

Advanced practice governance webinar FAQs

July 2026

1. What are the key documents to review for professionals looking to establish organisational advanced practice governance arrangements?

- [NHS England: Multi-professional Framework for Advanced Practice in England](#)
- [NHS England: Consultant-level Practice Capability and Impact Framework](#)
- [NHS England: Minimum Standards of Governance for the Multi-professional Advanced and Consultant Level Practice Workforce](#)
- [The Centre for Advancing Practice Governance Maturity Matrix](#)
- [NHS England: Workplace Supervision for Advanced Practice](#)
- [Centre for Advancing Practice website](#)

Additional resources on advanced practice are listed at the end of these FAQs.

2. I have had advanced practice included within my professional portfolio, where is the best place to start when reviewing and implementing organisational governance?

- Review the documents outlined in Question 1.
- Establish a multi-professional advanced practice oversight group, ensuring attendance and support from multi-professional clinical leads, for example, the chief nurse, allied health professions lead, chief pharmacist and medical director.
- Complete the NHS Governance Maturity Matrix. This will enable the organisation to understand its current position and develop an action plan that can be discussed and approved at board level within an acute or community trust or primary care network.
- Develop and secure approval for the organisational advanced practice governance framework. Once agreed, workstreams can be developed in line with the eight domains outlined in the Governance Maturity Matrix and the Minimum Standards of Governance document.
- Understand the current and trainee advanced practice workforce by mapping job titles, job descriptions, scopes of practice, underpinning education and training, competencies and capabilities.
- Ensure advanced practice is included in organisational workforce and education planning processes.
- Contact the regional lead responsible for advanced practice, who will be able to direct you to any integrated care board or regional advanced practice forums or networks.

Links to further resources are available at the end of these FAQs.

3. Is there a nationally agreed definition of advanced practice?

Advanced practice is nationally defined in England through the [NHS England Multi-professional Framework for Advanced Practice](#) in England 2025, which describes advanced practice across the four pillars of clinical practice, leadership and management, education, and research. The definition is intended to apply across professions and settings so that advanced practice is understood as a level of practice. All UK nations have advanced practice frameworks with aligned definitions.

4. How can employers be assured that advanced practitioners are clinically competent, including those who have undertaken portfolio routes that may not require substantiated clinical training?

Before trainees start an MSc Advanced Practice programme, the job description, planned scope of practice and underpinning competencies and capabilities should be clearly defined. The clinical competencies are components of workplace-based learning and should be assessed and signed off by their supervisor; these records should be held in line with organisational policy.

Scope of practice and clinical competencies should be reviewed at the annual appraisal and updated to show continued maintenance of skills and safe clinical practice. Further guidance is available in the [NHS England Minimum Standards of Governance for the Multi-professional Advanced and Consultant Level Practice Workforce](#).

The NHS England ePortfolio (supported) route enables experienced advanced practitioners to gain recognition of equivalence in education and training. Clinical competencies are submitted as part of the peer-reviewed evidence and would have been signed off by their clinical supervisor in practice.

5. How can organisations ensure that advanced practitioners fulfil all four pillars of practice, including meaningful engagement in research?

Organisations can ensure that advanced practitioners fulfil all four pillars by embedding non-clinical time within job plans, requiring accountability across all four pillars in job descriptions and aligning roles with multi-professional frameworks. Objectives should be set across all four pillars during annual appraisals. It is recommended that 20 per cent of working time is allocated to non-clinical activity, although the proportion of time dedicated to each pillar will vary according to the nature and agreed scope of the role.

6. Is there guidance on job titles for advanced practitioners to aid clarity for patients and the wider workforce?

Role titles are the responsibility of organisations and are linked to HR requirements. To support consistency, guidance on job titles is provided in the [NHS England Minimum Standards of Governance for the Multi-professional Advanced and Consultant Level Practice](#)

Workforce. Organisations should ensure that advanced and consultant practitioners are clearly identifiable to the multidisciplinary team and patients. It is therefore recommended that job role titles normally identify the practitioner's level of practice as either advanced or consultant, their registered profession and, optionally, their specialty of practice.

Examples of advanced practice job role titles in this format are 'Advanced Nurse Practitioner (Acute Medicine)' and 'Advanced Paramedic (Urgent Care)'. Examples of consultant practice job role titles are 'Consultant Physiotherapist (Frailty)' and 'Consultant Pharmacist (Oncology)'. Existing roles currently titled 'advanced' or 'consultant', with no identification of profession or optional inclusion of specialty, should be reviewed; however, the decision on whether to align existing role titles with these recommendations rests with individual employers.

ESR guidance is also aligned: [A guide to ESR coding for Advanced Practitioner roles](#). This guidance is intended to clarify the correct coding of advanced and trainee advanced practitioner roles within ESR, ensuring workforce data are accurate and enabling effective short and long-term workforce planning.

Regulatory standards are also clear that, to avoid misleading patients, practitioners must state exactly who they are and what they are qualified to do. See [the NMC Code](#) and the [HCPC Standards of conduct, performance and ethics](#).

Advanced practitioner-specific uniforms have also been introduced as part of the [NHS Healthcare Uniforms](#) to support national standardisation and recognition of roles.

7. Should advanced practitioners be on medical rotas?

A medical rota is a rota for medical staff.

A clinical rota is a medically, consultant-led, carefully constructed and well-governed rota that recognises and includes the skill sets of the multi-professional workforce needed to meet the complex needs of the service and the population it serves. The rota should provide a balanced mix of resident doctors, advanced practitioners and other healthcare professionals. It should support a consistent skill mix, enable release for training, support 24-hour patient flow and provide continuity of clinical teams.

Organisations are therefore responsible for ensuring that any healthcare professional deployed on a consultant-led clinical rota has the competencies, capabilities and supervision required for the role undertaken.

8. Are advanced practitioners being used as substitutes for doctors?

Advanced practitioners should not be described or used as substitutes for doctors, and no equivalence with any grade of doctor should be implied. NHS England's position is that advanced practitioners are experienced, regulated healthcare professionals who work at an advanced level within their own professional background and agreed scope of practice.

Their role is to contribute to multidisciplinary care, not to replace medical training, medical accountability or the role of doctors.

9. Who is responsible for the deployment of advanced practitioners?

Employing organisations are responsible for deciding how advanced practitioners are deployed within their services. This includes defining the role, agreeing the scope of practice, confirming the practitioner's competence, ensuring appropriate supervision and escalation arrangements, and maintaining governance oversight. These arrangements should be developed and agreed by multi-professional clinical leads, rather than in isolation.

NHS England provides national standards, guidance and frameworks to support the safe and consistent development and deployment of the advanced practice workforce. These are set out in the NHS England Minimum Standards of Governance for the Multi-professional Advanced and Consultant Level Practice Workforce.

10. How can patients know who is providing their care?

Patients should be able to understand who is providing their care, what the practitioner's role is, and what the practitioner is qualified to do. Regulatory standards are clear that, to prevent misleading patients, practitioners must declare exactly who they are and what they are qualified to do. See [the NMC Code](#) and the [HCPC Standards of conduct, performance and ethics](#).

Role titles are the responsibility of organisations and are linked to HR requirements. Name badges should be clear and make roles easy to identify. To support consistency, guidance on job titles is provided in the [NHS England Minimum Standards of Governance for the Multi-professional Advanced and Consultant Level Practice Workforce](#).

Organisations should ensure that advanced and consultant practitioners are clearly identifiable to the multidisciplinary team and patients. It is recommended that job role titles normally identify a practitioner's level of practice as either advanced or consultant, their registered profession and, optionally, their specialty of practice.

Examples include 'Advanced Nurse Practitioner (Acute Medicine)', 'Advanced Paramedic (Urgent Care)', 'Consultant Physiotherapist (Frailty)' and 'Consultant Pharmacist (Oncology)'. Existing roles currently titled 'advanced' or 'consultant', with no identification of profession or optional inclusion of specialty, should be reviewed; however, the decision on whether to align existing role titles with these recommendations rests with individual employers.

Advanced practitioner-specific uniforms have also been introduced as part of the [NHS National Healthcare Uniform](#) to support national standardisation and recognition of roles.

11. Are advanced practitioners regulated?

All advanced practitioners are regulated healthcare professionals. Each regulator sets standards that all professionals, including those practising at advanced and consultant levels, are required to meet.

The Nursing and Midwifery Council plans to introduce additional regulation for advanced nurses and midwives. All other regulators currently consider that, given the scope and nature of their professions, existing arrangements for registrants are sufficient and proportionate to regulate advanced practice without additional regulation.

Employers will need to ensure that the practitioners they employ, including those engaged through locum contracts, meet the requirements of their professional regulators, which may change over time. Locum advanced practitioners must also be covered by organisational governance frameworks and have agreed scopes of practice developed and approved by multi-professional clinical leads.

12. When might ‘Advanced Practitioner’ become a protected title?

There are no plans to make ‘Advanced Practitioner’ a protected title.

13. How is advanced practitioner autonomy managed safely?

Autonomy for healthcare professionals means having the professional authority and competence to make independent clinical decisions, act on those decisions and take responsibility for the outcomes. In practice, it does not mean ‘working alone’ or having unlimited freedom; it means practising independently within a clearly defined scope of competence, professional standards, legal duties and organisational governance.

In day-to-day care, autonomy includes assessing patients, using clinical judgement, making evidence-informed decisions, planning or delivering treatment, and deciding when to refer, escalate or seek advice. It also means being accountable to the relevant regulator, such as the NMC or HCPC.

Advanced practitioners are senior, experienced healthcare professionals before commencing postgraduate MSc Advanced Practice training. They can make independent clinical decisions within an agreed scope of practice, based on their competence, professional registration, legal responsibilities and local organisational governance. Safe autonomy depends on clear role design, a documented scope of practice, access to supervision, agreed escalation routes and regular review of capability and performance.

14. Who determines an advanced practitioner’s scope of practice?

An advanced practitioner’s scope of practice is determined through a combination of professional and organisational responsibilities. Regulators and professional bodies define professional scope, while employers are responsible for determining and approving advanced

practice roles and scopes of practice within their organisations. Ensuring a practitioner's scope of practice is underpinned by relevant education and training and workplace-based sign-off required competencies and capabilities.

15. What's the current position with the digital badge? Is this still a marker organisations should be striving for all staff to have?

The digital badge is a quality assurance marker designed to underpin public spending on education and training and to assure employers that training meets national minimum standards aligned with the Multi-professional Framework for Advanced Practice and standards for education and training. It was developed to help organisations demonstrate appropriate governance and should be made available to the Care Quality Commission as evidence of nationally standardised and accepted training.

16. How can organisations clearly define role responsibilities, legal liability, and expected standards of conduct when job descriptions and person specifications are generic?

Job descriptions should match the roles practitioners undertake. Although a generic job description can be used to support delivery across the four pillars and ensure appropriate job matching, specialty-specific knowledge and skills must also be outlined. The job description should underpin the agreed scope of practice, competencies and capabilities. These should be developed and reviewed annually as part of the practitioner's appraisal, with organisations maintaining accessible records in line with trust policy to support practitioner and organisational accountability.

17. What supervision arrangements are expected for advanced practitioners?

High-quality supervision for trainee and qualified advanced practitioners is essential to support the development and maintenance of the competence and capabilities that underpin patient and practitioner safety. [NHS England's Workplace Supervision for Advanced Practice](#) provides in-depth, evidence-based information and recommendations on developing high-quality supervision in the workplace. The guidance is intended for supervisors, managers, employers and trainee advanced practitioners and sets out the Centre for Advancing Practice's minimum expected standards for supervision.

NHS England includes funding for high-quality supervision as part of the funding package that supports trainee advanced practitioners.

Further supervision resources can be accessed on the [Centre for Advancing Practice website](#).

18. Does someone need a master's degree (MSc) to be considered an advanced practitioner, particularly if they are already working at an advanced level?

[The Multi-professional Framework for Advanced Practice in England](#) clearly states that the minimum level of education for advanced-level practice is a post-registration master's-level award or equivalent, and that this should apply to all new trainees. It is recognised that practitioners already working at an advanced level may not have completed a full MSc and may have developed a portfolio of evidence over time, including before the minimum standards were published in 2017. NHS England has developed the [ePortfolio \(supported\) route](#) to enable experienced advanced practitioners to gain recognition of educational equivalence to an accredited MSc Advanced Practice programme.

It is the responsibility of both the organisation and the practitioner to ensure that advanced and consultant practitioners have, and can evidence, the appropriate underpinning of education and training, competencies and capabilities aligned with their scope of practice, in order to maintain high-quality, safe care for patients.

19. When will all staff with the title 'Advanced Practitioner' meet the four-pillar requirements?

In line with the [NHS England Minimum Standards of Governance for the Multi-professional Advanced and Consultant Level Practice Workforce](#), organisations should review their current advanced practice workforce and ensure that practitioners can demonstrate alignment with the four pillars and 38 capabilities outlined in the [NHS England 2025 Multi-professional Framework for Advanced Practice in England](#). In doing so, organisations may wish to refer to [A guide to ESR coding for Advanced Practitioner roles](#). A structured and supportive engagement and consultation process will be required to review role expectations, ensure appropriate role alignment and support the consistent application of titles across the organisation, including consideration of removing the 'Advanced' title where it is not aligned with the scope of practice.

If knowledge and skills gaps are identified, these practitioners may wish to progress by undertaking the education and training required to develop their ability to practise fully across all four pillars of advanced practice. They should be supported and enabled to develop where this aligns with organisational workforce development and deployment requirements.

20. When will the Governance Maturity Matrix be updated to include consultant practitioners?

The NHS England Governance Maturity Matrix is being reviewed and refreshed this year to ensure alignment with the Minimum Standards of Governance document, review inclusivity of language and include consultant-level practice. The aim is to have this work completed by the end of 2026.

21. Is there a central community or repository where advanced practice resources can be accessed and shared?

- [The Centre for Advancing Practice website](#), including regionally developed resources.
- [NHS Learning Hub: Centre for Advancing Practice](#), the Centre's main resource area.
- [NHS Learning Hub: NHS England frameworks](#)
- [NHS Employers: Advanced practice](#)

22. Where will the “Minimum Standards for Governance” document be published?

The NHS England Minimum Standards of Governance for the Multi-professional Advanced and Consultant Level Practice Workforce are already available on the [Centre for Advancing Practice website](#).

23. Do advanced practitioners impact on medical and resident training?

It is important that organisations recognise the training needs of all professions and agree an appropriate balance through multi-professional clinical leadership within teaching organisations. Where roles are well governed, advanced practitioners can support medical training by providing continuity within teams, helping resident doctors settle into departments, maintaining service delivery and enabling doctors to attend training opportunities. NHS England's position is that advanced practice should complement, rather than compete with or displace, medical education.

Additional resources on advanced practice

- [NHS England: Advancing Practice in Emerging Areas Workforce Transformation Resource](#)
- [NHS England: Advancing Practice Impact Evaluation Toolkit](#)
- [NHS Learning Hub: governance area](#)
- [NHS Employers: advanced practice](#)
- [NHS Employers: governance webinars](#)

Note: Question 1 sets out the key documents to review for professionals looking to establish organisational advanced practice governance arrangements.