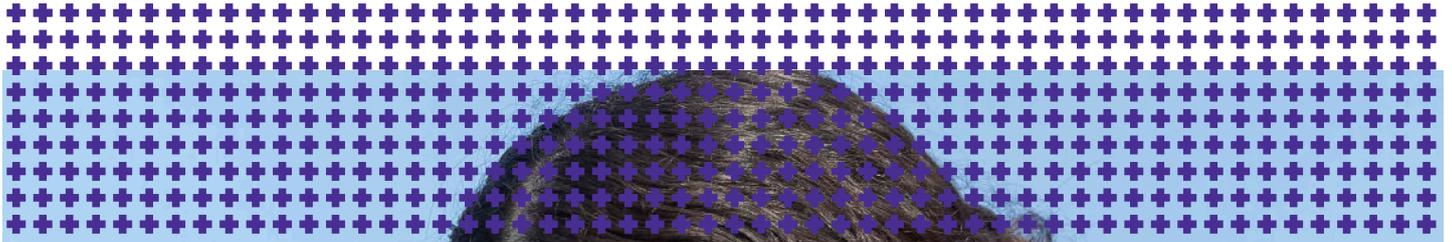


Advanced Practice Digital Badge

Impact Assessment of the Introduction of the Advanced Practice Digital Badge in England



The Queen's Nursing Institute's International Community Nursing Observatory

The QNI launched the International Community Nursing Observatory (ICNO) in November 2019.

The ICNO analyses data and trends in the community nursing workforce data in greater depth, to aid understanding of the challenges faced by services. It will collate and analyse data about community and primary care nursing services at a regional, national and international level.

Professor Alison Leary MBE, Chair of Healthcare and Workforce Modelling at London South Bank University (LSBU) and a Fellow of the QNI is Director of the ICNO.

The idea behind the foundation of the ICNO originated from an independent strategic review conducted in 2018 by executives at Barclays Bank plc, through the 'Unlocking Insights' programme, led and managed by the charity Pilotlight. The 'Pilotlighters' at Barclays highlighted that data relating to the community nursing services workforce is often incomplete and this leads to barriers which prevent the progression of policy development, service enhancement and improvements to the care of individuals, families, carers and communities.

The ICNO seeks commissions designed to support data gathering and analysis that will provide evidence to enhance service planning and delivery in health and social care settings.

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‘The impact on some groups appears considerable, impacting current work and future job opportunities. Those with less experience were more likely to undertake the work of applying for the badge; those with more experience less so, preferring to leave employment or retire.’



Summary of findings

The Advanced Practice Digital Badge has been introduced to the workforce without an impact assessment and presents challenges for the current, functional, advanced practice nursing workforce, particularly in general practice.

The experience of applying for the badge was overall reported as negative. Respondents noted a lack of support, lack of clarity on requirements (particularly the e-portfolio route), delays and process issues.

Those who found it straightforward had completed the advanced clinical practice Master’s very recently at an accredited university, but around half still reported issues around the process.

Those who had not tried to obtain a badge or who had not heard of the badge, thought it was a good idea but were concerned about the work involved and understood they had already shown they were working in advanced practice to the satisfaction of employers.

The impact on some groups appears considerable, impacting current work and future job opportunities. Those with less experience were more likely to undertake the work of applying for the badge; those with more experience less so, preferring to leave employment or retire. This may have serious consequences for workforce function and service delivery.

There is a low level of awareness of the Advanced Practice Digital Badge and its potential impact on employment within the Advanced Practice Nursing community.

There appears to be considerable inequity in the application of the requirement for an Advanced Practice Digital Badge and support for obtaining an accredited advanced practice Master’s degree under the Additional Roles Reimbursement Scheme (ARRS).

The implementation of the requirement for a digital badge without an impact assessment means that the groups reporting disadvantages in this survey (primarily women over 50 and mothers of young children) experience unfairness and thus this embeds discriminatory practices.

Introduction

In December 2022 the England Centre for Advancing Practice launched an advanced practice digital badge (NHS England (NHSE) 2022). This digital badge was to allow practitioners to evidence completion of an advanced practice programme which met the standards of the multi-professional framework for advanced practice set by the Centre. In 2024, the Queen’s Nursing Institute (QNI), the world’s oldest nursing charity, was approached by approximately twenty nurses working in advanced practice roles in the community who were facing issues either with obtaining the badge or suffering employment issues for not having the badge.

One of the key issues appeared to be funding of some posts. The Additional Roles Reimbursement Scheme (ARRS) was introduced in 2019 into general practice by NHSE. The scheme funds the salaries and in some cases the training costs, of 17 types of workers to expand the primary care workforce. These workers could be ‘chosen to meet the needs of local populations’ (Health

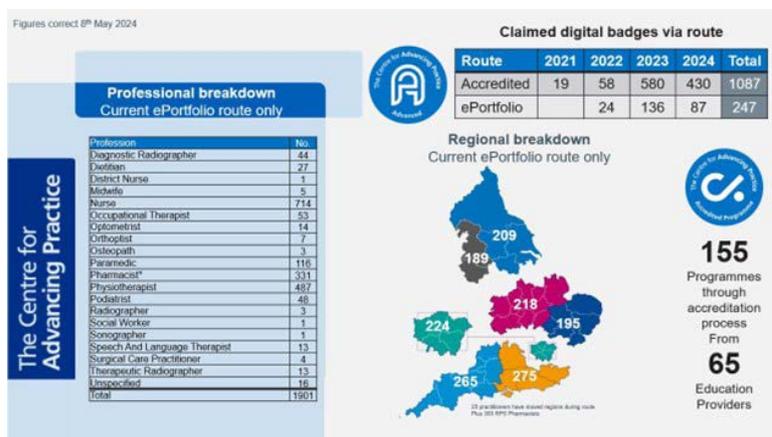
Education England (HEE) 2019). One of these roles, the advanced nurse practitioner, requires a digital badge for funding under ARRS but receives no funding whilst in training. Other roles such as first contact practitioner (FCP), appear to have a different arrangement, with advanced practice courses funded. The ARRS now provides funding for the salaries of FCP staff training for advanced practitioner roles, including the time they spend out of practice attending an MSc advanced practice programme (NHS England 2024). The national funding approach appears inconsistent.

Change in the workplace affects the workforce. Major changes should be assessed for potential impact on the workforce. Such changes should not disadvantage the workforce in terms of investment, labour and equality (World Health Organization (WHO) 2016). Workforce impact assessments (WIAs) or people impact assessments (PIAs) can clarify the potential or actual impact of major changes on the workforce and act as a meaningful form of workforce engagement (UK Civil Service UKCS (2014). People Impact Assessment: a guide. London, HM Government). If done prospectively, they are multidimensional and focus on engagement, however they are either rarely used in healthcare or used partially or inconsistently (Nove et al 2017).

An extensive search and direct request to NHSE/Workforce Training and Education executive (WTE) has revealed that no workforce or people impact assessment has been done. To understand the issues further, the QNI has undertaken a survey of the population impacted by or potentially impacted by the introduction of the digital badge.

The Centre for Advancing Practice responded to a request for data on the current (May 2024) status with the following infographic:

Figure 1. Request for data



A request for a number of datasets was made to the Centre for Advancing Practice but only this infographic was available. From this representation it is not possible to see how many nurses have successfully claimed digital badges and no data was supplied on attrition, but 715 (including one District Nurse) appear to be currently on the ePortfolio route. Given the potential size of the advanced practice nursing workforce, this seems low if it is to become a mandated requirement; for example, according to NHS Digital, there are over 5,000 ANPs in Primary Care alone (July 2024).

Method

A short market-based survey was designed to elicit opinions and experience of the advanced practice digital badge. The survey collected no personal information apart from some basic demographics, was opportunistic and was shared through mailing lists and social media. The survey was completed by 615 respondents. The intention was to collect the views of around fifty people over a month, including open questions/freetext. As the survey collected over 600 responses in only ten days, it was thus closed early.

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Data (quantitative) was analysed using descriptive statistics; however the free text data was overwhelming. Over three hundred pages of free text were generated. The intention was to use thematic analysis but the volume of data, market research/sensemaking design and the need for contemporaneous results required the utilisation of Bard (generative AI). A visual check of free text data was performed for fidelity. Although the request to complete the survey was aimed at nurses, some HCPC professionals have also offered views. As this is a sensemaking piece, these views were used in analysis.

The impact analysis was submitted to the NHS Health Research Authority (HRA) algorithm and determined to be evaluation. All opinions gathered from the workforce by The QNI are done so in line with the Market Research Society (MRS) code of conduct.

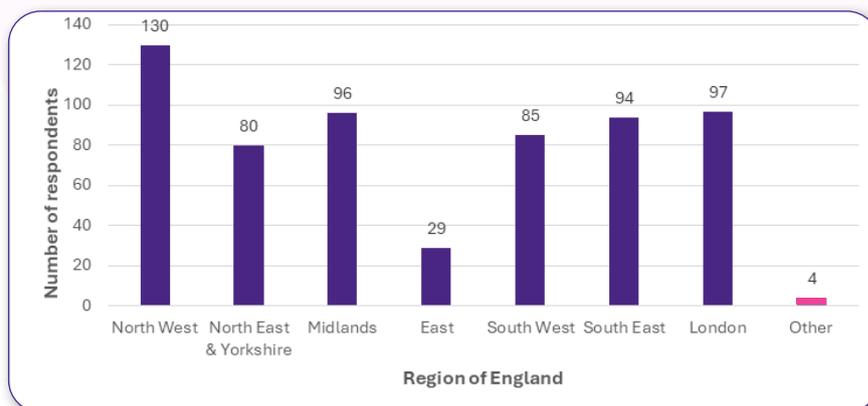
Findings

There was a good spread of responses from regions across England:

Q1. Please tell us where you work?

The most common region where respondents worked was the North West (130/615, 21.1%). The least common region where respondents worked was the East (29/615, 4.7%) as shown in Figure 1:

Figure 1: Where respondents worked (n=615).



The four ‘Other’ answers were Channel Islands (1), Northern Ireland (2) and Scotland (1). These responses were not deleted as they may have been working in England previously or be planning to work in England. One respondent based in Scotland, worked in England.



hello my name is
Sarah
Community Team Lead

Community Team Lead

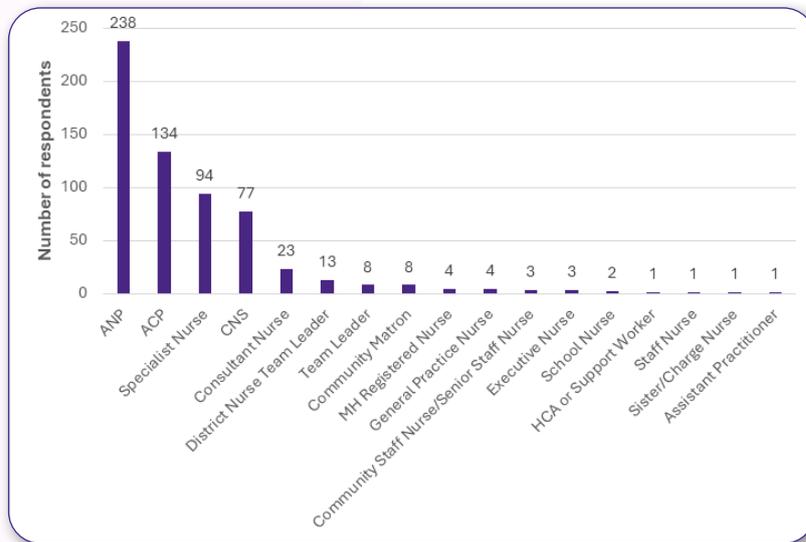
‘Change in the workplace affects the workforce. Major changes should be assessed for potential impact on the workforce.’



Q2. What is your role?

Respondents’ (n=615) roles are shown in Figure 2. Respondents were asked to select the closest role to their role if their job title was not given as an option.

Figure 2: Respondents’ Role (n=615).

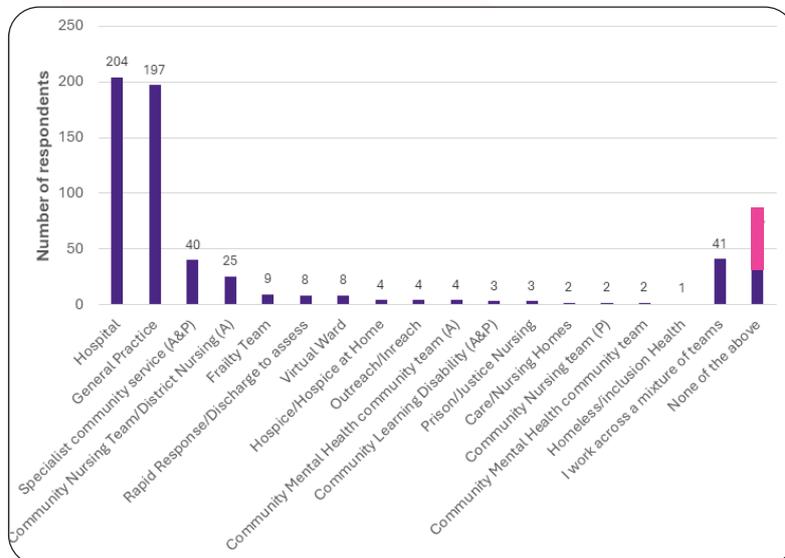


The most common roles were Advanced Nurse Practitioner (ANP) (238/615, 38.7%), Advanced Clinical Practitioner (ACP) (134/615, 21.8%), Specialist Nurse (94/615, 15.3%) and Clinical Nurse Specialist (CNS) (77/615, 12.5%).

Q3. What kind of organisation/team do you work in most of the time?

The type of organisation respondents worked most of the time in is shown in Figure 3.

Figure 3: What Kind of organisation respondents work in most of the time (n=614). Key: A (Adults), P (Paediatric).

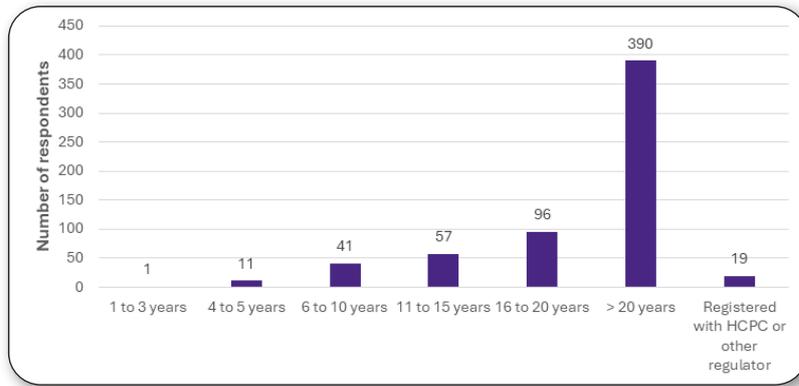


Hospital was the most common (204/614, 33.2%) followed by General Practice (197/614, 32.1%) and Community Services (40/614, 6.5%). 41 (6.7%) respondents worked across a mixture of teams, while 57 (9.3%) opted for ‘None of the above’.

Q4. How long have you been on the NMC Register?

This was an experienced workforce.

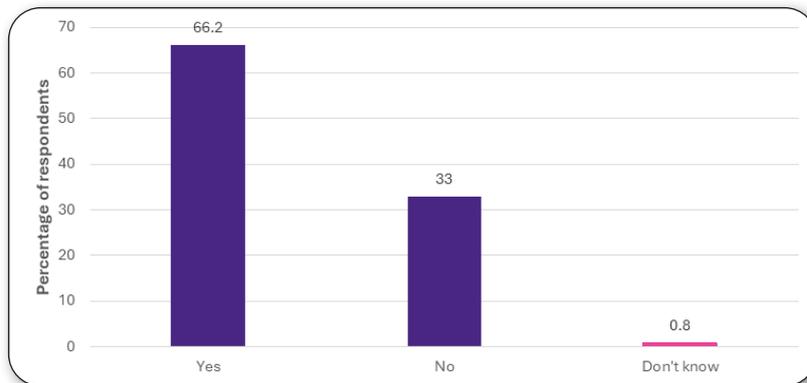
Figure 4: Respondents' length of time on the NMC register (n=615). Those registered with the Health and Care Professions Council (HCPC) also offered comment and these were also analysed as part of the sense making.



Over half respondents (390/615, 63.4%) had been on the NMC Register for 20 years or more. 15.6% (96/615) had been on the register for 16 to 20 years and 9.3% (57/615) for 11 to 15 years (Figure 4).

Q5. Are you aware of the HEE Advanced Practice Digital Badge?

Figure 5: Respondents awareness of the HEE Advanced Practice Digital Badge (n=613).



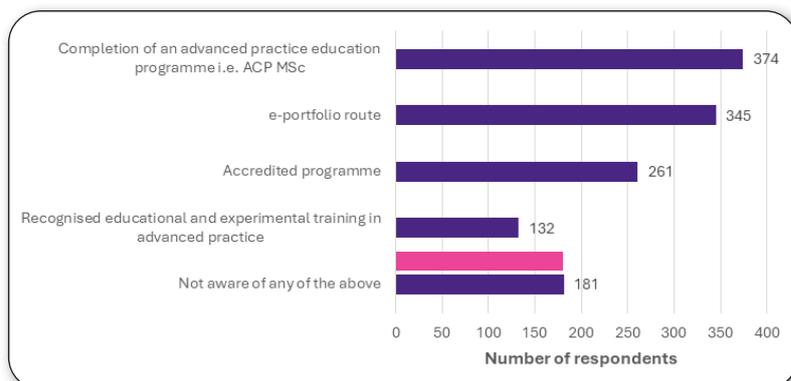
66.2% (406/613) of respondents were aware of the HEE Advanced Practice Digital Badge, 33% (202/613) were not aware of it and 0.8% (5/613) responded 'Don't Know' (Figure 5).

Awareness of the Advanced Practice Digital Badge

Q6. Are you aware of the different routes to obtaining the Advanced Practice Digital Badge?

Respondents could select more than one option for this question.

Figure 6: Respondents awareness of the different routes to obtaining the Advanced Practice Digital Badge (n=615, respondents could select more than one option).



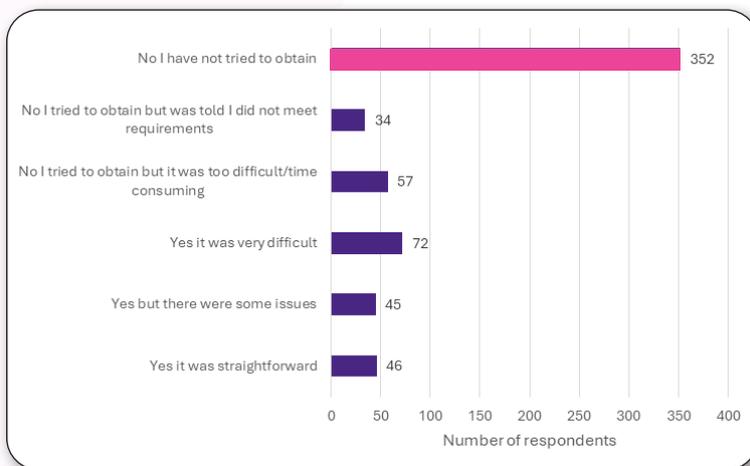
Completion of an Advanced Practice education programme had the highest awareness (374/615, 60.8%) followed by e-portfolio (345/615, 56.1%), an Accredited Programme (261/615, 42.4%) and recognised educational and experiential training in advanced practice (132/615, 21.5%). 29.4% (181/615) respondents were not aware of any of the above (Figure 6).

‘Of the 254 that had tried to obtain a badge, only 46 (18%) found it straightforward. 26 of these people held the job title ACP.’



Q7. Have you obtained or tried to obtain an Advanced Practice Digital Badge from the Centre for Advancing Practice?

Figure 7: Have you obtained or tried to obtain an Advanced Practice Digital Badge from the Centre for Advancing Practice? (=606).



352 (58.1%) respondents reported not trying to obtain an Advanced Practice Digital Badge. In total 91 respondents (15%) had tried to obtain one but not been able to, while 163 (26.9%) had been able to obtain an Advanced Practice Digital Badge (Figure 7).

Of the 254 that had tried to obtain a badge, only 46 (18%) found it straightforward. 26 of these people held the job title ACP.

Q8. Can you tell us about your experience of obtaining/trying to obtain or deciding not to obtain the digital badge?

Free Text analysis of 425 responses was overall negative in terms of experience:

- Respondents described the process of obtaining the digital badge as lengthy, bureaucratic, and requiring excessive paperwork.
- Confusion around eligibility, requirements, and procedures was prevalent, with many feeling unsupported throughout the process.
- Some respondents felt the process was unfair, particularly for those with extensive experience but lacking specific qualifications, qualifications that were equivalent but did not meet the time requirement (i.e. ACP Master’s granted prior to 2019) or other academic achievements.
- The cost of obtaining the badge, including fees and lost income due to time spent on the process, was a concern for some.
- Several respondents questioned the actual value of the digital badge, arguing that it does not accurately reflect clinical competence or experience.
- There was a perception that the badge overemphasises academic qualifications and underestimates clinical experience.



‘Several respondents questioned the actual value of the digital badge, arguing that it does not accurately reflect clinical competence or experience.’



There were some positive experiences reported:

- A small number of respondents reported a relatively straightforward process for obtaining the badge, particularly those with accredited MSc degrees.
- Some respondents felt that obtaining the badge provided a sense of accomplishment and validation of their skills.
- There was also an acknowledgement of it being a new process.

Some typical comments were around issues such as recognition of recent achievements, process, lack of consistency:

‘Although my MSc is in Advanced practice my HEI has only applied for the course be accredited from the year I qualified. They are not planning to make this historical and therefore I will need to go down the e-portfolio route. It is by application and you aren’t guaranteed a place. One of my colleagues has recently had a very poor experience of this and it is very off-putting.’

‘As my MSc was completed a number of years ago. the university did not have the correct registration for me to apply retrospectively. Not in a position (or want to) repeat work to obtain’

‘Completed a university module to support the development of a portfolio to obtain the digital badge and all the work was sent to another university for marking. After a long wait of almost 1 year, informed that the university was not accredited so offered to be sent to a third university but additional academic work would likely be needed. At this time we were just planning the delivery of [service] & no time or motivation to do another academic module when we had done so much work already.’

‘Eol submitted 2023 and still waiting for a cohort to open. Not convinced I want to do it but feel I have to. Already have MSc AP but not accredited. I’m a Lead ACP at NHS trust and I don’t agree with the digital badge.’

A common comment reflected the issues around clarity, waiting, capacity and requirements such as:

‘Applied for e-portfolio route last year to start in Sept but this has been delayed due to issues at HEE. Still waiting for confirmation if this will start later this year.’

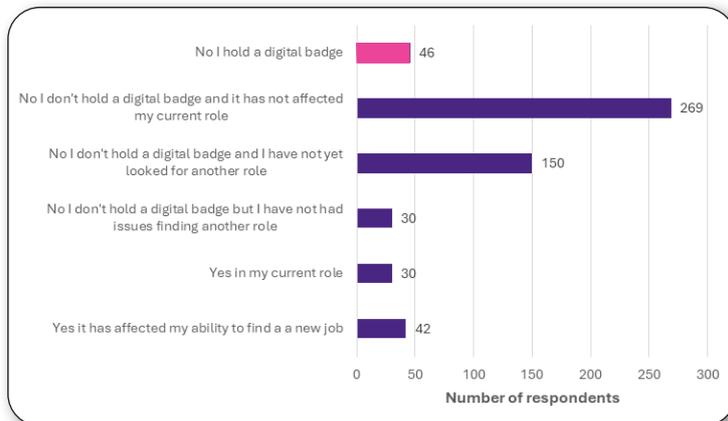
‘Applied for e-portfolio, still awaiting the details. Not clear on what is classed as evidence. No clarity on where to start.’

‘Applied over 8 months ago and not heard anything from them regarding start date. Also already gone through ALNP with RCN so feels another thing to do!’

‘Web site poor, now a waiting list. Disgraceful not recognising pre 2007 Master’s in advanced clinical practice discriminates against lot of very experienced ANPs. It is not mandatory NMC still consulting affecting lots of ANPs getting work.’

Q9. If you do not hold a digital badge, has the lack of an advanced practice digital badge impacted on your employment?

Figure 8: Has the lack of an Advanced Practice Digital Badge impacted on respondents' employment? (n=567).



Free Text analysis showed a trend towards digital badges becoming a mandatory requirement or employers prioritising candidates who possess it:

- The absence of a digital badge can significantly hinder career progression, preventing individuals from accessing higher-level bands, positions, or promotions. It was felt to be discriminatory to nurses.
- Some professionals with extensive experience and qualifications feel undervalued due to the emphasis on digital badges, raising concerns about equity and fairness in the profession.
- Obtaining a digital badge can be a complex and time-consuming process, often involving additional study and portfolio development, which can be burdensome for already busy healthcare professionals.
- There is a lack of clarity around the exact benefits and value of the digital badge, leading to confusion and frustration.

'GP work requests the digital badge, and more places are now requesting this i.e. OOH.'

'Had to commit to doing MSc ACP before starting new role.'

'Have been asked to do locum but then cancelled when haven't had digital badge as hours were only funded for digital badge holders.'

'However, PCN job I was going to apply for stated I had to have a digital badge to apply.'

'I have been out of work for 6 months after leaving my last after 3 weeks because I felt it was professionally untenable.'

'I hold a digital badge now, but my role was threatened when I did not have one.'

'I know it will impact. I am struggling to find a suitable route as a person in my 50s with 20 years ED plus 2 in primary care.'

'Some people also feel that the process of obtaining a digital badge is stressful, time-consuming and discriminatory in terms of profession and age.'



Q10. Can you tell us about the impact having or not having the digital badge has had on you personally?

Free Text analysis of 372 responses showed some common themes. The dominant narrative was that many people feel their experience and qualifications are not being recognised, and that the digital badge is a barrier to career progression.

The survey response indicated 72 nurses had been put at a disadvantage, either in their own job or in seeking another job due to not having the digital badge. Some people also feel that the process of obtaining a digital badge is stressful, time-consuming and discriminatory in terms of profession and age. There are also some positive responses. Some respondents felt that the digital badge has helped them to validate their skills and knowledge, and that it has opened up new career opportunities. Some who have a digital badge believe it will be easier to get jobs and promotions.

'Demonstrates that I'm working at an advanced practice level and I have the commitment to work to show that.'

It looks like there are both benefits and drawbacks to the digital badge, and that the experience of obtaining one can vary greatly depending on individual circumstances and employer/university/HEE support. ARRS colleagues who were not nurses were positive about the digital badge, saying they were being supported through an MSc and there was no mandatory requirement for them to hold the badge as a condition of employment in the same way there was for nurses:

'Certain GP surgeries are asking for digital badges from advanced nurses; I'm a paramedic so they don't seem to be asking about our group just yet.'

Respondents who do not have a digital badge feel disadvantaged and excluded from certain job opportunities. They may also feel like their qualifications and experience are not being recognised.

'Can't find a clinical role in primary care. Offered less pay for same job. Told I'll need more supervision as no badge.'

'Caused a great deal of stress.'

'Caused a lot of stress as there seems to be a new requirement with no means of taking this as no places on portfolio route.'

'Also I feel this is discriminatory due to my age and feel professionally undermined as my role within the Team is to support all the tACPs (Band 7s) to complete their training across the 4 Pillars of AP. An OT within the Team has just obtained their Digital Badge but has only had 3 years of Clinical Practice and is not allowed to prescribe any medication... how does this equate and how is this fair?'

'Having been on the periphery of the development of advanced nursing/clinical practice in England working in clinical then advanced practice educational roles for the past 30+ years, I have experienced a sense of moral and ethical trauma relating to the digital badge. I appreciate



'I feel this is discriminatory due to my age and feel professionally undermined. An OT within the Team has just obtained their Digital Badge but has only had 3 years of Clinical Practice and is not allowed to prescribe any medication... how does this equate and how is this fair?'



the quality marker of the educational/experiential preparation that a badge-holder will own but I personally know the professional distress that the manner of its introduction has caused to well-educated, highly capable nurses who have been working at an advanced level for the past 2 decades. Many of those who have been the pioneers of advanced practice in England voice confusion and the sense of being excluded because they cannot possibly have completed an NHSE-accredited MSc. And though they can follow the e-Portfolio (Supported) route, that process is there to enable clinicians to gain the digital badge 'at threshold level' of capability.'

Some people are unsure about the impact of the digital badge, but they are concerned about the future and the possibility of being disadvantaged if they don't have one.

'Cautious about moving roles in the future.'

As part of the impact assessment, in Question 11 we asked participants to speculate on a future scenario.

Q11. If the Digital Badge were compulsory for employment at advanced practice level (i.e. DN, ANP, ACP, CNS etc.) or part of the NMC regulation of advanced practice, what effect would that have on you/your career?

Free Text analysis was dominantly negative for sentiment.

Potential positive impacts:

- Clearer definition of advanced practice competencies.
- Increased trust in the qualifications and abilities of advanced practitioners.
- Potential for clearer pathways to advancement within the profession.

Potential negative impacts:

- Additional time and resources spent on obtaining and managing badges.
- Potential costs associated with obtaining the badge.
- Emotive language and responses, devastating, detrimental, unnecessary
- Described as an exit trigger with 77 respondents suggest retiring, leaving their current role, some suggestions of demotion or moving backwards.
- 36 respondents say none or hope to see none.
- 7 just said 'yes, 6 said 'unsure'.
- There is a pragmatic undercurrent with several respondents simply accepting they would get one (or must get one) but these tended to be less experienced workers. Experienced workers felt less tolerance and were more likely to indicate that leaving/retirement would be a preferred option, due to the lack of feeling valued or loss of a work life balance.

'After six years of university degree study I'd be pretty hacked off to be honest. They don't make doctors go through all this do they? I guess I'd have to do more studying in my own time and at my own expense. I'll only be happy to do it if 1) the NMC regulate the title and its attached to your PIN, and 2) if that was the end of it. No more adding on extra loopholes and additional requirements. I've done my study, earned my qualification.'

'After this nightmare experience I think I would look for a completely different role. I think it is a great the NMC are looking to standardise and regulate ACPs, but a sensible approach is needed taking into consideration previous pre 2017 academic achievements and experiences.'

'At 59 years of age having done a [role] for 20 years (11 of which are as an Independent Non-Medical Prescriber), I would be insulted to be told I had to obtain yet another piece of paper which will not change my practice.'

'As a mother of two young children, I would need the time in work to complete courses to get me to Master's (if that is what is now being asked to be in [role]) (my current work load would not allow for this) and I would need this to be paid for as I can't afford to do this. Reading this now, I feel this makes me feel stuck in my current role and I would not be able to move on to other jobs at Band 7 as the digital badge may be compulsory for other roles at the same level I'm at now.'

'I am a single parent and did my qualifications so that I could keep a roof over our heads. It would be very stressful if this happened and I wasn't able to earn the income I currently do.'

'I would be unable to continue in my current role unless time was given to gain the digital badge.'

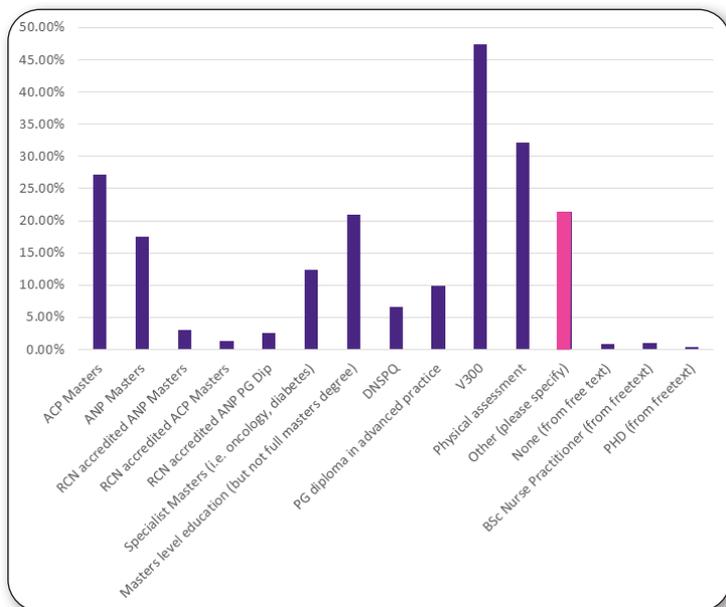
'I would have to do extra work to validate my qualification I think. I'm due to retire in the next 3-10 years so it may mean I give up this role earlier than intended.'

'I would have to do it to remain in my current speciality or if too difficult to obtain because of all the barriers would consider leaving.'

We asked what qualifications those responding already had in Question 12.

Q12. What advanced practice qualifications do you currently hold? Respondents could choose more than one option.

Figure 9: Respondents' advanced practice qualifications (respondents could choose more than one option).

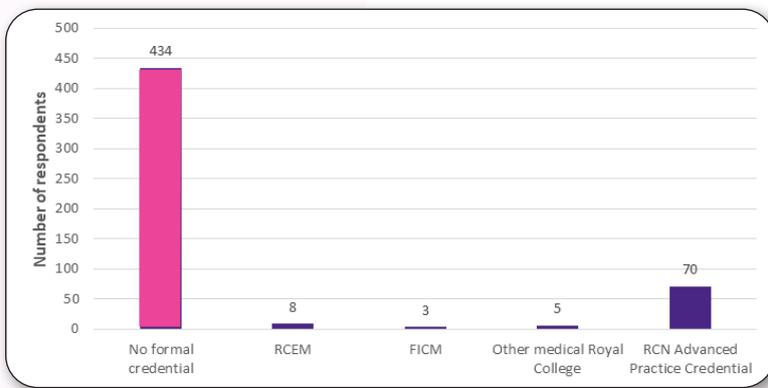


‘At 59 years of age having done a [role] for 20 years (11 of which are as an Independent Non-Medical Prescriber), I would be insulted to be told I had to obtain yet another piece of paper which will not change my practice.’



Q13. Do you already hold advanced practice credentials?

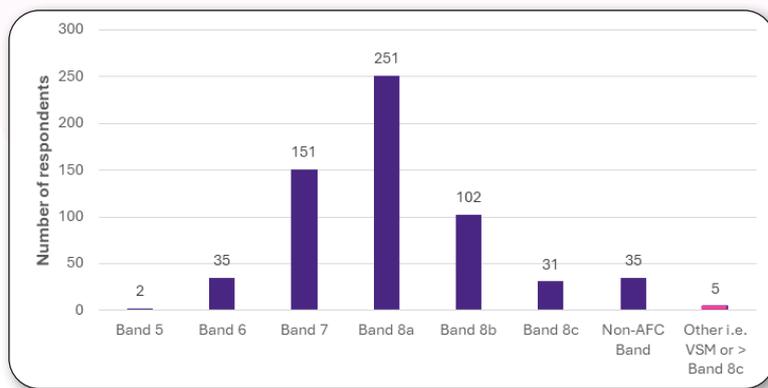
Figure 10: Do respondents already hold advanced practice credentials? (n=520).



83.5% (434/520) of respondents did not hold formal advanced practice credentials. 13.5% (70/520) held the RCN Advanced Practice Credential (Figure 10).

Q14. What pay band are you currently on (or equivalent salary)?

Figure 11: Respondents’ pay band (n=612).



The most common pay band for respondents was 8a (251/612, 45%) followed by Band 7 (151/612, 24.7%) and Band 8b (102/612, 16.7%) as shown in Figure 11.

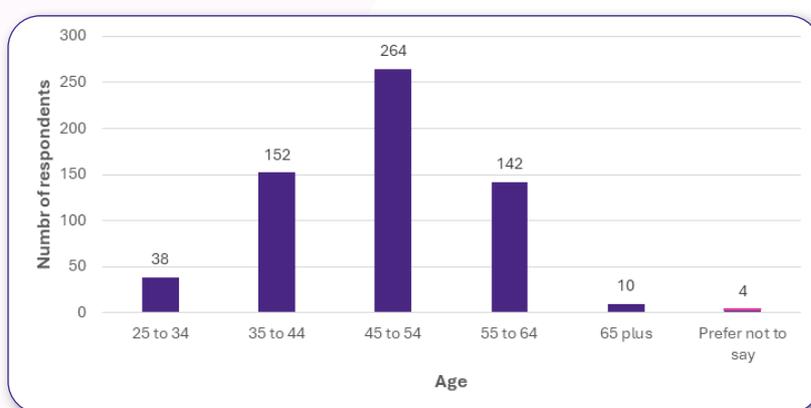


‘The concerns raised by this report indicate that a review of the requirements for the Digital Badge is urgently needed, in particular within the ARRS in primary care.’



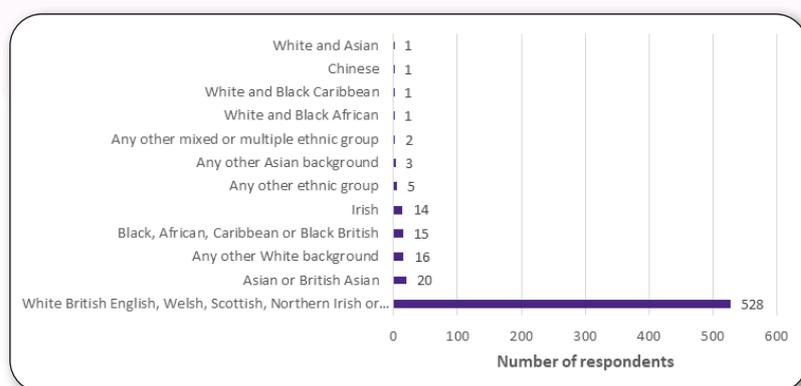
Q15 What age are you?

Figure 12: Respondents age (n=610)



Q16. How would you describe your ethnicity?

Figure 13: Respondents' ethnicity (n=607).



Conclusion

The implementation of the Advanced Practice Digital Badge appears to have a high impact (actual and potential) on the current experienced nursing workforce.

The concerns raised by this report indicate that a review of the requirements for the Digital Badge is urgently needed, in particular within the ARRS in primary care. More clarity is needed on the data held by the Centre for Advancing Practice about nurses who have been awarded the digital badge, their profile and specialist field of practice – none of which was available to the research team.

In General Practice, the inequity in the implementation of the requirement for the digital badge before employment under ARRS between AHPs and Registered Nurses is unsustainable and discriminatory. The rules of the ARRS significantly disadvantage nurses who have many years of experience successfully working in an advanced practice role.

A review of the Digital Badge requirements, funding, process and current impact on the nursing workforce is needed. Such a review should take into consideration the findings of this analysis. This will help to navigate a way forward to support the retention of nurses and prevent early retirement and unwelcome movement in the nursing workforce which will create instability, particularly in General Practice.

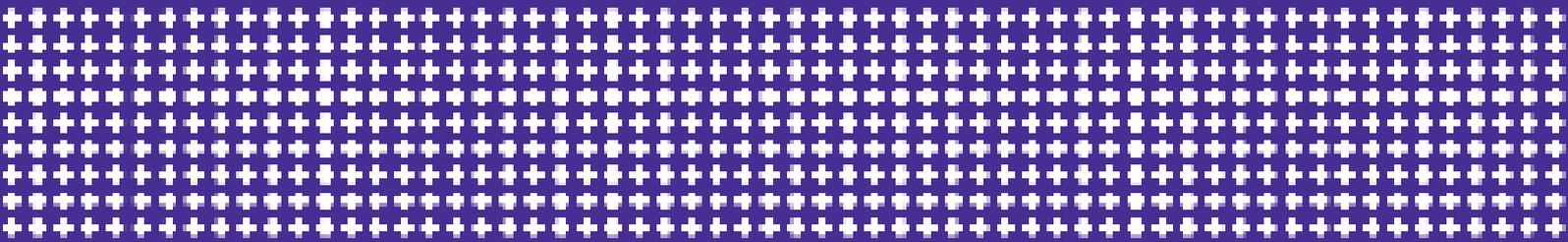
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