

The Association of Advanced Nursing Practice Educators (AANPE)

<p>Briefing on Advanced Clinical Education and Prospective Professional Regulation</p>

To:

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Introduction:

This briefing paper outlines the background, rationale, activity and recommendations of the Association of Advanced Nursing Practice Educators (AANPE) in its primary intention of promoting university collaborations to further advanced practice education for nurses (and health professionals) throughout the United Kingdom (UK).

AANPE is a collaboration of 44 UK Universities who are providers of advanced clinical programmes of education for nurses and other allied health professionals.

AANPE provides a forum for:

- Collaborative curriculum development and standard setting for Nurse Practitioner education and advanced clinical education across the 4 countries of the UK.
- Establishing the role and status of Nurse Practitioners through interface with other professions, professional and statutory bodies, commissioners, employers and relevant government bodies
- Collaboration between United States of America (USA) and UK Nurse Practitioner education providers via the National Organisation of Nurse Practitioner Faculties (USA NONPF) and the AANPE.
- Sharing information on national and international developments that are pertinent to Nurse Practitioner and advanced clinical education, to promote best practice.
- Networking, problem sharing, problem solving and mutual support.
- Acting as an expert advisory group for consultation, professional advice and policy development.

The Historical Context:

The literature reveals nurses in specialist roles over one hundred years ago, and clinical nurse specialists (CNSs) were prominent in practice from the 1930s onwards (Hamric and Spross 1989, Manton 1971, Peplau 1965, Storr 1988).

However, AANPE sees the introduction of nurse practitioners into primary care in the 1980s as turning point in the development of advanced clinical nursing roles in the UK (Stilwell et al 1987, Stilwell 1988). The introduction of nurse practitioners was viewed as a positive response to prospective shortages of medical staff in primary care, and was made possible due changes in health service organisation and other regulatory and political issues of the time. However, it may also be argued that introduction of nurse practitioners was evidence of the nursing professions aspiration for a more progressive and professional clinical career structure. Thus, the emergence of nurse practitioners represents a defining moment in the development of advanced clinical practice in the nursing (and the allied health professions) in the UK.

The development of advanced practice education networks:

During the 1970s and 1980s clinical nurse specialists were increasing active in clinical practice in the UK, and varied vocational programmes of specialist practice education were also developing to assist them in developing their practice skills. However, it was not until the late 1980s that the pioneers of the UK Nurse Practitioner movement (advanced clinical nurses) first appeared in practice, and it was during the early 1990s before the first university collaboration on nurse practitioner education arose following the implementation and franchise of the RCN 'Nurse Practitioner' Diploma. This subsequently evolved to an accreditation model for quality assurance, which is in place for nurse practitioner programmes at 11 UK Universities, but has also informed many of the other nurse practitioner programmes provided by other Universities.

Early providers recognised the benefits of meeting on a regular basis and as programmes of nurse practitioner and advanced clinical practice education proliferated in the UK the number of universities involved in this early network grew.

To formalise and widen this network further, a UK National Organisation of Nurse Practitioner Faculties (NONPF) was established in November 2001, named to reflect similarities with the comparable organisation within the United States of America (USA), and with the congruent mission of USA NONPF in provision of leadership in promoting quality nurse practitioner education at a national and international level. In 2005 UK NONPF changed its name to the Association of Advanced Nursing Practice Educators (AANPE). By early 2007 the AANPE had widened its membership to embrace 120 academics and other senior health professionals in its distribution lists, and co-opted advisors from both the RCN and NMC to assist in its consultation work.

Nurse Practitioners and advanced clinical practice in the UK - Definitions

There are numerous definitions in the literature and lack of consensus on this definition has proved a significant challenge for healthcare professionals, employers and educators. The two definitions that frame AANPE activities are:

NHS Career Framework - Advanced Practitioners - Level 7

[Advanced Practitioners are] experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

Skills for Health (2006), SEHD (2006)

Nursing and Midwifery Council

“Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat your healthcare needs or refer you to an appropriate specialist if needed.”

Advanced nurse practitioners are highly skilled nurses who can:

- take a comprehensive patient history
- carry out physical examinations
- use their expert knowledge and clinical judgment to identify the potential diagnosis
- refer patients for investigations where appropriate
- make a final diagnosis
- decide on and carry out treatment, including the prescribing of medicines, or refer patients to an appropriate specialist
- use their extensive practice experience to plan and provide skilled and competent care to meet patient's health and social care needs, involving other members of the health care team as appropriate
- ensure the provision of continuity of care including follow-up visits
- assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed
- work independently, although often as part of a health care team
- provide leadership
- make sure that each patient's treatment and care is based on best practice

NMC (2006)

This definition is underpinned by a set of seven domains and associated competencies that form a generic standard for advanced nurse practitioner practice, namely:

1. Assessment and management of patient health/illness status
2. The nurse/patient relationship
3. The education function
4. Professional role
5. Managing and negotiating health care delivery systems
6. Monitoring and ensuring the quality of advanced health care practice
7. Respecting culture and diversity

The content of this competency standard has been explicitly linked to, and informed by, the Knowledge and Skills Framework (KSF) (DH, 2004) and current RCN, UK and international thinking on the scope and nature of advanced practice.

Promoting a generic competency standard for advanced practice

The competency standards described above have been used by many UK Universities as the basis for determining the curricula required to develop nurse practitioners, and to ensure that this threshold for delivery of safe and effective practice at an advanced level has been achieved and demonstrated by all programme graduates. This standard has also increasingly been used by nurses, other health professionals, employers and workforce planners as a standard that clearly articulates expectations in relation to clinical and professional practice at an advanced level. It has therefore been proved to be 'fit for purpose'.

Notably, AANPE members have also found the standard to be applicable to allied health professionals who are undertaking advanced clinical practice programmes. Similarly many of the more recent competency frameworks that have been produced, such as the Community Matron, Physician's Assistant, and Emergency Care Practitioner, have significant and substantial overlap with the NMC's proposed standard for an advanced nurse practitioner.

The problems

Despite the existence of these definitions for advanced practice and the provision of high quality advanced practice education by many Universities, significant issues persist that impact on the standard of care that is being delivered by nurses and other health professionals which give rise to serious concerns about public protection.

- Currently the nurse practitioner role is not formally protected, thereby enabling any nurse to adopt the title regardless of the quality or level of role preparation. As a result the title "Nurse Practitioner" has been widely misused by nurses and employers. This has led to increasing concerns about the risks to patients, who might be cared for by a nurse practitioner who has not had any educational preparation to develop the necessary

- knowledge and skills to practice with greater autonomy at an advanced level, nor any assessment of their competence to ensure fitness for practice. Patients are not therefore guaranteed any minimum standards of care from a nurse practitioner, and may in fact be cared for by a nurse practitioner who is “unconsciously incompetent” and not fit for purpose.
- In AANPE’s experience, some students accessing nurse practitioner and advanced clinical practice programmes may consider themselves as already suitably knowledgeable and skilled for an advanced clinical role before starting the course, and consequently see the education programme merely as a means to gain a certificate to validate their role. However, once on the programme they realise that, whilst they are experienced nurses, they also have significant learning needs. As they progress through the course they broaden and deepen their knowledge and experience and so become aware of the depth and breadth of patients social holism, pathology, presenting symptoms and clinical care management needs.
 - Clinical Governance and risk management strategies have contributed to developing systems for ensuring good standards of health care. However, the need to implement “quick fix” solutions to address workforce demands (for example, implementation of the European Workforce Directive and the need to address access issues) has frequently resulted in establishment of advanced practitioner posts, and subsequent appointments to these posts that lack the commensurate education or development.
 - The national educational resource for advanced practice has arisen erratically, varyingly influenced by multiple regional and national initiatives, and often arising simply as an ‘ad hoc’ response to local need and contractual arrangements with health service providers. From a national perspective this has resulted in an unpredictable and patchwork educational resource provision.
 - AANPE is keen to emphasise that university led programmes of advanced practice should be integrated with service led developments and related

workforce planning, this inclusive of national and local protocols and clinical pathways. However, service commissioning for advanced practice education and workforce is generally erratic and ineffective – and is an issue that requires national attention from the Department of Health.

AANPE acknowledges that workforce planning and planned commissioning places a burden of responsibility on service employers to commit long-term to advanced practice developments, and to the practice infrastructure, teaching and coaching required to maintain standards.

Thus AANPE believes that commitment should be in collaboration with university providers, and that these collaborations should embrace not only the training programmes but also the collateral research and evaluation of advanced practice impact on patient outcome.

- Today many universities that are involved in health care education also offer some form of modular, undergraduate or post graduate programme on advanced clinical education. However the ‘clinical’ skills (both level and content) taught within many of these programmes vary considerably and there is no national requirement for clinical competence to be assessed as part of an ‘advanced practice’ programme to ensure that graduates are ‘fit for practice’.
- Finally, many of the AANPE’s membership report concern over the lack of national regulation of advanced practice. A specific outcome and example of this is highlighted when students are discontinued from programmes (due to inability to achieve the required level of clinical competence), and yet continue to work in their ‘advanced’ role with the title ‘nurse practitioner’, thus posing significant public protection issues.

Future options for regulation of advanced practice:

AANPE is strongly in favour of a future model of clinically based university education (and subsequent professional regulation) that is founded on a consistent and nationally agreed advanced practice competency framework. That framework should enable university education providers in the design and

delivery of high quality undergraduate and post-graduate programmes of clinical education that produce safe, and clinically consistent advanced practitioners. AANPE does not support an introduction of a standardised national curriculum for advanced practice as that would restrict the curriculum flexibility and innovation needed to meet diverse professional needs, service and commissioning needs, demographic needs, and most importantly, patient needs

AANPE can foresee that there are a number of options available for regulation of advanced practice in the UK.

- **OPTION 1.** Do nothing but anticipate that a prospective more rigorous revalidation processes will address issues of lack of competence and lead to employers supporting appropriate Continuing Professional Development (CPD) for advanced practitioners
- **OPTION 2.** Adopt a nationally agreed competency framework and rely on commissioners and/or external quality assurance reviewers to ensure employers have suitably competent professionals. To support this, specific detailed guidance on advanced practice and its associated practice standards would be required to be developed and disseminated to all service providers and employers so that they are clear what is expected by regulators, professional groups and the Department of Health
- **OPTION 3.** Adopt a nationally agreed competency framework and institute a voluntary public register of advanced practitioners and recommend that service providers and employers should only employ advanced practitioners who are on the voluntary register
- **OPTION 4.** Adopt a nationally agreed competency framework and enable regulation through the health professionals respective professional bodies via credentialing

- **OPTION 5.** Adopt a nationally agreed competency framework and introduce statutory regulation stipulating advanced practice title protection through registration for individual professional groups via the health professionals “parent” regulatory agency
- **OPTION 6.** Adopt a nationally agreed competency framework and introduce statutory regulation stipulating advanced practice title protection through registration for all health professionals working at advanced level through one regulatory agency.

AANPE would not support the adoption of Option 1, 2 or 3. Rather **AANPE would support adoption of Options 4, 5 or 6 as the only outcomes that would result in a robust, future-proof regulatory process that enables and agrees a UK wide consensus on a competency framework and standard for advanced practice as benchmark measure AND ensures UK-wide adoption across all employment settings engaged in health care delivery.**

AANPE recommend that the NMC standard for advanced nurse practitioners is used as the basis for determining an advanced practice standard that applies across all health professionals.

Whatever the outcome, AANPE requests that this is decided and implemented in full collaboration with the UK universities that will be implementing programmes of clinical educational and training for advanced practitioners in collaboration with service providers.

AANPE thanks the group for the opportunity to present this paper to inform the group’s activities and will be pleased to respond in more depth to any of the points raised in this brief report if that would assist the decision-making process.

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