

W22: Enhancing Healthcare Excellence: Exploring the Impact of Advanced Clinical Practice in Allied Health Professionals on Clinical Outcomes and Patient Satisfaction

Workshop Chair: Paula Igualada Martinez, Spain 25 October 2024 11:00 - 12:30

Start	End	Topic	Speakers
11:00	11:05	Introduction	Paula Igualada Martinez
11:05	11:25	Overview of Continence Models and Standards of Practice for ACP	Paula Igualada Martinez
11:25	11:45	Nurse-Led ACP Clinics: Pioneering Continence Care Transformation	Angie Rantell
11:45	12:05	Development, implementation and evaluation of an advanced practice in continence and women's health physiotherapy model of care	Robyn Brennen
12:05	12:25	Championing ACP in AHP's: the Physician's role	Adrian Wagg
12:25	12:30	Q & A and take-home messages	Paula Igualada Martinez Angie Rantell Adrian Wagg Robyn Brennen

Description

Pelvic floor symptoms, affecting both males and females, often result from pelvic floor dysfunction (PFD) with various underlying causes, such as pregnancy, trauma, surgery, or health problems (Knol-de Vries and Blanker, 2022). These symptoms include lower urinary tract symptoms (LUTS), anorectal dysfunction, sexual dysfunction, pelvic organ prolapse (POP), and genito-pelvic pain (D'Ancona et al., 2019). PFD has a detrimental impact on quality of life and becomes more common with age. With growing life expectancy, the global burden of pelvic floor symptoms is expected to rise (Knol-de Vries and Blanker, 2022).

This rising prevalence of PFD together with a growing focus on promoting healthy lifestyles and prevention, and the shift towards community-based care instead of hospital-centric services are driving countries worldwide to plan innovative care delivery models that cross traditional sectors and professional boundaries (Laurant et al., 2018).

In order to support service development, there is significant focus being given to the potential for non-medical advanced clinical practice (ACP) roles to contribute to the transformation agenda (Evans et al., 2021). AHPs from a wide range of backgrounds are encouraged to work at an ACP level in a range of global settings (Mann et al., 2023). ACPs are AHPs educated to Master's level or equivalent, with the skills and knowledge to allow them to expand their scope of practice to better meet the needs of the people they care for. ACPs are deployed across all healthcare settings and work at a level of advanced clinical practice that pulls together the four ACP pillars of clinical practice, leadership and management, education and research (HEE 2017)." These advancements in clinical practice across the globe are substantiated by international systematic reviews, which provide evidence that advanced practice roles are both safe and effective, leading to high levels of patient satisfaction and contributing to an array of benefits for improving service accessibility and efficiency (Evans et al., 2023).

A significant body of Level 1a evidence supports the effectiveness of supervised conservative management as the first line treatment for PFD. This guidance aligns with recommendations from NICE (2019, 2021) and is further substantiated by multiple Cochrane reviews (Todhunter-Brown et al., 2022) as well as the consensus from the International Consultation on Incontinence (Cardozo et al., 2023).

AHPs play a crucial role in conservative management, as indicated by NICE in 2021. Not only can they perform initial advanced assessments and management, but in the capacity of ACPs, they can also assume responsibilities traditionally undertaken by physicians. These responsibilities encompass diagnostics, referrals to other services, health promotion, chronic disease management, and addressing acute issues requiring immediate attention. Previously doctor-specific tasks, such as conducting urodynamics, independent prescription, pessary assessment and management, diagnostic ultrasound, cystoscopies, Botox administration, and more, are now within the scope of ACPs (NICE, 2021; Pakzad et al., 2021; Shendy et al., 2023).

ACPs in continence care also play a pivotal role in various aspects of service provision. Their responsibilities encompass clinical leadership, conducting advanced clinical assessments and treatments, which not only eases doctors' workloads but also enables them to focus on more intricate tasks. ACPs provide valuable insights into service design and delivery, contribute to the development of clinical guidelines and pathways, and promote best practices through teaching. They also offer guidance and when needed, assess and review policies and practices, making recommendations for improvements, and play a crucial role in evaluating clinical outcomes, as emphasised by NHS England in 2018. The evidence indicates that ACPs specialising in pelvic

health physiotherapy can enhance triage and assessment processes for patients with urological or gynaecological concerns in tertiary medical clinics (Howard et al., 2018; Brennen et al., 2019).

Therefore, establishing the roles of ACP in Continence and Pelvic Health can provide women and men early access to assessment and conservative management for PFD, reducing the healthcare burden of these for the individual and for the global healthcare systems. It also reduces the number of medical consultant reviews, ensures optimal care to patients where the full range of therapeutic options are considered and increases clinicians job satisfaction (Howard et al., 2018).

The key challenge for ACPs lies in the availability of formal training and the initial phase of supervised practice under the guidance of physicians. Establishing local protocols, pathways, and SOPs (Standard Operating Procedures) that ACPs can adhere to, in collaboration with medical specialists alongside primary community services, present the cornerstone for steady and sustainable AHPs-led advanced clinical practice.

After attending this workshop, the attendees will be able to:

- Recognise the benefits of incorporating ACPs in AHPs within clinical care settings.
- Identify the components of an ACP role and the required training and competency assessment framework.
- Examine examples of ACP care models and strategies for their integration into clinical environments.

Key take-home messages:

- "If you don't start somewhere, you're going to go nowhere." Bob Marley.
- ACP roles involve specialisation but also involve expansion of the scope of the AHPs practice and educational advancement.
- ACP are characterised by an advanced level of education and responsibilities, role autonomy, and the diagnosis and management of illness and health promotion, which comprise pharmacological and non-pharmacological interventions.
- Physicians play a pivotal role in advancing the ACP workforce through their support for interprofessional collaboration and education.

References

- Cardozo, L, Rovner, E, Wagg, A, Wein, A, Abrams, P. (Eds) Incontinence 7th Edition (2023). ICI-ICS. International Continence Society, Bristol UK, ISBN: 978-0-9569607-4-0.
- D'Ancona C, Haylen B, Oelke M, Abranches-Monteiro L, Arnold E, Goldman H, Hamid R, Homma Y, Marcelissen T, Rademakers K, Schizas A, Singla A, Soto I, Tse V, de Wachter S, Herschorn S; Standardisation Steering Committee ICS and the ICS Working Group on Terminology for Male Lower Urinary Tract & Pelvic Floor Symptoms and Dysfunction. The International Continence Society (ICS) report on the terminology for adult male lower urinary tract and pelvic floor symptoms and dysfunction. Neurourol Urodyn. 2019 Feb;38(2):433-477. doi: 10.1002/nau.23897. Epub 2019 Jan 25. PMID: 30681183.
- Evans C, Poku B, Pearce R, Eldridge J, Hendrick P, Knaggs R, Blake H, Yogeswaran G, McLuskey J, Tomczak P, Thow R, Harris P, Conway J, Collier R. Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review. BMJ Open. 2021 Aug 5;11(8):e048171. doi: 10.1136/bmjopen-2020-048171. PMID: 34353799; PMCID: PMC8344309.
- Howard, Z., Jackman, A., Bongers, M., Corcoran, K., Nucifora, J., Weir, K.A., & Briffa, K. (2018). Outcomes of a physiotherapy-led pelvic health clinic. The Australian and New Zealand Continence Journal, 24, 43-50.
- Knol-de Vries GE and Blanker MH. Prevalence of co-existing pelvic floor disorders: A scoping review in males and females, Continence, Volume 2, 2022, 100028, ISSN 2772-9737, https://doi.org/10.1016/j.cont.2022.100028.
- Laurant M, van der Biezen M, Wijers N, Watananirun K, Kontopantelis E, van Vught AJ. Nurses as substitutes for doctors in primary care. Cochrane Database Syst Rev. 2018 Jul 16;7(7):CD001271. doi: 10.1002/14651858.CD001271.pub3. PMID: 30011347; PMCID: PMC6367893.
- Mann C, Timmons S, Evans C, Pearce R, Overton C, Hinsliff-Smith K, Conway J. Exploring the role of advanced clinical practitioners (ACPs) and their contribution to health services in England: A qualitative exploratory study. Nurse Educ Pract. 2023 Feb;67:103546. doi: 10.1016/j.nepr.2023.103546. Epub 2023 Jan 24. PMID: 36739736; PMCID: PMC9872859.
- National Institute for Health and Care Excellence. (2021). Pelvic floor dysfunction: Prevention and non-surgical management (NICE guideline NG210). NICE. http://www.nice.org.uk/guidance/ng210.
- National Institute for Health and Care Excellence. (2019). Urinary incontinence and pelvic organ prolapse in women: management. (NICE guideline NG123). NICE. https://www.nice.org.uk/guidance/ng123
- NHS England (2018) Excellence in continence care: Practical guidance for commissioners and leaders in health and social care. NHS England, London. https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf
- Pakzad, M., Telford, K., Ward, K. and Keighley, M., 2021. Seizing the opportunity to improve patient care: pelvic floor services in 2021 and beyond. British Journal of Hospital Medicine, 82(9), pp.1-3.
- Shendy M, Marinceu D, Roy M, et al. (2023) Role of Nursing in Urogynaecology. Nursing New Insights for Clinical Care. IntechOpen. Available at: http://dx.doi.org/10.5772/intechopen.107275.
- Todhunter-Brown A, Hazelton C, Campbell P, Elders A, Hagen S, McClurg D. Conservative interventions for treating urinary incontinence in women: an Overview of Cochrane systematic reviews. Cochrane Database of Systematic Reviews 2022, Issue 9. Art. No.: CD012337. DOI: 10.1002/14651858.CD012337.pub2. Accessed 2 December 2023.

Aims of Workshop

Pelvic floor dysfunction (PFD) is a significant global health issue, impacting hundreds of millions of patients worldwide affecting their well-being, quality of life, and imposing substantial economic burdens on healthcare services. In response to demographic and health system pressures, the development of non-medical advanced clinical practice (ACP) roles has been developed in allied health professionals (AHPs) to provide a high level of clinical assessment and care for patients, expanding service options available to meet growing demand. This workshop aims to provide an overview of the global standards of practice of ACP in AHPs as well as the benefit on both clinical continence outcomes and patient satisfaction.

Educational Objectives

- Globally, healthcare faces increasing supply-demand imbalances due to factors like aging populations, workforce shortages, and the Covid-19 pandemic. To overcome these challenges, healthcare is moving towards multidisciplinary and interdisciplinary teams that tap into diverse professional expertise. This development has resulted in the rise of the advanced clinical practitioner (ACP) role which is gaining global recognition.
- This workshop will provide an overview of the published literature with strong focus on level I evidence on the ACP roles, how to develop ACP competencies and scope of practice for different AHP's disciplines and the benefits of ACP roles to the patients and the healthcare systems.
- The speakers will share their knowledge and experience in this area to other health care professionals who may be looking to introduce these new roles in their clinical setting. The speakers of this workshop have a wealth of experience, both clinically and academically, in setting up and overseeing these novel roles, as well as developing innovative care models that incorporate advanced clinical practitioner (ACP) positions.
- Relevant resources and references will be supplied to delegates to supplement their learning. This will include frameworks for AHPs willing to develop into ACPs, which will guide them through relevant considerations and steps towards developing competency. The session will conclude with a panel discussion and take home messages.

Learning Objectives

- 1. To highlight the global standards of practice among advanced clinical practitioners (ACP) in AHPs.
- 2. To demonstrate innovative approaches for enhancing patients' clinical continence outcomes and satisfaction through ACP in AHPs.
- 3. To explore the role of Physicians in driving clinical care improvements and fostering ACP development AHPs.

Target Audience

Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Conservative Management

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

- Cardozo, L, Rovner, E, Wagg, A, Wein, A, Abrams, P. (Eds) Incontinence 7th Edition (2023). ICI-ICS. International Continence Society, Bristol UK, ISBN: 978-0-9569607-4-0.
- Health Education England. Health Education England; London: 2017. Multi-professional framework for advanced clinical practice in England.
- https://www.essity.com/Images/Summary_of_Optimum_Continence_Service_Specification_tcm339-116805.pdf
- https://www.health.gov.au/sites/default/files/documents/2020/10/advanced-nursing-practice-guidelines-for-theaustralian-context.pdf
- https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/nursing/Advanced_Practice_Nursing_framework_e.pdf
- https://www.youtube.com/watch?v=NIU9Qgsat_4&t=1s
- https://www.youtube.com/watch?v=q5lyTVAomOg&t=10s