

ADVANCED PRACTICE NEWSLETTER

JANUARY 2022



Welcome to the 2nd National Advanced Practice newsletter which has been produced for practitioners working in advanced practice roles.

This newsletter will provide detail of advanced practice developments across professional groups.

If you are interested in contributing to this newsletter, please contact Colette Henderson - c.m.j.henderson@dundee.ac.uk or Dr. Clair Graham - clair.graham@nhs.scot / Mandy Allen - Mandy.Allen@uws.ac.uk

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Leadership

National Developments

On the 10th November I was delighted to be asked to open the event run by NHS Education for Scotland (NES) to explore the opportunity for a single Scottish advanced practice academy. Like many things the desire to have an event in 2020 didn't occur due to COVID but this event was very much going to build on the event that was held in 2019.

Having only recently taken up the interim chief nursing officer post at Scottish Government it was a great privilege to be able to both speak and to hear others present on the work that they have been doing over the last few years in relation to the three regional academies in Scotland. Indeed, until I came in to post I was the Chair of the East of Scotland Academy, so this agenda has been one that I have been very close to for a number of years, and I am also grateful to Kathleen Carolan in NHS Shetland for chairing the North of Scotland Academy and Eddie Docherty for chairing the West of Scotland Academy. They have been real driving forces behind this agenda.

The aim of the session on the 10th November was really important, it was about sharing updates on the experience, challenges, priorities and progress that has been made both within the three regional academies and also nationally through Scottish Government and NES and of course to discuss and agree a proposal for a 'Once for Scotland' single Academy structure for national governance, consistency, and efficiency.

The timing for this event and the need to answer the question do we need one academy for Scotland felt right. There is a clear direction of travel in relation to advanced practice and we need to reduce duplication and effort and consolidate as one. There was general agreement that a 'Once for Scotland' single overarching Academy would reduce repetition, promote national consistency, and strengthen governance. I don't believe that there is anyone who wouldn't want these objectives to be something we wouldn't want to strive towards.

I look forward in my role in supporting the development for this model and of building consensus for the way forward. And I am particularly pleased to see the multi professional approach to this work through true collaboration across AHPs, midwives and nurses but there are others that we need to work with across other disciplines and I am also particularly interested in the opportunities that healthcare scientists bring to this agenda and this is one that I would wish to explore further.

Professor Alex McMahon

Chief Nursing Officer
Scottish Government

Transforming Roles – ANP (Phase ii) – Paper 7

The second phase of the Chief Nursing Officer's Transforming Roles work was published in April 2021 [Transforming Roles Paper 7](#). The paper builds on the original work that was published in 2017.

Phase two reaffirms that ANPs are generalist roles and that there are five broad groups:

- Adult Acute Care
- Paediatric Acute Care
- Neonatal Acute Care
- Adult and Paediatric Mental Health
- Adult and Paediatric Community Care

Detailed competencies are set out for each of these broad groups. ANPs practising within specialist areas, for example, Intensive Care may have additional competencies that need to be added to these.

Paper 7 also makes recommendations on metrics, non-clinical time, clinical supervision and for the establishment of Advanced Practice Academies.

Metrics

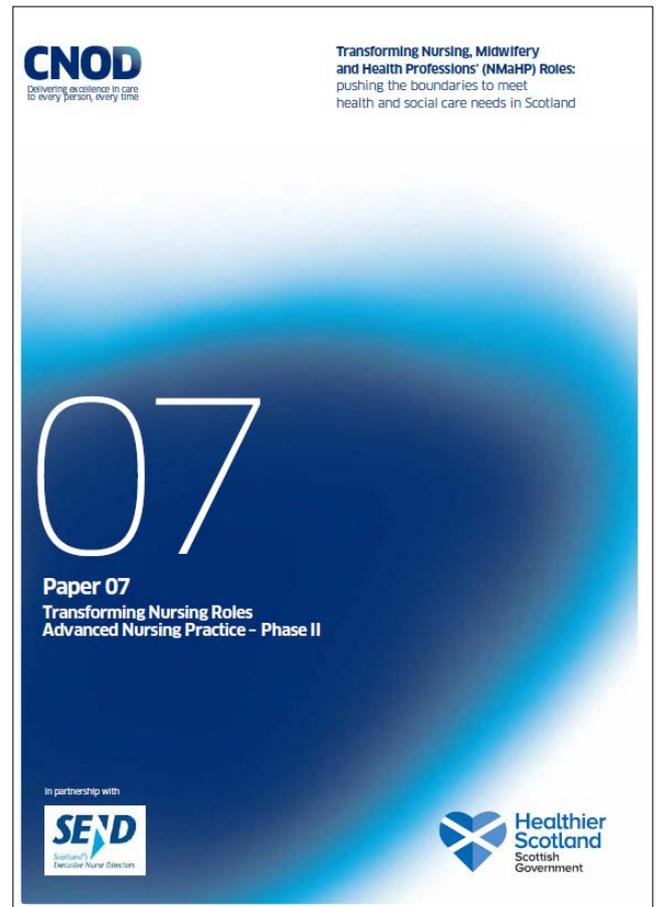
Each ANP service should identify a small basket of meaningful metrics appropriate to the area of practice that can demonstrate safe, effective and person-centred care. Metrics should be both qualitative and quantitative and triangulated to demonstrate effectiveness. Examples of metrics that ANP teams could use are included in the paper.

Non-Clinical Time

A big investment goes into training an ANP. To protect that investment and to gain the full benefits of having ANPs in post it's important that ANPs have time to keep up-to-date, help train the next generation of ANPs and other healthcare staff, utilise their leadership skills and contribute to research and development. This is why at least 10% of an ANP's time should be allocated to these other pillars of advanced practice. Non-clinical time should be built into workforce planning and into individual job plans, and ANPs need to evidence how they've utilised this time.

Clinical Supervision

Recent events have put considerable strain on everyone, and there is a greater recognition that staff need some time to step back, reflect and be able to talk to others about the care we provide. The overall intention of supervision is to support continuous professional development to improve practice and promote wellbeing and motivation at work. It provides a space for practitioners to reflect on practice, explore new approaches and decide on courses of action, helping to build personal and professional resilience.



All ANPs should have a named Clinical supervisor and be offered at least four Clinical Supervision sessions per year. More information on Clinical Supervision can be found at <https://learn.nes.nhs.scot/3580/clinical-supervision>

Advanced Practice Academies

Finally, the paper supports the development of an 'Academy' approach to unite NHS Boards and strategic partners like Universities and independent employers of ANPs to ensure a cohesive, consistent approach to the development of Advanced Practice across Scotland.

Transforming Roles – Review of Clinical Nurse Specialist and Nurse Practitioner Roles in Scotland – Paper 8

On the 5th August 2021, the Scottish Government published the 8th paper on Transforming Roles. This paper focuses on the Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) roles. An integral part of the health and social care workforce, CNSs and NPs deliver services and support people and families who require specialist care across both hospital and community settings.

The paper recognises that CNSs can practice at different levels, but primarily at level 6 (Senior Practitioner) and level 7 (Advanced Practitioner) on the NMaHP Development Framework. Paper 8 provides clear definitions, competencies and recommendations for both governance and education for the CNS and NP roles: [Paper 8](#).

Both CNSs and Advanced CNSs assess, manage, deliver care, advise on and support the care for people within a specialist area. The difference is that those working at an advanced level will have a wider scope of practice and manage greater complexity with a higher level of decision making.

Advanced Practitioner roles require knowledge, skills and behaviours across all four pillars of practice. The NES Development Framework articulates these for each level on the framework. Transforming Roles Paper 8 adds generic competencies specifically for the CNS and NP roles. Additional specialist competencies will come from each speciality. [Nursing Midwifery and Allied Health Professions Development Framework](#).

Dr Mark Cooper

Consultant Nurse-Advanced Practice
NHS Greater Glasgow and Clyde

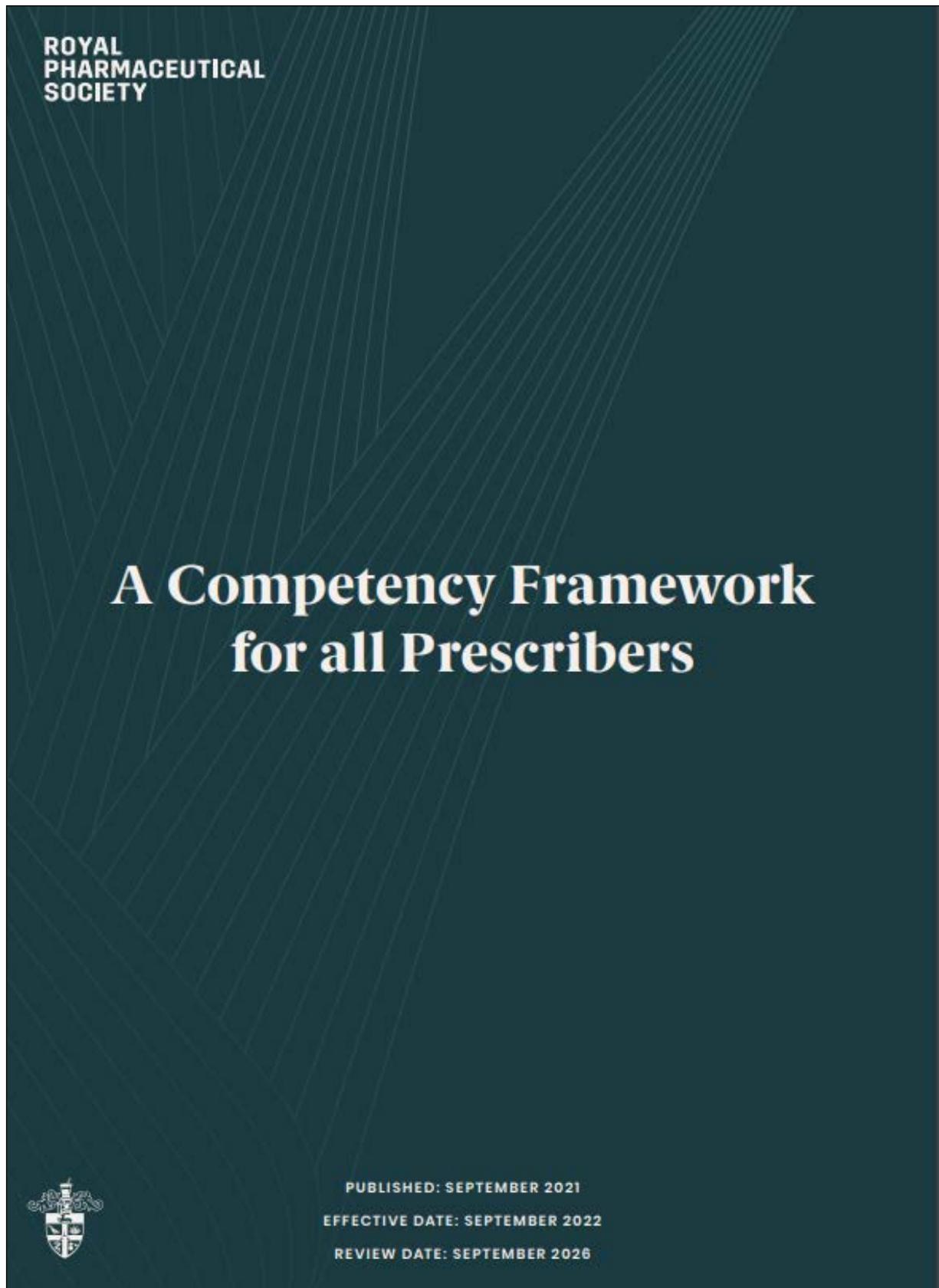
The screenshot shows the NHS website for the Nursing, midwifery and allied health professionals (NMAHP) development framework. The page title is "Nursing, midwifery and allied health professionals (NMAHP) development framework" with the tagline "Maximising potential and impact at every level of practice". Below the title, it states "What is the NMAHP development framework" and explains that it is an overarching resource comprising two linked components: the Healthcare Support Workers Learning Framework and the NMAHP Post-registration Development Framework. Three main sections are highlighted with icons and brief descriptions: "HCSW learning framework" (describes how healthcare support workers can learn and develop from levels 2-4), "The bridge" (bridging from Healthcare Support Worker to Practitioner requires a programme of education leading to professional registration), and "Post-reg framework" (replaces and builds on the strengths of the earlier Post-registration Career Development). Each section has a "Find out more" button.

The cover of Paper 08 features the CNOD logo (Delivering excellence in care to every patient, every time) and the title "Transforming Nursing, Midwifery and Health Professions' Roles: pushing the boundaries to meet health and social care needs in Scotland". The large number "08" is prominently displayed. Below it, the text reads "Paper 08 Review of Clinical Nurse Specialist and Nurse Practitioner Roles within Scotland". At the bottom, it mentions "In partnership with" and shows logos for "SEVD" (Scotland's Executive Nurse Directors) and "Healthier Scotland" (Scottish Government).

Prescribing Update

The Royal Pharmaceutical Society Competency Framework for all prescribers has been updated. Organisations, Higher Education Institutes and prescribers have until September 2022 to implement the framework into practice.

Please ensure you are familiar with the updated framework [A Competency Framework for all Prescribers](#).



Pharmacy Story - Advanced Practice – The answer to our problems?

Mirroring the work of our non-medical colleagues, pharmacy (pharmacists, pharmacy technicians and support workers) must transform roles to meet the urgent needs of health and care delivery. Advanced practice is the transformation with most potential impact. Advanced practice will additionally encourage recruitment retention to the pharmacy workforce.

Evidence for advanced practice pharmacists is building. As part of the health and care team, pharmacists who have a higher level of clinical assessment, diagnostic, clinical decision making and tolerance of risk skills, and capability to deal with more complex presentations than their post-registration foundation pharmacist colleagues are in demand. Examples include delivering community pharmacy first plus where conditions such as acne and urinary tract infections can be diagnosed and treated, GP practice –disease management clinics, HIV and heart failure clinics in acute care. All reducing the burden on NHS services. Entry level to the profession is shifting. From 2026 all pharmacists will qualify as prescribers providing pace and traction to this development.

The emergence of the definition and need for advanced practice pharmacy technicians is in its infancy. As the numbers grow assurance of practice level is essential for the public and employers. In parallel definition of advanced services provided, workforce planning and a culture shift is vital. The term "advanced practice pharmacist" has existed for some time. In contrast, assurance around the level of practice and other pillars such as service specifications, workforce planning and culture change require significant development particularly in acute services. We have much to learn from our NMAHP colleagues as we bring all these components together.

A curriculum defining entry level advanced practice and credentialing for pharmacists from the Royal Pharmaceutical Society (RPS) will be published in the next 6 months. Pharmacy Technicians are likely to follow a similar structure for their advanced curriculum. In Scotland we will align with this level of practice and the RPS will credential pharmacists across the UK including Scotland providing the assurance required.

There is currently no infrastructure and limited education and training to support development of this level of practice. A recently convened national group is progressing this work for pharmacists and will make recommendations to Scottish Government and the service to drive change. We cannot transform our roles in isolation and will work closely

with our health and care colleagues to produce an NHS workforce that optimises all our skills.

Susan Roberts

Associate Postgraduate Pharmacy Dean
Senior Visiting Lecturer – Robert Gordon's University
and University of Strathclyde



References

<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-greater-glasgow-clyde/national-nhs-pharmacy-first-scotland/pharmacy-first-plus-common-clinical-conditions-ccc/>

<https://www.rpharms.com/development/credentialing/core-advanced-pharmacist-curriculum>

<https://www.nes.scot.nhs.uk/news/pharmacy-career-review-published/>

Terry, D., Ganasan, S., Aiello, M. et al. Pharmacists in advanced clinical practice roles in emergency departments (PARED). Int J Clin Pharm (2021). <https://doi.org/10.1007/s11096-021-01275-6>

Advanced Practice Toolkit Update

The NES Advanced Practice Toolkit was introduced in 2008 as a four-country resource to support the developing role of the advanced nurse practitioner. As advanced practice has become established across other professions, successive revisions have widened the scope of the toolkit to include credible and supportive resources for new and emerging advanced practice roles. The toolkit supports ongoing developments to enhance understanding of this dynamic role across the four pillars of practice, clinical practice, facilitation of learning, leadership, and evidence, research and development. Applications for expressions of interest from a subject matter expert are currently being sought to review and revise the content and propose design features for the NES Advanced Practice Toolkit that reflect developments in advanced practice for all practitioners in Scotland. Updates on this work will be reported in the next newsletter.



Assessment of Capacity: A short course for Advanced Nurse Practitioners

NHS Education for Scotland is delighted to announce the launch of Assessment of Capacity: A short course for Advanced Nurse Practitioners.

Assessment of capacity is recognised as an important element of the ANP role and in response to requests from NHS Boards, NES has worked with subject matter experts to design a short course for qualified ANPs that commences at the end of January 2022.

The aim of this course is to develop ANP's knowledge and skills in assessing the capacity of people who may come under protection of the Adults with Incapacity (Scotland) Act 2000 (part 5 amendment). It takes a human rights-based approach to explore the ethical and legal process to make informed judgements regarding capacity and examines the other relevant provisions of the AWI Act and the application of its underpinning principles.

Successful completion of the course will also give ANPs authority to grant AWI section 47 certificates specific to their area of practice. Registered Nurses are one of only three health professions named in Scottish legislation, along with dental and ophthalmic practitioners, that can be granted this authority provided that the person concerned has had their knowledge of how to assess an individual's capacity to make decisions certified by a university or NES.

The new NES course comprises a TURAS online theory component followed by a period of supervised and assessed learning in practice. 60 places have been allocated via the Board ANP leads for the first cohort and NES will be looking for feedback from assessors and participants before scaling up the course for the next cohort.

The intention is for all ANPs in Scotland working with adults to have access to this education either through the NES course or as an integrated component of the postgraduate ANP programmes. Discussions with the universities through the Scottish Advanced Practice Educators Network on how this can be done are positive and in progress. More information will be available on the NES website from January.

Jane Harris
NHS Education for Scotland



Facilitating Learning

MSc Advanced Practice Pre-Course Workbook

In 2021 a small group of educators from across the UK collaborated to produce a pre-course workbook for students undertaking MSc Advanced Practice programmes.

The idea originated from Professor Melanie Rogers of Huddersfield University but, there was widespread agreement from advanced practice educators that a pre course workbook would be supportive for students. The main areas of concern from educators' perspectives was the contextual understanding of advanced practice within the UK, critical writing and anatomy and physiology knowledge which was considered to be more challenging for mental health advanced practice students. The workbook covers four main areas: an introduction to advanced practice within the UK, academic writing skills, anatomy and physiology and academic resources.

It was agreed to ensure national access to the workbook it would be stored on the Association of Advanced Practice Educators UK website AAPE UK. A national evaluation of the workbook is currently planned. Practitioners interested in accessing this workbook should speak to their programme lead.

Accumulation of Credit

Most Higher Education Institutes offer programmes such as Postgraduate Diploma (PgDip) or MSc which are comprised of modules that have credit assigned to them. Students can undertake modules on a single module basis and received credit for this or they can accumulate credits towards a named programme, such as PgDip Advanced Practice. In Scotland a PgDip programme requires 120 credits and an MSc requires 180 credits normally at level 11 (MSc level) but, there are some individual institutional variations. Often there are time limits for transferring credit into a named award.

If you are looking to undertake a PgDip or MSc Advanced Practice I would encourage you to have a conversation with your local higher education institute and ask about the process for transferring and accumulating credit into a named award.

Colette Henderson

Chair of the Scottish Advanced Practice Educators Network and MSc Advanced Practice programme lead University of Dundee



eOSCE Project at UWS

Covid has changed many aspects of university life, one key change has been to facilitate contemporary, relevant assessment processes through the enhanced use of technology. Within the school of Health and Life Sciences at UWS, we saw the potential of moving the traditional objective structured clinical exam (OSCE) from the face-to-face assessment approach to online. Our small team secured funding for the development of this initiative supported through the Vice Chancellors Innovation fund (VCI fund).

Within UWS, OSCEs are conventionally seen as anxiety provoking for students as well as labour intensive for staff, but moreover they are considered essential to assessing the students learning in a multi-professional environment. The move to an eOSCE method allowed for the creation of authentic and diverse clinical scenarios with the goal of creating an enjoyable, compassionate, cost efficient and sustainable assessment.

For the eOSCE pilot the team designed a patient scenario around the deterioration of a patient with Covid. We recorded 5 consultations including a webchat, telephone, video, GP/OOH, and secondary care. Using the video footage, students were able to follow through each assessment; take notes online and complete a series of questions to test their knowledge, problem-solving and decision-making skills. We have utilised Articulate Storyline as the software to create the learning activity. This allowed an approach where we could run a linear progression between each consultation, but it has greater flexibility that enables us to introduce branched decision-making whereby the students' choices will determine different patient outcomes. Storyline allows for different publication options including a web page within a site or as a scorm package which can be integrated into various virtual learning environments (VLE).

Feedback from students has been very positive and constructive. We have identified the challenges in the creation of these online learning experiences that will allow us to improve our design process. The team is looking forward to taking this project forward and in the new year will be developing additional clinical scenarios.

Stephen Andrade

Learning Technologist UWS
Advanced Clinical Practice & Prescribing Team
(ACPP) UWS



East of Scotland Advanced Practice Academy Leadership Event: 24th September 2021

Almost 100 advanced practitioners and trainee advanced practitioners attended the first virtual CPD event organised by the East of Scotland Advanced Practice Academy. Practitioners working in advanced roles from several job families including allied health professionals, physician associates and nursing attended from NHS Boards across the South East Region. The aim of the event was to encourage networking and to support the development of leadership qualities within these key roles.

Professor David Wylie who is Associate Director NMAP within NHS Education for Scotland and Fiona Shanks, Clinical Service Manager from Test and Protect started the afternoon by sharing their leadership journey's. These interactive sessions generated much discussion and reflection particularly regarding maintenance of resilience during the last 18 months. Development of self-awareness is key to leadership development and the rest of the event focused on supporting the development of this. Breakout sessions included the leadership compass, difficult conversations, dialogue, coaching yourself and a compassion focused approach to leadership. Evaluation highlighted that the participants valued the opportunity to pause, reflect and focus on their leadership development.

The East of Scotland Academy plans to run future CPPD events in 2022 which will focus on the other pillars of Advanced Practice.

Jill Mundy

Lead Nurse, Advanced Clinical Practice
NHS Lothian



Facilitating Learning

Save the Date

The ICN Nurse Practitioner Advanced Practice Nurse Network 11th International Virtual Conference took place 29 August – 1 September 2021. Registrations were received from 750 people across 48 countries and this was an inspiring conference that evaluated highly. The 2022 ICN NP/APN Conference is due to be held 21-24 August in Dublin, Ireland and expressions of interest and the call for abstracts is open now: <https://npapndublin2022.com/>

Advanced Practice week 2021



On Tuesday 9th November the Welsh Advanced Practice Educators Network and the Scottish Advanced Practice Educators Network (WaSAP) collaborated on a panel discussion 'Advanced Practice: Strengthening the Impact and Reach'. This event was well attended and provided an opportunity to reflect on the development of advanced practice in the Celtic nations. The Welsh and Scottish Educators continue to be keen to collaborate further and have already agreed to invite students on their respective advanced practice programmes to be involved in an international student case study exchange with students from Scotland, Wales, the Netherlands, Texas and Australia participating. This will provide opportunities for cultural exchange and benchmarking programmes.

Prescribing CPD

I would like to share some recent experiences of providing conference style content/CPD for NHS staff on Teams – targeted at advanced practice roles, but with no bar to any staff member interested attending.

As everybody will appreciate, the pandemic has made us consider carefully the advisability of running more traditional style events at a central venue. For 2021 the pragmatic approach was to stay online. Most of us had a bit of experience from delivering education (if not conferences) online last year, and with NHS Scotland Teams widely accessible, we stayed with that.

"September Sessions" Prescribing Conference/CPD event ran throughout September hosted by myself and the "Advanced Care Academy" in NHS Grampian. This was both to try and deliver on our

own annual Prescribing CPD commitment (which we failed to do last year) and to share delivery and sessions with NHS Scotland colleagues.

Eleven sessions were arranged and delivered by a range of speakers on a variety of topics. Delivery was aimed at a multi-professional Nursing, Midwifery, Allied Health Professional, Pharmacist & Optometrist (#NMAHPP0) prescriber audience, with evaluation really positive.

Despite pretty extensive social media promotion, internal advertising, and an overwhelming response to these (~250 applications in 3 days), attendance was fair but not as anticipated based on application numbers, which is something we need to understand for future events.

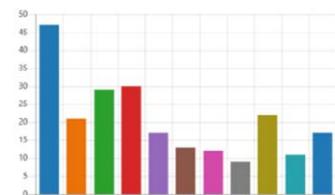
Although the majority of attendees were from Grampian (who hosted the event) delegates joined from across Scotland. While the majority were nurse prescribers, AHPs, Pharmacists and Optometrists joined as well.

I was interested to know which methods of promoting future events were likely to be most useful in the future, and responses seem to indicate that local advertising within the boards had been the most effective this time.

Irrespective of individual difficulties accessing the Teams sessions, those who participated in the poll were definitely of the opinion it was worth doing again.

1. Please select the session you attended today:

- Anticoagulation/DOACs, 09/10... 47
- ADHD Prescribing in CAMHS... 21
- How to do virtual consults saf... 29
- Medication Safety and Learnin... 30
- Prescribing in Unscheduled M... 17
- Red Eyes and Red Flags! 22/09... 13
- Experiences of Prescribing in t... 12
- Diabetic Prescribing Developm... 9
- Polypharmacy, Frailty & Falls R... 22
- Antibiotic stewardship and wh... 11
- Prescribing for Pain Managem... 17



2. Please rate the session:

228 Responses

★★★★★
4.71 Average Rating

ACAP Conference 2021

Advancing Care, Advancing Practice (ACAP) Scotland is a registered charity started about 12 years ago by advanced practice staff working in acute care in central Scotland who, at that time, felt there was not the right sort of event available for them locally. Since then, ACAP has evolved and gone from strength to strength now aiming at NMAHP participation and having contribution from health and social care staff throughout Scotland and from the majority of NHS Boards.

Obviously, the last few years have been challenging, with face to face events not being an option, but ACAP rose to the challenge hosting their annual conferences for 2020 and 2021 on MS Teams during Advanced Practice week. The 2020 event was free and delivered over the course of Advanced Practice Week with several sessions a day. This years' event had a small £10 charge and was delivered over 2 days with a research morning on the 10th November, which allowed delegates to share their own work and presented the North of Scotland Advanced Practice Academy Advanced Practice Research Scoping Survey. This was followed by a full day of excellent sessions on 12th November. Sessions were recorded and remain open to registered delegates until 18th December.

Attendance was good with over 150 registered delegates, and evaluations provided to date have been overwhelmingly positive with 4.7 star average rating across all the sessions.

The keynote speaker was Professor Michael West delivering an inspiring session on compassionate leadership in healthcare opening the full day. He was followed by a range of excellent speakers and sessions providing our delegates with updates and insights on a range of topics (see below). Once the event has formally closed ACAP with look at the evaluation detail to inform next years' offering.

Delegates came from all over Scotland, but NHS Grampian and NHS Lothian provided the largest numbers. We did not unfortunately have many AHP delegates, despite having an excellent and very well received session on dietetic prescribing development and would hope to improve this in the future.

As with the prescribing event, we asked how they had heard about the event. Again, it was primarily internal board communications rather than social media.

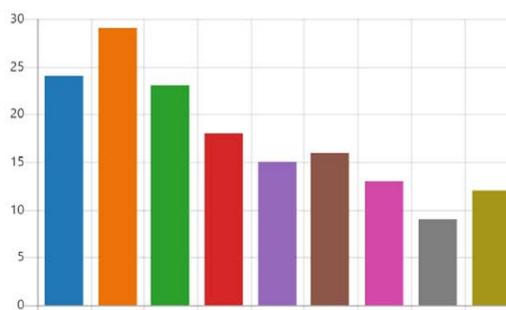
Planning for the future, there is a real appetite to continue sharing CPD opportunities with colleagues across health and social care in Scotland. However, we need to improve targeted advertising to ensure all healthcare professionals who would be interested to attend these educational opportunities have the chance to do so.

Karen Kindness

Nurse Consultant Advanced Practice and NMP Lead
NHS Grampian

1. Please select the session you attended:

● Research Morning Wednesday...	24
● Compassionate Leadership wit...	29
● When people living with dem...	23
● Scottish Advanced Practice Ac...	18
● Adults with Incapacity educati...	15
● ICN NP/APN Network with Da...	16
● Dietetic Prescribing Developm...	13
● Rural advanced practice devel...	9
● Surgical session: Abdominal O...	12



2. Please rate the session:

Insights
159
Responses

★★★★★
4.70 Average Rating

Focus – NHS Lothian Advanced Practice Physiotherapy Network

Origins & development

The NHS Lothian Advanced Practice Physiotherapy Network (LAPPN) launched in 2017 as part of the NHS Lothian Physiotherapy Clinical Framework. From fledgling beginnings of small gatherings of interested advanced practice physiotherapists sharing experiences, practice and peer support, the network has grown to a membership of over 90 clinicians employed within NHS Lothian, encompassing the breadth of advanced practice physiotherapy roles across the organisation.

What is Advanced Practice Physiotherapy?

Advanced Practice roles in Physiotherapy are invaluable career development routes and make a significant contribution across the health and social care system. As the Chartered Society of Physiotherapy state, "Physiotherapists in the roles (advanced practice) work with a high degree of autonomy, use complex decision making within multi-professional teams and work across the health and social care system to enable quality and integrated care". Advanced practice denotes a level of practice across the four pillars of clinical, education, research and leadership. As stated by the UK Advanced Practice Physiotherapy Network, "Advanced Practice does not just reflect a level of technical skill, such as injection therapy or prescribing, but more an ability to manage increasingly complex clinical caseload and to a greater responsibility and influence across an organisation or team whatever the work setting".

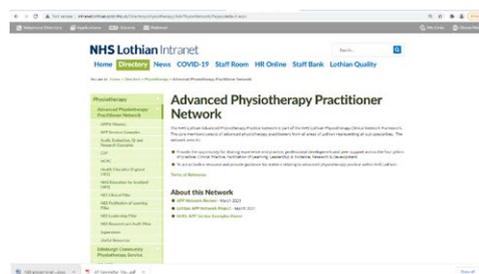
Purpose

The Lothian APPN aims to 1) provide a professional support network to all Advanced Practice Physiotherapists across the organisation, 2) provide the opportunity for sharing experience and practice, professional development and peer support across the four pillars of practice: Clinical Practice, Facilitation of Learning, Leadership & Evidence, Research & Development, and 3) act as both a resource and provide guidance for matters relating to advanced practice physiotherapy within NHS Lothian.

Specialties and membership

The network brings together advanced practice physiotherapists working in many different specialties and roles across the organisation including Community Respiratory and Rehabilitation; Complex Case Management in Primary Care; Continence and Pelvic Health; Critical Care Recovery; Gait Rehabilitation; Major Trauma; Mental Health; Musculoskeletal (MSK) in primary care; MSK in interface/secondary care Orthopaedics and Neurosurgery (Spine); Neurology; Paediatric Orthopaedics.

Examples of some key outputs of the LAPPN Development of intranet resource and toolkit- A repository for supportive resources relating to advanced practice with focus on physiotherapy roles. Accessible to Advanced Practice Physiotherapists and all NHS Lothian employees, the resource serves to enhance the understanding of these roles. Content includes examples of these dynamic roles across the four pillars of clinical practice, research, education and leadership. It also serves to collate resources from across the UK relating to Advanced Practice Physiotherapy developments, frameworks, role capabilities, competencies, career route maps and educational opportunities. The resource is constantly evolving to keep pace with developments as new information, evidence, approaches and policies emerge.



Supporting portfolio development – Learning and sharing from experiences of Advanced Practice Physiotherapists across the organisation. Explored under the four pillars of practice, clinicians share examples of evidence of working at level 7 on the career framework. This has been helpful supporting peers in developing and maintaining their professional portfolio.

Consultee – Acting as a source of expertise and representation of advanced practice physiotherapists, the LAPPN has had the opportunity to consider and input to a number of important consultation documents and consultation exercises. As example, members have been able to contribute as interviewees to the Health and Care Professions Council Advanced Practice project <https://www.hcpc-uk.org/registrants/updates/2020/do-you-want-to-share-your-views-and-provide-input-into-the-hcpcs-project-on-advanced-practice/>. This project "aims to identify any regulatory challenges and risks presented by registrants advancing their practice and how the HCPC should respond to these to ensure public protection and to support... registrants' professionalism/good practice". Other examples included the ability to consider, feedback and help shape the newly launched, extremely exciting and welcomed NHS Lothian Advancing Practice Policy <https://policyonline.nhslothian>.

[scot/Policies/ClinicalPolicy/Advancing_Practice_Policy.pdf](#). The LAPPN has also kept abreast of developments within the NHS Scotland transforming roles programme and had the opportunity through members sitting on invited panels, to support and influence this work of critical importance. The development of the Lothian AHP support and supervision guidance provided a further opportunity for the LAPPN to consider the implications of this guidance and the implications for Advanced Practice roles.

Representation – A number of members of the LAPPN are also members of other national networks including the UK Advanced Practice Physiotherapy Network (APPN), <https://www.appn.org.uk/>. This serves to both keep the LAPPN and NHS Lothian abreast of developments across the four nations but also share educational opportunities and where possible support and influence decision making.

Evaluation

During 2021, one of the LAPPN members, Karen Outram, MSK Pathways Lead and Spinal Advanced Practice Physiotherapist within Lothian Integrated Spinal Service undertook an NHS Education for Scotland (NES) project to evaluate the function, purpose and utility of the network. This in depth piece of work, sought views from members, summarised the key impacts and learning from the implementation of such a network. The work is shared on the NHS Education for Scotland Advanced Practice toolkit as an example of good practice <https://www.advancedpractice.scot.nhs.uk/>

Some key findings and recommendations from Mrs Outram's work included;

Outline of the work undertaken by the network under 3 themes;

1. Establishing network & understanding Lothian APP workforce

- a. Established remit of group and meetings plans
- b. Extending invitations to all undertaking APP roles within Lothian
- c. Sharing and exploratory work to understand commonalities and uniqueness to roles
- d. Scoping the current position relating to advanced practice physiotherapy roles in NHS Lothian
- e. Established intranet site to share resources

2. Review / discussion of relevant documents, policies & programmes

- a. NHS Scotland AHP supervision strategy
- b. NHS Lothian AHP profession role and career development framework
- c. AHP Advanced Practice Transforming Roles Programme

- d. England AP developments – HEE Centre for advancing practice, FCP/ MSK AP in primary care roadmap
- e. GMS Contract / Primary Care design
- f. HEI AP course developments

3. Sharing of good practice, developments and challenges

- a. Service models and developments; waiting list initiatives, referral rerouting schemes, virtual clinics with secondary care consultants, remobilisation models post-covid, virtual consultations
- b. Governance within APP: development of protocols, competency documents, record keeping at advanced practice level
- c. Workforce planning and service sustainability, trainee schemes, recruitment, service gaps, expansion of services and new role developments
- d. Position on APP scope of practice – employer vs CSP considerations
- e. Research projects
- f. Impact of APP services

Value, beneficial effects and activities reported by attendees inc;

1. Increase understanding and awareness

- a. Wider understanding of advance practice issues
- b. APP roles & services locally and nationally
- c. APP developments within Lothian
- d. AHP workforce planning

2. Networking & learning from other specialities

- a. Share ideas, good practice & service development ideas
- b. Learn about the development within other areas
- c. Ability to work collaboratively and not "reinvent the wheel"

3. Useful Resources

- a. Intranet site
- b. Topics and presentation
- c. Dissemination of information
- d. Documents/frameworks that affect all APPs regardless of speciality

4. Dissemination, discussing and sharing

- a. HCPC's accreditation project
- b. Transforming roles and KSB development
- c. Structure and validation of first contact practitioners
- d. HEE developments

Tips for establishing a network;

Initial set-up considerations:

1. Spend time scoping and inviting all APP subspecialties in area.
2. Elect a suitable chair. They should have good communication, organisational and leadership skills. They should be able to facilitate a group and have good contacts to establish the network.
3. Establish a sustainable network structure – e.g. consider chair, vice-chair, secretary roles
4. Set out clear remit and structure of network
5. Consider suggesting a maximum number of representatives from each subspecialty – to keep balanced representation across network

Build a meaningful sense of community

1. Undertake exploratory work to understand commonalities across roles
2. Consider topics for network that are relevant to the group
3. Awareness of current frameworks / policies / agendas relevant to group
4. Consider sub-groups to allow focussed interaction of specific topics

Maximising the benefit of collective intelligence

1. Promote a culture of safety and transparency – to encourage sharing
2. Provide opportunity for people to share data and experience easily
3. Network should not be linked with performance management structures

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Research Articles

These recent research articles may be of interest to advanced practitioners:

[General Practice Nurses' experiences of participation in an advanced nursing practice education programme](#)

[An exploratory study into the teaching of clinical examination skills in advanced practice](#)

[An exploration of the levels of clinical autonomy of advanced nurse practitioners: A narrative literature review](#)

[Characterising the outcomes, impacts and implementation challenges of advanced clinical practice roles in the UK: a scoping review](#)

[Evaluating Advanced Practice Nurses' Burnout and Potential Helping Modalities](#)

[National evaluation of the advanced clinical practitioner role in England: a cross-sectional survey](#)

[The reliability and validity of the OSCE as an assessment of capability within advanced practitioner curricula](#)

Current Research

[A global perspective of advanced practice nursing research: a review of systematic reviews](#)

Minimising Sedation in Intensive Care Patients (MisSion-ICu)

Research study

Your support is needed:

- Are you an ICU nurse, physician, pharmacist or physiotherapist and working in adult critical care (full or part-time) in the UK?
- Do you want to understand the barriers and facilitators in optimising the sedation practices in your ICU?

If you answered yes to both these questions, you may be eligible to participate in an Ethics approved research project (phase 1) to determine if a behavioural change intervention improves sedation practice and outcomes for ICU patients.

You will be asked to participate in a virtual interview for 45-60 minutes. Participants will be able to opt to enter a competition for £500 to be used towards the expenses of attending a professional congress of their choice during 2021 or 2022.

If you would like to learn more, please contact Research Fellow, Katerina Iliopoulou, RN at Katerina.Iliopoulou@city.ac.uk

Should you have any further queries, please do not hesitate to contact the lead researcher, Professor Leanne Aitken at Leanne.Aitken.1@city.ac.uk



Availability Bias During COVID19

Clinical decisions are among approximately 35,000 decisions clinicians make daily, many of which they are only partially consciously aware of (Sahakian and LaBuzetta 2013). These unconscious decisions or cognitive shortcuts are referred to as heuristics, which help provide judgments for everyday problems reducing decision making burden and helping to free cognitive load (Kahneman 2011). However, they can be problematic in leading to cognitive biases such as the availability bias (Hughes et al. 2020).

Kahneman (2011) describe availability bias as a decision that is made unconsciously and often instinctively based on the exposure, or experience a person has to a particular event. In other words, a previous occurrence of a situation that is easily available to the person's memory is applied to future events or judgements as this information is cognitively readily available (Kahneman 2011). However, the issue with this mental shortcut is that these judgements are often not accurate in relation to new scenarios (Kahneman 2011). The availability bias in clinical practice has been shown to lead to significant diagnostic errors and is a concern with clinical decision making in general practice, particularly at the time of COVID-19 (Redelmeier and Ng 2020). COVID-19 shares the same presentation of symptoms associated with other diseases, but due to the high exposure of COVID-19 in general practice clinicians are more likely to have an availability bias towards this in their clinical decision making (Hoard et al. 2021). The consequence of this is the potential for missing an alternative and correct diagnosis (Hoard et al. 2021). This of course can have severe repercussions if the diagnostic error fails to identify an underlying condition that is of a serious or sinister nature (Hoard et al. 2021). In short, there is potential for clinical error by ANP's in general practice, as COVID-19 can present an availability bias in clinical decision making, and they should be aware of this in their practice.

On the other hand, the availability bias could be seen as helpful at times of a pandemic, as ANP's in general practice are more likely to diagnose this illness which identifies positive patients with the illness and allows the appropriate measures in place (Redelmeier and Ng 2020). Overall, ANP's cover a wide range of specialities within general practice and deal with a considerable diversity of conditions

that are already a challenge but should be wary of potential biases in relation to their clinical decision making (Whelehan et al. 2020).

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The challenges of role transition: the experiences of a new team

The impact of staff shortages and the global Covid-19 pandemic have seen significant pressure on the NHS. For the nursing profession, this has opened up further opportunities for role development for advanced nurse practitioners (ANPs). ANPs are pioneering a cultural shift away from the traditional medical landscape (Mannix and Jones, 2020). In Scotland, there has been investment in the education and training of a significant number of ANPs (Scottish Government, 2016). The competencies for an ANP in Scotland are broadly prescriptive and underpinned by four pillars of practice (Scottish Government, 2021). However, despite this there seems to be variation between NHS Boards in how support for trainee ANPs is offered.

The author has been employed as part of a small team of trainee ANPs in an area of acute medicine within a large teaching hospital. There had not previously been ANPs in the area and the medical team were asked to provide the required mentoring and supervision. Transition to the role has been exciting but challenging. Transition to advanced practice roles is acknowledged to be stressful and unpredictable which Barnes et al (2021) argue can cause poor job satisfaction and lead to attrition. I was very experienced in my respective role prior to commencing the trainee role. Dumphy et al (2019) acknowledges that moving from being an expert nurse to assuming the novice role of a learner is a particularly uncomfortable experience. I felt this transition shock acutely. Moran and Nairn (2017) argue that over and above the high level skills a trainee ANP must master, there is an additional complex process of professional socialisation that must also be navigated. The expectations were initially unclear in relation to what the trainee ANP role within the existing team was.

The absence of any qualified ANPs in the area to seek advice and to provide role modelling compounded the situation and made me doubt my capabilities. Graue et al (2015) agree that one of the most daunting areas of transition in advanced practice is feeling sufficiently empowered with new knowledge to build professional confidence. The feeling of being out of our depth is something I have grappled with. However, this has lessened now that our presence is more established and understood within the team. We have a manager who is responsive to our concerns and we have taken ownership of our learning. Additionally, we have developed a network of trainees with whom we have established a community of practice. This has helped in relation to shared learning and development.

The literature is fairly persuasive in relation to the importance of trainee ANPs requiring adequate support. Trainees require a robust orientation, consistent mentorship, clinical supervision and quality education in order to flourish in the role (Moran and Nairn, 2017). Whilst the NHS continues to face unprecedented pressure in the delivery of care, it is critical to ensure trainee ANPs are given the opportunities to succeed in their role. Successful transition into the ANP role will not only address current shortages of medical colleagues but will ultimately improve patient care.

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New Frontiers – Long Covid and the role of Advanced Practice

For some who encountered the Covid-19 Virus, the after effects outweighed any acute illness. "Long Covid" impacts many people (unsurprisingly highest in those working in health and social care) with a reported prevalence of 1.9% of the UK population as of December 2021 (ONS, 2021).

As information started to come out in both the media and clinical literature, there were also tales from friends in practice. People reporting their clients reports of ongoing symptoms of extreme fatigue, "brain fog" (which encapsulates concentration, memory and cognition), emotional lability, struggling with day to day life and work and isolation, which was exacerbated by lock downs, characterised under the new term "Long Covid".

My background is as an ANP in autoimmune encephalitis at the John Radcliffe Hospital. I had seen this constellation of symptoms before and although there were differences between the patient groups, there are a number of pieces of work looking at how we can learn from other conditions to better understand Long Covid.

At the start of 2020, I was lucky enough to be directed to talking to the regional Long Covid Service (CARES Team, Tayside NHS), which led to me joining them on a one day/month basis. As with all new services, provision of care and consideration of best use of resources is paramount, however the unique nature of changing ways in working (mostly remote for clinics, for example) has made this even more difficult than usual. In my capacity as an academic and Advanced Practitioner, I discussed with the team the value I could add with such short hours and we have found a great way of working.

Through a monthly Journal club, we are able to discuss and evaluate some of the swathes of published literature and to evaluate its importance on the team's practice. We also utilise an MDT where the Team can discuss neurological issues that clients may be experiencing. As much as I would love to run clinics, at this point it would not be an efficient use of time, and this method also allows a peer to peer upskilling to take place. Finally, we have developed links between the University and the Team and are at present developing a master's level module to increase understanding and management of Long Covid for HCP's.

As with all novel conditions, there is a clinical excitement, tempered by the fear of the unknown, both professionally and for our patients. By utilising our experience and skills and being advocates for our patients (which includes the importance of validation for what they are experiencing), nurses can play an important role in the development of best practices for the care of someone experiencing Long Covid.

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Spotlight on Advanced Clinical Practice roles

I am currently employed as a Senior Advanced Practitioner at University Hospital Monklands, and I took up this post at the beginning of the COVID 19 Pandemic. Advanced practice wasn't necessarily an area that I wished to pursue as a newly qualified Nurse, I just wanted to do the best I could for the patients I cared for. However, as I became more confident and competent in caring for sick patients, I developed an appetite for acute / emergency care and after working in a variety of areas such as renal, acute medicine, emergency care, critical care, and resuscitation I then took up post as an advanced practitioner in the Hospital Emergency Care Team.

Advanced Practice is not new, however the way in which I deliver the four pillars of advanced practice may be a little different than some areas.

Leadership is a key pillar of advanced practice and never has it been more essential than now with so many challenges, changes, and opportunities in healthcare. I strongly believe that Advanced Practitioners are in an ideal position to guide, support and direct how this evolves. I am the clinical and professional lead for the Ambulatory Emergency Care Unit (with a group of ANP'S) and this is where I mostly help deliver clinical care and expanding the skills, confidence, and knowledge of the staff to adapt to the changing needs of the local patient population. I am also the Senior Nurse for the Critical Care Unit at University Hospital Monklands. While this was a challenging time to take on such a remit, It has been truly inspiring to see the dedication and care and compassion with which the staff approach their daily challenges throughout this pandemic. I am also the professional lead for a group of Advanced Clinical Practitioners (composed of Nursing, Paramedic and Pharmacy staff) who are based in the Emergency Department. In addition to these aspects of leadership I also deputise for the chief of Nursing at University Hospital Monklands and the Nurse Consultant for Critical Care).

Research is another of the pillars and one that initially in my early days of practice I tried hard to avoid as this unlike the clinical application, was out with my comfort zone. However, during completing my MSc I embraced this aspect and with this and completion of a Professional Doctorate, research became a friend rather than a foe. I truly believe that Advanced Practitioners are ideally placed to help identify what clinical / front line care issues need exploration and have the skills to undertake this exploration. I have been privileged to recently have some improvement work published and also presented at National Events on the topic of recognition deteriorating patient and patient observations.

Education is key to developing the Advanced Practice workforce (in the context of work based OSCE's, CBD, Dops and MiniCex) but also the wider healthcare workforce as well. Within this role, I coordinate and deliver with the assistance of other ANP's and colleagues from the medical team, tailored study days on a range of clinical presentation and their management. This continuous education helps ensure myself and the wider team develop and maintain the skills required to deliver safe, effective care. Safety is paramount for both practitioner and patient. With this in mind, I invite advanced practitioners to contribute to significant adverse event reviews and support these with their underpinning clinical expertise. This then influences further practice going forward for all involved.

In summary, advanced practice is a challenging yet rewarding role and as practitioners we have the ability to steer what direction this takes.

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The route from Pharmacist to ACP

Over the past six years the Royal College of Emergency Medicine (RCEM) has piloted, developed, and adopted a credentialing process for advanced clinical practitioners (ACPs) working in Emergency Medicine. This credentialing curriculum, developed by The RCEM and Health Education England (HEE), provides an opportunity for standardisation and consistency across the ACP workforce and provides a framework for training.

Recently, Pharmacists have been recognised as a group of professionals that can undertake this credentialing process along with nurses, paramedics, and occupational therapists. The required standards are to be achieved through completion of an e-portfolio which will take between 3 to 5 years and should demonstrate clinical competence while encompassing the other pillars of advanced practice which are leadership, education, and research.

The role of the EM-ACPs includes:

- Looking after patients with a wide range of pathologies from the life-threatening to the self-limiting
- Identifying the critically ill and injured, providing safe and effective immediate care
- Having expertise in resuscitation and are skilled in the practical procedures needed
- Establishing a diagnosis and differential diagnosis rapidly, and initiate or plan for definitive care
- Working with all the in-patient and supporting specialties as well as primary care and pre-hospital services
- Being able to correctly identify who needs admission and who can be safely discharged. (RCEM EC ACP Curriculum V2 2018)

My journey from pharmacist to trainee ACP began 5 years ago when I came into post as a senior clinical pharmacist. The job was created to deliver pharmaceutical care to patients by identifying, preventing, and resolving medicine related problems at the front door of the hospital. After a while we explored the possibility of extending the scope of practice into the ACP role. The aim was to maintain medicines management but to up skill me to provide direct patient care in line with the other EM-ACPs. This would provide a more flexible workforce for the ED, which in retrospect has been extremely advantageous with the recent stress that COVID has brought onto healthcare and emergency services.

As with any advanced practice role the RCEM clearly states that there must be a strong clinical experience before considering developing skills at an advanced level. The entry point for EC-ACP is a minimum 3 years emergency care experience. Therefore, over the next 3 years I worked hard to bring my clinical skills and knowledge in line with my nursing and

paramedic colleagues. This was done by on the floor clinical training, I endeavoured to increase my exposure to different medical, surgical, and minor injury presentations, under the direction of the EM consultants. I also undertook formal qualifications including a post graduate certificate in urgent care and minor injuries and completed the Advanced Specialist Training in Emergency Medicine (ASTEM) course at Manchester University. This was designed for pharmacists making this transition to ACP, topping up my post graduate masters qualification, leading me to be able to start the EM-ACP credentialing qualification.

Our team at UHM consists of 7 EM-ACPs, 5 from a nursing background, 1 from a paramedic background and myself from a pharmacy background. We are truly a multidisciplinary team. The benefits of employing a pharmacist in an ACP role is evident during non-clinical time (NCT). The RCEM credentialing framework will ensure that all ACPs have skills and clinical competence regardless of academic background, but it is within the non-clinical time (NCT) where the specialist training and knowledge provides additional benefit to the whole ED team. Therefore, as a pharmacist I lead on all things medicines as that is where my interest still lies. This can include medicine guideline/protocol development, writing PGDs, teaching sessions on medications and Quality Improvement Projects. Since regulatory changes were made in 2019 pharmacists can now also be the Designated Prescribing Practitioner (DPP) for the department's non-medical prescribing students which can take some workload from the EM consultants.

Currently I am the only pharmacist in Scotland undertaking this role therefore it has come with its challenges, especially in the midst of a global pandemic. I have often felt alone and have been pushed out my comfort zone- almost every day, but my team have continually provided support and we have built a strong and competent team, which is multi-professional and incredibly supportive. I believe this approach and skill-mix improves patient care. I am passionate about my job and believe that pharmacists have the clinical ability to work successfully and safely as EM-ACPs, and I am grateful for the time, investment and belief that has been afforded to me over the past 5 years.

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