

APEL guidance for applicants seeking NMC registration for ANP

Introduction

This guidance has been prepared to help nurses who are applying to the Nursing & Midwifery Council (NMC) for registration as an advanced nurse practitioner, through the Accreditation of Prior (Experiential) Learning (AP[E]L) route, to compile a portfolio for accreditation.

To be eligible for registration a practitioner has to be able to demonstrate that he or she has achieved the approved NMC competencies in each of the seven named domains. Most practitioners will have completed an academic programme at either first degree or masters level, which is based on these competencies. These nurses will have prepared a portfolio of evidence as part of their course - and will have had their practice directly observed &/or assessed.

For those nurses who have not followed this route, it is essential that they are able to present evidence to the NMC that they have achieved the competencies and that they are, therefore, equally eligible to be recognised as an advanced nurse practitioner (ANP).

Most of this evidence can be presented in a professional portfolio, but this alone will be insufficient. These practitioners will also need to have their competencies directly assessed by Objective Structured Clinical Examination (OSCEs) and/or by direct observation of their practice - normally by an appropriately prepared and approved registered advanced nurse practitioner. The judgement as to whether practice needs to be assessed by direct observation or by an OSCE - or both - will

depend on the outcome of the portfolio assessment.

APEL applicants should enrol, early on in their application for registration - and before starting to keep their portfolio of evidence - with an Approved Education Institute which offers programmes(s) of preparation approved by NMC for ANPs. This enrolment will enable the applicant to seek both guidance in preparing the portfolio and assessment of it when complete.

Compiling a portfolio

What is a portfolio?

A portfolio is a systematic collection of evidence which demonstrates that the standards for accreditation have been met. It should show how clinical competencies are underpinned by knowledge and understanding.

An NMC accreditation portfolio is different from an academic portfolio, in that its purpose is not to meet the academic requirements of a higher education institution. However, the rigour with which you compile your portfolio for NMC accreditation may enable you to use it to for academic recognition as well, for example, by providing

evidence for an Assessment of Prior Learning (APL) or an Assessment of Prior Experiential Learning (APEL) submission for academic credit.

Issues of confidentiality, accountability and the moral and ethical decisions about selection and preparation of material are important and you should spend some time and effort in considering what and how you select content to satisfy these requirements. You need to be very careful that any patient/client about whom you write, cannot - in any way - be identified. Later, in the section on constructing your portfolio, we emphasise that anything that might allow a patient/client to be identified should be removed.

You need to be certain that the inclusion of any patient/client related-material in your portfolio could not lead to them experiencing any additional stress or anxiety of any kind.

You may wish to use your clinical supervisor, if he or she is willing, or a respected workplace colleague to help you to think this through. This person will need to become conversant with the NMC competencies to which you are working - and will need to be familiar with the sort of evidence which you will need to collect.

Support in developing your portfolio

If students are studying at an Approved Educational Institution for an award that focuses on advanced nursing practice, they would expect to have their academic and practice studies guided by the academic and clinical staff attached to their programme. In addition, they would have a named practice facilitator from their workplace, who would be familiar with the programme of study and the NMC competencies. This might be an advanced nurse practitioner, or a general practitioner in the primary care setting. This person would also offer direct observation and critique of their practice.

If you are hoping to become registered for your advanced nursing practice by the APEL / portfolio route then you need to have a facilitator to guide you in collecting the evidence to prove that you are competent in all of the NMC domains and competencies.

We suggest that you identify someone in your workplace who can help you to identify incidents & evidence which demonstrate that you have met each of the competencies. This person should, ideally, be a nurse whom you regard as an expert / advanced practitioner in your area of practice. S/he might also be your clinical manager.

In addition to this, you will need to contact one of the NMC Approved Educational Institutions (AEIs) on the list of those offering a programme of preparation for ANPs, to seek the guidance and critique of a named facilitator in preparing & completing your portfolio for assessment.

What to include in your portfolio

Please remember that, with regard to the contents, quality is preferred over quantity!

General Presentation

- The evidence should all be contained within an A4 sturdy ring binder or lever-arch file
- There should be a table of the contents and relevant evidence
- Please number the pages sequentially for ease of reference

- We suggest that you use nine section dividers.
- Please do not use plastic pockets within the sections for evidence
- Please include one reference list at the end of the portfolio
- Do not include appendices

Structure

Section 1

This should contain information about you, your role and your workplace.

You should include the following:

1. Your CV – with :
 - Relevant professional details - eg current NMC registration with PINs
 - Professional / academic qualifications - note that your assessor will need to see original certification for this and also for current NMC registration
 - Employment history
 - Your present role description - this should include significant operational areas, skills required and a synopsis of current roles and responsibilities in your clinical practice.
 - Any relevant unpaid / voluntary activities
2. A supporting letter from your current manager (or other appropriate senior person). The letter must include a statement of verification that the competencies detailed in your portfolio have been demonstrated in practice and that the evidence provided is your own. S/he should include personal contact details, role and professional qualifications.

Sections 2 - 8

Please use seven dividers - one for each domain.
 These sections should be divided into information about, and evidence to support, each competency under the seven domains that you need to include in your application for NMC registration.

You need to include in each section:

- a brief introduction to the domain, detailing any relevant training or continuing professional development (CPD) undertaken.
- a short paragraph on each domain competency, setting out the evidence you are submitting to show that you have achieved each competency. You should include some discussion on what decisions you had to take when delivering a particular aspect of care, what factors you had to take into account - and, most importantly, if you were doing this again what would you repeat or do differently and why.
- It may be useful to write a summary indicating how the evidence supports the claim that you have met the criteria. The same pieces of evidence can be used more than once and you should cross-refer to other competencies as appropriate.

The evidence

A good portfolio is a systematic collection of robust evidence, which demonstrates that the competencies for accreditation have been met. It should contain:

- evidence which is credible, verifiable, consistent, has sufficient coverage and quality, and arises from more than one source (that is, it is corroborated). Note that anything that might allow patient/client identification should be removed / obliterated from the evidence (see earlier).
- synthesis of the evidence to show attainment of competencies, together with signposting for the assessor - that is, you must present the evidence so that the assessor is easily guided through it and shown how it demonstrates that the competencies are met.
- evidence of learning through the experience of gathering and interpreting evidence. We do not expect that the evidence will show 'perfect' practice - one of the key attributes of being a professional is lifelong learning, and so the portfolio should contain a reflective commentary on what further learning is required and action points for improving practice

In other words, it is not enough merely to provide the raw evidence; you will need to analyse, interpret and assess it. You should consider the source of the evidence, what to do with the information you find there, and your own and others' assessment of whether it shows you meet the standards and criteria for accreditation.

On the other hand, remember that it is quality that counts, not quantity!

Evidence could include written narratives, observational and oral evidence (accounts from managers and colleagues). Try to include a balance of sources of evidence, appropriate to your setting. The main thing is to provide clear evidence of having met the competencies. Evidence could include any of the following, some of which are explained in more detail further on:

- personal development plan
- 360° Feedback and personal reflections on this
- patient records (clinical notes)
- direct observation of care, action plans
- patient stories
- excerpts from reflective diary
- critical incident reviews
- notes from action learning sets
- audio tapes
- posters
- videos
- taped discussions

Your personal development plan (PDP)

Your personal development plan describes your career journey and has both retrospective and prospective sections. It is something that all health professionals should keep. It is not private and is likely to form a key tool in your workplace appraisals.

360° Feedback

You might wish to think about gathering some feedback about your competencies from colleagues, clients and others who interface with you. This might include using interviews, testimonials or a questionnaire given to a group of people, which you can then analyse and present in the portfolio. Try to use people who are familiar with your practice and who can help you identify aspects of your behaviour which you have not been able to articulate or identify clearly yourself.

Direct observation of care

Your clinical supervisor or a colleague might have spent time observing you in your practice. Ask them for any notes or reflections to help capture your actions and any associated outcomes. Then think about how you could use this as evidence to demonstrate your particular expertise. It might be used to supplement a point you want to make in your critical reflection.

Use of video / tape recording

Only use video or tape recordings if they serve a real purpose that cannot be served in any other way. If they contain unique material that provides crucial evidence for your portfolio then that is fine, but do not use them as a trimming or optional extra. You need to be prudent in their use - and the patient/client who is seen or heard must give informed consent. Clearly, this presents problems in relation to concealing identity and this must thoroughly be explored with the patient or client - who must give written consent.

Supervision and other notes

You might also wish to include some evidence of the joint dialogue you have with your colleagues, team, supervisor. What has the journey been like for you when exploring / evaluating / improving clinical practice? How have you managed to find the evidence-base for - or an increased understanding of - your work? Has this experience filtered through into other work you do? Are there any other people that you use to help you critique your work?

When using notes of meetings you will need to get these signed and dated - and it is likely that you will wish to use some narrative of your own that explains the notes more fully in their context.

Ethical considerations

Your practice role and the information generated through your practice are important in deciding on evidence to use for your portfolio. It is important that individuals applying for accreditation are guided by the Code of professional conduct (NMC, 2002) and, within it, the scope of professional practice. Note that, as stated earlier, it should not be possible to identify patients or clients from your evidence - nor should it be possible to identify other healthcare professionals. In your portfolio you should make reference to any ethical consideration that you feel have been handled well - or could have been better addressed.

Critical structured reflections

You might wish to use a reflection of a critical incident that explores a key aspect of your work. Write the reflection in a way that captures the experience and how

you dealt with it. Who else was involved? Perhaps you discussed things with a colleague? Ask yourself questions like, what was it that led me to make the decisions I did? Where did your insights come from? What triggered your actions, thoughts, feelings? (Johns, 1996) Show your reflections to someone who can offer you some constructive criticism - they might be able to pick out aspects of your behaviour or competencies you had not considered.

Audit of your practice

Here you are setting out to benchmark the quality of the care you give. You might want to ask a respected colleague to observe you in practice and critique the experience - and then for you to critique him/her carrying out similar practice and compare both.

You might want to keep a diary of your practice and its outcomes for reflection / discussion with a respected colleague.

Practise self-assessment using the critical structured reflective approach referred to above.

Constantly ask yourself what you learned from each interaction/incident?

How could you have done it better/differently?

On what evidence did you base your practice interventions? Was it the right evidence-base?

What do you need to work on? How will you do this? What will you need in order to do this?

User perspectives / patient stories

You could try to get feedback from at least one of the patients/clients that you are caring for about the experience of being nursed or offered a service. If you include patient stories in your portfolio you must ensure that the patient cannot be identified. The patient also must be clear about the purpose towards which the information will be put and agree to this in writing. You might like to include examples of some thank you letters from patients, if they offer details of the kind of care that you delivered. You may have systems in place that capture user feedback - think about how you can include these in the portfolio.

Care Outcomes

It is important to think about - and demonstrate in the portfolio - how your actions have influenced and affected patient care. Use anything that helps to identify this process. You might have some audit trails that map the process that led to any outcomes. Some questions you can think about are:

- what and how people are affected by your interactions and interventions?
- how does practice change in your clinical area? Who is involved in this change?
- what do peers say about you and your sphere of influence?

Videos of clinical consultations, drawings and taped discussions can all be used as evidence, which you may or may not find useful. Remember, when you include evidence it is there to prove a point – i.e. to prove that you have achieved a competency. Do not include it for the sake of it or just because it exists!

Action Learning

You may be part of an action learning set and wish to include some evidence in your portfolio from this process.

Action learning is an approach to individual and group development, traditionally used to develop managerial and organisational effectiveness. Over several months, people work in a small group (an action learning set) to tackle important organisational issues or problems and learn from their attempts to change things.

Action learning comprises four elements:

- the person – everyone joins and takes part voluntarily;
- the problem – everyone brings and must ‘own’ a problem on which he or she wants to act.
- the group or set – because we often need colleagues to help us tackle difficult problems. Action groups, or action learning sets, meet to help each other think through the issues, create options, agree on action and learn from the effects of that action through providing high challenge and high support. Learning about how groups work is an added benefit. The colleagues in the set may be from the same organisation or from different organisations.
- the action and the learning – after having analysed the problems, thought through the options and decided what to do, with the help of the set, individuals act to resolve their problems.

Reflective practice

The definition of reflective practice as articulated by Johns (1996) underpins accreditation:

“a window for practitioners to look inside and know who they are as they strive towards understanding and realising the meaning of desirable work in their everyday practices. The practitioner must expose, confront and understand the contradictions within their practice between what is practised and what is desirable. It is the conflict of contradiction and the commitment to achieve desirable work that enables the practitioner to become empowered to take action to appropriately resolve these contradictions”

To articulate this philosophy, components of accreditation should include, for example, the recording of significant experiences, the use of a model of structured reflection and the maintenance of a learning/reflective diary. Reflection should be used as a means of exploring approaches to clinical supervision, clinical effectiveness and clinical governance and reflecting on the effectiveness of the participant’s skills as a:

- supervisor
- supervisee
- reflective practitioner
- facilitator of learning from practice
- evaluator of clinical supervision.

Writing narratives:

Perhaps one of the weakest parts of portfolio development is building up a clear and convincing discussion of what your evidence demonstrates. Just as a barrister will have to use different pieces of evidence to persuade a jury of guilt or innocence of a client, you will have to do the same to demonstrate your qualities. It is not sufficient simply to let the evidence speak for itself. You must select your evidence thoughtfully and then link this to particular competencies. In effect, your narrative is guiding the assessor of your portfolio in what he or she should be noticing about your practice. It is sign-posting their way through your work and making it easier for them to see how you have achieved the competencies.

Section 9

References and use of texts / journals

Note that your practice should be evidence-based and in your portfolio you should refer accurately to the evidence on which you are basing your practice, so that your sources can be traced and checked.

Always use the latest edition of a text. Unless the text you are using is a classic, such as Patricia Benner's *From Novice to Expert* - (which was written in 1984 and published by Addison-Wesley) - try not to use books that are older than five years. Remember that a book takes nearly two years to prepare and almost one year to publish and so they are nearly three years old before they appear on the shop shelves!

Note that journal articles are likely to be much more current.

Please use the Harvard system of referencing whereby you simply put the author's name and the date of publication in the text of the portfolio where it first occurs eg (Groopman, 2005). In the terminal reference list put all authors alphabetically, no matter where they occur in the text, in full, as follows:

Groopman, J. (2005) *The Anatomy of Hope - how people find strength in the face of illness*, London, Simon & Schuster.

The Approved Educational Institution with whom you enrol for assessment of your portfolio should give you full guidance on referencing.

Finally....

Once you have completed your portfolio it's a good idea to leave it a few days before submitting it. Then, re-read it - you'll have fresher eyes having left it a while. Make sure that a 'critical friend' has also read it ...and take on board his or her constructive criticism.

When you are satisfied with it you need to get someone to verify that it is your work. This may be your manager or your supervisor.

You will need to submit xxx copies of your portfolio to your assessor. Remember to get a certificate of postage and keep a copy of your portfolio and any tapes or videos for yourself.

Portfolio assessment

Your portfolio will be assessed by two assessors within the Approved Educational Institution with whom you have enrolled and will be moderated by an NMC approved assessor. Portfolio assessors should meet the following criteria:

- they must be registered nurses
- they should have at least two years' experience in reviewing portfolios
- they should have two years' experience in teaching broadly to the domains and competencies as agreed by the NMC or be a registered advanced nurse practitioner
- might include other practitioners as appropriate

Once your portfolio has been assessed, decisions will be taken as to how much of your practice needs to be assessed and whether this is by direct observation or OSCE or both.

Once accreditation is agreed in principle it has to be ratified by the NMC. Registration is valid for three years. Once you have been registered we will let you know when your re-accreditation becomes due.

Complaints & Appeals Procedures

These will be those of the AEI offering an NMC approved programme of preparation for ANPs, with which you are enrolled for the facilitation and assessment of your portfolio.

Data Protection Act 1998

Please note that all information about practitioners who apply for accreditation is kept on the NMC database, and subject to the Data Protection Act.

Reference

Johns, C. (1996) Visualising and realising caring in practice through guided reflection. *Journal of Advanced Nursing* 24, 1135–1143

Portfolioing guidelines prepared by RCN Accreditation Unit as in-house documents.