Succession planning for advanced nursing practice; contingency or continuity? The Scottish experience

Kay Currie
Department of Adult Nursing and Health, Glasgow Caledonian University, Glasgow, Scotland, UK

Aim: Succession planning involves identifying key posts within an organization and supporting the ongoing development of individuals ready to move into these roles, thus ensuring continuity of the service. This paper presents an analysis of the succession planning process and illustrates the ways in which key principles may be applied in the case of advanced nursing practice.

Background: An array of national policy documents has sought to provide guiding frameworks for effective role development within the National Health Service in Scotland. The growing importance of advanced practice in the contemporary care context might support the assumption that succession planning for these roles would be an integral part of organizational strategy.

Key issues: The introduction of advanced practice roles in Scotland has been fragmented and seems largely contingent upon a variety of financial, managerial, and workforce drivers with limited evidence of organizational planning to support role development. Consideration of the elements of the succession planning process, as described in the literature, may improve the sustainability of future initiatives. A variety of flexible educational solutions are available to support staff development for advanced practice, however, the appropriateness of these must be determined in context.

Conclusions: The formulation of organizational strategies and operational policies for succession planning is needed to maintain the continuity of advanced practice roles. Research to develop and test implementation models for effective succession planning for advanced practice is required.

Keywords: succession planning, advanced practice, nursing management

Introduction
The foreword to the Scottish Government’s policy document1 ‘Framework for Developing Nursing Roles’ states, “role development is about making an impact for patients. It involves releasing professional capacity to make services more patient-focused, consequently improving health and well-being, developing clinical effectiveness and delivering better outcomes for patients.” Nursing role development, including advanced nursing practice, is a growing phenomenon the United Kingdom, with national evaluation projects indicating the range, scope, context and contribution of these practitioners.2-5 However, consecutive evaluation studies have each highlighted the fragmented approach to developing new roles, the variation in managerial support for staff development, and the lack of succession planning to ensure sustainability of new posts.

According to McConnell8 succession planning is “the process of identifying people who could presently move into key positions or could do so after specifically
targeted development occurs.” (p. 91) Evidence from around the world indicates a growing concern for the availability of a skilled nursing workforce, therefore planning to ensure the right staff are in place is becoming increasingly important. Whilst demographic trends are a global phenomenon, specific workforce drivers related to changes in the regulation of medical staff are making a particularly significant impact in the UK. Reductions in the number of hours junior physicians are allowed to work continuously and changes in the structure of their training programs mean that there are fewer medical staffing hours available within hospitals, creating an apparent shortage of physicians. The Scottish Government has indicated the likely effect of these changes to the medical workforce on clinical service delivery, predicting an overall reduction of 40% of middle grade and a 25% reduction of junior grade physicians over the five-year planning cycle. The Government has requested that NHS Boards consider how clinical services will be delivered in light of these significant changes in medical staffing levels. It is already apparent that nurse practitioners, some in ‘advanced practice’ roles with significant autonomy over clinical decision making, are being deployed to fill the gap created by reductions in medical staff availability. Given these global and national trends, attention to succession planning for advanced nursing practice is of growing importance.

The following discussion presents an analysis of the succession planning process and illustrates the ways in which key principles may be applied in the case of advanced nursing practice. The argument pursued through this discussion is that the introduction of advanced nursing practice in NHS Scotland appears to have been contingent upon a range of factors and that to ensure continuity of the service, succession planning to maintain sustainability of these roles is required.

**Succession planning for advanced practice**

Despite the recognition by both policy makers and researchers that succession planning should be integral to the future of advanced nursing practice, there is a dearth of published material on this topic. An extensive literature search of nursing databases from 1999 to 2009 using the terms ‘advanced nursing practice’ or ‘role development,’ in combination with ‘succession planning’ or ‘workforce planning’ or ‘workforce development’ or ‘manpower planning’ failed to locate any articles specifically reporting succession planning for advanced nursing practice.

Conversely, personal networking with practitioners, educationalists and service managers indicates that within NHS Scotland there are wide ranging initiatives to support staff development for advanced practice roles. Therefore, in the absence of empirical evidence, email contact was made with the Nurse Directors of each of the Scottish NHS Boards, requesting information about existing strategic objectives or operational policies relating to succession planning for advanced practice. Six out of 14 Nurse Directors or nominated individuals responded, representing a cross section of all NHS Scotland Boards.

All of the senior colleagues who responded indicated that there were currently no specific strategic objectives related to succession planning for advanced practice at an organizational level. However, several indicated that this issue was already on the agenda for forthcoming strategic plan development or that succession planning for specific projects was happening at divisional level. Therefore, despite limited strategic attention to succession planning, there is evidence of significant activity around role development.

Informal feedback from the NHS Boards outlined several key issues around the often ad hoc introduction of advanced practice roles. These were similar to the findings of Scholes et al in terms of three types of role development initiatives; namely, enthusiastic individuals creating niche roles; organizations creating medical replacement posts; and fewer nurse led initiatives. Colleagues report that until recently, many advanced practice roles have been introduced when pots of funding have become available, with limited strategic planning at an organizational level. Similarly, succession planning opportunities have been limited when financial challenges constrain the introduction of ‘training posts’ to enable staff to develop into advanced practice roles.

The position may perhaps be best summed up by the following comment, shared by a senior nurse in a personal communication, yet illustrating the views expressed by other colleagues around the country; “we have operated in a ‘needs must’ way, particularly in relation to developing advanced practice to meet the gaps caused by the Working Times Directives around medical hours. We recognized an urgent need, set about developing education, prepared individuals to fill these roles, and now we need to think about succession planning to make these posts sustainable – it should really have been the other way around!”

Anecdotal evidence therefore indicates that whilst some national initiatives, such as introducing the ‘Hospital at Night’
service in response to reductions in medical staff availability, have required an organizational approach to establish advanced practice roles, attention has not yet focused on succession planning to sustain these posts. To date, this evolutionary approach to advanced practice could be said to be contingent upon a variety of factors. These include the personal drive of influential individuals, available funding for pressing priorities such reductions in junior physician working hours, and fluctuating managerial support. Arguably, maintaining the continuity of prospective advanced practice services will require a more strategic approach.

Taking these factors into account, the literature on succession planning may identify key principles and provide evidence for effective strategies to promote succession planning for advanced practice in future.

Applying the principles of succession planning

Although a body of literature related to succession planning was located, the majority drawn from the USA context, the strength of this evidence base may be limited. Within the published work, authors have presented conceptual models of the succession planning process or report specific projects, with several discussion pieces devoted to the need to prepare individuals to fill senior leadership or executive posts. Whilst a full synthesis of this literature was not compiled for this paper, there appears to be a gap in robust evaluation of the application of the various conceptual models in clinical practice and further study is recommended. Despite these limitations, transferability of the issues identified by these sources to the UK context may be possible, with the principles of effective succession planning being distilled and the relevance for advanced practice determined.

Strategic vision, operational policies and succession planning

According to Cadmus succession planning should start with a clear vision and strategic plan. Collins and Collins (p. 324) concur, stating “Appropriate talent management through strategic succession planning programs equates to long-term organizational survival.” Incorporating succession planning into the organizations strategic goals has several benefits; it provides an avenue to develop talent and retain experienced employees, reduces the need for expensive external recruitment efforts, and reduces new staff learning curve errors and lengthy adjustment periods. Furthermore, Rothwell and Poduch promote the concept of ‘technical’ succession planning, to preserve specialized knowledge within the organization, as opposed to ‘managerial’ succession planning to replace executive leaders; this concept is particularly pertinent to the advanced practice role as it emphasizes the importance of continuity of knowledge of operational practices, which is necessary for the sustainability of clinical services.

Bringing an alternative perspective from the energy industry, Kim presents results from a survey to measure employee attitude towards career development and succession planning and discusses the significance of employee assessment procedures. The recommendations from this work indicate that to be most effective, succession planning must become a normal part of human resource management procedures, incorporating recruitment, performance evaluation and career development.

However, integrating succession planning into organizational processes can be challenging, as noted above in the informal feedback from NHS Board senior managers. This view is substantiated by participants of the NHS Education for Scotland ‘Advanced Practice Succession Planning Development Pathway.’ Preliminary evaluation of this national pilot project indicates limited managerial involvement in planning for the role or future service contribution of those practitioners undertaking the development pathway. Whilst the evidence is limited by the small sample size in the pilot project (n = 16), findings suggest that highly motivated individuals see the succession planning development pathway as an opportunity to ‘trail blaze.’ Conversely, their line managers have generally been unable to provide concrete examples of what they anticipate these practitioners will bring to the service following development.

The link between organizational strategic objectives and succession planning for advanced practice is a key issue; the literature indicates that strategic objectives around succession planning are the foundation for an effective organization which capitalizes on the competencies of the workforce, yet evidence provided by both senior managers and developing advanced practitioners indicates that this is currently limited. At present, little appears to be known about those factors which have hindered or may help NHS Boards introduce succession planning for advanced practice at a strategic level. Whilst significant strides have been made by the Scottish Executive (now Scottish Government) in promoting the development of a Framework for Role Development, introducing the NHS Career Framework,
an Advanced Practice Toolkit\textsuperscript{27} and draft Guidance to NHS Boards on Advanced Practice Nursing Roles,\textsuperscript{28} all of which make mention of succession planning, further consideration should be given to how NHS Boards can be supported to make best use of these tools at both strategic and operational levels.

**Conceptual models of succession planning**

A variety of frameworks or conceptual models of succession planning are described in the literature.\textsuperscript{8,9,14,19} These share common elements such as processes to identify organizational need, including the staff competencies required, and mechanisms to identify what Collins and Collins\textsuperscript{14} term ‘stellar individuals’ (p. 322) or managing talent through employee assessment.\textsuperscript{22} By identifying organizational need and appropriate individuals, the succession planning process can then match the organizational goals with the pool of available candidates. The other elements of the succession planning process focus on staff development, integration or transition of the individual into the new role, and evaluation of the impact of the process. Bolton and Roy\textsuperscript{8} add ‘commitment of resources to development activities’ as a specific aspect of the succession planning process; interestingly, funding issues were highlighted by NHS Scotland senior nurses as a constraining factor in role development. The following discussion considers each of the identified elements of the succession planning process in turn.

**Forecasting need**

Effective succession planning begins by forecasting the strategic needs of the organization.\textsuperscript{12,14} In order to effectively plan for future advanced nursing practice posts, NHS Boards need to be able to predict how many and what type of post is required. This task is more challenging than may at first appear and has been hampered in the past by a lack of clarity around the definition of advanced nursing practice and limited understanding of potential skill mixes within clinical teams. Although these difficulties are being tackled by national workforce planning projects, being able to capitalize on the skills of advanced practitioners requires a strategic ‘step back’ to consider what the NHS Board needs and what an advanced practitioner can offer across the spectrum of services.

Support to address this challenge is provided by the ‘Advanced Practice Toolkit’.\textsuperscript{27} One of the benefits of this toolkit is the generation of an agreed definition of advanced practice as a level of practice not a role or title, embracing advanced levels of leadership, education and research as well as clinical practice. Equally, guidance currently being drafted by the Scottish Government\textsuperscript{28} may support boards in establishing a mechanism to create advanced practice posts, enabling strategic forecasting to take place more readily. These initiatives provide NHS Boards with tools to assist succession planning, however, as Collins et al\textsuperscript{14} notes (p. 322) “succession planning programs require time and administrative support. Because there is a cost factor involved with the implementation and development of the program, it is oftentimes easier to avoid it altogether rather than pursue it assertively.” These comments are particularly pertinent in the current climate of financial constraint.

**Talent management**

Part of forecasting need is the identification of skills already present within the organization. Several authors\textsuperscript{12,14,22} indicate that evaluation of internal employees can be used to identify those with the skills or the potential to develop skills needed by the organization, in addition to clarifying the skill set of existing post holders. Recent work within several Scottish NHS Boards,\textsuperscript{29–31} has demonstrated the value of identifying the diversity of specialist and advanced practice posts already in place, many of which have grown in an opportunistic manner in response to ad hoc funding sources.

According to Bolton and Roy\textsuperscript{8} and Collins and Collins\textsuperscript{14} a key advantage of adopting a talent management approach to succession planning is that it may help foster a sense of connectivity or loyalty between the employee and the organization, promoting recruitment and retention of staff. This talent management philosophy is supported by Blouin et al,\textsuperscript{12} who present evidence from research in both the health care leadership and industrial sectors, showing that internally developed candidates have a greater likelihood of being successful than externally recruited staff. Approaches to ‘priming the pipeline’ in relation to leadership of ambulatory care nursing are described by Swan and Moye,\textsuperscript{18} again emphasizing the importance of ensuring an identifiable supply of more experienced practitioners and leaders are waiting in the wings to provide continuity.

Comparable approaches are being adopted in some areas of NHS Scotland, where the NHS Career Framework\textsuperscript{26} is being used to identify workforce requirements, including advanced practitioners, within new service teams. However, according to the NHS sources described above, this talent
management activity often operates inconsistently and at a local level, rather than as part of an organization wide strategy. Evidence on the strengths and challenges of talent management as a succession planning strategy within the NHS is limited and further activities to promote and evaluate this approach are warranted.

**Developing staff**

Recognizing the importance of staff development within their Veterans Health organizations succession planning strategy, Goudreau and Hardy report an evaluation of the successful introduction of a conceptual model (the ‘High Performance Development Model’), which provides the structure for staff development and progression at all levels of the organization. On review, this conceptual model has some similarities to the UK’s Agenda for Change Knowledge and Skills Framework as both highlight identification of core competencies and the linkage between organizational goals and personal development, with staff performance assessment an integral component. The use of the Knowledge and Skills Framework, when fully embedded within the NHS, should support potential advanced practitioners and their managers in identifying developmental goals and pathways.

However, the added benefit of Goudreau and Hardy’s model is the explicit link between personal development and succession planning within the organization by the introduction of the CHAMPIONS (Career Help and Advancement through Mentoring, Personal Improvement and Opportunities to Nurture Success) and STAR (Supervisor Training, Advice and Reflection) programs, which seek to identify and support staff to progress within the organization. Early evaluations of these programs have demonstrated the potential of this organization wide approach. Taking a more individualized approach to staff development, Collins and Collins advocate a ‘skill gap analysis’ with a tailored developmental plan outlining activities necessary to prepare the identified staff member for their new role, including opportunities for actual involvement in the future position.

The approaches outlined above have real resonance with the NHS Education for Scotland (NES) pilot project ‘Advanced Practice Succession Planning Development Pathway.’ This national pilot recruited seventeen practitioners at various stages in their development towards an advanced practice role. Applying the techniques of ‘skills gap analysis,’ an extensive Developmental Needs Analysis Tool (DNAT) was created based on the identified attributes of advanced nursing practice and used by participants to determine priorities for learning. Recognition of the value of a range of formal and informal learning activities was also integral to this process, including access to a critical companion to provide challenge and support.

Ongoing evaluation of the NES advanced practice succession planning pilot project has illustrated the variety of approaches to learning adopted by the pilot participants, including formal accredited taught degree or MSc modules, shadowing experienced colleagues, work-based learning via learning contracts, on-line action learning sets and supported reflection with a critical companion.

The availability of this diverse range of learning opportunities appears important to practitioners, as individual learning style and preferences means that the same educational provision may not meet everyone’s needs. This is particularly notable in the case of online learning as the limited evidence provided by this evaluation indicates that experienced nurses may not favor this approach, suggesting that the growing trend to promote e-learning requires more robust evaluation. Supporting Collins and Collins recommendation, participants in this study report that the relative effectiveness of any learning activity depends on the integration of learning with practical experience of the task at hand.

It is crucial therefore that a variety of educational solutions to meet the developmental needs of advanced practitioners are available, and that the appropriateness of this provision is considered in relation to local context and individual preference. Notably, participants on the pilot pathway also comment on the financial cost of formal education and have valued the contribution towards funding offered by the NES pilot developmental pathway. The issue of funding for staff development may be one of growing relevance for succession planning in an era of financial constraint and is recognized in the literature as a significant potential barrier.

**Role transition**

Historically in nursing, the literature on role transition has highlighted the challenges associated with this stage in the succession planning process, particularly if the role is new to the organization. More specifically, the presence or absence of organizational infrastructures and managerial support has been identified as influential for individual development and the introduction of new roles.

Swan and Moye note that grooming successors can take a considerable length of time and that integration can
typically occur at two points; when vacancies naturally occur within the organization because of retirement, resignation, or other factors, or when an employee develops adequately and a position is created to accommodate them. Both of these situations create tensions and challenges for the introduction of succession planning for advanced practice in the NHS in Scotland. Unless specific project set-up funding is available, creating a ‘training post’ for talented individuals may be problematic and therefore the more typical situation is that individuals are developed into a vacancy, which may risk lack of continuity in service delivery. In this context, any efforts towards succession planning are likely to be contingent upon the availability of targeted developmental funding and increasingly efficient work force predictions.

**Evaluation**

The effectiveness or otherwise of the succession planning process should be evaluated with due regard to local contexts. It is important for organizations to generate an understanding of what works best, in what situation and to acknowledge that local circumstances may require alternative solutions. Collins and Collins suggest a range of process features that could be evaluated; these might include formalization of process, control systems, resource allocation, information systems, political criteria, technical criteria, staff role, and business impact. Whilst these factors reflect American health care models and priorities, used selectively, they do bear some relevance for the UK context.

The final report of the NES Advanced Practice Succession Planning Development Pathway will provide valuable information about the various elements of the NES pathway; however, the numbers of participants in the pilot project were small and both geographically and clinically diverse. In addition, recruitment to the NES pilot project was challenging for the organizers and did not quite reach the intended targets; this fact is in itself of interest and one wonders why the uptake of places on this pathway was rather disappointing. Due to these limitations, generalization from the NES pilot pathway will not be possible and a national approach to collating evaluations of succession planning for advanced practice should be considered.

**Conclusions**

There is currently a gap in available evidence related to succession planning for advanced practice; although existing role development research and policy documents indicate the need for succession planning, no specific reports on this topic were located in the literature.

Contrary to published recommendations on the strategic value of succession planning, informal feedback from service managers across a representative range of NHS Scotland Boards indicates that succession planning for advanced practice is either in the very early stages of inclusion or is not yet incorporated into NHS Boards strategic plans. Preliminary evidence from the evaluation of NES advanced practice succession planning development pathway suggests that it is the individual practitioners who are taking the initiative and that managerial direction or organizational infrastructures to promote succession planning are less evident.

In the context of ‘Modernizing Nursing Careers, a great deal of valuable work is ongoing within NHS Scotland in relation to role development for advanced practice. Recent initiatives such as the Framework for Developing Nursing Roles, NHS Career Framework, Advanced Practice Toolkit, NHS Education for Scotland Advanced Practice Succession Planning Development Pathway, and draft Guidance on advanced nursing practice roles provide the impetus and tools to support NHS Boards. Opportunities for nurse leaders to share experiences of current work implementing these tools are also important, and existing regional working groups are invaluable in this respect. However, research to identify those factors which help or hinder NHS Boards in using the above mentioned tools to introduce succession planning at a strategic level would add to the body of knowledge in this area and provide a resource for future work.

Considering the various elements of the succession planning process, an area of strength within NHS Scotland would appear to be staff development, with both local and national initiatives to provide developmental opportunities for advanced nurse practitioners. Provision of a range of formal and informal or work-based learning opportunities is important to developing advanced nurse practitioners. However, the suitability of each educational solution needs to take account of local contexts and individual learning preferences.

To conclude, as Beyers (p. 312) states, “the goal of succession planning is organizational continuity to ensure strategic and operational effectiveness.” Although it is early days and significant progress in clarifying the contribution of advanced nurse practitioners to the NHS in Scotland has been made, succession planning for these roles appears contingent upon a range of factors highlighted throughout
this discussion. To move away from this contingency approach and ensure continuity for advanced nursing practice requires support for succession planning at a strategic level.

**Recommendations**

Based on the preceding discussion, the following recommendations are proposed to support the implementation of succession planning for advanced nursing practice:

- Develop a consensus position around strategic goals for succession planning for advanced practice nationally. Further research to:
- Investigate reasons for the limited uptake or lack of engagement with the NES advanced practice succession planning development pathway.
- Identify and evaluate alternative mechanisms used locally to support the development of advanced practitioners.
- Identify organizational barriers and facilitators to succession planning for advanced practice.
- Develop and test implementation models for effective succession planning for advanced practice.
- National strategy to:
- Collate and publish experiences of succession planning for advanced practice.
- Implement support for the most effective mechanisms of succession planning for advanced practice.

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**References**


