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RESEARCH ARTICLE

From healthcare professional to degree apprentice

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Abstract

Background: In the UK, new degree apprenticeship opportunities are enabling non-medical practitioners to develop advanced roles. Frameworks to structure and standardise this development are also becoming more common. Knowing that historically healthcare professionals moving into advanced roles have experienced a transition period, we undertook a qualitative study to explore how this role transition – from healthcare professional to Advanced Clinical Practitioner (ACP) – was experienced in a degree apprentice programme.

Methods: First year ACP degree apprentices were purposively selected from a cohort of 28 enrolled on a 3-year Masters programme at a UK University in 2021/22. Consenting participants took part in in-depth qualitative online semi-structured interviews, which were recorded, transcribed and analysed thematically.

Findings: The five participants were in their first year of ACP training and represented core professional groups and primary, secondary and tertiary healthcare sectors. Five themes were identified: 1. what ACP apprentices bring; 2. reflections on how they see themselves; 3. how others see them; 4. effects of employing organisation's support; and 5. experience of Masters level learning.

Conclusion: ACP apprentices experienced a strong and often difficult transition period at the beginning of their training. The themes identified as influencing this could be used by higher education providers and clinical workplaces to better understand this period in training. Specifically, having a clear transition point to a defined role; a reduced workload during the transition period; and improved information sharing to better prepare workplaces for trainees, could all improve the experience.

1 | BACKGROUND

Advanced clinical roles for non-medical professionals have been in existence for many years and are increasing, influenced in the UK by the Wanless report in 2002.[1] Recent investment in training opportunities for Advanced Clinical Practitioner (ACP) roles has been in part stimulated by a reduced medical workforce. There remains an urgent need to reshape the healthcare workforce to have "more people, working differently", making "effective use of the full range of (our) people's skills and experience"(p6[2]). In parallel, ACP roles are becoming standardised through specialist training and qualification requirements to promote patient safety and provide employers with certainty. Examples include the Multi-professional framework for advanced clinical practice in England[3] which also defines Advanced Clinical Practice — *"It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management,*

education and research, with demonstration of core capabilities and area specific clinical competence.".

As healthcare professionals train for an Advanced Clinical Practice role they experience a period of transition. The transition experience for trainee Advanced Clinical Practitioners (ACPs) has been considered by Moran and Nairn[4] in their qualitative evidence synthesis of 11 studies published between 1997 and 2016. They identified six themes – experience of workplace change; orientation to the role; appropriate mentorship; supported clinical skill development; clinical supervision; and appropriate Masters education – plus a 'Flexible Transition Process' that aided or hindered transition to an advanced role. For European practitioners, they found the transition period occurred during training (rather than on qualification).[4] If the themes identified in their synthesis were attended to, trainees were enabled to realise their goals. If not, their transition period could extend or even result in resignation.[4] Moran and Nairn[4] synthesised 4 phases of transition from the models identified in the studies. Initially the trainees described themselves as being a 'fish out of water', progressively 'getting to grips with the role', followed by being 'more comfortable in their new skin' and lastly as 'a rounded out ACP'. Their findings led them to question how much of a healthcare professional's previous experience was truly transferable and to appreciate that the challenge of transitioning to an advanced role had been underestimated.

At the same time as opportunities for ACP training and the number of qualified ACPs are increasing, the UK government is increasing the availability of degree apprenticeships[5] as an alternative route to more familiar university-based routes to gain Bachelor and Masters degrees. Apprenticeships are supported by funding for employers as the majority (80%) of the apprentice's learning towards their degree is within their workplace – conferring benefits of learning 'on the job' for their future job role – with the remainder within a higher education institution. As apprenticeships have expanded to be available in Advanced Clinical Practice, and training pathways have developed, a novel context has arisen to explore the transition experience of healthcare professionals to Advanced Clinical Practitioner (ACP). This study aimed to examine the transition experience of trainee ACPs in this new context to answer the research question: What are the experiences of healthcare professionals transitioning via a degree apprenticeship to advanced clinical practice roles?

2 | METHODS

2.1 | Recruitment and selection

Purposive sampling employed maximum variation to involve a range of professions, workplaces and length of previous clinical experience. Participants, first year ACP apprentices in their second term (n = 28), were invited via email to participate in an online interview. Those expressing interest were sent the participant information sheet and consent form. If no response was received within 2 weeks a follow-up email was sent. Thereafter no further follow-up was made. This was a single-centre study conducted within the timeframe of an MSc programme of study.

2.2 | Data collection

Semi-structured interviews explored participants' experiences of transitioning from senior registered healthcare professional to the apprenticeship programme. The interview guide was reviewed and piloted by clinical-academic ACPs.[6] Interviews were hosted on the Zoom digital platform university secure account by the lead researcher (AP). The interview collected demographic data[6] prior to exploring participants' understandings of being an ACP; their transition experience; and their workplace and current education experience. The semi-structured approach enabled interviewees to discuss other relevant topics.[7,8] Where needed, prompts were used to re-centre discussions capturing the experiential narrative.[7,9] Participants could choose not to answer any question, to terminate the interview and had the right to withdraw their consent and data.

2.3 | Data analysis

All data were pseudo-anonymised and inductive thematic analysis was applied[10,11] for manifest and latent meaning.[12] The transcripts were read, re-read[9] and initial codes created[10] by AP. Coding was checked with another researcher (AMR), experienced in qualitative methods. The dataset was then coded, sub-themes and themes generated, reviewed and modified, and findings interpreted[7,10,13] "guided by the research question"(p297[12];p2[14]).

Reflexivity is key to rigour in qualitative research([7],p436;[11]), so as primary researcher I critically considered my judgements during data collection. My recent experiences of working in Emergency Medicine with training and qualified ACPs and as a clinical educator with a faculty-trainee relationship,[8] may have consciously influenced[15] data collection or analysis([7],p437). My outsider position,[16] with clinical and academic experience, I believe furthered my contextual understanding ([8],p135) and enhanced data collection and interpretation.[6] Involving the participants in checking their interview transcripts for credibility[6,15]; decision-making transparency[15]; and coding framework availability enhanced rigour. A COREQ checklist[17] was completed.

Ethical approval was obtained from the University research ethics committee under their low-risk typology pathway [ref 148/21/12/008b]. The approach was informed by the literature and stakeholder advice.[9] Prior to recording the interview, the participant's understanding of the study's purpose, their consent and permission to record were reconfirmed.

3 | FINDINGS

Five ACP degree apprentices from a cohort of 28 (18%) were interviewed between April and May 2022 with interviews lasting 48–63 minutes. Four interviewees identified as female, two were nurses, two were radiographers and one a paramedic. One worked in tertiary care, two in secondary care, one in primary care and one participant worked in both primary and secondary care. Some, (n = 3) were the only ACP in their setting, others (n = 2) were in a mixed

FIGURE 1 Word cloud of feelings descriptors; created at www.menti.com.

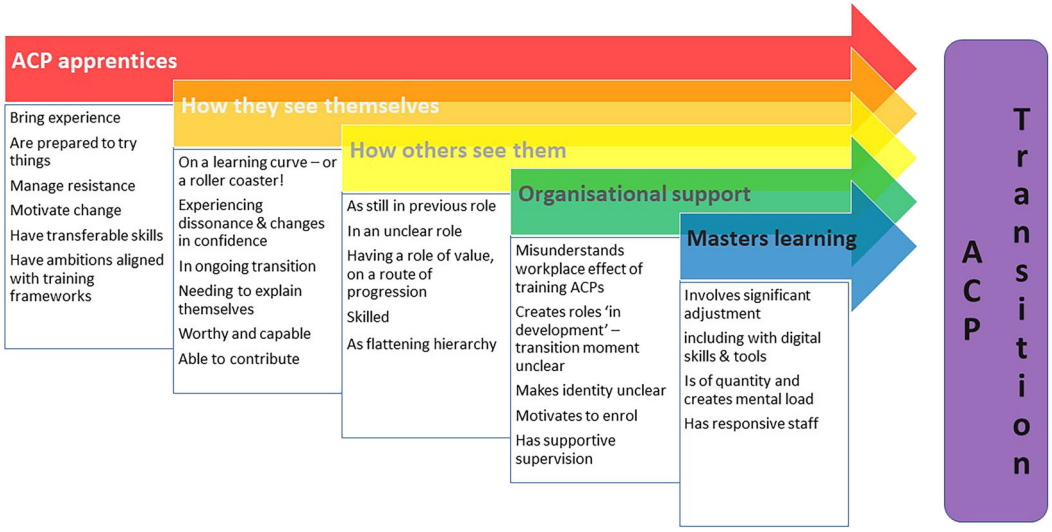

FIGURE 2 Themes and subthemes of the transition experience of ACP apprentices.

team of up to eight non-medical practitioners and ACPs. Participants' experiences included many descriptors of feelings (Figure 1) — their transition period had an emotional impact.

Participants' experiences included many descriptors of feelings, their transition period had an emotional impact.

Five themes described the ACP apprentice transition experience (Figure 2) — what ACP apprentices bring; reflections on how they see themselves; how others see them; the effects of the employing organisation's support; and of the Masters level learning.

3.1 | What ACP apprentices bring

ACP apprentices are skilled professionals bringing a range of experiences into their new careers.

ACP apprentices are skilled professionals bringing a range of experiences into their new careers.

This sample had been practicing healthcare professionals for 14–27 years. They were prepared to try things:

> *"I wasn't satisfied with just taking the pictures and shipping them onto somebody else … … I knew that I wanted to extend my role."* [Participant (P) 4]

They were ready to manage the resistance they might encounter and were motivated to create change:

> *"how, actually, can I address that need, how can I change it, how can I make it better"?* [P1].

The participants brought transferable skills and anticipated being able to 'fill in the gaps', describing ambitions for their training and careers in alignment with their training frameworks ([3], p8–10;[11]).

3.2 | Reflections on how they see themselves

Like being on a roller coaster!

Phrases such as 'on a learning curve', or more striking, 'a roller coaster!' featured when considering how their self-perception had altered:

> *"the roller coaster of when you are learning a new skill when sometimes you do it okay, and then other times it goes really badly …"* [P4].

Fluctuations in confidence and dissonance were also experienced:

When I started there was this real discordance from having been … well, the most senior (professional) in the department … … to like going into a room, and not even knowing where to stand. *[P4]*

Only one participant clearly felt they were now in an ACP role, though admitted:

> *"I was still doing what I've done previously, my practice had not changed"* [P3].

The others used language more of ongoing transition — describing new roles, future roles, an organic role, having more than one role, job titles other than ACP and of writing their job descriptions. Plus, the pros and con of this:

> "*I think in a way that's an advantage, to be able to shape it and mould it to what we want it to be.*" [P1].

This lack of clarity meant they explained themselves, defining their role to others, albeit with a sense of positive contribution to their workplaces.

3.3 | How others see them

There was a perception they were still in their previous role, with ongoing commitment expected.

Their transition affected those around them. All participants continued to work in the same place, leading to the perception they were still in their previous role and with ongoing commitment expected:

> *"in their eyes, I guess, I'm still doing what I was doing"* [P3]

A lack of role clarity may have reinforced this:

> "*I think the, the difficulty is, is that nobody quite understands what I'm there to do, or what, what my role is"* [P1].

However, the ACP role was seen by colleagues as having value, as a route of progression, and able to flatten hierarchy:

> *"my (profession) colleagues hold it in quite high esteem … … I think it sends out a positive message to other (professionals) in the department to see the possibilities for progression."* [P4]

3.4 | Effects of employing organisation's support

Organisations were perceived not to appreciate the effect of training ACPs — perhaps experiencing an 'organisational transition'. Factors

included a trainee's development need prompting the application rather than a service-led needs assessment. This affected achieving an advanced practice level, the time needed for a student, access to clinical skills practice and providing a new role (or discontinuing the previous one):

> *"So I was doing my original job. Then trying to do the clinical part of the ACP.*
> *Then have a day's study a week"* [P5]

One trainee found their organisation had not considered governance, which impacted the timeline of them fulfilling their role:

> *"… but nobody had really kind of considered indemnity insurance, vicarious*
> *liability. How are we going to assess whether I'm competent?"* [P4]

So, further explanations for employers and managers were requested.

This, *"So much written on the back of a fag packet!"* [P4] style of creating 'roles-in-development' meant the transition point and identity of the role became unclear, which was reinforced by non-'trainee ACP' job titles, a lack of accurate name badges and of role-specific uniforms:

> *"it's just making sure that that progression is recognised*
> *…*
> *… what I do not want to happen is … … that people still view me as a (previous role)"* [P1]

Participants also discussed their workplace invitations to apply, the influence funding had and the impact of supportive supervisors:

> *"it's very good supervision-wise, because there's always somebody there."* [P2]

3.5 | Experience of Masters level learning

Masters level learning involved a significant adjustment over the transition period:

> *"I was very, very stressed, the most stressed I've ever had, been in my entire*
> *life in the first couple months of this course"* [P5]

And could be isolating:

> *"you do sit there thinking, 'is everyone else thinking the same as me?' or*
> *'is anyone else struggling?'"* [P2].

Learning and its processes were of quantity and created 'mental load':

> *"it's not just always the actual work, it's like the mental load of remembering that*
> *you have got to do all of those things as well"* [P4] .

Examples of this included a lack of clear timelines, overlapping modules, completing portfolios, and managing email traffic. However, university staff were described as responsive and supportive:

> *"I feel confident that if I do have any queries I know where to go and who to ask,*
> *… I know that the support is there"* [P3].

4 | DISCUSSION

The aim of this study was to explore the experience of healthcare professionals as they commenced training in degree apprenticeships to become ACPs. We identified five themes in the qualitative data, which depicted a difficult transition between roles and provided rich insights into factors influencing this. Perhaps surprisingly, given that UK ACP training is now more standardised and 80% of an apprentice's time is within the workplace, the apprentices experienced the transition time strongly and perceived a workplace influence on this.

There was a difficult transition between roles.

Our study agreed with previous findings for European ACPs[4] as to when a sense of transition was most strongly experienced and all the participants, regardless of workplace setting or professional background, described the start of their training as entering a transition period. In the United States and Canada this occurs on qualifying.[4] The phrases used echoed a previous study[18] examining six nurses becoming Acute Medical Unit Acute Nurse Practitioners where the trainees identified as "being in a period of transition", "journeying towards a future role and as crossing into an unfamiliar environment"([18],p37). The descriptions given agree with the transition phases outlined by Moran and Nairn[4] – further identifying transition in our participants at this point in their careers — predominantly matching phases 1 to 3 ('fish out of water', 'getting to grips with the role', 'more comfortable in their new skin').

In describing the transition experience, there were again similarities with previous studies. Clarke[19,20] reported a "steep learning curve" as did our participants. Specifically in Clarke's studies

(paramedics training or practicing in Emergency Department advanced practice roles) this occurred when managing more than one patient at a time and led to feelings of regression because of a "perceived lack of knowledge"(p4); but also occurred when working in new environments. A lot of the descriptions given in our study gave a sense of difficulty in relation to self, including the examples above, but the difficulty experienced occurred across the themes. If the primary aim of training was to extend themselves to be the workforce required – which seems to create enough unsettling in terms of confidence and development of a new skillset – then the extra 'load' being carried in terms of colleague or organisational resistance, perhaps working two roles and grappling with the volume of Masters learning should be addressed. It is unlikely that the difficulty of changing between these roles can be removed altogether, but being able to focus on training could reduce the level of difficulty experienced. Experiencing this 'load', along with the negative feeling descriptors recorded (Figure 1), correlates well with Moran and Nairn's observation that the effect of transition was probably underestimated.[4]

Being able to focus on training could reduce the level of difficulty experienced.

Our themes of Organisational support and Masters level learning have similarities to some of the themes influencing progress through Moran and Nairn's 'Flexible Transition Process'.[4] Specifically, when Masters level learning is found daunting,[21,22] progress through the transition period can be impeded. Support focused on transitioning to advanced clinical practice could help with this. Other factors promote progression through transition — having a comprehensive induction, being able to use transferable skills and being accepted by other staff,[19,20] along with having protected training time and there being organisational commitment to the role.[23] Some of these were reported on negatively in our study, specifically a lack of induction and difficulty with finding time for the learning and supported practice of clinical skills — both themes for Moran and Nairn too.[4]

One of the strongest negative influences discussed was the clarity of the transition moment – when the trainee stopped their previous healthcare role and became a trainee ACP. When a role transition point is unclear there is a potential for ambiguity in role identity to develop,[21,22] whereas a clear professional identity with defined aims and role scope can facilitate role transition.[21,22] The experience in this study was of blurred transition points with jobs being adapted to fit – both by participants and workplaces – with subsequent misunderstanding of the trainee ACP role in the workplace. This was often attributed by the apprentices to patchy employer understanding of the ACP role which has been observed before,[24] and greater understanding was found where there were pre-existing ACPs or ACP leads.

Blurred transition points with jobs being adapted to fit led to misunderstanding of the trainee ACP role.

Participants had motivated supervisors sometimes complemented and enhanced by a same-profession mentor,[18] though overall there was an apparent lack of workplace preparedness which was thought to be influenced by the associated funding and 'last-minute' enrolment on training programmes. An example of this was identifying ahead of need how an organisation might manage the constraints of the scope of practice of professional backgrounds. It is not clear whether improved engagement with available information may have better supported employer understanding – there are already existing toolkits outlining employer's roles[25] and available videos from established providers[26] – but participants still requested more information for employers and managers. Perhaps the provided information is not yet meeting employers' needs, e.g. in terms of accessibility or content, and working with a network of employers to assess these needs could address this.

Overall there was an apparent lack of workplace preparedness.

Future research in a multi-site study could investigate the transferability of our findings in other settings, professions and specialisms, and sustainability of these findings can be tested as the roles become more established. Additionally, the experiences of ACP apprentices who transition to a new employer or department on commencing their apprenticeship should be examined; and including all first year trainee ACPs might expand the question to consider whether transition to training has improved since advanced practice commenced.

Strengths and limitations

Strengths of the study were the diverse sample of common ACP professions and settings, where all had ACP as their destination job role and were in their first year of training (rather than other practitioner roles or training stages)[18–20]; and that the findings add to the qualitative evidence synthesis of Moran and Nairn[4] (which focussed on the transition experience of non-apprentice ACPs). A limitation was the relatively small sample size of apprentice ACPs (n = 5) –

although this is comparable with other literature (n = 1–8) – and reflects the current small numbers of ACP students and their busy career stage, along with the limited timeline of this study.

5 | CONCLUSION

The ACP apprentices in this study experienced an often difficult 'roller coaster' transition period on commencing their advanced role training similarly to previous advanced practice trainees. This study affords the opportunity for health profession educators to strengthen ACP training programmes. Although there are well established non-apprenticeship Advanced Practice programmes, a lack of preparedness in the workplace persists, particularly in understanding and defining the trainee ACP role, and students initially struggle to manage the Masters workload. Having a committed clinical supervisor appears to be a positive influence but further work is needed to determine the depth and format of the information that employers require, perhaps offering networking opportunities for sharing experience and learning. Future work with trainees may help identify elements needed to better manage starting Masters level study and a toolkit of resources to ease transitions.

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CONFLICT OF INTEREST STATEMENT

None.

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.

ETHICAL APPROVAL

Ethical approval was sought and granted from the University of Exeter College of Medicine & Health Research Ethics Committee under their Postgraduate Taught Masters independent research projects of low risk typology pathway [ref 148/21/12/008b].

PARTICIPANT CONSENT

Signed informed consent was given including for data to be used for the purpose of publication.

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