

Advanced nurse practitioners

– an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation





Royal College
of Nursing

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Introduction

It is over 20 years since the first nurses graduated from the Royal College of Nursing Nurse Practitioner programme in 1992. These 15 students led the way for the thousands who now practice throughout the United Kingdom. Initial developments of nurse practitioners in the late 1980s and early 1990s took place in primary care based settings, such as general practices and projects working with homeless people. This is still where the majority of nurse practitioners practise (Ball, 2006); they deliver care in GP and branch surgeries, personal medical service (PMS) projects, walk-in centres, urgent care facilities, out of hours services, projects to address the needs of marginalised groups, and elderly care facilities.

More recently nurse practitioners have taken up partnerships in general practice, using opportunities such as social enterprise to provide services to address patient and commissioning priorities. In addition, increasing numbers of nurse practitioners now work in secondary and tertiary care settings such as accident and emergency departments, minor injury units, medical assessment units, night services and within specialties such as paediatrics, neonates, cancer care, ophthalmology and orthopaedics. In any setting where patients would benefit from nurses with exemplary skills practiced at an advanced level, the nurse practitioner role is being developed.

In 2002 the RCN produced its first guidance on the nurse practitioner role and this document has been utilised extensively both to promote the value and potential of the nurse practitioner, and to support the educational development of nurse practitioners at numerous higher education institutions.

With recent proposals from the Nursing and Midwifery Council (NMC, 2007) to regulate advanced nurse practitioners in order to enhance public protection, and current ‘modernising nursing careers’ discussions (DH, 2006), the RCN guidance has been reviewed and up-dated to ensure it continues to be a valuable resource for:

- ◆ potential employers of nurse practitioners
- ◆ those wanting to develop their existing practice to become a nurse practitioner
- ◆ policy makers working to develop optimum solutions to health care delivery, whilst protecting the interests of the public through delivery of high quality nursing care

- ◆ higher education institutions offering or developing nurse practitioner programmes
- ◆ researchers into nurse practitioner and advanced nursing practice
- ◆ patients/service users, to inform their choices about the clinician providing their care and the organisation providing services.

The term ‘advanced nurse practitioner’ is increasingly being used in the UK to acknowledge explicitly the advanced level of the nurse practitioner role, the scope of practice and its associated competencies. This term has therefore been used within the body of this updated publication to replace the term ‘nurse practitioner’.

There are three sections to this guidance document:

Section 1 defines the role of advanced nurse practitioner, and sets out the answers to key questions being asked by nurses, doctors, potential employers, purchasers of educational programmes, and others interested in the development of the role.

Section 2 sets out the RCN’s revised domains and competencies for advanced nurse practitioners in the UK, adapted following mapping against the *NHS Knowledge and Skills Framework* (DH, 2004). The RCN believes that, by building a consensus among health care providers about what constitutes the professional practice of advanced nurse practitioners, a standard of practice can be agreed and ultimately the use of the title can be regulated.

Section 3 sets out the standards which collaborating higher education institutions must meet for their advanced nurse practitioner educational programmes to receive RCN accreditation.

1

The role of the advanced nurse practitioner

Introduction

In 1996, RCN Council agreed a definition of nurse practitioner practice and appropriate educational preparation for the role. This was expanded upon in 2002, using the experience of members of the RCN, educators, researchers, and policy makers, to reflect the evolution of the nurse practitioner in the UK (RCN, 2002). The following offers a summary of the current RCN position on the advanced nurse practitioner as a key twenty-first century health care provider of nursing.

Defining the role

What is an advanced nurse practitioner?

The RCN defines an advanced nurse practitioner as:

a registered nurse who has undertaken a specific course of study of at least first degree (Honours) level and who:

- ◆ makes professionally autonomous decisions, for which he or she is accountable
- ◆ receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- ◆ screens patients for disease risk factors and early signs of illness
- ◆ makes differential diagnosis using decision-making and problem-solving skills
- ◆ develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures
- ◆ orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies

- ◆ has a supportive role in helping people to manage and live with illness
- ◆ provides counselling and health education
- ◆ has the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- ◆ works collaboratively with other health care professionals and disciplines
- ◆ provides a leadership and consultancy function as required.

How do you become an advanced nurse practitioner?

The RCN recommends that would-be advanced nurse practitioners should undertake a specific course of study **to at least honours degree level**. Such a course should include core areas which build on nursing skills already acquired, and cover the following subject areas:

- ◆ therapeutic nursing care
- ◆ comprehensive physical assessment of all body systems across the life-span
- ◆ history-taking and clinical decision-making skills
- ◆ health and disease, including physical, sociological, psychological, and cultural aspects
- ◆ applied pharmacology and evidence-based prescribing
- ◆ management of patient care
- ◆ public health and health promotion
- ◆ research
- ◆ organisational, interpersonal, and communication skills
- ◆ accountability – including legal and ethical issues
- ◆ quality assurance
- ◆ political, social and economic influences on health care
- ◆ leadership and teaching skills.

In addition, the learning outcomes and associated curricula for all advanced nurse practitioner programmes should explicitly encompass all of the generic advanced nurse practitioner domains and competencies that are listed within Section 2 of this document.

Area of practice

The RCN believes that the advanced nurse practitioner offers a complementary source of care to that offered by medical practitioners and other health care professionals. Advanced nurse practitioners augment the care that a team can deliver, and can also act as primary care providers in their own right.

The generic standard for advanced nurse practitioner practice, provided in Section 2 of this publication, forms the minimum threshold for advanced nurse practitioner practice with the UK. The domains and competencies can therefore be applied in all health care settings and within all specialties.

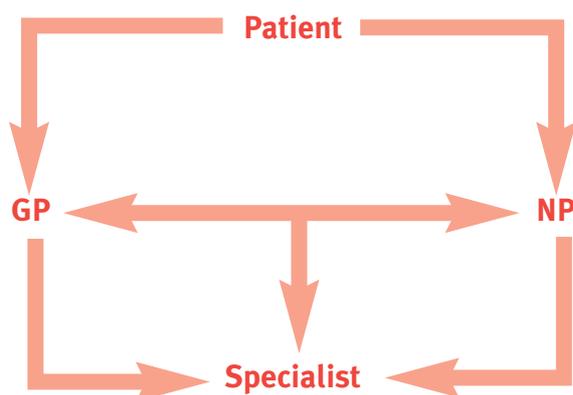
Primary care

The expertise of the primary care advanced nurse practitioner lies in his or her ability to operate as a 'generalist'. In other words, they can provide complete episodes of care for patients of any age and with a wide variety and range of presenting problems and health care needs. This will encompass the provision of evidence-based individualised care for patients whose issues fall within the following categories; urgent/acute episodes, long-term conditions, and health promotion.

Research into the safety and effectiveness of nurse practitioners has provided overwhelmingly positive conclusions regarding the value of the role and the patient satisfaction that arises from advanced nurse practitioner care (Horrocks et al., 2002; Laurant et al., 2005).

Advanced nurse practitioners operating in primary care have a wide range of skills, a broad knowledge-base and the ability to deliver specific aspects of care. At times these will need to be supplemented by the skills of specialist health care professionals in both primary and secondary care, and include use of a range of diagnostic and screening services. Advanced nurse practitioners act collaboratively with colleagues working in the same area of practice, or refer to and share care with colleagues in more specialist areas of practice.

The following diagram depicts the referral system of a nurse practitioner working in primary care:



Here, the patient has the opportunity to consult with either a GP or an advanced nurse practitioner (ANP), or indeed both. An advanced nurse practitioner who becomes the primary care provider may work with the patient to determine a plan of care, and may deliver a large proportion of that care themselves, or in partnership with medical colleagues and other members of the health and social care team.

Some advanced nurse practitioners may also have skills which mean they can work with patients or clients requiring specialist care. For instance, to provide services for patients with depression, rheumatoid arthritis, heart failure, and so forth. In these instances, it is the ability to apply the broad foundation of advanced level knowledge and skills described above which makes them an advanced nurse practitioner, not just their expertise in a specific field of care provision.

Secondary care

The drive to reduce the hours worked by junior doctors has resulted in initiatives that have extended and expanded the traditional scope of the nurse within hospital based settings, for example, night nurse practitioners (DH, 2005) and pre-operative assessments. In addition, the benefits of specialist nurses within outpatient clinics to provide continuity of care have also demonstrated the value that a more holistic approach can bring. The term nurse practitioner has increasingly been used to distinguish where these emerging roles have a higher degree of autonomy and application of expertise. Although the patient is under the overall care of a medical consultant, the advanced nurse practitioner provides the first point of contact, dealing with whatever problems the patient brings. The advanced nurse practitioner can proactively address any issues that could negatively impact on the patients' pathway and length of stay. Local evaluations have highlighted the value of the advanced nurse practitioner in enhancing the responsiveness and efficiency of care provision and the overall quality of patient care.

Identifying true advanced nurse practitioners

Currently, a number of nurses are using the title 'nurse practitioner' or 'advanced nurse practitioner' without undertaking the appropriate level of further education to develop the knowledge and competence that are necessary to work safely, efficiently and effectively at this advanced level of practice.

In recognition of this, the Nursing and Midwifery Council (2007) has stated that:

“For a considerable amount of time, a major concern of the NMC, the public and many NMC registrants is the existence of the plethora of job titles that do not help the public to understand the level of care that they can expect. There are nurses who hold job titles that imply an advanced level of knowledge and competence, but who do not possess such knowledge and competence. In addition, their practice may not be subject to the scrutiny of another professional as they often act as independent practitioners.

The NMC also recognises that there are now significant changes in the way that services are delivered to patients, particularly following the General Medical Services (GMS) contract and European Working Time Directive (EWTD). Nurses, midwives and specialist community public health nurses are undertaking treatment and care that was once the domain of other health care professionals, notably doctors.

Therefore, a national consultation was undertaken during the months of December 2004 - February 2005 following which external analysis was undertaken and reported to Council in June 2005. Council agreed that 'advanced nurse practitioner' should be a registrable qualification and that the NMC should seek approval from the Privy Council for opening a further sub-part to the nurses' part of the register.

To implement the Council's decisions of 9 June 2005 regarding the outcome of the consultation for the framework for the standard for post-registration nursing, a letter was sent to the Privy Council in December, with additional information being sent in January 2006.

The NMC's mandate is set out within the legislation of the Nursing and Midwifery Order (2001); therefore the Privy Council has been seeking the views of the Department of Health (England), which takes the lead on regulatory matters relating to healthcare professions across the UK. The NMC has been awaiting the response from the Privy Council.

Current position:

Following an interval of very little movement, the NMC has now been very encouraged to read within the recent White Paper Trust, Assurance and Safety - the Regulation of Health Professionals in the 21st Century (2007), that;

'The Government agrees that the regulatory body for each non-medical profession should be in charge of approving the standards which registrants will need to meet to maintain their registration on a regular basis. Where

appropriate, common standards and systems should be developed across professional groups where this would benefit patient safety. The Department will ask the Council for Healthcare Regulatory Excellence (CHRE) to work with regulators, the professions and those working on European and international standards to support this work. This will encompass the development of standards for higher levels of practice, particularly for advanced practice in nursing, AHPs and healthcare scientists. The Department will discuss with the Nursing and Midwifery Council the outcome of their consultation on advanced nursing practice to agree next steps (2.30)'.

Council has interpreted this very positively and looks forward to working in partnership with all the relevant stakeholders to progress this and we are currently awaiting further detail from the White Paper Implementation Plan (WPIP)'.

Further updates on this important work, are available from the NMC website at www.nmc-uk.org

Frequently asked questions

How do I become an advanced nurse practitioner?

The RCN Accreditation Unit accredits Advanced Nurse Practitioner programmes provided by Higher Education Institutions when these are able to demonstrate compliance with the standards listed in Section 3 of this document. This acts as a quality 'kite mark' to indicate that individuals graduating from RCN accredited Advanced Nurse Practitioner educational programmes are properly prepared and competent, and fit for purpose.

Further information on advanced nurse practitioner programmes can be accessed from the Association of Advanced Nursing Practice Educators (AANPE) website at www.aanpe.org.

For nurses who already possess a wide range of academic and practical experience, many higher education institutions will consider Accreditation of Prior (Experiential) Learning (AP(E)L) claims to enter their courses according to the rules of the higher education institution concerned. In this way nurses could gain exemption from having to study formally for the entire advanced nurse practitioner programme.

What resources are available to support me to develop as an advanced nurse practitioner?

The RCN website has useful publications to support

nursing innovation and advanced practice. Information on Agenda for Change and the NHS Knowledge and Skills Framework is also available from the website, and the job description section on the website provides a sample job description for an advanced nurse practitioner in General Practice.

Advanced nurse practitioners are sometimes referred to as ‘autonomous’ and ‘independent’ practitioners. What do these terms really mean?

Autonomy is often used to describe a practitioner, nurse or otherwise, who has the ability to make independent decisions about their actions. However, a more measured and accurate use of the term is to describe a state where the individual is free to exercise judgement about their actions in such a way that they can truly accept responsibility for them, and consequently be held to account for those actions (Jones, 1996).

Advanced nurse practitioners do not use independence as an elitist or a separatist statement, or to describe their work situation. They acknowledge that independent practice is undesirable and unattainable, because all health care professionals should be working collectively as a team for the patient’s best interests. The only sensible use of the term ‘independence’ is in a business sense, to describe an advanced nurse practitioner who is self-employed.

If an advanced nurse practitioner is self-employed they are independent; if an advanced nurse practitioner is employed they are not independent. Independence does not define the limit of professional practice and should not be used to distinguish advanced nurse practitioners from other members of the nursing profession.

Are advanced nurse practitioners more vulnerable or liable for their actions than other nurses?

Advanced nurse practitioners can feel particularly vulnerable because they are constantly managing clinical uncertainty and undertaking innovative practice. In legal terms, this vulnerability is associated with the perception that advanced nurse practitioners might be sued in their own right. However, the principle of vicarious liability determines that it is generally the employer who is sued if things do go wrong. Advanced nurse practitioners are therefore no more vulnerable to claims of negligence than other nurses, particularly if their practice is underpinned by a comprehensive educational programme which enhances self-awareness and the ability to acknowledge and remedy their limitations.

That the RCN believes advanced nurse practitioners to be no more vulnerable to legal action than other nurses is demonstrated by the fact that the RCN offers advanced nurse practitioners, who are full RCN members, indemnity insurance with no extra premium or membership fee. Members are advised to check the RCN website for full details of the RCN’s indemnity insurance policy and specified exclusions.

The reference points for the professional and ethical practice of advanced nurse practitioners is the Code of professional conduct published by the NMC. Key principles in determining the vulnerability of advanced nurse practitioners are the extent of their self-governance (autonomy), the ability to take responsibility for their own actions (accountability), and their knowledge of the boundaries of their own practice.

Advanced nurse practitioner practice is not bound by any conventional definition of the difference between ‘nursing’ and perceptions of ‘medical’ practice. Such parameters are spurious and even where people do perceive them to exist, subject to constant change as the advanced nurse practitioner role develops to incorporate a wider scope of activity.

The vulnerability of the advanced nurse practitioner, therefore, is dictated by the extent to which any practitioner is able to acknowledge his or her own limitations and set limits to his or her own practice. And these principles apply to any registered nurse, regardless of their level of practice. Meticulous practice, good record keeping, a thorough educational preparation, ongoing self-assessment, and critical appraisal with colleagues, are all essential in alleviating advanced nurse practitioners of the burden of vulnerability.

What is the standard of care for an advanced nurse practitioner?

One factor, which has both professional and legal ramifications, is the lack of an agreed definition of the role. Even though current advanced nurse practitioner practice is founded on sound research and educational principles, there has been insufficient comparison of the diversity of roles to establish an average standard of practice. This makes it difficult to compare levels of competency.

Accepted legal advice is that a practitioner would always be judged by the standard for the post, not the standard of the person filling the post. So, for example, if nurses were carrying out a role that in the past might have been considered a medical role — such as taking a medical history and carrying out a physical examination to arrive

at a provisional diagnosis in a patient presenting with an unknown condition — they would be judged by the standard of a reasonably competent doctor. Advanced nurse practitioners in primary care need to look for comparison to the standard of a GP, while hospital-based colleagues need to look to the equivalent medical standard for the role they are now taking on (such as a senior house officer in an A&E department). This underlines the importance of educational preparation for the role, if negligence is to be avoided. Inexperience is not a defence in the eyes of the law; if an advanced nurse practitioner believes that they cannot demonstrate the required standard in an aspect of their practice, they are responsible for refusing to undertake the action or seeking supervision from an appropriate source.

How should advanced nurse practitioners be employed?

Given the emphasis on the autonomous nature of advanced nurse practitioner practice, and the benefits of offering direct access to advanced nurse practitioners as well as doctors, a number of employment options are available to advanced nurse practitioners. These range from self-employment to independently contracting nursing teams, and nurse partnerships. These once radical ideas are now accepted ways of providing care and treatment, in which advanced nurse practitioners excel. No area of the health care system is closed to the advanced nurse practitioner, and many innovative posts are now on offer, not just in primary care but throughout acute care services.

A note of caution should be sounded when looking for an appropriate post. For reasons borne out of ignorance or false economy, some prospective employers persist in offering so-called advanced nurse practitioner posts for which no specific education is required, and for which the remuneration on offer is not appropriate for a nurse as competent and highly qualified as an advanced nurse practitioner. The RCN advises potential applicants to make sure the employer understands what it is asking for, and is willing to offer a salary worthy of an advanced nurse practitioner's qualifications and potential.

Why can't advanced nurse practitioners working within primary care sign sick certificates?

Currently, it is not legal for any nurse in the community to sign Med 3 sick certificates, even though hospital nurses can legitimately do this. The situation is extremely frustrating for both practice nurses and advanced nurse practitioners in primary care, who having completed a full

assessment of the patient and made the judgement that a period of absence from work is needed to facilitate an individual's return to health, then needs to ask a GP to sign the sick certificate. The Department of Health and Department of Work and Pensions are currently reviewing the use of sick certificates as part of their reform agenda, and the RCN is actively participating in these discussions.

Can an advanced nurse practitioner request an X-ray or make a referral?

The NP Survey 2006 (Ball, 2006) found that 44 per cent of nurse practitioners had had an X-ray request refused, 22 per cent had other investigations refused and 44 per cent reported that they had had referrals refused — all of the grounds that they were nurses not doctors. As a result the RCN has worked with other professional bodies, including the Society and College of Radiographers and the Royal College of Radiologists, to produce a policy position and guidance that supports requesting of clinical images by non-medically qualified health care professionals including nurses. This policy guidance is available from the RCN website.

Through implementation of this guidance across the UK, it is anticipated that barriers will be removed and patient care pathways will be enhanced. With an increasing awareness of the scope and level of advanced nurse practitioner practice, the RCN hopes that all health care professionals will be willing to focus on the merits of a referral, rather than the author, so that true collaborative working is achieved.

What about home visits?

There are no reasons at all as to why advanced nurse practitioners cannot undertake appropriate home visits. Indeed, advanced nurse practitioners are increasingly expanding their remit to provide care in patient's homes when they are housebound with acute and/or long term health problems. Developments in prescribing (DH, 2007) mean that more advanced nurse practitioners are now able to issue a prescription where warranted.

However, where an advanced nurse practitioner is not an independent prescriber, strategies need to be in place to avoid undue delay for the patient in obtaining a prescription for treatment and to prevent compromise of the normal standard of care that the patient would receive from a GP.

The nurse practitioner and pregnant women

Maternity care is the one domain where legislation stipulates that only a registered medical practitioner or a

practicing midwife can provide care for a pregnant woman. A team approach needs to be in place so that when an assessment of the pregnancy is necessary a GP or midwife can see the woman. Where there is no midwife attached to the practice good links and communication systems need to be in place for easy referral.

Should the nurse practitioner also be a registered midwife she will be able to care for pregnant women so long as she continues to meet the NMC requirements. These include notifying her intention to practice, meeting with the supervisor of midwives annually and maintaining the PREP requirements for midwifery.

Local protocols and policies need to be in place to clarify the nurse practitioners role in relation to pregnant women. For example, it is likely that where there is no GP present, women may attend the practice for confirmation of pregnancy, or as part of a health assessment the nurse practitioner may diagnose pregnancy. Local guidelines, therefore, should be in place so that the nurse practitioner can make an initial referral to the local maternity services.

Nurse practitioners may also find themselves providing care for non-pregnancy related conditions that are linked to or have an impact on the pregnancy (such as headaches or urine tract infections) or be called on to provide care in an emergency. In both these situations competency and clear referral pathways are important. The RCN has recognised this area is complex and is currently developing further guidance for nurse practitioners around pregnancy that will be published in 2008.

Conclusion

Advanced nurse practitioners are highly educated and demonstrate high level clinical and cognitive ability, yet they are often thwarted by lack of formal recognition of their ability to practice safely and competently, and they are denied certain rights which other health professionals hold.

The lack of an explicit description of advanced nurse practitioner practice is currently limiting the development of the role. Whilst the RCN accepts that advanced nurse practitioner roles will be many and varied, it recommends that in the near future:

- ◆ standards for advanced nurse practitioner practice are set by the NMC
- ◆ provision is made for regulation of advanced nurse practitioner practice
- ◆ standards for advanced nurse practitioner education are set by the NMC, to ensure that the role is underpinned by appropriate high-quality education.

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2

RCN domains and competencies for UK advanced nurse practitioner practice

Background

The RCN domains and competencies for advanced nurse practitioner practice have their origins in work published in 2001 by the National Organization of Nurse Practitioner Faculties (NONPF) in the United States. The NONPF has a long history of competency work, building on the seminal work of Patricia Benner (PhD) and Karen Bryckzynski (PhD) to form the basis of the competencies presented in the 1995 NONPF publication *Advanced nursing practice: curriculum guidelines and program standards for nurse practitioner education*. The NONPF updated this work in 2001 to reflect changes in nurse practitioner behaviours in the States, resulting in seven core domains of nurse practitioner practice:

1. Management of client health status
2. The nurse-client relationship
3. The teaching-coaching function
4. Professional role
5. Managing and negotiating the health care delivery system
6. Monitoring and ensuring the quality of health care practice
7. Cultural competencies.

These core domains and associated competencies have been used as national guidelines in the United States for curriculum development for nurse practitioner programmes, and remain the basis for evaluating nurse practitioner practice, and comparing and evaluating educational programmes.

UK application

The RCN used the NONPF's work as the basis for producing the *Domains and competencies for UK nurse practitioner practice* in 2002, providing the first detailed picture of the competencies that should define nurse practitioner practice in the UK. These have increasingly been utilised by nurses, other health professionals,

employers, and workforce planners as the basis for determining the core generic competencies required for new and existing nurse practitioner roles to ensure delivery of safe and effective practice. They have also provided the standard for the curricula of RCN accredited programmes of preparation for nurse practitioners, and informed the content of many other advanced nursing programmes across the UK.

Three key developments have led the RCN to revisit the domains and competencies for UK nurse practitioner practice, namely:

- ◆ implementation of the *Knowledge and Skills Framework* (KSF) (DH, 2004)
- ◆ an escalating debate on the nature of advanced nursing practice, the commensurate academic level, and nurse practitioners within this
- ◆ NMC activity to develop a regulatory framework for advanced nurse practitioners (ANP) to enhance public protection (NMC, 2005).

A small group — comprising of the RCN Nursing Practitioner Adviser, the RCN lead for competency-related activities, and representatives from the RCN accredited nursing practitioner programme providers — met in the summer of 2005 to revise the 2002 domains and competencies to better reflect the advanced nature of the role in the light of pertinent dimensions of the KSF and Masters level descriptors (QAA, 2007). The outcome of this work is presented here. The body of work was shared with the NMC in 2005 to facilitate and support its important work on ANP regulation. The NMC Council agreed, in December 2006, that this should be used as the standard for advanced nurse practitioner regulation in their proposals. Updates on NMC activity in relation to the advanced nurse practitioner regulation can be accessed via the NMC website at www.nmc-uk.org.

RCN domains and competencies for advanced nurse practitioners

The advanced nurse practitioner demonstrates competence in each of the following domains when s/he performs the specified behaviours in the tables that follow:

Domain 1: Assessment and management of patient* health/illness status		
Health promotion/health protection and disease prevention		NHS KSF dimension**
1	Assesses individuals' health education/promotion related needs.	HWB1 L4 HWB4 L4
2	Plans, develops and implements programmes to promote health and well-being and address individual needs.	HWB1 L3 HWB3 L3 HWB5 L4
3	Provides health education through anticipatory guidance and counselling to promote health, reduce risk factors, and prevent disease and disability.	HWB1 L3 HWB4 L4
4	Develops and uses a follow-up system within the practice workplace to ensure that patients receive appropriate services.	HWB3 L4 HWB7 L4
5	Recognises environmental health problems affecting patients and provides health protection interventions that promote healthy environments for individuals, families and communities.	C3 L4
Assessment and management of patient illness		NHS KSF dimension**
6	Obtains, analyses and interprets history, presenting symptoms, physical findings, and diagnostic information to develop the appropriate differential diagnoses.	HWB6 L4
7	Diagnoses and manages acute and long-term conditions while attending to the patient's response to the illness experience.	C3 L4 HWB5 L4 HWB7 L4
8	Prioritises health problems and intervenes appropriately, including initiation of effective emergency care.	C3 L4 HWB5 L4
9	Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.	C5 L3 HWB5 L4 HWB8 L3
10	Formulates an action-plan based on scientific rationale, evidence-based standards of care, and practice guidelines.	HWB5 L4 HWB7 L4

* The term 'patient' is used to mean patient or client, depending on the health care setting.

** **KSF Dimension abbreviations:** C = Core; HWB = Health and well being; IK = Information and knowledge; G = General.

Domain 1: Assessment and management of patient* health/illness status		
Assessment and management of patient illness	NHS KSF dimension**	
11 Provides guidance, counselling, advice and support regarding management of the health/illness condition.	CI L4 HWB3 L4	HWB1 L4 HWB5 L4
12 Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse's scope of practice and/or expertise.	C1 L4 HWB6 L4	IK1 L3
13 Assesses and intervenes to assist the patient in complex, urgent or emergency situations.		
A Rapidly assesses the patient's unstable and complex health care problems through synthesis and prioritisation of historical and immediately-derived data.	HWB2 L4 HWB8 L4	HWB6 L4
B Diagnoses unstable and complex health care problems using collaboration and consultation with the multi-professional health care team as indicated by setting, speciality, and individual knowledge and experience.	C1 L4 HWB8 L4	IK1 L3
C Plans and implements diagnostic strategies and therapeutic interventions to help patients with unstable and complex health care problems regain stability and restore health, in collaboration with the patient and multi-professional health care team.	C1 L4 IK1 L3 HWB5 L4 HWB8 L4	C3 L4 HWB3 L4 HWB7 L4
D Rapidly and continuously evaluates the patient's changing condition and response to therapeutic interventions and modifies the plan of care for optimal patient outcome.	C3 L4 HWB5 L4 HWB8 L4	HWB3 L4 HWB7 L4 HWB10 L3
For health promotion/health protection and disease prevention, and management of patient illness		
14 Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.	HWB5 L4 HWB7 L4	HWB6 L4
15 Obtains a comprehensive problem-focused health history from the patient or carer.	C1 L4 HWB6 L4	HWB2 L4
16 Performs a comprehensive problem-focused age-appropriate physical examination.	HWB2 L4	HWB L4
17 Analyses the data collected to determine health status of the patient.	C1 L4 HWB6 L4	HWB2 L4
18 Formulates a problem list and prioritised management plan.	HWB2 L4	WB6 L4
19 Assesses, diagnoses, monitors, co-ordinates, and manages the health/illness status of patients during acute and enduring episodes.	HWB2 L4 HWB6 L4 HWB8 L3	HWB5 L4 HWB7 L4

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Domain 1: Assessment and management of patient* health/illness status	
For health promotion/health protection and disease prevention, and management of patient illness	
20 Demonstrates knowledge of the patho-physiology of conditions commonly seen in practice.	HWB6 L4
21 Communicates the patient's health status using appropriate terminology, format, and technology.	C1 L4 IK1 L3 HWB2 L4 HWB3 L4
22 Applies principles of epidemiology and demography in clinical practice by recognising populations at risk, patterns of disease, and effectiveness of prevention and intervention.	IK1 L3 HWB2 L4 HWB3 L3 HWB6 L4 HWB7 L4
23 Acquires and uses community/public health assessment information in evaluating patient needs, initiating referrals, co-ordinating care and programme planning.	HWB2 L4 HWB6 L4
24 Applies principles of evidence-based practice pertinent to their area of practice.	C5 L4 IK2 L3 IK3 L4 HWB7 L4
25 Provides information and advice to patients and carers concerning drug regimens, side-effects and interaction, in an appropriate form.	C1 L4 HWB1 L4 HWB5 L4
26 If legally authorised – prescribes medications based on efficacy, safety, and cost from the formulary.	HWB3 L4 HWB5 L4 HWB7 L4 HWB10 L4
27 Evaluates the use of complementary/alternative therapies used by patients for safety and potential interaction.	HWB5 L4 HWB10 L4
28 Integrates appropriate non-drug-based treatment methods into a plan of management.	HWB1 L4 HWB5 L4 HWB7 L4
29 Orders, may perform, and interprets common screening and diagnostic tests.	HWB2 L4 HWB6 L4 HWB8 L3
30 Evaluates results of interventions using accepted outcome criteria, revises the plan accordingly, and consults/refers when needed.	C1 L4 IK1 L3 HWB3 L4 HWB5 L4 HWB7 L4 HWB8 L3
31 Works collaboratively with other health professional and agencies as appropriate.	C1 L4 C4 L3 IK1 L3
32 Plans and conducts follow-up visits appropriately to monitor patients and evaluate health/illness care.	HWB3 L4 HWB5 L4 HWB7 L4

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Domain 2: The nurse/patient relationship	
	NHS KSF Dimension
1 Creates a climate of mutual trust and establishes partnerships with patients, carers and families.	C1 L4
2 Validates and checks findings with patients.	C1 L4
3 Creates a relationship with patients that acknowledges their strengths and knowledge, and enabling them to address their needs.	C1 L4 HWB4 L4
4 Communicates a sense of ‘being there’ for the patient, carers and families and provides comfort and emotional support.	C1 L4
5 Evaluates the impact of life transitions on the health/illness status of patients, and the impact of health/illness on patients’ lives (individuals, families, carers, and communities).	C1 L4
6 Applies principles of empowerment in promoting behaviour change.	C1 L4
7 Develops and maintains the patient’s control over decision-making, assesses the patient’s commitment to the jointly determined plan of care, and fosters personal responsibility for health.	C1 L4 HWB4 L4
8 Maintains confidentiality, while recording data, plans, and results in a manner that preserves the dignity and privacy of the patient.	C1 L4 C3 L4 HWB2 L4
9 Monitors and reflects on own emotional response to interaction with patients, carers and families and uses this knowledge to further therapeutic interaction.	C1 L4 C2 L4
10 Considers the patient’s needs when bringing closure to the nurse-patient relationship and provides for a safe transition to another care provider or independence.	C1 L4 HWB4 L4

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Domain 3: The education function		
Timing	NHS KSF Dimension	
1 Assesses the on-going and changing needs of patients, carers and families for education based on the following:		
A Needs for anticipatory guidance associated with growth and the developmental stage.	C2 L4 G1 L3	HWB4 L4
B Care management that requires specific information or skills.	C2 L4	G1 L3
C the patient's understanding of their health condition.	C2 L4	G1 L3
2 Assesses the patient's motivation for learning and maintenance of health-related activities using principles of change and stages of behaviour change.	C2 L4	G1 L3
3 Creates an environment in which effective learning can take place.	C2 L4	G1 L3
Eliciting		
4 Elicits information about the patient's interpretation of health conditions as a part of the routine health assessment.	HWB2 L3	G1 L3
5 Elicits information about the patient's perceived barriers, supports, and modifiers to learning when preparing for patient's education.	G1 L3	
6 Elicits the patient's learning style to facilitate an appropriate teaching approach.	G1 L3	
7 Elicits information about cultural influences that may affect the patient's learning experience.	G1 L3	
8 Enables patients, by displaying sensitivity to the effort and emotions associated with learning about how to care for one's health condition.	C2 L4	G1 L3
Enabling		
9 Enables patients in learning specific information or skills by designing a learning plan that is comprised of sequential, cumulative steps, and that acknowledges relapse and the need for practice, reinforcement, support, and re-teaching when necessary.	C2 L4 HWB1 L3	G1 L3 HWB4 L4
10 Enables patients to use community resources when needed.	C2 L4	HWB4 L4
11 Communicates health advice and instruction appropriately, using an evidence-based rationale.	C1 L4 G1 L3	HWB1 L3
Providing		
12 Negotiates a jointly determined plan of care, based on continual assessment of the patient's readiness and motivation, re-setting goals, and optimal outcomes.	C2 L4 G1 L3	HWB4 L3
Negotiating		
13 Monitors the patient's behaviours and specific outcomes as a guide to evaluating the effectiveness and need to change or maintain educational strategies.	C2 L4	HWB5 L4
Coaching	NHS KSF Dimension	
14 Coaches the patient by reminding, supporting and encouraging, using empathy.	C2 L4	G1 L3

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Domain 4: Professional role		
Develops and implements the role	NHS KSF Dimension	
1 Acquires and uses evidence and research to implement the role of the advanced nurse practitioner.	IK3 L4	
2 Functions in a variety of role dimensions: advanced health care provider, co-ordinator, consultant, educator, coach, advocate, administrator, researcher, role model and leader.	C2 L4 G7 L3	HWB2 L4
3 Interprets and markets the role to the public, legislators, policy-maker, and other health care professions.	C4 L3	G8 L2
Directs care		
4 Prioritises, co-ordinates, and meets multiple needs for culturally diverse patients.	HWB5 L4	HWB7 L4
5 Uses sound judgement in assessing conflicting priorities and needs.	HWB2 L4 HWB7 L4	HWB6 L4
6 Builds and maintains a therapeutic team to provide optimum therapy.	C1 L4 C5 L4	C4 L4 G7 L2
7 Obtains specialist and referral care for patients while remaining the primary care provider.	C1 L4 HWB7 L4	C4 L3
8 Acts as an advocate for the patient to ensure health needs are met consistent with patients' wishes.	C6 L3	HWB3 L2
9 Consults with other health care providers and public/independent agencies.	C1 L4	C4 L3
10 Incorporates current technology appropriately in care delivery.	HWB6 L3	HWB7 L3
11 Uses information systems to support decision-making and to improve care.	C5 L4	IK3 L4
Provides leadership		
12 Is actively involved in a professional association.	C2 L3	
13 Evaluates implications of contemporary health policy on health care providers and consumers.	C4 L3 G2 L2	HWB1 L4 G7 L2
14 Participates in legislative and policy-making activities that influence an advanced level of nursing practice and the health of communities.	C4 L3 G2 L2	HWB1 L4
15 Advocates for access to quality, cost-effective health care.	C4 L3	C6L3
16 Evaluates the relationship between community/public health issues and social problems as they impact on the health care of patients (poverty, literacy, violence, etc.).	C4 L3	HWB1 L3
17 Actively engages in continuous professional development and maintains a suitable record of this development.	C2 L3	

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Domain 5: Managing and negotiating health care delivery systems		
Managing	NHS KSF Dimension	
1 Demonstrates knowledge about the role of the advanced nurse practitioner.	C3 L3	
2 Provides care for individuals, families, and communities within integrated health care services.	C5 L3	HWB7 L4
3 Considers access, cost, efficacy, and quality when making care decisions.	C5 L3	
4 Maintains current knowledge of their employing organisation and the financing of the health care system as it affects delivery of care.	C5 L3	G4 L2
5 Participates in organisational decision-making, interprets variations in outcomes, and uses data from information systems to improve practice.	C5 L3	IK2 L2
6 Manages organisational functions and resources within the scope of responsibilities as defined in a job description.	C5 L3 G5 L3	IK2 L2
7 Uses business and management strategies for the provision of quality care and efficient use of resources.	C5 L3	G5 L3
8 Demonstrates knowledge of business principles that affect long-term financial viability of an organisation, the efficient use of resources, and quality of care.	C5 L3	G4 L2
9 Demonstrates knowledge of, and acts in accordance with, relevant regulations for this level of practice and the <i>NMC Code of professional conduct</i> .	C3 L3	C5 L3
Negotiating		
10 Collaboratively assesses, plans, implements, and evaluates care with other health care professionals, using approaches that recognise each one's expertise to meet the comprehensive needs of patients.	C1 L4	HWB5 L4
11 Undertakes risk assessments and manages risk effectively.	C3 L4	
12 Participates as a key member of a multi-professional team through the development of collaborative and innovative practices.	G2 L3	
13 Participates in planning, development, and implementation of public and community health programmes.	HWB1 L3	
14 Participates in legislative and policy-making activities that influence health services/practice.	HWB1 L3	
15 Advocates for policies that reduce environmental health risks.	C3 L4	HWB1 L4
16 Advocates for policies that are culturally sensitive.	C3 L3	C6 L3
17 Advocates for increasing access to health care for all.	C3 L3	C6 L3

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Domain 6: Monitoring and ensuring the quality of advanced health care practice		
Ensuring quality	NHS KSF Dimension	
1 Incorporates professional/legal standards into advanced clinical practice.	C5 L4	
2 Acts ethically to meet the needs of the patient in all situations, however complex.	C5 L4	HWB5 L4
3 Assumes accountability for practice and strives to attain the highest standards of practice.	C4 L3	C5 L3
4 Engages in clinical supervision and self-evaluation and uses this to improve care and practice.	C2 L4	C5 L2
5 Collaborates and/or consults with members of the health care team about variations in health outcomes.	C5 L3	HWB5 L4
6 Promotes and uses an evidence-based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.	C5 L3 G2 L4	HWB7 L4
7 Evaluates the patients' response to the health care provided and the effectiveness of the care.	HWB5 L4	
8 Interprets and uses the outcomes of care to revise care delivery strategies and improve the quality of care.	C4 L3 HWB7 L4	C5 L3
9 Accepts personal responsibility for professional development and the maintenance of professional competence and credential.	C2 L4	C5 L2
Monitoring quality		
10 Monitors quality of own practice and participates in continuous quality improvement.	C5 L4	
11 Actively seeks and participates in peer review of own practice.	C2 L4	
12 Evaluates patient follow-up and outcomes, including consultation and referral.	C5 L3	HWB7 L4
13 Monitors current evidence-based literature in order to improve quality care.	C5 L3	G2 L4

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Domain 7: Respecting culture and diversity		
	NHS KSF Dimension	
1	Demonstrates respect for the inherent dignity of every human being, whatever their age, gender, religion, socio-economic class, sexual orientation, and ethnic or cultural group.	C6 L4 HWB4 L4
2	Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.	C6 L4 HWB4 L4
3	Acknowledges their own personal biases and actively seeks to address them whilst ensuring the delivery of quality care.	C2 L4 C6 L3
4	Actively promotes diversity and equality.	C6 L4
5	Incorporates cultural preferences, health beliefs and behaviours into management plans as appropriate.	C6 L4
6	Provides patient-appropriate educational materials that address the language and cultural beliefs of the patient.	IK3 L3
7	Accesses patient-appropriate resources to deliver care.	C5 L2 C6 L4
8	Supports patients from marginalized groups to access quality care.	C6 L4
Spiritual competencies		
	NHS KSF Dimension	
9	Respects the inherent worth and dignity of each person and the right to express spiritual beliefs.	C6 L4 HWB5 L4
10	Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.	C6 L4 HWB4 L4 HWB5 L4
11	Assesses the influence of patients' spirituality on their health care behaviours and practices.	C6 L4 HWB4 L4 HWB5 L4
12	Incorporates patients' spiritual beliefs in the care plan.	C6 L4 HWB4 L4 HWB5 L4

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References for Section 2

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3

Revised standards for RCN accreditation of advanced nurse practitioner educational programmes

This section sets out the standards and criteria which collaborating higher education institutions must meet in order for RCN accreditation to be awarded to their advanced nurse practitioner education programmes.

The standards and criteria have been written in advance of any final definitive documents from the Nursing and Midwifery Council (NMC) on advanced nurse practitioner regulation, and will be sent to the NMC to inform their activities.

The RCN Accreditation Unit

The RCN Accreditation Unit accredits learning and training initiatives for a diverse range of clients who want to guarantee that their initiatives are up-to-date, of the highest quality, effective in educating nurses and the wider health care family, and to promote best practice.

A key purpose is to support nurses and the wider nursing family (e.g. health care assistants) to be competent in practice, develop further skills and competence, and to promote excellence in nursing and the wider nursing family. The RCN accredits learning and development initiatives on a UK wide basis, from a practice based perspective, and is unique in the UK in offering this kind of accreditation.

The opportunity to achieve RCN accreditation is being made available to higher education institutions providing nurse practitioner education, and under this model, their students will be graduates from an RCN accredited advanced nurse practitioner programme.

Developing standards and criteria

The RCN Accreditation Unit first developed standards and criteria for nurse practitioner education in 2002, when the accreditation model for nurse practitioner education was established (RCN, 2002).

These have been revised, in the light of further development of nurse practitioner education and new modes of delivery including distance and blended learning. The revision has been conducted through

consultation with internal and external experts, including representatives of the current RCN accredited nurse practitioner programmes.

The revision has also been informed by the following documents:

- ◆ RCN definition of the advanced nurse practitioner, and the associated domains and competencies as outlined in Sections 1 and 2 of this document
- ◆ *The Standards of proficiency for specialist community public health nurses (SCPHN)* (NMC, 2004)
- ◆ NMC proposals for future regulation of advanced nurse practitioners (NMC, 2006)
- ◆ The Quality Assurance Agency (QAA) (2006a) *Code of practice for the assurance of academic quality and standards in higher education*, Section 7: programme accreditation, monitoring and review
- ◆ Quality Assurance Agency (QAA) (2004) *Code of practice for the assurance of academic quality and standards in higher education*, Section 2: collaborative provision and flexible and distributed learning (including e-learning)
- ◆ draft revised curriculum guidelines and programme standards for nurse practitioner education, currently being discussed by The National Organization of Nurse Practitioner Faculties (NONPF) in the United States.

Standards and criteria

The RCN Accreditation Unit has set 15 standards and associated criteria which must be met for an advanced nurse practitioner educational programme to receive RCN accreditation.

These standards relate to:

- ◆ the higher education institution
- ◆ research and development
- ◆ meeting workforce requirements
- ◆ curriculum
- ◆ physical and learning resources

- ◆ recruitment and admission
- ◆ programme management
- ◆ leadership of the advanced nurse practitioner programme
- ◆ staff resources
- ◆ staff development
- ◆ student support
- ◆ practice experience
- ◆ assessment
- ◆ external examiners
- ◆ fitness for award.

In the following listing for each standard, the criteria for meeting the standard are set out, along with suggestions for the nature and content of evidence that higher education institutions (HEIs) applying for RCN accreditation must provide to show they meet the standard.

Terminology

Facilitator is used to describe any individual who, as part of the ANP programme, has been designated to support/supervise the ANP student in their work-based learning – some programmes will use terms like mentor, preceptor or practice teacher.

ANP course team describes the group of lecturing staff who have a direct input into the delivery of the programme.

ANP specialist lecturer describes any qualified ANP lectures who deliver the programme.

Standard 1: The higher education institution (HEI)

The policies and practices of the higher education institution meet the RCN's requirement for the preparation of advanced nurse practitioners (ANP).

Criteria	Evidence
1 The HEI has a vision for nursing compatible with the RCN mission statement.	<ul style="list-style-type: none"> • HEI mission statement and/or philosophy.
2 The HEI is committed to equal opportunities for ANP students.	<ul style="list-style-type: none"> • HEI equal opportunities statement related to ANP and other programmes offered.
3 The HEI is committed to providing programmes that enable ANP students to meet current health care needs.	<ul style="list-style-type: none"> • programme documentation reflects nature of practice as described by the RCN's guidance on ANPs.
4 The HEI has an organisation-wide quality assurance framework that is open to scrutiny.	<ul style="list-style-type: none"> • quality assurance framework documentation • outcomes of quality audit.
5 Mechanisms are in place to enable the HEI to exercise accountability for the quality of any satellite ANP programmes.	<ul style="list-style-type: none"> • annual monitoring reports covering satellite programmes • outcomes of evaluation of satellite programmes.
6 The HEI is responsive to changes, including demographics, technology, health care systems, globalisation and evolving health care/societal issues, that impact on advanced nursing practice.	<ul style="list-style-type: none"> • evidence in programme documents and annual monitoring reports.
7 The HEI has policies in place to ensure that the confidentiality and dignity of the clients of ANP students is preserved during the learning and assessment activities.	<ul style="list-style-type: none"> • procedures for the supervision of practice for ANP students, which include ethical aspects.
8 The HEI recognises the rights and obligations of ANP students and has mechanisms to ensure they are upheld, such as a student charter and transparent appeal processes.	<ul style="list-style-type: none"> • written statement on rights and obligations of ANP students • overview of mechanisms to ensure that they are upheld • examples of student feedback
9 The HEI requires evidence that the NP programme is congruent with national ANP standards and national standards for the academic level of achievement, at validation.	<ul style="list-style-type: none"> • mapping of programme outcomes against national ANP standards • programme specification document.

Standard 2: Research and development

The research and development of the higher education institution includes the development of professional knowledge, education and practice of advanced nurse practitioners.

Criteria	Evidence
1 The HEI has a research and development (R&D) strategy which reflects local and national health care priorities, and relates to ANP or advanced nursing practice.	<ul style="list-style-type: none"> reflected in R&D strategy.
2 The HEI's R&D strategy is indicative of an inter-professional and an inter-disciplinary approach.	<ul style="list-style-type: none"> reflected in R&D strategy.
3. The HEI's R&D activity informs curriculum development and staff contributions to NP programmes.	<ul style="list-style-type: none"> research and practice development activity of ANP course team informs ANP programmes.
4 Resources support ANP research and/or scholarly activity. This includes locally determined, specially allocated paid-time for all lecturers (both PT and FT).	<ul style="list-style-type: none"> overview of faculty/department resources overview of ANP course team's research and scholarly activity (e.g. including research for higher degrees, projects and published articles).

Standard 3: Meeting workforce requirements

The higher education institution works pro-actively with education purchasers, workforce planners and employers to develop programmes to meet workforce requirements.

Criteria	Evidence
1 Collaboration and partnership support practice-focused NP education.	<ul style="list-style-type: none"> summary of collaborative and partnership arrangements with health care organisations and individuals in practice settings (formal and informal).
2 National and local workforce-related policies inform programme delivery and development.	<ul style="list-style-type: none"> overview of liaison with stakeholders employer's representation on appropriate committees.
3 Mechanisms are in place to ensure that the employer's perspective informs curriculum review and development.	<ul style="list-style-type: none"> employer's representation within curriculum development activities evaluation of programme includes employer feedback.
4 Evaluation strategies are in place to assess the impact of the ANP programme on graduate's employment and practice, within one year of completing the programme.	<ul style="list-style-type: none"> results of evaluation conclusions inform annual monitoring report and associated action plan.

Standard 4: Curriculum

Curriculum design and development reflect contemporary educational approaches and health care practices, and current national standards for ANPs.

Criteria	Evidence
1 The ANP course team includes lecturers who are qualified ANPs and maintain on-going links with clinical practice (see Standard 10, criteria 3).	<ul style="list-style-type: none"> CVs of ANP course team.
2 The ANP course team have on-going input into the development, evaluation and revision of the ANP curriculum.	<ul style="list-style-type: none"> evidence of how this is achieved.
3 The ANP programme is based on a ratio of 50% theory and 50% practice, with strategies for integration of theory into practice evident.	<ul style="list-style-type: none"> reflected in programme documentation.
4 All ANP programmes have a system of credit accumulation and transfer.	<ul style="list-style-type: none"> reflected in programme documentation.
5 Part-time programmes are no shorter than 2 years and no more than 5 years duration.	<ul style="list-style-type: none"> reflected in programme documentation.
6 Teaching/learning approaches reflect a patient-focused and student-centred approach.	<ul style="list-style-type: none"> reflected in programme documentation examples of how this is achieved within the programme.
7 Learning opportunities reflect the principles of adult learning and contemporary health care provision.	<ul style="list-style-type: none"> reflected in programme documentation.
8 The curriculum facilitates evolution of 'Masters level thinking' in line with the Quality Assurance Agency (QAA) Masters-level descriptors.	<ul style="list-style-type: none"> reflected in programme documentation.
9 The ANP programme outcomes are explicitly mapped against the RCN ANP competencies (RCN, 2007) to demonstrate that all of the domains and associated competencies are incorporated within the programme.	<ul style="list-style-type: none"> mapping of programme outcomes against the RCN ANP competencies.
10 Mapping is provided to demonstrate that all of the programmes learning outcomes are taught, developed and assessed during the programme.	<ul style="list-style-type: none"> mapping to demonstrate where the programme learning outcomes are taught, developed and assessed within the programme.
11 ANP programme content includes: <ul style="list-style-type: none"> therapeutic nursing care comprehensive physical assessment of all body systems across the life-span health and disease, including physical sociological, psychological, cultural aspects history-taking and clinical decision-making skills/clinical reasoning applied pharmacology and evidence-based prescribing decisions management of patient care public health and health promotion research understanding and application evidence based practice organisational, interpersonal and communication skills accountability – including legal and ethical issues quality assurance strategies and processes political, social and economic issues leadership and teaching skills advanced change management skills leading innovation. 	<ul style="list-style-type: none"> reflected in programme documentation.

Standard 4: Curriculum

Curriculum design and development reflect contemporary educational approaches and health care practices, and current national standards for ANPs.

Criteria	Evidence
12 ANP programme is modularised.	<ul style="list-style-type: none"> reflected in programme documentation.
13 Logical sequencing of units within the programme is evident.	<ul style="list-style-type: none"> reflected in programme documentation.
14 Blended learning opportunities are provided, where appropriate and are informed by the QAA Code of practice for the assurance of academic quality and standards in higher education, Section 2: collaborative provision and flexible and distributed learning (including e-learning) (2004) standards (or its successor).	<ul style="list-style-type: none"> reflected in programme documentation.
15 The ANP curriculum explicitly promotes safe and effective advanced nursing practice as an outcome.	<ul style="list-style-type: none"> programme documentation with additional commentary to make this explicit.
16 ANP knowledge and skills development to support the establishment of ANP role identity, is integrated throughout the programme.	<ul style="list-style-type: none"> programme documentation with additional commentary to make this explicit.
17 Opportunities for inter-professional learning are provided, where appropriate.	<ul style="list-style-type: none"> reflected in programme documentation.
18 Strategies are in place to ensure that the ANP curricula is responsive to changes including demographics, technology, health care systems, globalisation and evolving health care/societal issues.	<ul style="list-style-type: none"> programme documentation with additional commentary to make this explicit.
19 ANP curriculum evaluation occurs annually as part of the annual monitoring cycle, which includes the patient and employer perspective.	<ul style="list-style-type: none"> overview of quality assurance systems for the programme examples of annual monitoring reports and action plans.
20 Systems/structures are in place to ensure ANP programme team responds to feedback and programme evaluation findings and the needs of service.	<ul style="list-style-type: none"> overview of process for evaluation and obtaining feedback examples of feedback and associated action plan.
21 The ANP programme is formally reviewed/undergoes re-validation every 5 years, or within this time frame if necessary.	<ul style="list-style-type: none"> reflected in programme documentation evidence of review process and outcomes.
22 The ANP programme normally undergoes a quality monitoring review during the period of accreditation.	<ul style="list-style-type: none"> reflected in programme documentation evidence of review process and outcomes.

Standard 5: Physical and learning resources

Physical and learning resources support teaching and learning activities in the higher education institution setting or equivalent for the achievement of advanced nurse practitioner educational programme outcomes.

Criteria	Evidence
<p>1 Physical and learning resources are secured for each ANP programme including:</p> <ul style="list-style-type: none"> library with sufficient literature and computer facilities appropriate for ANP education and practice skills laboratory (or equivalent) with appropriate equipment for health assessment and development of other skills (e.g. recording equipment for consultation analysis). 	<ul style="list-style-type: none"> overview of physical and learning resources that support the ANP programme.
<p>2 Students and everyone who contributes to the ANP programme (including part-time staff) are provided with information and can access the resources available to support the programme.</p>	<ul style="list-style-type: none"> new staff orientation programme overview of how this is achieved.
<p>3 Any collaborative and/or flexible distributed learning (FDL) arrangements are fully resourced in accordance with the <i>QAA Code of practice for the assurance of academic quality and standards in higher education, Section 2: collaborative provision and flexible and distributed learning (including e-learning) (2004)</i> standards (or its successor).</p>	<ul style="list-style-type: none"> overview of learning resources that support the ANP programme.
<p>4 Where distance learning (DL) is used to support student learning, reliable secure systems for DL provision are provided, with appropriate contingency plans in place.</p>	<ul style="list-style-type: none"> contingency plans for distance learning provision.

Standard 6: Recruitment and admission

Nurse practitioner course team is involved in recruitment and admission of nurse practitioner students, and ensures that entry requirements to the programme are met.

Criteria	Evidence
<p>1 ANP staff are involved in the recruitment and admissions of students.</p>	<ul style="list-style-type: none"> reflected in programme recruitment policy and arrangements.
<p>2 Mechanisms exist to ensure that ANP applicants meet the entry requirements.</p>	<ul style="list-style-type: none"> reflected in application process.
<p>3 Students needs (education, personal, professional) on entry to the programme are considered and addressed.</p>	<ul style="list-style-type: none"> reflected in application process examples of how student needs have been addressed.
<p>4 Arrangements for admission to FDL ANP programmes comply with the <i>QAA Code of practice for the assurance of academic quality and standards in higher education, Section 10: recruitment and admissions (2006b)</i> (or its successor).</p>	<ul style="list-style-type: none"> reflected in admission process.

Standard 7: Programme management

Advanced nurse practitioner programme management ensures arrangements that the programme is delivered efficiently and effectively.

Criteria	Evidence
1 Systems are in place to enable efficient and effective programme management.	<ul style="list-style-type: none"> overview of the systems for programme management.
2 The HEI maintains a computerised system of student progression and achievement.	<ul style="list-style-type: none"> reflected in programme documentation examples of outcome of systems used.
3 The ANP course team has strategies in place to monitor student programme pathways, particularly where a choice of modules is offered.	<ul style="list-style-type: none"> example of the strategy used to monitor student programme pathways.
4 The ANP course team is involved in student progression/graduation decisions.	<ul style="list-style-type: none"> overview of process on involvement.
5 Within the HEI regulations, student transfers in and out of the programme can be accommodated.	<ul style="list-style-type: none"> description of systems to accommodate this, including processes to ensure that all the programme outcomes are met.
6 Annual reports are provided to commissioners of ANP education, which include information on uptake and attrition rates.	<ul style="list-style-type: none"> examples of annual reports and distribution list.

Standard 8: Leadership of advanced nurse practitioner programme

The programme director is responsible for providing advanced nurse practitioner education in the higher education institution, participates in decision-making concerning strategic planning and organisational policy for advanced practice programmes, both within their own HEI and externally.

Criteria	Evidence
1 ANP programme director has demonstrable expertise and contemporary experience in the area of advanced nursing practice.	<ul style="list-style-type: none"> CV of ANP programme director.
2 The ANP programme director contributes to strategic decision-making regarding ANP programmes within their own HEI.	<ul style="list-style-type: none"> roles and responsibilities of ANP programme director reflect this criterion examples of how this contribution has been made.
3 The ANP programme director contributes to national or international policy discussions and initiatives that affect ANP practice/education.	<ul style="list-style-type: none"> roles and responsibilities of ANP programme director reflect this criterion overview of ANP programme director activities undertaken to contribute to these areas.
4 The ANP programme director holds: <ul style="list-style-type: none"> first level nursing registration on the NMC Professional Register (or equivalent) a masters degree in a relevant field (or equivalent) a recognised teaching qualification. 	<ul style="list-style-type: none"> CV of ANP programme director professional development plan for the ANP programme director.

Standard 9: Staff resource

The staff resource supports the delivery of the higher education institution's advanced nurse practitioner programme.

Criteria	Evidence
<p>1 Lecturers and associate lecturers to ANP programmes are all suitably qualified:</p> <ul style="list-style-type: none"> all ANP lecturers must have a NP qualification at the minimum of a bachelor's degree or equivalent other lecturers must be qualified in their specialist area of teaching all ANP faculty should have recognised teaching qualifications (or be enrolled on a recognised teaching preparation programme). 	<ul style="list-style-type: none"> ANP course CVs and staff development plans.
<p>2 The whole-time equivalent (WTE) staff resource allocated to the programme is sufficient for the numbers of ANP students recruited (normally a minimum of 1 to 15 FTE).</p>	<ul style="list-style-type: none"> evidence in the programme documentation that the provision of academic and administrative staff at the HEI is sufficient for the number of ANP students (new and continuing).
<p>3 Where collaborative provision and/or FDL is offered, staff delivering the programme comply with the QAA <i>Code of practice for the assurance of academic quality and standards in higher education, Section 2 : collaborative provision and flexible and distributed learning (including e-learning)</i> (2004) standards (or its successor).</p>	<ul style="list-style-type: none"> CVs for staff involved in collaborative and/or FDL provision.

Standard 10: Staff development

The staff development strategy of the higher education institution promotes the development of all staff concerned with advanced nurse practitioner programmes.

Criteria	Evidence
<p>1 The HEI has a staff development strategy, which is monitored and reviewed annually, including paid, protected time for CPD for both FT and PT lecturers.</p>	<ul style="list-style-type: none"> report on the staff development strategy for ANP course team and administrative support.
<p>2 An education needs analysis informs the NP staff development programme.</p>	<ul style="list-style-type: none"> report on analysis and implementation of ANP staff development, based on need and equity of opportunity.
<p>3 Some members of the ANP course team regularly work in clinical practice as advanced nurse practitioners.</p>	<ul style="list-style-type: none"> details of ANP specialist lecturers' clinical practice over the past academic year.
<p>4 The HEI will facilitate appropriate staff to achieve a mark on the register as an ANP with the NMC, when this becomes available.</p>	<ul style="list-style-type: none"> plans to support staff to achieve this criterion.

Standard 11: Student support

Advanced nurse practitioner students are supported in the achievement of the learning outcomes of the programme.

Criteria	Evidence
<p>1 Advanced nurse practitioner students are provided with information on:</p> <ul style="list-style-type: none"> • the programme • resources available to support them • assessment methods and regulations. 	<ul style="list-style-type: none"> • examples of information given to students on the ANP programme.
<p>2 ANP students have a designated personal tutor to provide support as appropriate.</p>	<ul style="list-style-type: none"> • information on the personal tutor scheme for ANP students.
<p>3 A learning contract is used to frame and support the ANP students development.</p>	<ul style="list-style-type: none"> • examples of student learning contracts.
<p>4 ANP students are provided with feedback on their progress (academic and clinical) throughout the programme.</p>	<ul style="list-style-type: none"> • examples of student feedback.
<p>5 Strategies are in place to protect the interests of students if the programme significantly changes or is discontinued.</p>	<ul style="list-style-type: none"> • overview of the strategy which is used if the programme significantly changes or is discontinued.
<p>6 Where collaborative and/or FDL arrangements are in place, the awarding institution has:</p> <ul style="list-style-type: none"> • procedures to ensure the quality of student learning opportunities • ensured that students have access to key documents (including use of online facilities) • systems to provide learner support for regarding this mode of learning • organised for each student to have an identified contact for the period of their study • strategies in place to provide opportunities for inter-learner discussions • opportunities for students to provide feedback to the course team. 	<ul style="list-style-type: none"> • reflected in documentation for ANP programme collaborative and/or FDL arrangements • annual monitoring reports for collaborative institutions.

Standard 12: Practice experience

Practice experience provides learning opportunities that enable advanced nurse practitioner students to achieve the programme learning outcomes.

Criteria	Evidence
1 The arrangements for practice experience enable students to meet the ANP programme learning outcomes.	<ul style="list-style-type: none"> strategy for selection, operation and monitoring of practice experience results of evaluation of these arrangements.
2 The practice experience arrangements comply with the QAA Code of practice for the assurance of academic quality and standards in higher education, Section 9: placement learning (2001) (or its successor).	<ul style="list-style-type: none"> commentary to demonstrate compliance with this criterion.
3 An audit of the practice learning environment occurs before the start of the programme or placement (informed by criteria 2) and aspects of concern are addressed to optimise the learning experience, in collaboration between the representatives of the ANP programme, the employer and the ANP student.	<ul style="list-style-type: none"> strategy for audit of practice learning environment examples of audits and how issues have been addressed.
4 ANP students have access to patient populations specific to their area of practice, and sufficient in number and variety to ensure that the programme learning outcomes are met.	<ul style="list-style-type: none"> examples of audits strategy for monitoring breadth of student experience example of how issues have been addressed.
5 The ANP programme has explicit arrangements for supporting students' clinical development, and monitoring of the effectiveness of these arrangements occurs annually.	<ul style="list-style-type: none"> details of arrangements for supporting students' clinical development example of written guidance provided for students on these arrangements details of quality assurance systems for monitoring the effectiveness of these arrangements, with examples of outcomes of such evaluations.
6 Arrangements are in place for ANP students to have a weekly period of protected time (or equivalent) to focus on developing their clinical practice.	<ul style="list-style-type: none"> reflected in programme documentation details of quality assurance systems for monitoring the effectiveness of these arrangements, with examples of outcomes of such evaluations.
7 A designated facilitator supervises, supports and assesses the ANP student in the practice setting. This facilitator must have appropriate professional and academic qualifications (for example, doctor or qualified NP) and a minimum of 1 year's clinical experience commensurate with the context of care delivery.	<ul style="list-style-type: none"> ANP course team record of facilitators includes appropriate information. information on operation and monitoring of this aspect of the programme information on practice based assessment, with examples.
8 Facilitators are adequately prepared for, and supported by the HEI, in their role for the whole of the programme.	<ul style="list-style-type: none"> information on selection, preparation and on-going support for facilitators example of documentation given to facilitators evidence of on-going support and dialogue.
9 Students receive a minimum of 500 supervised clinical hours over the entire ANP programme (this supervision can be both direct and indirect').	<ul style="list-style-type: none"> information on operation and monitoring of this aspect of the programme examples of methods used to record the clinical hours
10 Facilitator feedback and/or clinical observation by the ANP course team are used to evaluate students' clinical performance in practice.	<ul style="list-style-type: none"> strategy used for evaluation of students clinical performance in practice by Facilitator and/or ANP course team examples of evaluation documentation.

Standard 13: Assessment strategy

The advanced nurse practitioner assessment strategy incorporates the requirements of the RCN and the regulations of the higher education institution.

Criteria	Evidence
1 Formative processes guide student learning	<ul style="list-style-type: none"> reflected in scheme of assessment examples of formative assessments.
2 Summative assessment is based on a range of evidence to determine whether all the ANP programme learning outcomes have been met.	<ul style="list-style-type: none"> scheme of assessment, with evidence that all ANP programme learning outcomes are assessed.
3 Summative assessment scheme is rigorous and includes each of the following (at appropriate stages of the programme): <ul style="list-style-type: none"> portfolio minimum of one timed exam case study OSCE (or equivalent) facilitator feedback patient feedback. 	<ul style="list-style-type: none"> reflected in scheme of assessment examples of facilitator and patient feedback.
4 Summative clinical examination arrangements should be observed by the external examiner at least once during the 5 year accreditation period	<ul style="list-style-type: none"> programme assessment arrangements specify this example of external examiner report.
5 Students must pass all ANP modules that form the programme and all clinical assessments within these modules, to qualify and cannot compensate for any referrals.	<ul style="list-style-type: none"> stipulated in assessment regulations governing the programme.
6 ANP students cannot compensate for referral in any ANP modules	<ul style="list-style-type: none"> stipulated in assessment regulations governing the programme.
7 All assessors for ANP programmes are suitably qualified, both academically and professionally, and prepared for their role.	<ul style="list-style-type: none"> CVs of ANP course team and additional assessors (where applicable) criteria for selection of additional assessors arrangements for preparation of assessors.
8 Where collaborative and/or FDL arrangements are in place, the awarding institution has: <ul style="list-style-type: none"> processes in place to monitor the outcomes of assessments ensured that timely formative assessment is used to provide a development opportunity in FDL programmes strategies are in place for web-based submission of work and confirmation of authenticity. 	<ul style="list-style-type: none"> reflected in documentation for ANP programme collaborative and/or FDL arrangements annual monitoring reports for collaborative institutions.

Standard 14: External examiners

External examiners monitor the assessment process to ensure that professional and academic standards for advanced nurse practitioner programmes are maintained.

Criteria	Evidence
1 External examiners are approved by the HEI with no reciprocal arrangements.	<ul style="list-style-type: none"> • details of approved external examiners.
2 External examiners must be involved in advanced practice programme delivery within an HEI, to be appointed to this role.	<ul style="list-style-type: none"> • CVs of external examiners.
3 External examiners have orientation and preparation for their role.	<ul style="list-style-type: none"> • external examiners' orientation information /handbook • overview of the preparation for the role.
4 External examiners provide annual reports in respect of each ANP programme.	<ul style="list-style-type: none"> • examples of external examiner reports.
5 External examiners reports are used in annual quality assurance processes.	<ul style="list-style-type: none"> • examples of annual monitoring reports • examples of responses to external examiner reports.
6 Where collaborative and/or FDL arrangements are in place, consistency of external examiners and procedures is evident.	<ul style="list-style-type: none"> • details of external examiner arrangements for collaborative and/or FDL provision.

Standard 15: Fitness for award

Educational provision leads to fitness for purpose, practice and award, commensurate with the role of an advanced nurse practitioner.

Criteria	Evidence
1 The HEI's and RCN's requirements for the conferment of the award of ANP are met.	<ul style="list-style-type: none"> • regulations and procedures for conferment of award • examples of graduating students' profiles.
2 Strategies are in place to ensure that all ANP students who complete the programme are fit for purpose and fit for practice as ANPs.	<ul style="list-style-type: none"> • commentary of how this criterion is achieved • samples of employer/manager's feedback • feedback from graduates of the programme.
3 ANP programme award is consistent with appropriate external reference points.	<ul style="list-style-type: none"> • reflected in programme documentation.
4 Where collaborative and/or FDL arrangements are in place, the awarding institution holds sole authority for awarding certificates and transcripts, relative to the programme of study.	<ul style="list-style-type: none"> • reflected in programme documentation.

References for Section 3

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