higher Education UCEA workforce report (2019) identified only 11.7% of apprenticeship professional service staff were from ethnic minority backgrounds. These figures are concerning for both HEIs and employers at a time when closing the attainment gap is so important (Beech et al, 2019). Recent policies have identified opportunities for NHS progression. The implementation of healthcare apprenticeship models may provide a vehicle to cultivate EDI within the ACP workforce (Beech et al, 2019, NHSE, 2023). Offering a choice of funding and programme routes can encourage diversity but other strategies are valuable in providing equity in the student experience regardless of pathway.

Students must have a voice promoted via student representative systems, collaborative forums, and extracurricular societies. The consultation of students from both pathway routes is necessary during programme development, board of studies and through university ACP forums to ensure equity. It promotes the integration of authentic assessment processes and supports the desire for continued Observed Structures Clinical Examination's (OSCE's)

and further simulation-based education. These strategies unite to maintain clinical currency for students. The evolving advancement of technological and digital health systems also gives way to co-development opportunities with practice partner organisations and innovative cross faculty team collaborations.

Formal feedback sought from Continuous Monitoring and Enhancement (CME) quality assurance processes and the 'Post graduate Taught Experience Survey' (PTES) are also vital. The PTES, Lehman (2023) identified that not all post graduate taught students experienced a sense of belonging or felt part of a learning community. Programmes strive to create a sense of community by promoting peer support in the form of student events and standardisation of the Virtual Learning Environment (VLE). The VLE is a key point of contact for students and is thought to act as a social interaction platform to scaffold learner engagement and provide group cohesiveness (Lazareva, 2018). It can actively support discussions and student cohort engagement across both programmes.

Feedback facilitates HEI's to support strategic decisions and recognise challenges or barriers learners may experience, specific to delivery or wider collaborative organisations (Leman, 2023). Accessibility to academic and digital resources are a necessity for ACP's who are employed learners often balancing academic study with working unsociable hours. Regardless of programme route, students with neurodivergent needs require the sharing of individualised student learning plans with clinical supervisors to support the cross over between academic and practice-based learning activities (HEE, 2022). Therefore, enhanced communication strategies which build relationships between HEI and practice providers are invaluable to safeguard learner success and implement the correct support. These strategies are integral to the long-term sustainability of ACP programmes. They are central to

educating the growing ACP workforce, to advance multiprofessional ACP provision and anticipate the provision of ACP specialist competencies for role longevity (Council of Deans, 2018, NHSE, 2023).

Future Research Directions

Moving forward there is considerable scope for research focussing on ACP educational delivery and student outcomes. Areas for consideration are the experiences of the learner during their journey and comparable route specific outcomes. Supervisory experiences and readiness of supervisors who support ACP students could enhance student supervision and assessment strategies. The preparedness of apprenticeship students for the EPA and their subsequent transition from trainee to qualification could offer insight into future role development. The implementation of such research studies would contribute to the ongoing discourse on ACP education.

Conclusion

In summary, the sustainability of ACP programmes is vital as part of workforce planning and role longevity. Co-delivery is essential to promote equitable student experiences, but each pathway must support student learning and offer parallel opportunities. Recommendations for practice are for continuous evaluation and appraisal of both models of education, to identify gaps in knowledge base for curricular development. No learning journey is without its difficulties and a clear focus is required to ensure that regardless of pathway the desired outcome is a learner who is ready to practice at an advanced level.

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