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Investigating Advanced Practice for People With Intellectual Disability and Autism: A Mixed Methods Study

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ABSTRACT

Introduction: Little is known about the advanced practice contribution health professionals make when working with People with Intellectual Disability and Autism. This paper shares the findings from a study investigating the delivery and impact of two university-led online postgraduate certificates. These programmes specifically focused on preparing health professionals to practice at an advanced level, with people with intellectual disability and autism across the lifespan.

Aims: The aim was to evaluate the opportunities and challenges the programmes provided, reviewing the online delivery capacity and its usefulness for preparing this group of health professionals at an advanced level across two cohorts of learners.

Methods: A concurrent mixed methods approach was adopted, collating descriptive and qualitative data virtually between February 2023 and January 2024. Adults with intellectual disability and autism were involved in the panel deciding the outcome of the research tender, as steering group members and as members of a national workforce advisory panel. No computerised software was used for the data analysis.

Results: Observations from minimal descriptive data, virtual focus group, nine one-to-one interviews, text-based and a jam-board data revealed online pedagogical decisions through multi-professional action learning sets. This supported enhanced practice confidence, enquiry-based practice and inter-professional capability.

Conclusions: Policy and decision makers should invest in more advanced practice programmes in this field, as they strengthen the care contribution for people with intellectual disabilities and autism.

Implications for Practice: Advanced practice learning can raise both practice confidence levels and improve opportunities for evidence-based service change for a group of people with complex needs.

Reporting Method: Mixed Methods Reporting in Rehabilitation Health Science.

1 | Introduction

Health systems and health professionals responsible for designing and delivering care packages in those systems are becoming ever more complex worldwide (Htay and Whitehead 2021). Advanced practice roles have been widely implemented internationally to help meet the challenge of this complexity (Fothergill et al. 2022) but have developed differently and at a different

pace internationally (Unsworth et al. 2024). Advanced practice around the world therefore continues to struggle over titling, title protection, regulation development, credentialing and implementation challenges (Wheeler et al. 2022: 1).

Whilst consensus on the title of the role has not yet been reached, Advanced Nurse Practitioner (ANP) is a generic term for a number of different extended nursing roles, typically

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Summary

- What does this paper contribute to the wider global economy
 - This paper provides evidence of the inter-professional capability of health professionals advancing practice for people with intellectual disabilities and autism.
 - It demonstrates how the pillars associated with the multi-professional capabilities (HEE, 2017) in England can structure both academic programme delivery and promote advanced practice.
 - It suggests that exposing experienced health professionals to advanced practice learning can raise both practice confidence levels and improve opportunities for evidence-based service change for a group of people with complex needs.

carried out by nurses with experience and qualifications beyond their bachelors' degree (Torrens et al. 2020). The International Council of Nurses (ICN) defines ANP as a “registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level.” (ICN 2020: 7). Some advanced roles have developed in distinct specialisms such as Certified Nurse Anaesthetist, Advanced Critical Care Practitioner and Emergency Care Practitioner (Unsworth et al. 2024).

The context for this research relates to the education and practice of advanced practitioners in England, caring for People with Intellectual Disability and Autism across the lifespan. For ease, we will refer to advanced practitioners as AP. In 2017, Health Education England (HEE) introduced a capabilities framework for advanced practice, the *Multi-professional framework for advanced clinical practice*, to help standardise practice in England. Alongside this framework, advanced practice is seen as a level of practice applicable across all healthcare professions for exercising a level of autonomy across four domains, referred to as the four pillars of practice: clinical practice; leadership and management; education; and research. AP are seen as practicing with a high degree of autonomy, with advanced clinical decision-making capability and the capacity to skilfully manage risk for different population groups (HEE 2017).

Emphasis has been placed on the National Health Service to action and strengthen its ability to prevent the persistent health inequalities experienced by People with Intellectual Disability and Autism (NHS Long Term Plan 2019). A key aspect of this ambition is to transform the related workforce at an advanced level (NHS People Plan 2020–2021), equipping specialist practitioners with a high degree of autonomy, complex decision making and the ability to skilfully manage the risks associated with the diverse needs of this group of people (HEE 2020).

People with Intellectual Disability and Autism are known to have extensive co-morbidities (Heslop and Hebron 2020), complexity of health and social needs, high mortality, and an average life expectancy of 63 (LeDeR 2023). Health inequalities are

well noted amongst this population group (Hosking et al. 2016), along with notable causes of unnecessary deaths, such as pneumonia and aspiration (LeDeR 2023). The associated challenges around assessment and diagnosis and equitable access to the mainstream health result in needs not being met (Byrne et al. 2016), promoting the rationale for more practitioners to operate at an advanced level.

Some evidence exists which has focused on areas of specialist practice associated with the needs of People with Intellectual Disability and Autism, such as mental health and forensics (Dalgarno and Riordan 2014) and epilepsy (Auberry and Cullen 2016). Workforce development work related to clinical nurse specialist roles at the enhanced level of practice in Ireland has also centred on ‘client advocacy, client focus, audit/research, education/training and consultancy’ (Doody et al. 2017). The high level of assessment skills related to advocacy and the problem of access to mainstream health provision have also been highlighted as key practice features associated with the clinical nurse specialists (Doody et al. 2019). In Australia examples of where workers may be advancing care in different government and non-government organisations are likely to exist, where specialised tasks and using advanced skills are carried out, but practitioners are not employed with the title of nurse (Jacques et al. 2018), echoing challenges in the general literature on AP (Wheeler et al. 2022).

The study was framed against (HEE) (2017) *Multi-professional framework for advanced clinical practice* and in particular the pillars of advanced practice—clinical practice, leadership and management, education, and research and HEE's (2020). A series of capabilities frameworks when working with people with intellectual disability and people with autism have also been produced (HEE 2019a, 2019b, 2020). These documents have been useful in identifying domains of practice relevant to this discipline: Domain A—personalised and collaborative working; Domain B—health and wellbeing; Domain C—personalised care and support; Domain D—Risk, legislation and safeguarding and the forementioned pillars; and Domain E—Leadership and management, education and research. Different health professionals undertake advanced practice work with people with intellectual disability and autism, inclusive nurses, occupational therapists, physiotherapists, dietitians, arts therapists (art, drama and music), speech and language therapists, orthoptists, pharmacists and reflect the complexity of needs people with intellectual disability and autism have (HEE 2020).

The PG Certificate programme under investigation represents one aspect of a health professional's advanced practice educational experience at level 7 of learning (masters). At a standard level, health professionals working with this population group do make a nuanced and discreet contribution to practice (Mafuba et al. 2021), but little evidence exists related to the contribution they make at an advanced level and the impact training at an advanced level has.

1.1 | Study Aim

The overall aim of the study was to evaluate the challenges and opportunities the programmes themselves provided, reviewing

the online delivery capacity and its usefulness for preparing health professionals caring for people with learning disabilities and/or autism at an advanced practice level.

1.2 | Research Questions

1. What are education providers perceptions of the challenges, barriers, facilitators, and opportunities in pedagogic design and delivery of advanced practice programmes in learning disability and autism?
2. What are trainees' perceptions of factors that determine or influence their ability to work at an advanced level of practice in their professional role?
3. What are trainees' perceptions of the opportunity, their capability, and motivation to work at an advanced level of practice in their professional role?

2 | Methodology

This research evaluation took a mixed methods approach (Doyle et al. 2016), theoretically underpinned by a 'Human Centred Design' (HCD) (Giacomin 2014) over a 15-month period. Mixed Methods approaches have become increasingly popular in health-related research, allowing a broader and deeper understanding of complex topics (Doyle et al. 2016). The research team took a concurrent stance within the mixed methods approach, where quantitative data and qualitative data were collated at the same time through the duration of the study (Halcomb et al. 2016). The method complies with the Mixed Methods Reporting in Rehabilitation Health Science (Tovin and Wormley 2023). The usage of mixed methods enabled the process of the study to be carried out in a user-centred manner with all stakeholders. HCD is a design approach promoting partnerships between different stakeholders facilitating many aspects of the research process. HCD is based on "the use of techniques which communicate, interact, empathise, and stimulate the people involved, obtaining an understanding of their needs, desires and experiences" (Giacomin 2014: 19). This approach married well with the purpose of this specific study for the funder and the involvement of People with Intellectual Disability and Autism.

2.1 | Programme Delivery Context

The postgraduate workforce for people with intellectual disability and Autism is underdeveloped and arguably under-invested in. Two separate cohorts of trainees 2020/2021 and 2022/2023 from the programmes were recruited across the 7 NHS regions of England, totalling 71. The learning and teaching strategies of the PG Cert programmes had a strategic intent to develop health professionals' capacity to grow qualities defined as 'post-graduateness' by the QAA (2016), comprising an open learning and teaching strategy alongside a work-based learning approach. The PG Cert programmes delivered at both HEIs had a similar structure, following a synchronised/asynchronous online learning approach. Masterclasses by external experts were also offered across both universities. A blended

delivery model at both universities with synchronised/asynchronous learning was delivered and made available via a virtual learning environment. 95% of the trainees were aged between 35 and 54, with a substantial amount of practice experience evident amongst them (see Figure 1). Most trainees from both cohorts had not undertaken level 7 study previously, and the funder was keen to encourage more advanced practice learner development for people with intellectual disability and autism.

2.2 | Ethical Considerations

The study received ethical approval from the University of Wolverhampton's research ethics committee. A sub-processing agreement was put in place by legal and data protection experts from the respective universities to enable student contact names and email addresses to be shared with the research team. Both universities received the same recruitment documentation explaining the study purpose sent out via the programme leaders at the universities. These included participation information forms and consent forms related to the survey, the virtual focus groups and interview opportunities.

2.3 | Sampling Method

A purposive sampling technique targeted the known trainees based on cohort data held by the two respective universities and the known associated advanced practice academic tutors ($n = 74$). The sampling frame was the same for both the survey, the focus groups, and the interviews. The sampling technique was selected as a type of non-probability sampling method (Bryman 2021). It was also selected as purposive sampling may be used with both qualitative and quantitative research techniques (Bryman 2021).

2.4 | Recruitment Strategy

In line with the sub-processing agreement, the cohort contact details were shared with the research team (MB and SK). An information sheet was sent out by the research team, informing all students from both programme cohorts of the ways they could volunteer to be involved in the research (virtual focus groups and virtual one to one interviews).

The inclusion criteria:

- All learners from both year cohorts, from both universities who had studied the PG Certificate were included. Learners who had commenced, not yet completed or who deferred were also included.

Exclusion criteria:

- Learners are enrolled on a different programme to the PG Certificate for advanced practice in intellectual disabilities and autism.

The main author, MB, also had contact with the course leaders at both universities, who explained the purpose of the study to

Demographics and recognition of Advanced Practice	Most were Senior Nurses, Band 7 and 8 Speech and Language Therapists and one Physiotherapist. Over 95% were aged between 36-54. One person 26-35. Male 26.7%, Female 73.3%.
Advanced Practice Statement	-Over 86% knew how or were familiar with the required. knowledge to deliver AP, with 86% strongly or moderately agreed.
Assessment of Knowledge	-95% agreed that they had the knowledge to deliver AP.
Intention	-Over 73% had strong or moderately strong intentions to deliver AP. -In every 6/10 opportunities, 75% or more staff intended to deliver AP.
Skills	-26.7% strongly disagreed that had been trained to deliver AP; but over 75% agreed they had the skills. 60% had practised AP 40% have not.
Social/Professional Role and identity	-Over 80% agreed that they have a high level of responsibility to deliver AP, and consistent as what is expected of professionals.
Beliefs about Capabilities	-Most responders (86%) strongly/moderately agreed they could deliver AP with unmotivated clients, but 13% disagreed. But less confident with limited time 66%.
Behavioural Control	-Most agreed they had sufficient control to enable delivery of AP, 63% strongly agreeing, although 17% disagreed. -Over 75% believed that delivering AP is not too difficult.
Optimism	-Over 90% were optimistic about delivering AP, with 64% highly optimistic. -Responders found relationship building important 63%; can focus on delivery 85%; and not too distracted 75%.
Sociopolitical	-Over 70% disagreed there was sufficient financial support to deliver AP. -Over 56% disagreed there was good networks to enable delivery of AP, although over 40% agreed.
Social Influences	-Over 85% agreed that positive social influences impacted their delivery of AP. Valuing opinions of colleagues that support AP.

FIGURE 1 | JISC survey observations.

the learners and how the research team would engage throughout the duration of the study.

2.5 | Descriptive Programme Data

Trainees on the programmes came from a range of health professions, including pharmacy, nursing, art therapy, speech and language therapy, occupational therapy and physiotherapy. Each trainee chose a workplace supervisor that was ideally from the same profession/area of practice. University support involved an initial set-up session involving how to use the online work-based portfolio, and an introduction to HEE's (2020) guidance regarding workplace supervision for advanced practice through a question-and-answer session and subsequent monthly drop-in sessions for all supervisors. This process similarly occurred for both HEIs. In addition to this,

TABLE 1 | University 1 progression data.

Programme academic year	2021/2022	2022/2023
Trainees commencing	35	13
Trainees withdrawn	5 (14%)	
Trainees completed	28 (80%)	12 (92%)
Trainees failed and withdrawn	1	Awarded
Trainees deferred	1	
PG Cert Trainees proceeded to MSc pathway	2 (3%)	

online meetings as and when required were offered with the supervisor and student. For trainee progression and completion rates—see Tables 1 and 2.

TABLE 2 | University 2 progression data.

Programme academic year	2021/2022	2022/2023
Trainees commencing	20	3
Trainees deferred and rejoined 2022	1	Resuming studies March 2024
Trainees completed	19 (95%)	4 (100%)
PG Cert Trainees proceeded to MSc Pathway	8 (40%)	

The programmes at both Universities were structured in the same way—a 45-week programme, comprising three 30 credit, level 7 modules titled:

Leading Advanced Person-Centred Care within Learning Disability and/or Autism, assessed via a critical reflection of personal development related to advanced practice. *Improving Service Delivery within Learning Disability and/or Autism*. This was assessed via a written report of a service improvement plan and its associated literature. *Work Based Learning (Electronic Practice Assessment Document)*, assessed via an e portfolio and critical reflection.

All modules were core, delivered concurrently over the duration of the programme. Both of these programmes are contextualised in practice, with the need to pass the work-based learning practice assessment document to complete the programme in addition to successfully passing the two theoretical modules.

2.6 | Survey

The aim of the survey was to capture participants ability, confidence and 'know how' of delivering advanced practice against the expectations of HEE Multiple Professional Capabilities Framework (2017). To achieve this, BA used and adapted Huijg et al.'s (2014) theory driven questionnaire based on the 'determinants of behaviour change' model (Huijg et al. 2014) and the well-known Theoretical Domains Framework (TDF), originally developed by Michie et al. (2005). Huijg et al.'s (2014) questionnaire being used for the valid psychometric properties demonstrated by Huijg for health professional behaviour (Huijg et al. 2014). The questionnaire was adapted to align 'Advanced Practice' and determinants of health professional behaviour. To achieve this the HEE (2017) Multiple Professional Capabilities Framework statement of Advanced Practice was used to frame 'Advanced Practice'. Whilst determinants of behaviour change explored were: 'knowledge', 'Skills', 'Social professional role and identity', 'beliefs about capabilities', 'optimism', 'beliefs about consequences', 'intentions', 'memory, attention and decision processes', 'environmental context and resources', 'social influences' and 'emotion'. Determinants of behaviour aligned also to the TACT (Target, Action, Context, Time) principle (Michie and Johnston 2004) in each question statement to ensure questions related to advanced practice and each determinant.

Using the questionnaire, the intention was to capture behaviour at the end of the educational programme. A 'JISC'

online survey (<https://www.onlinesurveys.ac.uk/>) was electronically sent out to both cohorts of learners associated with both the programmes ($n=71$) and administered by the research team (see Figure 1). A series of reminders at 3-week intervals were also sent out by the research team. There was not capacity to undertake a prior run of the survey. The response rate of 22.5% ($n=16$) was very low. The demographic data collated is presented in box 1 in Figure 1. As such, only descriptive observations were generated from the survey statements and are provided in Figure 1. Learning disability nursing, speech and language therapy, and physiotherapy represent the survey respondents' professions.

2.7 | Qualitative Data Collection

The qualitative data components comprised of consultation with a workforce advisory panel, virtual focus group and subsequent one-to-one interviews. The stakeholder groups helped provide some of the text-based and visual data initially. This stakeholder group had previously been involved in the commission of the advanced practice programmes and had shown an interest to be part of this evaluation. Two virtual preliminary meetings were held with this stakeholder group, made up of People with intellectual disability and autism, facilitators and other 'experts by experience'. The purpose of the meetings were to ensure the best method of communication to capture their viewpoints on advanced practice. Following this MB facilitated 2 subsequent virtual consultation meetings with the panel. This resulted in a jam-board (see Table 3). Members from a local advocacy organisation prepared an easy read version (accessible) of the research proposal, which was submitted with the successful bid proposal. This inclusion assisted with the advocacy group members' conceptualisation of the bid and triggered involvement from the organisation, as the project steering group. As steering group members, People with intellectual disability and autism gave guidance and advice at the start, the middle and end stage of the research.

2.8 | Focus Group and Interview Procedure

The sampling frame for the focus group and interviews was the same as for the survey. The scheduling for the focus groups and interviews started before the survey. Both cohorts of learners and the associated programme academics were invited to participate, being provided with study documentation, inclusive of consent forms. Nine participants from one university took part in the focus group. Nine subsequent virtual 1:1 semi-structured interviews were conducted with trainees and academics from one university, predominantly those that had completed the 2020/2021 programme.

The narrative generated in the focus groups assisted with the topic guide for the interviews. This was sent out in advance to the interview participants. There was no participation from the students and academics from the 2nd universities. Participants therefore completed the consent form prior to the focus group commencing, and a further opportunity to confirm consent was provided before the focus group commenced and was recorded. All participants taking part in the interviews gave additional prior consent.

TABLE 3 | Workforce advisory panel feedback.



The focus group was supported by the Mentimeter software run through Microsoft teams and facilitated by MB and co-investigator SK. Focus groups are dependent on interpersonal space, dynamicbehaviour amongst participants, whether virtually held or held in a physical space. The PG Certificate courses recruited trainees from across England, and therefore a virtual focus group was considered the most pragmatic method to encourage participation. Whilst evidence indicates the value of virtual focus groups is yet to fully emerge (Stewart and Shamdasani 2014), a series of 'warm up' exercises where participants introduced themselves was held at the beginning of the focus group to facilitate group dynamics and commentary on the topics to be discussed.

The focus group lasted over 90 min, and nine virtual one-to-one interviews took place in the following 2 weeks after the focus group. Four of the participating trainees were learning disability nurses, one was a physiotherapist, one was a speech and language therapist, and one was an occupational therapist; the other 2 participants were academics. For one of the focus group exercises, the academics and trainees were split into different groups (see Figure 2). The interviews enabled the project team to draw out from the collective narrative provided in the focus group to iteratively support the interviewees individually.

Table 3 describes the panels' understanding of who advanced practitioners are, and the second visual provides feedback on the difference the panel would like to see HP practicing at an advanced level make having completed the programme.

2.9 | Qualitative Data Analysis

Both focus group transcripts and interview data were analysed together. The decision to combine both data collection methods produced an iterative account and enriched the conceptualisation of the trainee and tutor testimonies (Bryman 2021). Thematic Analysis was employed following the six steps of Braun and Clarke's (2022) conceptual approach. MB read the full transcriptions and familiarised himself with the text. 2. Second and third readings of the transcripts enabled categories to emerge, beginning the initial coding process. 3. Codes were identified and then combined into themes. 4. Themes were then examined to identify variations or contradictions in the narratives. 5. Independent analysis of the data led to inductively derived categories based on similarities, themes or patterns of dialogue from both the focus group and the interviews, verified by one other member of the research team, BA. The comparative

relevance of the themes was then determined against relevant literature. 6. Only themes evident across most of the narratives in the focus group and the interviews were considered for inclusion and reported in the findings.

2.10 | Synthesis and Triangulation

The main focus of synthesis was on qualitative data from focus groups and interviews, wherein categories were compared and contrasted to produce key themes of advanced practice. As such, the quantitative data findings from the questionnaire were not integrated with qualitative data but were used to help contextualise the capability, opportunity and motivation of participants advanced practice.

3 | Findings

3.1 | Virtual Focus Group

See Figure 2.

3.2 | Interview Results

Out of the thematic analysis 5 main themes were elicited. These were- applying the pillars to practice; research-based practice; gaining confidence in advanced practice; multi-disciplinary learning; and programme design and delivery. These themes are discussed in the succeeding sections, in which the abbreviation 'VFG' signifies 'Virtual Focus Group'.

3.3 | Applying the Pillars

The advanced practice pillars of clinical practice, leadership and management, education and research provide a common framework of capabilities relevant to all areas of advanced practice across sectors, specialties, and professions (HEE 2017). All the trainee participants were fully aware of the importance of the pillars and were aware of their development against the pillars

from completing the programme. The following speech and language therapist had been able to embrace all the pillars after completing the programme due to the responsive nature of her organisation and line manager:

Yeah, I am really lucky, and I think it's partly because my job description was written on the pillars and then I'd completed the course and then I recognised that all of those pillars are actually going to be really essential to get this service up and running. The pillars and framework are really fresh in my head. I printed off the framework. I still carry that round with me. I still reference it every now and then and go back to look at it and it's still really, really meaningful and it's got a real practical application to kind of what I'm doing everyday here.

(VFG Participant 1)

In direct contrast to the previous account, the following participant, a learning disability nurse felt the scope of their advanced practice, as a result of completing the programme, was limited in the social care organisation she was employed within:

Even though I've done this course, my Trust didn't recognise the advanced clinical practitioner like, you know, going on carrying on... Yeah, that a lot of organisations you know, they don't recognize it. Well, I think they recognize it, but there aren't any opportunities within work to be able to develop it. So, once you've done that course, there aren't any opportunities to then move on to a position with an advanced clinical practice role.

(VFG Participant 2)

On completion of the programme, other participants were able to identify the pillars their role focused on and what they wished to prioritise. The following participant was another learning

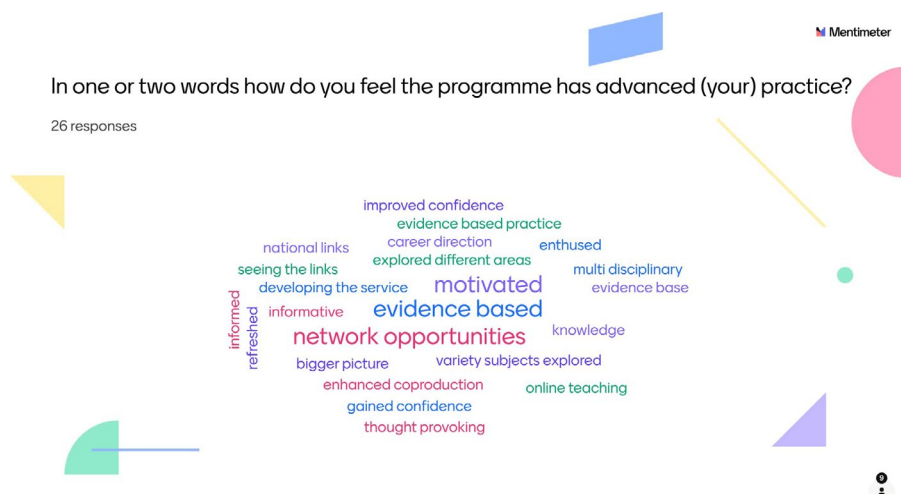


FIGURE 2 | Trainees' perceptions of how the programme has enabled the development of advanced practice.

disability nurse working in a specialist NHS learning disability service:

Say for myself when I completed the ACP programme, my current role is probably weighted towards leadership rather than clinical. I do have a caseload, but my caseload is small because my leadership role is high... And what I don't want to do is to lose the leadership element because you become, say, focused on the clinical. And I do think that that balance is required. I think in LD services and mental health services that should be achievable.

(VFG Participant 3)

This participant was able to go on to state how the PG Cert programme had stimulated her to focus on research and become more evidenced based, resonating with the expectations of the research pillar.

And doing it the best that we can, which is why I sort of go back to the thing that I was excited about at the end of programme where we become, you know, evidence based and we become like up to date and research focused and wanting to make improvements and not accepting the status quo and making sure that if we find out that we do something about it.

(VFG Participant 3)

They also pointed to the type of clinical influence the role could have:

If the service user can't access the General Practitioner that perhaps you will provide that at home. But actually, we have other services who will do that too and our service is about providing the specialist clinical intervention that other services can't provide.

(VFG Participant 3)

Another focus group participant (a learning disability nurse employed in a social care organisation) saw her role as weighted more towards leadership and not clinical:

With regard to the pillars, I was probably the opposite way round because the role that I have in my organization is quite strategic and leadership focused anyway, so I was probably already doing those other three pillars and less of the clinical. So yeah, so for me it was like that.

(VFG Participant 4)

Two members of the academic team responsible for the delivery of one of the programme were part of the focus group, alongside the trainees. The following comment presents the perspective from one of the academics in the focus group showing how the pillars, a key programme design facilitator, are reflected across the breadth of programme delivery:

It feels that that's the challenge to make sure that trainees are able to see all the pillars across all the all the domains and the capabilities. And that's part of the summative assessment is about that. That I'm speaking as an educator. but it feels to me that as the course progresses, the wider view across those pillars starts to come through and you might see it as a very clinical session, a master class. But actually, we've talked about how it maps across and you're mapping in the portfolio is about you seeing that wider context of things that have been delivered.

(VFG Academic 1)

3.4 | Research Based Practice

There is an expectation that all advanced practitioners are capable of critically engaging in research activity, to ensure evidence-based strategies are developed and applied to enhance the quality of caring for people with learning disabilities and/or autism. Most of the participants articulated a lack of prior confidence in this key pillar, but they were also able to illustrate how having had the time to undertake the programme, their enquiry/evidence-based practice capabilities had increased.

The following VFG participant demonstrates how her mind has been 'opened up' to think differently due to completing the programme:

The way I approach things in the way I see things differently, if that makes sense, it's not the easiest to explain, but that's one of the bigger things I've felt from this. Like when I'm in the team, I come from it from a different approach now and I look more at the bigger picture and the links and the evidence base and it's just got me thinking more if that makes sense.

(VFG Participant 2)

The way that individual practice had been questioned because of undertaking the programme was also highlighted in the one-to-one interviews, illustrated by the following comment by a learning disability nurse:

It's just made me question everything that I've would have been doing before the way I work you, it just makes you think about everything in a completely different light and then you start thinking...oh every job just feels like a bigger job than it was before because you you're thinking about it in a different way altogether.

(Interview Participant 3)

Participants in the focus group valued the opportunity to examine aspects of their practice they wished to inquire about in more detail and felt the programme had allowed them to do this:

As has just been said, the time then to kind of have permission to go away and look at that in more

detail in the areas that you want to apply it to. So, your leadership, your research should absolutely be, I think we've been encouraged to have that breadth across all of the pillars. But to be able to follow where that linking into our daily practice as well.

(VFG Participant 5)

The accounts also represented the benefits of being evidence based and how having this learning in the programme could trigger change to service developments, as was noted by the following learning disability nurse:

Absolutely a different practitioner when it comes to leading on change. And looking at ways to develop the service further and how we're approaching those and...Being far more of an evidence-based service than we've ever been before. So, you know, I would say that's probably the biggest change to what I do and it's no longer we do this because we've always done it.

(Interview Participant 3)

The motivation to undertake change following a research process and examine specific role developments was also reflected in the following two accounts, firstly by the physio-therapist participant and then a speech and language therapist participant:

You know, why do you want to implement this new piece of paperwork? What research protocol, you know? Are you going to pilot this? You know there is, and you are you know, you're a researcher. There's a whole pathway to it, isn't it? So, they will implement something and they will say oh, that bit is not working in that area, let's change it. Let's do a special interest group interview.

(Interview Participant 9)

So what I would like to do in the future is yes, we've got the evidence base, but I do have this time for research and I would love to be able to pull something together just by having the right data present from the beginning to know what the referrals look like, what the prevalence is on site, what this looks like because there are not very many speech and language therapy posts in forensic mental health across the country.

(Interview Participant 5)

3.5 | Gaining Confidence in Advanced Practice

The trainee participants reported they had gained confidence in their advanced practice resulting from undertaking the programme. The following narrative from a learning disability nurse explained this, in part from learning together as a group and gaining more knowledge on a personal level:

I remember when I first joined the course, I like... I've gained confidence because you get used to the group and the lecturers. So, I think because I've probably gained confidence and I'm more comfortable with speaking up if that makes sense. I think that's helped me, even though it's gone well, it probably has got something to do with the course cause [sic.] you know they give lots of input, I feel more knowledgeable and more like you know accessible. I feel like I've got more tools to offer and things, so that probably helped as well.

(Interview Participant 1)

This same participant went on to state she felt this increase in confidence had been applied to her practice and been her practice confidence affirmed by herself because of completing the programme having:

I feel as a practitioner I've gained confidence, not just from the teaching, but also when you know within practice implementing that into practice... Probably around completing the order or the service improvement plan because I've never done that before, so I feel more confident to get you know, networking going to the relevant people within the you know within our trust and also just implement things, suppose it's just confirming the knowledge I already have because sometimes when you're in practice, you're not really sure whereas doing this course is kind of validated it for me anyway personally.

(Interview Participant 1)

Attending the programme had also given participants the confidence to share resources with their colleagues in practice, as reflected in the following learning disability nurse's account:

Is not junior colleagues like cause [sic.] we've got four band sevens in our team, so I've been sharing things that I've learned...You know all the kind of resources and learning that I've had from the programme. I've got that. I've made that available to everybody...And you know, so we've got like a bit of Bank of, you know, latest evidence and research.

(Interview Participant 3)

Most of the participants had not undertaken postgraduate study before, or it had been several years since they had undertaken an academic programme of study. For some trainees, the opportunity to learn had been energising, and this had been fed back to them by their line manager, as was noted by this learning disability nurse:

You get to a point when you're like, if I feel I have got time and all of a sudden, I was like reading and learning stuff and going God, isn't it great and lovely to hear about this (referring to learning from experts by experience), that and the other and yeah and that

enjoyment stuck with me. I mean I thoroughly the entire year, I mean my lead line manager who was my educational facilitator, he was like it's just so nice you're so alive again it's like all of a sudden, I'm really invigorated.

(Interview Participant 2)

A key expectation of advanced practice is the capacity to demonstrate leadership capability. The following narrative from a learning disability nurse working in a specialist NHS community nursing service reveals a growing confidence in their own leadership capability:

Yeah. And I really enjoy that. I've I'd like sort of compassionate leadership and looking at people's wellbeing and having those supportive conversations. I don't think I'm afraid to hold people to account, but I like to try to do everything else first and before wielding a big stick... So that's been my reasoning for developing those posts and I enjoy that. I like that and I think I've been able to make some significant changes to the service.

(Participant 6)

3.6 | Multi-Disciplinary Learning

A wide range of health professionals contribute to the care of people with learning disabilities and/or autism, and this programme across both HEIs recruited a range of health and care professionals. Most of the trainees interviewed valued the opportunity to learn alongside other disciplines, reflected in the following accounts.

It was just sometimes it was just useful to have those discussions and almost like, you know, just to run ideas off somebody and say I've got this happening at the moment and being in those smaller focused groups with like a speech and language therapist and a physio just being able to discuss cases and stuff like (Action Learning Sets) that was just really helpful.

(Interview Participant 4)

The programme learning materials were also geared to multi-professional learning, and this was valued by trainees, in particular, the following participant who worked in a social care context:

Yeah, that was good and I liked the Lecturer had come from a social care background as well, so she understood some bits, that was positive. And I like to again that the material that was delivered in the master classes was a multidisciplinary because that's where I learned things actually. It was with other disciplines. And because I do try to keep quite up

to date with stuff that's relevant to me, but then I wouldn't obviously do that for speech and language too and the speech and language one probably had the biggest impact on my practise right now.

(Interview Participant 4)

The benefit of working with others was also mirrored in this participant's practice experience:

And getting access to those disciplines in my role is really difficult because you can refer somebody, but if they don't read the referral criteria, which is most of the time, you don't get that input. And if you're not in a team where you can just go, by the way, I've just had this. What do you think? Do you answer me not. It's not a formal referral. It's just kind of from a physio point of view. Does this sound alright?

(Interview Participant 4)

It was not just the multi-professional nature of learning but the value of practitioners coming from different settings that enabled the learning to be of value:

So, and we had a weekly action learning set. So, I popped out the national, the national links and in my group, we had some people from NHS background, some people from private backgrounds, some people from quite a long way away. I think there are a couple of people in our group from Kent and Dorset and then I'm up in the North West. So, it was really interesting to hear how different places are working across the country.

(VFG Participant 5)

Hearing how other practitioners tackled similar practice challenges supported the trainees to bond and provide each other peer support. The interaction came out on in the focus group:

I think there's lots of differences aren't there? And when we've been talking in MDT kind of groups and there's been people from different professionals, people bring different backgrounds and different specialist skills, but then there's a lot of common areas aren't there, especially in those kind of research threads and the leadership threads. There's lots of similarities and lots of us facing similar challenges and that's been really helpful to kind of identify the differences in the strengths that we bring.

(VFG, Participant 5)

Whilst the participants valued the learning alongside other disciplines, the narrative also acknowledged the challenges of multi-agency/organisation working on behalf of people with learning disabilities and/or autism and how the programme had made the participants think differently:

I think it's positive and negative and equal amounts in the sense that it was born out of the frustration of as a learning disability nurse and within social care, not really having a voice within the acute or the primary sectors in terms of trying to get the best for the individuals that we're supporting ...and it's trying to battle those inequalities and every organization having in their own kind of agenda...Legislation and things that they need to fit towards and it being a real stumbling block to moving things forward. I just really saw that the ACP program was the beginning of actually recognizing the role that we all have in learning disabilities, but also I suppose one of the expectations of advancing practice is that you're able to work through those different professional boundaries, different domains of practice that in order on behalf of your client group, but whilst recognising it, it's going to be a challenge for this particular group of people.

(VFG Participant 6)

3.7 | Programme Design and Delivery

Multiple learning and teaching strategies were employed, underpinning the blended learning approach for the programme. Action learning sets and communities of practice were a key feature of the online delivery adopted within the online delivery method, as was noted by one of the learning disability nursing participants:

You know, I feel like I know them really well, especially our little action learning set group. So that bit was fantastic... I found it was interesting, and teams worked fine, you know, or the online bit worked fine. The days felt a bit protracted; I suppose. So it was that start at 9:30 check in. Is everyone OK? Could everybody get online? OK, stop at 10 for a coffee and breakfast. Well, I eat my breakfast. I know everyone's different. I know there's not going to be one size fits all

(Interview Participant 4)

From the educational delivery perspective, enabling an online community to develop was essential. Enabling touch-in times for the trainees at the beginning and end of the sessions was an embedded pedagogic design. It was considered an appropriate way to build an online community, as noted by the following academic:

And so, as an educator and delivering a programme completely online, which we'd sort of got used during join COVID, and this didn't faze me really. But I was really mindful of forming the cohort, making sure there was community, you know, the trainees felt that community access we've got ... And also, you know, sitting people for seven and eight hours with PowerPoint, you know, is just not a good learning experience. So that's quite a bit of thought went into

it in relation to how we made sure it was interactive and engaging

(VFG Participant 7)

The opportunity to connect with others as part of the online delivery model was really valued, as reflected by the following account from an occupational therapist:

I think it was brilliant. I think it was really good to be able to meet at the end of the day, reflect on that day, have a conversation about where we were up to, I do think. Some days it was helpful to not have that structure and get together and just kind of go through the assignments during in two weeks and what do people think about this bit and that bit and just having that support group that I think otherwise we could have missed on the online course. I think had we been face to face would have been doing those kinds of conversations in break times and lunchtimes, but you don't get that when you do it virtually do you, so it was a really good opportunity for that so.

(Interview Participants 6)

For one trainee however, a physiotherapist, the online delivery did not suit their learning style and they did not feel part of a community:

So, and that was missing, and I would have preferred it, I would have preferred to go into a library and see who is available. Chatted with other trainees, sat there, and studied you know. Yeah, that belonging was missing, yes.

(Interview Participant 9)

The trainees on the programme were drawn from a range of different health professional backgrounds and some were not always able to relate the topics of the taught sessions to their discipline. This was compensated by the opportunity to learn the programme provided as was noted by this speech and language therapist:

Though it was very clinically focused, which was fantastic, and I did like that, I think it's really difficult because you can't please everybody all the time. I think there was some modules that in hindsight were quite difficult to apply to speech and language therapy. I do understand why that is so, but I think just those high expectations around learning those clinical skills... But the bits about other topics, I cannot tell you how much I've learned from that course from the reading, from the teaching and from the talking to the other trainees. It has been fantastic.

(Interview Participant 5)

4 | Discussion

Policy plans in England have an intention to transform the health-care workforce, a key aspect of this being at an advanced level (NHS People Plan, 2020–2021). Workforce data associated with People with Intellectual Disability and Autism is very limited. Moreover, very little is known about the impact of advanced practice for People with Intellectual Disability and Autism in England and internationally. This study indicates that having undertaken the programme, participants observed they had developed more capacity for questioning and looking at problems in different ways, a key feature of a critically enquiring mindset for health professionals (Stockdale et al. 2019).

The World Health Organization asserts that evidence-based practice is every health and care professional's concern and should be enabled by means of education, research, leadership, and access to evidence sources (World Health Organization 2015). This assertion chimed with several of the interview accounts indicating the exposure to evidence-based materials enabled these health professionals to make changes to the services they were employed within, suggesting a potential return on investment from the programmes for policy and decision makers. The participants also indicated they had gained confidence in AP having undertaken the programme and this was reflected in the survey response, with over 90% stating they were optimistic about delivering AP, with 64% highly optimistic. This triangulated with the confidence and evidence-based practice which also featured in the word cloud generated from the virtual focus group (see Figure 2).

Trainees on the programme demonstrated how action learning sets within the programme met the expectation of advanced practice, being able to skilfully operate through different professional boundaries, different domains of practice on behalf of the population group. The capacity to do this is a key feature of learning disability practice (Northway et al. 2017) and resonates with a noted aspect of advanced practice in the learning disability field (HEE 2020). These intentional educational choices by the programme teams in this study optimised the knowledge, skills, and behaviour of the trainees and are core features to be able to deliver a higher level of personalised practice within this field of practice (Doody et al. 2019). More research is required to develop a deeper understanding of the benefits of advanced practice in this field and how the specific practice components can overcome the health inequalities that people with Intellectual Disability and Autism face.

Observations in the generic advanced practice literature show a consensus that titles, regulation, role implementation and impact of AP are not yet established (Wheeler et al. 2022: 1). In England, the four pillars of clinical practice, leadership and management, education, and research helped frame advanced practice in the context of this study (HEE 2017). The narratives in this study show participants were able to apply the pillars, and they influenced them both professionally and academically. The pillars helped operationalise theoretical learning and were applied through the practice documentation by academic tutors and clinical supervisors. Although one participant felt working in a social care organisation limited her scope of advanced practice, the remaining participants identified the pillars as a factor that helped organise and prioritise their work at an advanced level.

Multi-professional learning, enabled by action learning sets and communities of practice, was intentionally employed by the Course Leaders to facilitate co-operative learning in the programme under investigation. This engagement encouraged a mutual learning behaviour and a learning platform to solve problems together. This has been noted as important in other work, where case and scenario-based learning and work-based learning demand constructive, collaborative, and inter-professional learning psychologies to maximise the intent behind this approach to learning (Boak 2022). This also triangulates with the study's survey response *Social/Professional Role and identity*, where over 80% agreed that they have a high level of responsibility to deliver AP.

The increasing involvement of patients, the public and service users in the development of health policy decision making has become increasingly important over recent years (Baumann et al. 2022). From the perspective of People with Intellectual Disability and Autism, as represented by the workforce advisory panel feedback, commentary was mixed. Some accounts recognised that professionals who had completed the programmes would be up to date, knowledgeable and could help overcome a lack of understanding about learning disability and autism amongst other professionals, potentially changing attitudes and service culture. However, some wider frustration was reflected related to the frequency of individual meetings and fear of what may happen if one asks health professionals for help (see Figure 3).

4.1 | Implications for Policy

- More commitment is required from workforce policymakers to conceptualise advanced practice in a broader national workforce framework for People with Intellectual Disability and Autism.
- Investment in more advanced practice programmes for People with Intellectual Disability and Autism is required as training indicates a more confident, enquiry-based practitioner can be produced.

5 | Limitations

This research demonstrates how the pillars associated with the multi-professional capabilities (HEE 2017) in England can help structure both academic programme delivery and advanced practice for both practitioners and educators. New insight is gained into how advanced practice training can benefit the care delivery for People with Intellectual Disability and Autism. A key limitation was the lack of engagement and recruitment challenges from one of the Universities in both the qualitative and quantitative data collection methods. The survey response rate was low at 22.5% (16/71). It was therefore not possible to make any statistical inference. Observations from the survey outcomes are however presented. This meant any discreet comparative analysis between the two university cohorts was not possible and remains a limitation to the study. It should also be stated that the evaluation cannot measure the practitioners' full experience of advanced practice education,

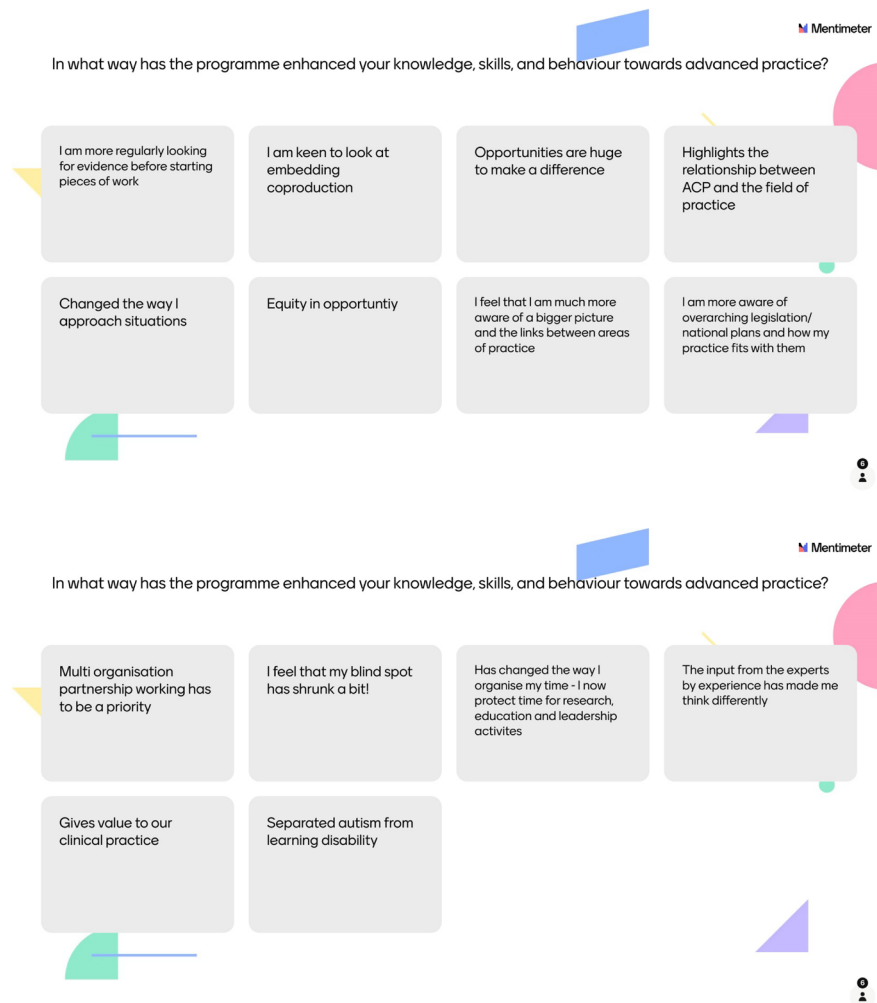


FIGURE 3 | Trainees' perceptions of how the programme has enabled the development of knowledge, skills and behaviour towards advanced practice.

as the purpose was a deliberate focus on a PG Cert (one component part of practitioners' advanced practice development), rather than full MSc advanced practice preparation.

6 | Conclusion

To our knowledge, this paper provides the first study to investigate the difference an educational programme made to the skills, knowledge and capability of advanced practice trainees for People with Intellectual Disability and Autism. Enhanced practice confidence, service changes and inter-professional capability resulted from undertaking the programmes. Future research is required to demonstrate how the pervasive health inequalities faced by People with Intellectual Disabilities and Autism can be overcome through the more outcome driven development of the AP role.

Author Contributions

Dr. Martin Bollard originator, project lead, method and analysis; Dr. Ben Appleby, method and analysis; Sharon Kempson, project support and data collection; Julian Barratt, project oversight and funder; Tim Devanney, project oversight and funder.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.