

**TRANSFORMING NURSING ROLES  
DEVELOPING ADVANCED PRACTICE IN NHSSCOTLAND  
JUNE 2016  
SUMMARY AND RECOMMENDATIONS**

## **Summary**

The Advanced Practice Group were tasked to provide strategic oversight, direction and governance to the development and transformation of advanced nursing roles to meet the current and future needs of Scotland's health and care system. To provide an overarching forum to coalesce informal nursing role developments emerging from either policy or service imperatives to ensure nationally consistent, sustainable and progressive nursing roles and career pathways.

## **Recommendations**

### **Nursing Governance Structures**

1) NHS Boards should ensure that ANPs are embedded into nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line (paragraph 4).

### **Specific areas of clinical competence**

*Clinical assessment*

*Differential diagnosis*

*Investigations*

*Treatment*

*Admission, discharge and referral*

2) NHS Boards should ensure that an advanced nurse practitioner can demonstrate competence within all four pillars of advanced practice (paragraph 9)

### **Career Framework**

3) NHS Boards should ensure that the advanced nurse post is aligned to Level 7 of the Career Framework (Scottish Government, 2009), and reviewed against a minimum of AfC band 7 (paragraph 10)

### **Qualifications**

4) NHS Boards should ensure that ANPs have a Masters level qualification with core educational focus on the development of competence( paragraph 11).

### **Clinical Supervision**

5) NHS Boards should ensure that Advanced nurse practitioners have effective clinical supervision and support, through the use of competence frameworks and locally agreed supervision models (paragraph 12).

### **Competence, capability & CPD**

6) NHS Boards should ensure, for established practitioners, that they are mapped across against current recommendations and local arrangements are agreed to meet any gaps against competence and capability (paragraph 13)

7) NHS Boards should ensure that on-going continuous professional development of ANPs is demonstrable and evidenced (paragraph 14)

h) NHS Boards should ensure that the identification of the requirements for ANPs should be carried out during periods of service change or development with the use of an accepted Service Needs Analysis Tool is recommended. (paragraph 15).

### **Education**

8) The Postgraduate Education & Development (Setting the Direction) Sub Group must ensure the alignment of appropriate Higher Education courses, to allow the “fast tracking” of ANPs academically to meet the service needs of the Health Boards. and ensure appropriate educational content within ANP speciality areas as required. (paragraph 19).

### **Evaluation of impact**

9) Scottish Government and NHS Boards should consider the evaluation of the impact of advanced practice within any given environment (paragraph 20).

### **Service level Impact**

10) NHS Boards should collect baseline data prior to implementation of the new model, or initial test phases, with follow up and review post service change (paragraph 22).

### **Quality assurance**

11) NHS Boards should ensure that quality of care is evaluated. This should be done as part of the supervision model, with patient record review and direct supervision being used to evaluate the competence and effectiveness of each individual, then reviewed thematically across the service (paragraph 23).

### **Review and recording of existing workforce**

12) NHS Boards should review their existing nursing workforce at AfC band 7 and above comparing to the definition, competence, and requirements highlighted within this document. For those who match directly, they should be logged as Advanced Nurse Practitioners on eESS or SWISS (paragraph 24).

### **ANP Job Description**

13) NHS Boards should use the points within this document to populate the job description, specifically the definition, education and supervision requirements, core clinical competencies and the four pillars. Any local variance should be on the form of addendum to these points and match across to AfC. Every health board should then have a core job description for ANPs within that health board. (paragraph 25 & 26).

### **14) Progression to Phase 2 workstream**

#### **This will include:**

- Full development of the complete competence structure, reflecting all pillars of advanced practice.
- The development of linked networks of advanced practice to support the development and support of advanced practice and practitioners.

- Further engagement should be sought - currently all group members have been tasked to link with ANPs within their health board, however full linkage with a number of national networks should be considered.
- Development and implementation of ANP roles within community services, specifically health visiting/school nursing, mental health and district nursing.
- NHS Boards to ensure succession planning.
- NHS Boards to implement career pathways.
- Further consideration of how to embed professional accountability infrastructures for ANPs across all settings and employers.
- Benchmarking by NHS Boards of current ANP workforce against nationally agreed standards whilst acknowledging that the clinical focus and specialist / generalist nature of advanced roles in OOH primary care will be set by the needs assessments and strategic plans of NHS Boards / Integration Authorities. This should include investment in priority areas including workforce development of additional 500 ANPs.
- Ensure that all existing and developing ANP roles adhere to national standards.
- NHS Boards/IJBs to work with Scottish Government workforce division to map the current ANP workforce and provide a robust baseline for future workforce planning by December 2016.
- Scottish Government workforce directorate to ensure all NHS boards accurately report the numbers and fields of practice of ANPs on, at least, an annual basis.

**Education: The Postgraduate Education & Development (Setting the Direction)  
Sub Group must**

- Ensure the alignment of appropriate Higher Education courses, to allow the “fast tracking” of ANPs academically to meet the service needs of the Health Boards and ensure appropriate educational content within ANP speciality areas as required.
- develop consistent standards for the training and education of all ANPs.
- Linking with HEIs re further development of the research base for ANP service impact.
- Development of explicit career development and career pathway for ANPs.
- Ensure that HEIs have the capacity and capability to train an expanded ANP workforce.
- Implementation of the medium term CNO OOH paper.

# THE ROLE OF THE ADVANCED NURSE PRACTITIONER ACROSS ALL SCOTTISH HEALTH AND CARE SETTINGS

## REPORT OF THE TRANSFORMING NURSING ROLES (ADVANCED PRACTICE) GROUP

### Definition

1. An Advanced Nurse Practitioner (ANP) is an experienced and highly educated Registered Nurse who manages the complete clinical care for their patient, not solely any specific condition. Advanced practice is a level of practice, rather than a type or speciality of practice.
2. ANPs are educated at Masters Level in advanced practice and are assessed as competent in this level of practice. As a clinical leader they have the freedom and authority to act and accept the responsibility and accountability for those actions. This level of practice is characterised by high level autonomous decision making, including assessment, diagnosis, treatment including prescribing, of patients with complex multi-dimensional problems. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas.
3. Working as part of the multidisciplinary team ANPs can work in or across all clinical settings, dependant on their area of expertise.

### Accountability and responsibility

4. It should be noted in relation to competence that advanced practice is not a recordable title by the NMC however responsibility for competence remains embedded within the NMC code. ANPs must be embedded into nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line, up to the Executive Nurse Director. This may be delegated as appropriate. The clinical supervision structure must include a competent senior clinician (medical/nursing) to give “sign off” and regular review of competence.

### The Advanced Nurse Practitioner

5. Advanced nursing practice has four pillars of practice, which the advanced nurse practitioner must have as part of their core role and function. These four pillars are:-

- Clinical practice
- Leadership
- Facilitation of learning
- Evidence research and development.

6. An ANP may have a particular focus on any of these areas; however, for the purposes of this paper the focus will be on the advanced nurse practitioner with a primarily clinical remit. For other non-clinical aspects of the ANP role please review the NES advanced practice tool kit<sup>1</sup>.

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<sup>1</sup> [www.advancedpractice.scot.nhs.uk/](http://www.advancedpractice.scot.nhs.uk/)

## **Advanced and specialist practice**

7. Much discussion and debate has taken place on the differences between advanced and specialist practice. As both spheres of nursing have developed, differences and similarities have come to the fore. Whilst, it is beyond the remit of this document to outline all aspects of specialist practice it is felt worthwhile to clarify some specific points.

8. Advanced and specialist practice should not be seen as a directly hierarchical relationship, i.e. that advanced is more senior than specialist or the reverse. Both practitioners may be functioning at an extremely high level of practice, but with a different clinical focus. For further discussion on this point please refer to the NES Advanced Practice Toolkit.<sup>2</sup>

### **Specific areas of clinical competence**

9. The advanced nurse practitioner must demonstrate competence within all four pillars of advanced practice, however given the focus on clinical practice, it is those competencies that are explicitly stated here. For competencies within the other three pillars, reference should be made to the NES Advanced Practice Toolkit, and RCN advanced nursing practice documents (2010<sup>3</sup>, 2012<sup>4</sup>).

#### **Identified competencies:-**

##### **a) Comprehensive history taking**

##### **b) Clinical assessment**

- Carries out comprehensive clinical examination of the patient in their entirety, inclusive of:
  - Physical examination of all systems
  - Mental health assessment

##### **c) Differential diagnosis**

- Applies high level decision-making and assessment skills to formulate appropriate differential diagnoses based on synthesis of clinical findings. This takes account of managing clinical risk in dealing with undifferentiated client groups across the age spectrum.

##### **d) Investigations**

- Has the freedom and authority to request, where indicated using judgement and clinical reasoning, appropriate diagnostic tests / investigations based on differential diagnoses.
- Interprets and analyses previously ordered results of tests/investigations and work collaboratively with other healthcare professionals when needed.

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<sup>2</sup> [www.advancedpractice.scot.nhs.uk/](http://www.advancedpractice.scot.nhs.uk/)

<sup>3</sup> Royal College of Nursing (2010) Advanced nurse practitioners – an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation

<sup>4</sup> Royal College of Nursing (2012) Advanced nurse practitioners An RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation.

- Acts on the results to confirm diagnosis and thereby optimise treatment and management outcomes.

**e) Treatment**

- Formulates an action plan for the treatment of the patient, synthesising clinical information based on the patient's presentation, history, clinical assessment and findings from relevant investigations, using appropriate evidence based practice.
- Is an independent non medical prescriber
- Implements non-pharmacological related interventions/therapies, dependent on situation and technical requirements of care

**f) Admission, discharge and referral**

- Has the freedom and authority to admit and discharge from identified clinical areas, dependent on patient need at time of review. This includes the freedom and authority to refer to all appropriate health care professional groups and agencies, working collaboratively with them.

**OTHER KEY POINTS FOR ADVANCED PRACTICE**

**Banding**

10. The advanced nurse post should be should be aligned to Level 7 of the Career Framework (Scottish Government, 2009), and reviewed against a minimum of AfC band 7'. In certain circumstances, dependent on role and function, types and levels of responsibility, it will be appropriate for some specific posts to be banded at a higher band.

**Education**

11. The professional development of an ANP requires significant educational commitment and investment to underpin the provision of high quality safe and effective practice. Key to this is a Masters level qualification, with core educational focus on the development of competence:-

- Clinical assessment
- Clinical reasoning, judgement and diagnostic decision making
- Anatomy and pathophysiology
- Non medical prescribing- V300
- Leading, delivering and evaluating care
- Practice learning/transferable work based learning processes. Linked to the processes highlighted below

12. Advanced nurse practitioners require effective clinical supervision and support, through the use of competence frameworks and locally agreed supervision models. This combination of academic preparation, clinical competence development and effective supervision is the tripartite approach to the training and education of the ANP. Completion of this "triangle of capability" will vary from individual to individual, based on training needs analysis, however in principle 2-3 years is a common time line for completion of all aspects of development, including

educational preparation which involves theory and practice, and it is suggested that any implementation strategy for an advanced practice service is inclusive of that. At key points along this timeline, such as competence in clinical examination and full prescribing significant clinical impact can be seen, however full development may take 2-3 years from the point at which they start this career pathway.

13. For those established practitioners within health boards, it is recommended that they are mapped across against current recommendations and local arrangements are agreed to meet any gaps against competence and capability.

### **Continuous Professional Development (CPD)**

14. During the development of the ANP, and following the completion of academic and clinical requirements, on-going continuous professional development must be demonstrable and evidenced, in a similar function to initial training and development. The use of regular, agreed training needs analysis to inform the on-going CPD needs for the individual, particularly linking back to the maintenance and improvement of competence levels and professional roles, is a key aspect of this. This should be included as part of the individual's job plan. This CPD should also be informed by continuous feedback loops from the clinical supervision process, and balanced by clear, demonstrable reflective practice. This links directly with on-going requirements for NMC revalidation.

### **Workforce planning and the development of the individual**

15. Long-term wider workforce planning is essential across all professional groups. The identification of the requirements for ANPs should be carried out during periods of service change or development with the use of an accepted Service Needs Analysis Tool being recommended.

16. As part of this planning process, there needs to be a link between the workforce needs identified by health boards and integration authorities and the commissioning of education of ANPs with HEIs.

17. It is understood that many individuals applying for advanced practice posts can clearly evidence a multitude of skills, knowledge and academic qualifications. As stated earlier, appropriate training needs analysis will highlight knowledge and skills deficits that need to be addressed for an individual to develop to an ANP. This approach may also be applied to an entire system, if role development for a cohort of staff is indicated.

18. All standing issues of competence, educational requirements and supervision should be considered as part of this analysis. Any individual would still have to demonstrate they meet the core competencies and educational requirements of an ANP. They will still require sufficient time to allow consolidation of learning through clinical supervision and support. The transition to ANP is considerable and cannot be underestimated in relation to clinical exposure.

19. One challenge noted across a number of health boards related to the potential fast tracking of these highly experienced staff members towards advanced practitioner and is that of timeous access to appropriate Higher Education programmes, particularly non medical prescribing. As part of the on-going national

review of Higher Education provision, it will be necessary to align appropriate Higher Education courses, to allow the “fast tracking” of ANPs academically to meet the service needs of the Health Boards.

20. This work has included discussion with the National Children, Young Peoples and Families Advisory Group, National District Nursing Steering Group and Mental Health Leads Network on the development of ANP roles within these areas. These groups discussed any additional educational requirements within their specialist areas and isolated specific priority areas for development of ANP roles within community services. These include:

### **Children and Young People (SN, HV)**

- Development of the Practice Teacher role and review and inclusion of specialist roles.

### **Mental Health:**

- Addictions
- Co-morbidity
- Perinatal Mental health
- CAMS developmental disorders
- OOHs services
- Prisoner and offender healthcare.
- Learning Disability – assessment through to treatment

### **District Nursing:**

- Urgent care, in and out of normal working hours.
- Acute care at home.
- Complex case management and acute care support to nursing homes.
- Community nursing services to particular groups e.g. those who are homeless or displaced.
- First line universal healthcare supported by telehealth in specific areas such as non-doctor islands.
- Sub-specialist roles within District Nursing e.g. continence, tissue viability, end of life care, anticipatory care, public health.

It was suggested these are implemented as part of Phase 2 of this work.

### **Evaluation**

21. Evaluation of the impact of advanced practice within any given environment should be considered on two distinct levels:-

*Service level impact and  
Quality assurance*



### **Service level impact**

22. In many cases, ANP services are generated to deliver multi professional models of service delivery, with multiprofessional working emphasised. This would include the use of ANPs to work in parallel with medical staffing to generate sustainable solutions to workforce planning challenges.

23. As these models develop the key areas of evaluation are that services remain safe and effective. Baseline data should be collected prior to implementation of the new model, or initial test phases, with follow up and review post service change. As a minimum this should include:-

- Activity analysis-case load and case type
- Adverse events
- Stability of service
- Patient satisfaction
- Performance against national targets/outcomes

### **Quality assurance**

24. Whether at a service level or by the development of a single practitioner, quality of care should be evaluated. This should be done as part of the supervision model, with patient record review and direct supervision being used to evaluate the competence and effectiveness of each individual, then reviewed thematically across the service. This should be embedded into any nursing assurance framework that is in place.

### **Recording ANP workforce data**

25. It is suggested that all health boards review their existing nursing workforce at AfC band 7 and above comparing to the definition, competence, and requirements highlighted within this document. For those who match directly, they should be logged as Advanced Nurse Practitioners on eESS or SWISS.

### **ANP job description**

26. Given the variation from board to board with core aspects of the job description formats, each health board should use the points within this document to populate the job description, specifically the definition, education and supervision requirements, core clinical competencies and the four pillars. Any local variance should be on the form of addendum to these points and match across to AfC.

27. Every health board should then have a core job description for ANPs within that health board.

### **FURTHER RECOMMENDATIONS**

28. Given the timeframe for this review, it is suggested that it be viewed as Phase one of a fuller programme of review of Advanced Nursing Practice, with further consideration being made with regard to:-

- Full development of the complete competence structure, reflecting all pillars of advanced practice.

- The development of linked networks of advanced practice to support the development and support of advanced practice and practitioners.
- Further engagement should be sought - currently all group members have been tasked to link with ANPs within their health board, however full linkage with a number of national events should be considered.
- Linking with HEIs re further development of the research base for ANP service impact.
- Succession planning.
- Career development and career pathway for ANPs.
- Further consideration of how to embed professional accountability infrastructures for ANPs across all settings and employers.
- Development and implementation of ANP roles within community services.
- Progression to Phase 2 workstream.

**EDDIE DOCHERTY**  
**CHAIR**  
**TRANSFORMING NURSING ROLES: ADVANCED PRACTICE GROUP**  
**JUNE 2016**

**TRANSFORMING NURSING ROLES  
ADVANCED PRACTICE GROUP: JANUARY TO MARCH 2016  
TERMS OF REFERENCE**

**Purpose**

To provide strategic oversight, direction and governance to the development and transformation of advanced nursing roles to meet the current and future needs of Scotland's health and care system. To provide an overarching forum to coalesce informal nursing role developments emerging from either policy or service imperatives to ensure nationally consistent, sustainable and progressive nursing roles and career pathways.

**Key Objectives**

To ensure we have ANPs who can work to their maximum potential, delivering care and making decisions which improve the delivery care, we need to:

- i. Develop consistent standards for the training and education of all ANPs, as well as establishing clear nursing career development pathways
- ii. Ensure that the level of practice of ANPs is recognised consistently across Scotland within the terms of Agenda for Change, for both the current and future workforce, by developing a model role descriptor
- iii. Consider the feasibility of options to fast track experienced nurses within the existing workforce to ANP roles to meet immediate need, without diluting standards or destabilising current nursing establishments
- iv. Build on the initial ground set by NES and the RCN, as well as existing good practice, by developing a national definition of advanced nursing practice which will support better and consistent understanding of the scope and responsibilities of the role
- v. Agree a set of national ANP core competencies
- vi. Ensure that all existing and developing ANP roles adhere to national standards, whilst acknowledging that the clinical focus and specialist / generalist nature of advanced roles will be set by the needs assessments and strategic plans of NHS Boards / Integration Authorities
- vii. Ensure, once a national definition is agreed, that NHS Boards / Integration Authorities work with the Scottish Government workforce division to map the current ANP workforce and provide a robust baseline for future workforce planning by December 2016
- viii. Ensure all NHS boards accurately report the numbers and fields of practice of ANPs on, at least, an annual basis

**Chair of the Group**

Eddie Docherty, Director of Nursing, Midwifery & Allied Health Professions, NHS Dumfries & Galloway.

### **Secretariat**

The secretariat function will be provided by NHS Ayrshire and Arran initially, this will move to Dumfries and Galloway and Scottish Government from 1<sup>st</sup> February, 2016.

### **Meeting Schedule**

The group will meet approximately every two weeks.

### **Governance**

The group will report to the Transforming Nursing Roles group, chaired by Fiona McQueen, CNO, Scottish Government.

### **Membership**

<b>Name</b>	<b>Title</b>	<b>Representing</b>
Eddie Docherty	Associate Nurse Director (Advanced Practice)	CNO
Julia Egan	Professional Adviser Public Health Early Years and Children's Services	Directorate for CNO, The Scottish Government
Trish Anderson	Acting Senior Nurse, Community Services/In-Patient Wards	NHS Fife
Lorna Bruce	Senior Nurse, MH & Learning Disability	NHS Lanarkshire
Carol Wright		NHS Borders
Sarah Dickie	Head of Nursing, Medical Directorate	NHS Forth Valley
Sharon Oswald	Nurse Consultant, Acute Care	NHS Forth Valley
Helen Malo	Policy Officer	Royal College of Nursing Scotland
Jim Foulis	Associate Nurse Director	NHS Tayside
Linda Harper	Associate Director of Practice Nursing	NHS Grampian
Sandra Gray	Head of Nursing, Patient Services	National Services Scotland
Mark Cooper	Lecturer Practitioner (Advanced Practice)	NHS Greater Glasgow & Clyde
Judith Sinclair	Lead Nurse	NHS Orkney
Kathleen McCulloch	Community Lead Nurse	NHS Western Isles
Linda Nesbitt	Advanced Nurse Practitioner	National Waiting Times Centre (Golden Jubilee National Hospital)

Brenda Wilson	Associate Director of Nursing & Care	NHS 24
Maggie Grundy	Associate Director	NHS Education for Scotland
Gail Meier	Interim Lead Nurse, Primary and Community Care Directorate	NHS Dumfries and Galloway
Julie Smith	Acute Care Advanced Practice (ACAP)/ANP CNM	ACAP/NHS Ayrshire & Arran
Kathleen Carolan	Director of Nursing & Acute Services	NHS Shetland
Nicola Robertson	Head of Nursing, Planned Care	NHS Fife