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**Transforming Nursing, Midwifery
and Health Professions' Roles:**

pushing the boundaries to meet
health and social care needs in Scotland

08

Paper 08 Review of Clinical Nurse Specialist and Nurse Practitioner Roles within Scotland

In partnership with



**Healthier
Scotland**
Scottish
Government

Introduction

The Chief Nursing Officer (CNO) is committed to maximising the contribution of the Nursing, Midwifery and Health Professions (NMaHP) workforce and pushing the traditional boundaries of professional roles. The Transforming Roles (TR) programme aims to provide strategic oversight, direction and governance to:

- **develop and transform NMaHP roles to meet the current and future needs of Scotland's health and care system;**
- **ensure nationally consistent, sustainable and progressive roles, education and career pathways.**

1. Clinical Nurse Specialists: Key Issues

Clinical Nurse Specialists (CNSs) are an integral part of the workforce of NHS Scotland and the wider health and social care landscape across the public, independent and third sectors. The role involves delivering services and supporting people and families who require specialist care across hospital and community settings.¹

Clinical Nurse Specialists make a valuable contribution to health and social care in a range of ways, including:

- **delivering services close to home;**
- **developing innovative service delivery frameworks;**
- **promoting seamless care across sectors;**
- **developing and implementing care plans;**
- **monitoring, reviewing and amending treatment plans of care for people with long-term conditions to prevent unrequired hospital admissions;**

- **helping other staff to develop new skills by providing education and training.²**

Within the NHS, a diverse array of job titles have emerged across the nursing workforce. Some of these lack clear demarcation from other roles and are not always aligned with education pathways or provision.³ This has been found to cause confusion to the public, employers and commissioners of services. A recent study reported 595 job titles in use from a review of 17,960 nurse specialist posts in the UK.⁴

The most commonly used titles were identified as Clinical Nurse Specialist (CNS), Nurse Specialist/Specialist Nurse, Advanced Nurse Practitioner and Nurse Practitioner. The study demonstrated that job titles tend to cluster at particular pay bands.

The Royal College of Nursing (RCN) has suggested that the rich diversity of clinical nurse specialist roles has emerged for a variety of reasons, including: growing nursing expertise linked to extended and expanded nursing roles; clinical developments leading to new opportunities; and changing service needs.⁵

1 Royal College of Nursing (2009) Specialist Nurses Make a Difference. RCN Policy Unit, Policy Briefing 14/2009. <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/uk-wide/policies/2009/1409.pdf>

2 Fletcher M (2011) Assessing the value of specialist nurses. *Nursing Times* 107: (30-31), <https://www.nursingtimes.net/clinical-archive/assessing-the-value-of-specialist-nurses-29-07-2011/>.

3 Leary, A., Maclaine, K., Trevatt, P., Radford, M., and Punshon, G. (2017) Variation in job titles within nursing workforce. *Journal of Clinical Nursing* 26(23-24) p.4945-4950 <https://doi.org/10.1111/jocn.13985>

4 *ibid*

5 *As per footnote 1*

Within Scotland the roles of Clinical Nurse Specialist and Nurse Practitioner are well established in some specific areas. For the purpose of this paper we will refer to Nurse Practitioners as Specialist Nurse Practitioner, denoting Level 6 on the NHS Education for Scotland (NES) NMaHP Development Framework.⁶ In the last decade we have also seen development of the Advanced Nurse Practitioner role.⁷ An international overview of the development of specialist and advanced practice nursing may be found within guidelines published by the International Council of Nursing.⁸

To improve national consistency within Scotland for Clinical Nurse Specialist and Specialist Practitioner Roles, the Chief Nursing Officer (CNO) commissioned a Short Life Working Group (SLWG) to review the role of the Clinical Nurse Specialist as part of the Transforming Roles Programme.

2. Transforming Roles

The Transforming Roles Clinical Nurse Specialist SLWG was established in summer 2018. The review followed the established Transforming Roles Methodology (see Annex A).

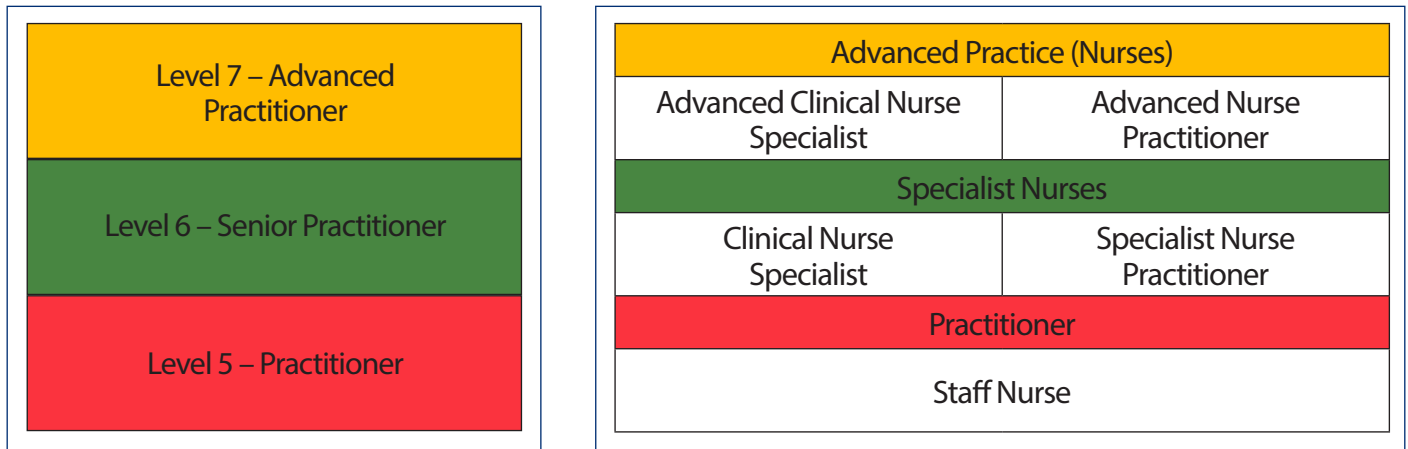
The Clinical Nurse Specialist SLWG was tasked:

- **to provide strategic direction to the development and transformation of Clinical Nurse Specialist/Specialist Nurse Practitioner 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;**
- **to review the current Information Services Division (ISD) reporting categories to enable more consistent and accurate reporting of nurse specialist roles.**

Clinical Nurse Specialists in Scotland mainly work across Levels 6 and 7 of the NHS Education for Scotland (2021) NMaHP Development Framework (see Figure 1 below). In light of this, the SLWG agreed to consider the role definition, competencies and scope of practice at Level 6 (Senior Practitioner) and Level 7 (Advanced Practitioner). The CNS SLWG worked in partnership with the Transforming Roles Advanced Nursing Practice Phase II SLWG to co-develop this report. A full list of contributors can be found at Annex M.

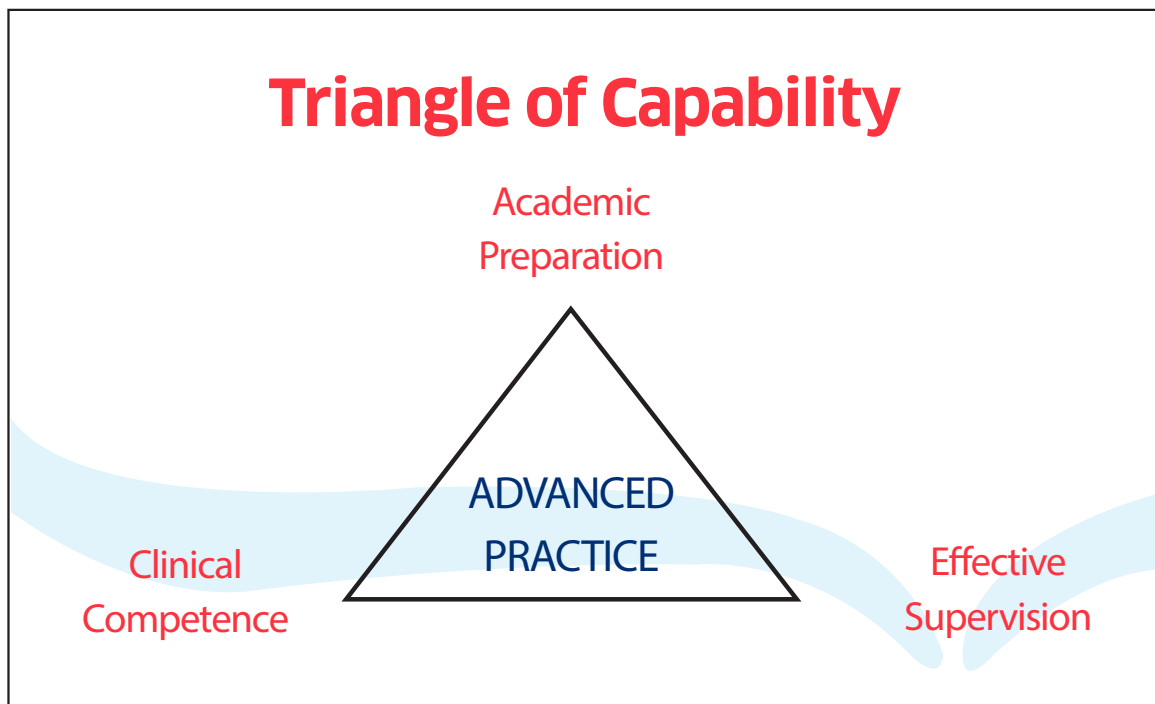
- 6 NHS Education for Scotland (2021) NES NMaHP Development Framework <http://www.careerframework.nes.scot.nhs.uk/>
- 7 The Scottish Government (2017) Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles: Advanced Nursing Practice Phase II. Paper 2, published 22 December 2017, <https://www.gov.scot/publications/transforming-nursing-midwifery-health-professions-roles-advance-nursing-practice/>
- 8 <https://international.aanp.org/Practice/APNRoles>

Figure 1: Clinical Nurse Specialists and Specialist Nurse Practitioner Roles Aligned to NES NMAHP Development Framework⁹



For Advanced Clinical Nurse Specialist Level 7, this document should be read in conjunction with the Transforming Nursing Roles Advanced Nursing Practice Phase I¹⁰ and Phase II publications.¹¹ From the Advanced Nursing Practice work, a 'triangle of capability' has been developed to act as a high-level framework for supporting the transformation of these roles, and has therefore also been applied in the transformation of the CNS roles (see Figure 2).

Figure 2: Triangle of Capability



⁹ As per footnote 6

¹⁰ As per footnote 7

¹¹ <https://www.gov.scot/publications/transforming-nursing-roles-advanced-nursing-practice-phase-ii/>

Summary of key findings

- The CNS role has evolved over time and CNSs now work at a range of levels of practice of the NES NMaHP Development Framework, most commonly at Levels 6 and 7.
- At Level 6, Clinical Nurse Specialist and Nurse Practitioner roles could both be considered as 'specialist'. However, Nurse Practitioners tend to have a broader scope of practice relative to Clinical Nurse Specialists, who would be expected to have a deeper knowledge of their specialty.
- Clinical Nurse Specialists and Nurse Practitioners working at Advanced Practice level are collectively referred to as Advanced Practice (Nurses).
- The Advanced Clinical Nurse Specialist title should be specifically used to denote a Clinical Nurse Specialist role at Level 7, and to differentiate them from Level 7 Advanced Nurse Practitioners who are generalist (see Annex L).

3. Outcomes of Clinical Nurse Specialist Role Review

National role definitions, competencies and governance frameworks for Clinical Nurse Specialist/Nurse Practitioner (Level 6) and Advanced Clinical Nurse Specialist (Level 7) can be found at Annexes C, D and E. All NHS Boards are required to match current staff against the agreed definitions and competencies and ensure appropriate governance processes are in place.

4. Education and Training

Key principles have been identified for education provision for generalist and specialist roles at Levels 6 and 7, based on the NES development pathway from career practitioner- to consultant-level practice (Annex F) that is aligned to the NES NMAHP Development Framework.¹² These are:

- a) Education and training should include all four pillars of practice with an emphasis on clinical practice.
- b) A minimum of a postgraduate diploma is recommended for specialist practice at Level 7 (Advanced Practice). A graduate certificate (honours degree level) is currently accepted as the minimum qualification for specialist practice at Level 6, however, a postgraduate certificate is recommended.

It is acknowledged that many post-registration modules for Clinical Nurse Specialists are currently at SCQF level 9 (ordinary degree) and implications of this proposed change will require further consideration moving forward.

- c) A national education commissioning approach will ensure quality and consistency.
- d) Education programmes for Clinical Nurse Specialists at Level 6 and Advanced Clinical Nurse Specialists at Level 7 may be delivered through Higher Education Institutions, or in conjunction with local NHS Boards, who may provide some modules. They should lead to a nationally recognised (higher education) exit award.

Programmes should comprise:

- **generic content to meet nationally agreed core competencies;**
- **specialist content for competencies specific to specialism;**
- **work-based learning in speciality with appropriate supervision, e.g. a training post;**
- **specific content delivered through learning contracts (or similar), where participants have a niche or specific requirement;**
- **preparation and support for supervisors and assessors for their role;**

¹² As per footnote 6

- **digital learning as appropriate to maximise access and flexibility;**
 - **a range of methods for learning, teaching and assessment e.g. master classes, action learning sets, Objective Structured Clinical Examinations (OSCEs) and Workplace-Based Assessments; protected learning time in practice.**
- e) A portfolio of evidence demonstrating achievement of the core and specialist competencies should be maintained by those already within the roles who may not currently have the academic qualification to recognise prior learning. This is important to ensure that current Clinical Nurse Specialists are not disadvantaged and that prior learning and clinical experience is taken into consideration when mapping roles across to the NES NMAHP Development Framework and specialist frameworks. These competencies should be assessed by a practitioner with expert knowledge and skill in the speciality. The NES Professional Portfolio¹³ available through TURAS is recommended.
- f) Where available and appropriate, national standards validated by Professional Bodies/Associations/Faculties may be used.
- g) Expertise in niche areas should be used to develop specialist knowledge and skills.
- h) The development of the education system should allow for consistency, sustainability and flexibility in provision, and be responsive to changes in demand.
- i) Advanced Clinical Nurse Specialists should be included within the Advanced Practice Academies to facilitate access to Continuing Professional Development (CPD).

5. National Workforce Reporting

- 13 NHS Education for Scotland (2019a) Turas Professional Portfolio, <https://turasnmportfolio.nes.nhs.scot>

National workforce information demonstrates that there were a total of 1,961.7 WTE Clinical Nurse Specialists employed across NHS Boards in Scotland as at 30 September 2017.¹⁴ Current workforce information is only available for CNS roles within NHS Boards; however, there are also Clinical Nurse Specialists working elsewhere in the public sector as well as within the third and independent sectors in Scotland.

The majority of Clinical Nurse Specialists recorded on the Scottish Workforce Information Standard System (SWISS) are employed between Bands 6 and 8a (see Table 1). There are currently inconsistencies in recording these roles on SWISS. Boards should align the recording of Clinical Nurse Specialist posts on SWISS in line with the new definitions set out in this report.

The process for recording roles on SWISS has until now allowed line managers to make a decision as to whether a nurse fits the current definition and should therefore be recorded as a Clinical Nurse Specialist. Within the Clinical Nurse Specialist classification on SWISS, there are 79 'specialist areas' to select from. However, these categories do not cover all specialty areas and 15% of Clinical Nurse Specialist classifications found to have been labelled as 'unknown' or 'other'. The current list of values for specialist area includes a variety of different classification systems, including medical specialities and sub-specialities, diseases and types or places of care. Accuracy moving forward will be crucial for workforce planning, particularly as recent statistics suggest that approximately half of Clinical Nurse Specialists are aged 50 and over.¹⁵

- 14 Information Services Division (ISD) (2017a) NHSScotland Workforce Information Quarterly Update of Staff in Post and Vacancies at 30 September 2017, Published: 5 December 2017, <https://www.isdscotland.org/Health-Topics/Workforce/Publications/2017-12-05/2017-12-05-Workforce-Report.pdf>

- 15 *ibid*

Work is underway to consider how the quality and accuracy of reporting CNS roles can be improved. Other workstreams within the Transforming Roles programme are now also developing an approach to improve consistency of recording and coding within ISD. This work is ongoing, with NES now taking the lead on data quality and reporting following the transfer of national workforce data and intelligence functions from 1 October 2019.

Agenda for Change

Table 1: WTE Number of CNS Roles within NHS Boards in Scotland as at 30 September 2017¹⁶

Total	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c
1961.7	20.3	790.2	1018.2	99.8	30.2	3.0

It is proposed that following sign-off against competencies, the Level 6 role will equate to Band 6 (Agenda for Change) at a minimum, and the Level 7 role will equate to Band 7 (Agenda for Change) at a minimum.

6. Future Work

It is proposed that further work is progressed with key stakeholder groups to:

- **align the reporting of CNS roles under umbrella specialities with sub-coding to identify specific roles, for example, 'neurology' as an umbrella speciality with sub-codes to include Motor Neurone Disease and epilepsy among others (this would enable more accurate reporting of workforce data across different professional groups and help to build national consistency);**
- **progress the development of agreed local and national metrics and outcome measures for Clinical Nurse Specialist roles (see Annex G). This will enable better national benchmarking and inform future workforce planning and models of care.**

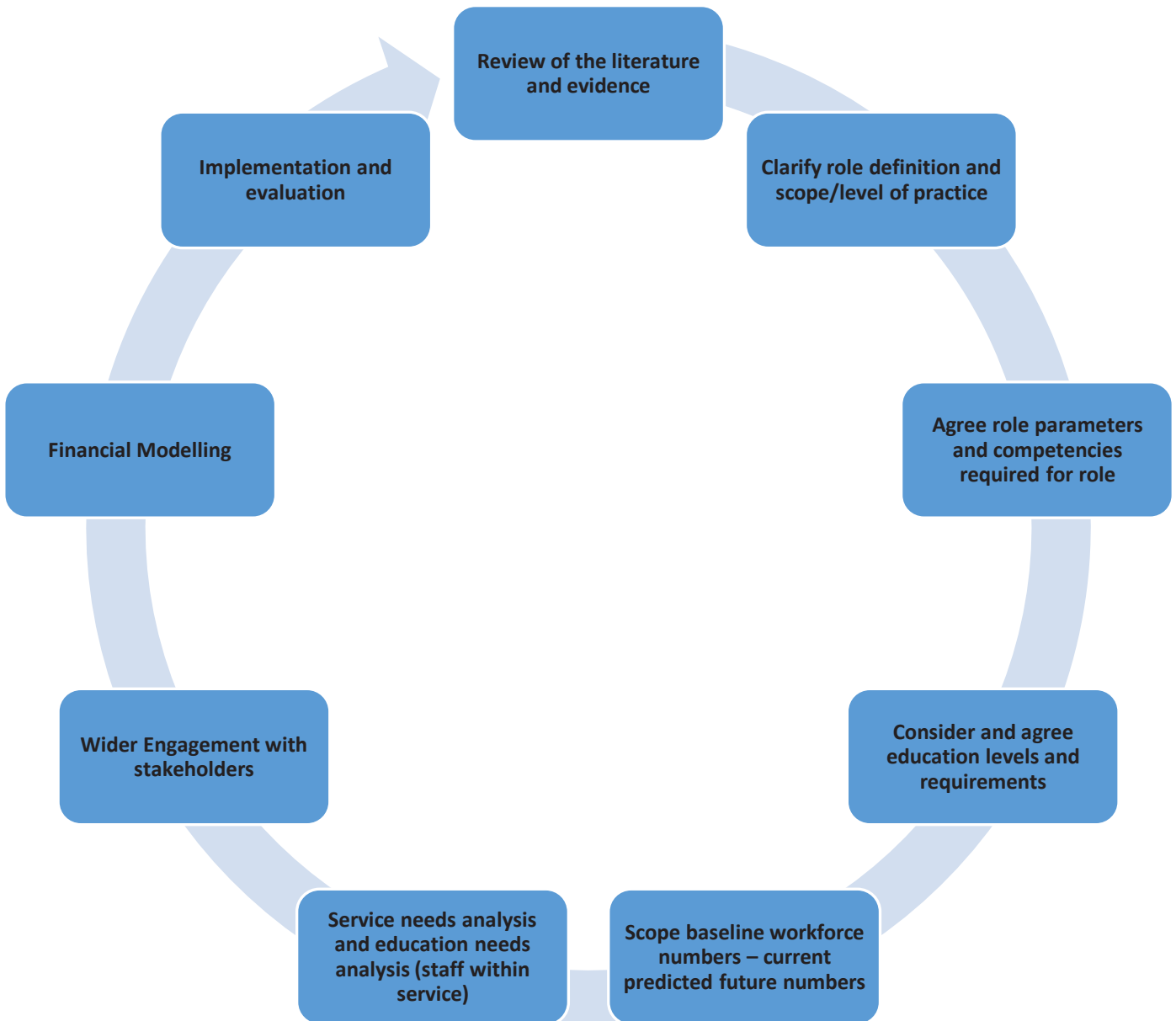
7. Recommendations

1. Commission NHS Boards to review all Clinical Nurse Specialist Roles by undertaking a data cleanse to establish the numbers of Nurse Specialists who map across to the new definition outlined in this paper.
2. Support the development of a generic Level 6 Clinical Nurse Specialist/Specialist Nurse Practitioner job description and a Level 7 Advanced Clinical Nurse Specialist job description to help support national consistency.
3. Undertake a comprehensive piece of work to explore how to position education for both the Nurse Practitioner/Advanced Nurse Practitioner and Clinical Nurse Specialist/Advanced Clinical Nurse Specialist within an education and career pathway.
4. Include Advanced Clinical Nurse Specialists within the Advanced Practice Academies.

¹⁶ ISD (2017b) NHSScotland Workforce Statistics: Clinical Nurse Specialist, https://www.isdscotland.org/Health-Topics/Workforce/Publications/2018-12-04/Clinical_Nurse_Specialists_S2018.xls

Annex A

Transforming Roles Methodology



Annex B

Previous definitions

A registered nursing professional who has acquired additional knowledge, skills and experience, together with a professionally and/or academically accredited post-registration qualification (if available) in a clinical specialty. They practice at a minimum of Senior Practitioner level (i.e. Level 6 or above of the [NES NMaHP Development Framework]) will have a high degree of autonomy and responsibility and may have sole responsibility for a care episode or defined client/group.¹⁷

A clinical nurse specialist is a registered nursing professional who has acquired additional knowledge, skills and experience, together with a professionally and/or academically accredited post-registration qualification (if available) in a clinical specialty. They practice at an advanced level and may have sole responsibility for a care episode or defined client/group.¹⁸

17 The Scottish Government (2017) Specialist Nursing and Care Fund: Report, published 22 September 2017, <https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2017/09/report-specialist-nursing-care-fund/documents/00524958-pdf/00524958-pdf/govscot%3Adocument/00524958.pdf?forceDownload=true>.

18 ISD (2010) Clinical Nurse Specialists, <https://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/>

Annex C

Outcomes from Review - Role Definitions

1.1 Role Definitions

Clinical Nurse Specialist/Nurse Practitioner (Level 6)

A registered nurse with relevant experience and post-registration education for working within a specific area of practice. Educated in an appropriate subject to the level of graduate certificate (honours degree) at a minimum, although a postgraduate certificate is recommended, they are assessed as clinically competent in their defined area of practice. They assess, manage, deliver care, advise on, and support the care for people within a specialist area.

As a Level 6 Senior Practitioner they work under guidance in a peer relationship with other members of the multidisciplinary team. They have the autonomy to act and accept responsibility and accountability for their actions, acting as a skilled advisor or resource for others. This includes specialist assessment, informed decision making, and treatment using a personalised approach to care for patients' multidimensional presentations. This may require supporting specialist care over a prolonged period of time. They have the authority to refer patients, and may admit or discharge within appropriate clinical areas of practice. This is characterised by a level of decision making based on detailed knowledge and understanding of their area of practice.

As part of the multidisciplinary team they can work in or across many settings, including non-clinical, depending on their area of expertise and scope of practice.

Clinical Nurse Specialist - Advanced Practice (Level 7)

The Advanced Clinical Nurse Specialist (ACNS) is an experienced and highly educated registered nurse working within a specific field of practice. They manage, deliver, advise on and support the care for people within a specialist area. Educated to at least Postgraduate Diploma level in an appropriate subject, they are assessed as clinically competent in their defined specialty. They have a wider scope of practice than the clinical nurse specialist at Level 6 and will manage greater complexity.

As a clinical leader they have the autonomy to act and accept responsibility and accountability for their actions, acting as an expert advisor or resource for others. This includes specialist assessment and treatment using a holistic approach to managing complex, multidimensional situations. This may require management of care over a prolonged period of time. They have the authority to refer, admit and discharge within appropriate clinical areas. Their practice is characterised by a high level of clinical decision making based on in-depth, expert knowledge in their specialism of care delivery.

Working as part of the multidisciplinary team, they can work in or across all settings, including non-clinical areas, dependent on their area of expertise.

Annex D

Outcomes from Review: Core Clinical Competencies

The core role and function of the Specialist at Level 6 and Advanced Specialist at Level 7 can be defined according to four pillars of practice:

- **clinical practice;**
- **leadership;**
- **facilitation of learning;**
- **evidence, research and development.**

The competencies set out here focus on clinical practice and relate to all Clinical Nurse Specialists and specialist Nurse Practitioners. The other key knowledge, skills and behaviours relating to generic clinical skills and the other three pillars of practice for all Level 6 Senior Practitioners are articulated in the NES NMaHP Development Framework.¹⁹ Competence in practice provides assurance of safe, effective and person-centred care and remains embedded within the NMC code and in nursing governance structures.

2.1 Core Clinical Competencies

Level 6 Clinical Nurse Specialist:

Competency	Clinical Nurse Specialist (Level 6)
History Taking	<ul style="list-style-type: none">• Undertake a comprehensive assessment of a person's physical, psychological and social needs• Actively involve the person, their family and carers, and wider partners, in assessments

¹⁹ As per footnote 6

Competency	Clinical Nurse Specialist (Level 6)
Focused Clinical Assessment	<p>Carry out a focused clinical assessment of a patient, which may include:</p> <ul style="list-style-type: none"> • physical examination • symptom and treatment assessment • use of assessment or monitoring tools <p>The assessment may be face-to-face, or by phone or video conference.</p>
Investigations	<p>Using the appropriate guidelines and/or protocols:</p> <ul style="list-style-type: none"> • Request an agreed range of investigations appropriate to scope of practice • Interpret the findings of investigations and/or act on investigation reports • Discuss findings and implications with the patient to enable them to make informed decisions about their treatment plans • Where appropriate, present findings to a Multidisciplinary Team (MDT) forum and/or with other health and social care professionals
Differential Diagnosis/Diagnosis	<p>Analyse clinical information based on the patient's presentation, history, physical and psychological examinations, and findings from relevant investigations to:</p> <ul style="list-style-type: none"> • make a differential diagnosis • make or confirm a diagnosis

Competency	Clinical Nurse Specialist (Level 6)
Treatment and Care	<p>Make decisions following analysis of a range of clinical findings, by:</p> <ul style="list-style-type: none"> • formulating a person-centred treatment and care plan (normally based on local and/or national guidelines) with the patient, family and carers as appropriate. This may include the prescription of medicines and implementation of non-pharmacological-related interventions or therapies • supporting people to self-manage their condition • providing episodic care, or care for an extended period of time, depending on the patient and/or area of practice • determining the frequency of review in order to manage symptoms and assess therapeutic intervention response <p>The following list is not exhaustive, however a Specialist Practitioner should be cognisant of:</p> <ul style="list-style-type: none"> • Common symptoms associated with the disease/condition/disability or any co-morbidities • Treatment and care to prevent/minimise secondary complications • Identification and management of deterioration, including supporting advanced care planning and end-of-life care where required • Medical emergencies commonly seen within the speciality • Psychological distress, anxiety and depression • Health promotion including lifestyle choices • The wider network of support for patients and their families • Broader public health issues relevant to the area of practice

Competency	Clinical Nurse Specialist (Level 6)
Co-ordination of Care, Referral, Admission and Discharge	<ul style="list-style-type: none"> • Plan and/or co-ordinate care • Authority to admit and discharge from their speciality, depending on patient need and relevant legislation. This may include referral to a range of appropriate health and social care professionals and agencies. The Specialist Practitioner may receive referrals directly or via the MDT team • Provide advice to other health and social care professionals to inform admission/discharge, planning or referral
Expert Specialist Resource	<ul style="list-style-type: none"> • Provide specialist advice and support • Act as an expert link for colleagues across a range of settings • Act as a clinical advisor, resource or educator to others • Is a key member of the wider MDT, contributing to case management presentations and clinical management decisions

2.2 Level 7 Advanced Clinical Nurse Specialist

The competencies set out below focus on clinical practice. Practice relating to the non-clinical aspects of the Advanced Clinical Nurse Specialist role is presented in the NES NMaHP Development Framework.²⁰ Competence in practice assures safe, effective and person-centred care and remains embedded within the Nursing and Midwifery Council (NMC) Code and in nursing governance structures.

Competency	Advanced Clinical Nurse Specialist (Level 7)
Focused History Taking	<ul style="list-style-type: none"> • Undertake a comprehensive assessment of a person’s physical, psychological and social needs • Actively involve the person, their family and carers, and wider partners in assessments • Assessment should include a full analysis and interpretation of their history
Focused Clinical Assessment	<p>Carry out a focused clinical assessment of the patient, which may include:</p> <ul style="list-style-type: none"> • physical examination • symptom and treatment assessment; • use of assessment or monitoring tools where indicated • analysing and synthesising findings from any relevant assessments (including those carried out by other members of the MDT), tests and investigations <p>The assessment may be face-to-face, or over the phone or by video conference.</p>
Investigations	<ul style="list-style-type: none"> • Authority to request a range of investigations • Apply knowledge and understanding of pathophysiology and investigations to: <ul style="list-style-type: none"> ○ Request investigations appropriate to their scope of practice ○ Interpret specific investigations and will act on investigation reports • Use appropriate guidelines and/or protocols where they exist • Where appropriate, present findings to an MDT forum and/or with other health and social care professionals

Competency	Advanced Clinical Nurse Specialist (Level 7)
Differential Diagnosis/Diagnosis	<ul style="list-style-type: none"> • Analyse and synthesise clinical information based on the patient’s presentation, history, physical and psychological examination and findings from relevant investigations and may be able to: <ul style="list-style-type: none"> ○ Make a differential diagnosis ○ Make or confirm a diagnosis • Make informed judgements in situations in the absence of complete or consistent data/information.
Treatment and Care	<ul style="list-style-type: none"> • Formulate a person-centred treatment and care plan based on synthesis and analysis of assessment and investigations. This may include the prescription of medicines • Use guidelines and protocols to inform care and treatment planning where they exist • Determine frequency of review to assess the therapeutic response <p>The following list is not exhaustive, however an Advanced Clinical Nurse Specialist should be cognisant of:</p> <ul style="list-style-type: none"> • Common symptoms associated with the disease/condition/disability or any comorbidities • Treatment and care to prevent/minimise secondary complications • Identification and management of deterioration, including supporting advanced care planning and end-of-life care where required • Medical emergencies commonly seen within the speciality • Psychological distress, anxiety and depression • Health promotion including lifestyle choices • The wider network support for patients and their families • Broader public health issues relevant to their area of practice <p>The Advanced Clinical Nurse Specialist will teach, advise and coach patient/client/carers about their condition, treatment options and health/lifestyle activities.</p>

Competency	Advanced Clinical Nurse Specialist (Level 7)
Co-ordination of Care, Referral, Admission and Discharge	<ul style="list-style-type: none"> • Plan, deliver and/or co-ordinate care utilising highly specialist knowledge • Authority to admit and discharge from speciality area, depending on patient need and relevant legislation. This includes referral to a range of appropriate health and social care professionals and agencies. The Advanced Clinical Nurse Specialist may receive referrals directly or via the MDT team • Provide advice to other health and social care professionals which may inform admission/discharge, planning or referral
Expert Specialist Resource	<ul style="list-style-type: none"> • Provides specialist advice and support for patients throughout the care pathway • Acts as an expert clinical advisor for colleagues across a range of settings • Acts as a resource or educator to others • Is a key member of the wider MDT, contributing to case management presentations and clinical management decisions
Facilitation of Learning	<p>In addition to the competencies for Facilitation of Learning for Level 7 Advanced Practitioners set out in the NES NMaHP Development Framework,²¹ the Advanced Clinical Nurse Specialist will lead and/or contribute to the development and delivery of specialist education programmes</p>
Evidence, Research and Development	<p>In addition to the competencies for Evidence, Research and Development for Level 7 Advanced Practitioners set out in the NES NMaHP Development Framework,²² the Advanced Clinical Nurse Specialist:</p> <ul style="list-style-type: none"> • Will participate and collaborate in research and audit programmes related to the speciality • May contribute to and collaborate in specific health service research

²¹ As per footnote 6

²² *ibid*

Competency	Advanced Clinical Nurse Specialist (Level 7)
Leadership	<p>In addition to the competencies for Leadership for Level 7 Advanced Practitioners set out in the NES NMaHP Development Framework,²³ the Advanced Clinical Nurse Specialist:</p> <ul style="list-style-type: none">• Will act as an advocate for patients• Will act as a role model for junior staff and other members of the MDT• May lead a clinical nursing team

Annex E

Outcomes from Review: Governance

3.1 Governance: Level 6

Level 6	Clinical Nurse Specialist
Nursing Governance Structures	Clinical Nurse Specialists are embedded in nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line. Working across traditional organisational boundaries may be required to facilitate this.
Clinical Competence	Clinical Nurse Specialists must demonstrate competence in a specialist area of practice and across all four pillars of practice.
Career Framework	Clinical Nurse Specialists posts are aligned to Level 6 of the NES NMaHP Development Framework ²⁴ and reviewed at a minimum against AfC Band 6.
Qualifications	Minimum of a graduate certificate (honours degree level) qualification specific to the area of practice with a core educational focus on development of clinical competence. A Postgraduate Certificate is recommended.
Portfolio	All Clinical Nurse Specialists must have a NES TURAS Professional Portfolio containing evidence of their qualifications, clinical competence and continued professional development. ²⁵
Clinical Supervision	Clinical Nurse Specialists must have effective Clinical Supervision and support through competence frameworks and supervision models (such as the NES Clinical Supervision model). ²⁶

²⁴ As per footnote 6

²⁵ NHS Education for Scotland (2019a) Turas Professional Portfolio, <https://turasnmportfolio.nes.nhs.scot>.

²⁶ NHS Education for Scotland (2019b) NES Clinical Supervision model, <https://learn.nes.nhs.scot/3580/clinical-supervision>.

Level 6	Clinical Nurse Specialist
Competence, Capability and Continuing Professional Development	Established Clinical Nurse Specialists should be mapped against current recommendations and local arrangements to meet any gaps in competence and capability. Continuing Professional Development (CPD) for Specialist Practitioners must be evidenced within the NES TURAS Professional Portfolio. Specialist Practitioner requirements should be reviewed during periods of service change or development, using an accepted service needs analysis tool. For example, the NES ANP tool. ²⁷
Evaluation of Impact	Clinical Nurse Specialist teams should use a range of outcome measures to evaluate the impact of their practice on safety, effectiveness and person-centred care. Where possible, existing data/data already being collected should be used. ²⁸
Service-Level Impact/ Quality Improvement	Collect baseline data prior to implementing a new model of care or initial test phase, with follow-up and review post-service change.
Quality Assurance	Ensure quality of care is evaluated as part of the supervision model, using patient record review and direct supervision to evaluate the competence and effectiveness of each Clinical Nurse Specialist. ²⁹
Review and Recording of Existing Workforce	Review the existing nursing workforce at AfC Band 6 and above against the definition, competences and requirements of the Specialist Practitioner role: those matching directly should be logged as Specialist Practitioners on the NHS Electronic Employee Support System (eESS) or Scottish Workforce Information Standard System (SWISS).
Final Sign-off	Boards should introduce a robust final sign-off process, that involves the review of a Clinical Nurse Specialist's portfolio of evidence to ensure that nurses who meet the definition, competencies and requirements of the CNS role are recognised and logged on eESS/ SWISS.

²⁷ NHS Education for Scotland (2018) Advanced Practice Toolkit, www.advancedpractice.scot.nhs.uk.

²⁸ ISD (2019) National Data Catalogue, www.ndc.scot.nhs.uk.

²⁹ Healthcare Improvement Scotland (undated) Quality of Care Approach, http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Level 6	Clinical Nurse Specialist
Expert Specialist Resource	<ul style="list-style-type: none">• Provides specialist advice and support for patients throughout the care pathway• Acts as an expert clinical advisor for colleagues across a range of settings• Acts as a resource or educator to others• Is a key member of the wider MDT, contributing to case management presentations and clinical management decisions.

3.2 Governance: Level 7

The following recognises that there are two versions of the CNS roles at Band 7 that are sometimes combined:

- **an Advanced CNS role, operating at a higher clinical level to Level 6 CNSs;**
- **a lead CNS role, operating at a higher level in the clinical leadership/management pillar to CNSs at Level 6, or alternatively, operating at the same clinical level.**

Level 7	Advanced Clinical Nurse Specialist
Nursing Governance Structures	ACNSs are embedded in nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line: working across traditional organisational boundaries may be required to facilitate this where no suitable professional nursing governance structure is in place.
Clinical Competence	ACNSs can demonstrate competence across all four pillars of advanced practice.
Qualifications	ACNSs have a minimum of a postgraduate diploma and preferably a master's degree which incorporates clinical work-based learning and has a core educational focus on the development of competence within their field of practice.
Portfolio	ACNSs have a portfolio containing evidence of their qualifications and clinical competence. The NESTURAS Professional Portfolio is recommended.
Final Sign-Off (before recording as an Advanced CNS)	Boards should introduce a robust final sign-off process, that involves the review of an ACNS's portfolio of evidence, to ensure that nurses who meet the definition, competencies and requirements of the ACNS role are recognised and logged on eESS/SWISS as ACNSs.
Job Planning	Ensure all ACNSs have a job plan that includes some time for Supporting Professional Activities (SPA) and Continuing Professional Development (CPD).

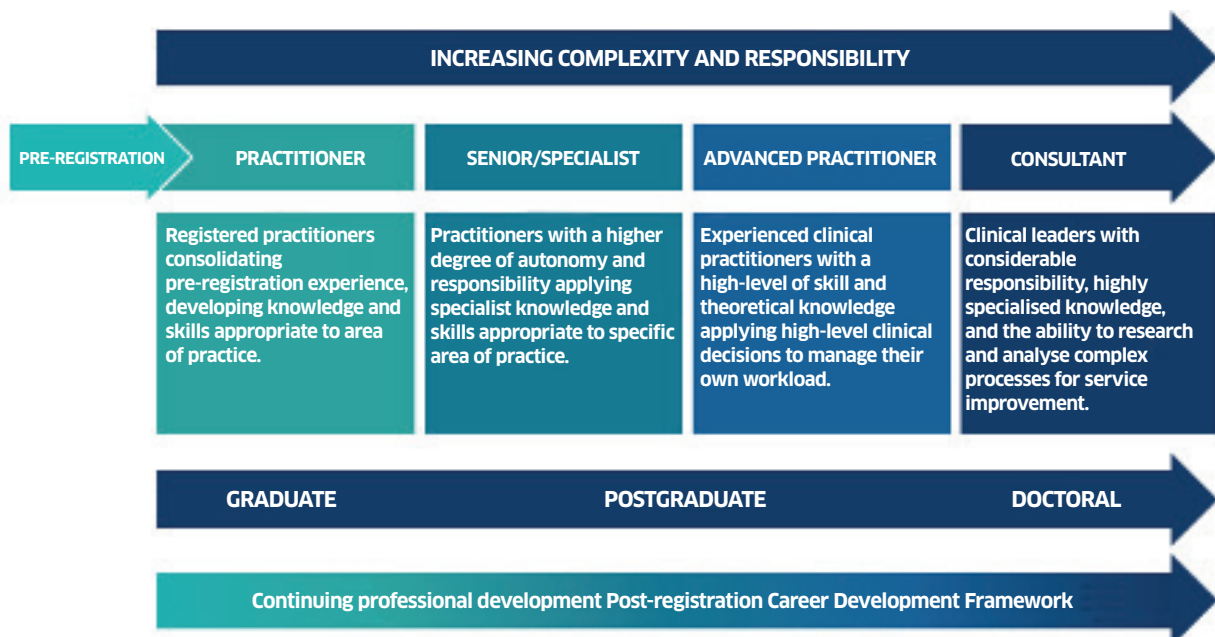
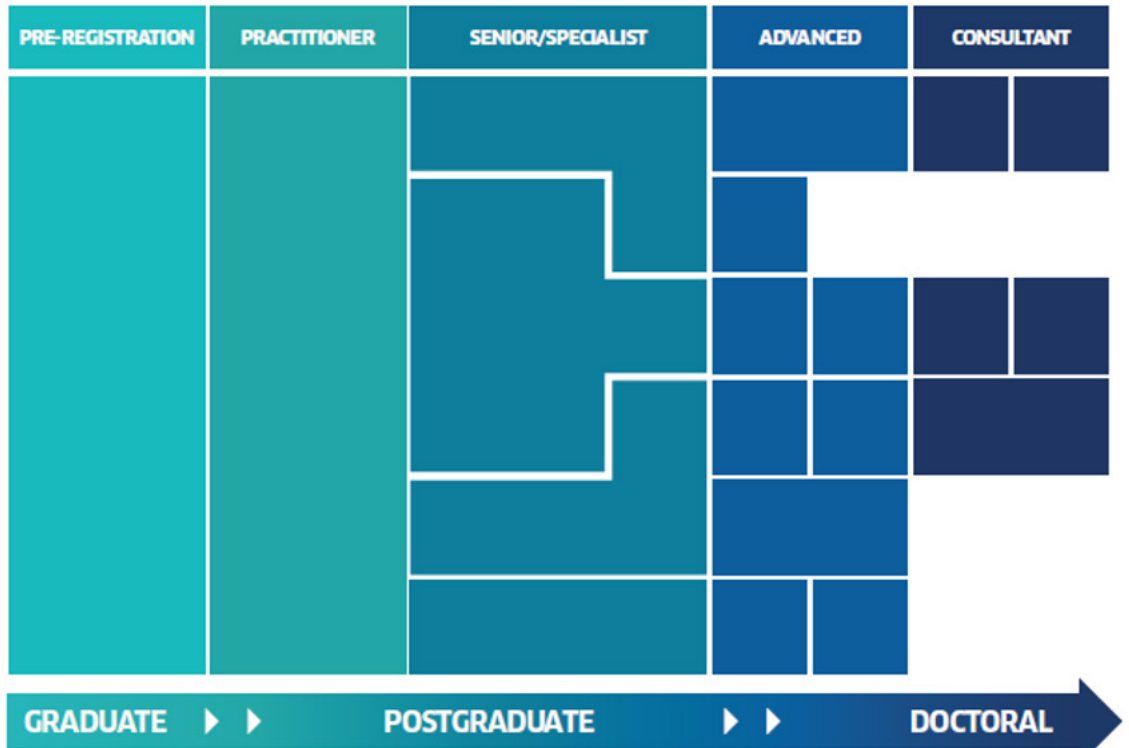
Level 7	Advanced Clinical Nurse Specialist
Supervision	Ensure ACNSs have effective supervision (clinical and professional) and support through competence frameworks and supervision models.
Appraisal	All ACNSs should have a regular appraisal where performance is reviewed against agreed objectives.
Competence, Capability and Continuous Professional Development	Ensure: <ul style="list-style-type: none"> • established practitioners are mapped against current recommendations and local arrangements are agreed to meet any gaps in competence and capability • ongoing continuous professional development for ACNSs is demonstrable and evidenced • identification of requirements for ACNSs is carried out during periods of service change or development, using an accepted service needs-analysis tool
Evaluation of Impact	ACNS teams should use a basket of measures to evaluate the impact of their practice on safety, effectiveness and person-centeredness. Where possible, existing data/data already being collected should be used.
Service-Level Impact	Collect baseline data prior to implementing a new model or initial test phase, with follow-up and review post-service change.
Quality Assurance	Ensure quality of care is evaluated as part of the appraisal and supervision model, with patient-record review, feedback from others and direct supervision being used to evaluate the competence and effectiveness of each ACNS prior to thematic review across the service.
Review and Recording of Existing Workforce	Review the existing nursing workforce at AfC Band 7 and above against the definition, competences and requirements of the ACNS role; those matching directly should be logged as ACNSs on the NHS Electronic (eESS) or Scottish Workforce Information Standard System (SWISS) or equivalent.

Level 7	Advanced Clinical Nurse Specialist
Job Description	Use the points within this paper to populate the job description, specifically the definition, education and supervision requirements, core clinical competences and the four pillars; any local variance should be in the form of addenda/person specification to these points matched to AfC; each NHS Board should then have a core job description for ACNSs within the Board.

Annex F

NHS Education for Scotland (NES) Education & Career Pathway Model³⁰

NES Education and career development pathways model benchmarks:



30 As per footnote 7

Annex G

Metrics

All new roles developed should be associated with relevant metrics, in order to help demonstrate the impact and effectiveness of the role.

A number of factors have led to the current focus on outcomes of care in health care, including increased emphasis on providing quality care and promoting patient safety; regulatory requirements for health care organisations to demonstrate care effectiveness; increased health system accountability, and; changes in the organisation, delivery and financing of health care.

It is recognised that Level 6 Clinical Nurse Specialists and Level 7 Advanced Clinical Nurse Specialists play a key part in developing and sustaining the capacity and capability of the health and care workforce now and in the future. There is growing evidence of the positive impact Level 7 Advanced Clinical Nurse Specialists' care have on patient outcomes in terms of promoting access to care, reducing complications and reducing costs of care through improving patient knowledge, self-care management and patient satisfaction.

It is important therefore that Level 6 Clinical Nurse Specialists and Level 7 Advanced Clinical Nurse Specialists are able to measure the impact of their care on patient outcomes, their professional impact as well as being able to demonstrate their effectiveness and contribution to health and care delivery. This is particularly important in relation to integration and the extensive reform agenda where commissioners of services are looking for best value and maximising contribution of all practitioners.

Principles

Developing metrics that relate to quality of care measures as well as patient outcomes based on the specific practices of an ACNS, will support identification of impact of ACNS care. To date from the literature there has been a tendency to use a range of measures which compare Advanced Practitioners to other roles including medics using performance measures such as length of stay, admission rates and mortality. Clinical Nurse Specialists and Advanced Clinical Nurse Specialists may have metrics and outcomes which are specific to their field of practice; this should be further explored outwith the scope of this document.

Across all specialist posts and roles the following principles should be applied as identified in the Phase II Advanced Practice document.³¹

Principle 1: Metrics can be both qualitative and quantitative but must be triangulated to demonstrate effectiveness.

Principle 2: Metrics that measure effectiveness of practice must be based on key result areas/patient outcomes and fit to service needs.

Principle 3: Where possible data/instruments used to measure should already be available from existing systems i.e. "Use once for Scotland".

Principle 4: There must be clear methods for displaying ongoing outcomes of ACNS practice (scorecards/dashboards etc.) that are aligned to the National Nursing Assurance Framework 'Excellence in Care'.

The metrics employed should be limited in number but be able to demonstrate safe, effective and person-centred care. It is recommended that at least one measure is chosen for each of these. Metrics may change over time to reflect changes to services and priorities.

³¹ <https://www.gov.scot/publications/transforming-nursing-roles-advanced-nursing-practice-phase-ii/>

Annex H

CNS Data Cleansing Guidance: Part 1

For an individual to be recorded as a Level 6 Clinical Nurse Specialist or Nurse Practitioner (CNS or NP), a Level 7 Advanced Practitioner (Advanced CNS or ANP), or NMaHP Consultant Practitioner, they must meet two requirements:

1. the post must be a Specialist Practitioner, Advanced Practitioner or Consultant Practitioner post (as articulated in the job description) AND
2. the post-holder must have met all the knowledge, training and experience required for the role.

Data cleanse action flow:

1. Remove Band 5s from the CNS dataset.
2. Examine all posts between Bands 6 and 8C. In consultation with this document, remove individuals who are no longer working as a Clinical Nurse Specialist. Pay particular attention to roles that do not involve face-to-face patient contact.
3. Record all remaining Band 6 posts as Level 6 Clinical Nurse Specialists.
4. Lead CNS posts at Band 7 may undertake the same clinical role as a Level 6 CNS, but have additional managerial, leadership or other responsibilities or they may be Advanced CNS posts, or be a combination of the two.
 - a. All lead CNSs should be recorded as Level 6.
 - b. The Job Description of potential ACNS roles should be compared against TR criteria.
 - i. If it meets ACNS criteria, record as a Level 7 ACNS.
 - ii. If it doesn't meet ACNS criteria then record as a Level 6 CNS.
5. Posts at Band 8a and above include

senior ACNS posts, consultant posts or other leadership roles. Senior ACNS posts are likely to be predominately clinical whereas consultant posts will have significant leadership, education and research responsibilities which will comprise 50% or more of the role.

- i. Senior ACNSs should be recorded as a Level 7 ACNS.
- ii. Roles meeting Consultant criteria should be recorded as NMaHP Consultants.
- iii. Roles that don't clearly meet these criteria should no longer be recorded as CNSs.

Notes:

- **Trainee CNSs should not be recorded in this dataset until they have completed training and have been appointed into a Band 6 post.**
- **The CNS identifier on SWISS is attached to an individual and may still be attached to the individual, and may need to be removed if the individual moves post.**
- **Categorising lead CNS posts at Level 6 will have no impact on pay as this is set by Agenda for Change banding.**
- **In light of new qualification requirements, data cleanses should be carried out with discretion in regard to staff already working in CNS/ACNS roles.**

Annex I

CNS Data Cleansing Guidance Part 2: TR criteria for checking against job description

The criteria below have been designed to help identify levels of practice. For further information, role definitions and core competencies for both levels of practice may be consulted.

Level 6 - Specialist Practitioner (CNS or NP)

- **Registered Nurse**
- **Relevant clinical experience**
- **Post-registration education in specialist field**
- **Educated at a minimum of graduate certificate (honours degree) level in an appropriate subject (relevant to speciality of area of care), although a postgraduate certificate is recommended**
- **Works under a closer level of guidance than the Level 7 practitioner**
- **Job description should describe ALL of the following:**
 - **History taking**
 - **Focused clinical assessment**
 - **Requesting and acting on investigations**
 - **The ability to make or confirm a differential diagnosis or diagnosis**
 - **The ability to make decisions following analysis of clinical findings, predominately using written guidelines or protocols**
 - **The ability to plan or co-ordinate care usually following a protocol or guideline**
 - **The ability to provide specialist advice and support to other professionals**
 - **May be able to independently prescribe**
 - **May have authority to admit or discharge from their speciality**

Level 7 - Advanced Clinical Nurse Specialist (ACNS)

- **Registered Nurse**
- **Experience as a Specialist Nurse**
- **Post-registration education in specialist field**
- **Educated to postgraduate diploma and preferably a master's degree in an appropriate subject (relevant to speciality of area of care)**
- **Clinical leadership**
- **Expert advisor**
- **Greater clinical autonomy relative to the Level 6 practitioner**
- **Job description describes ALL of the following:**
 - **History taking**
 - **Focused clinical assessment**
 - **Requesting and acting on a range of investigations**
 - **Will receive direct referrals**
 - **The ability to make or confirm a differential diagnosis or diagnosis**
 - **The ability to make decisions following analysis and synthesis of clinical findings**
 - **The ability to plan or co-ordinate care taking into account relevant protocols and guidelines**
 - **The ability to provide expert advice and support to other professionals**
 - **May be able to independently prescribe**
 - **May have authority to admit or discharge from their speciality**

Annex J

Criteria for reporting against specialisms

Work has commenced, in partnership with NES and ISD to consider how the quality and accuracy of reporting nursing and health profession roles can be improved.

The table below highlights progress to date, outlining the suggested overarching categories for the grouping of nursing and other health professions for recording purposes moving forward. The aim of this work is to improve consistency of reporting and enable services to monitor growth or reduction in CNS workforce numbers over time. It should also help reduce the number of specialist nurses who are currently categorised as 'other'.

The categories below do not represent an exhaustive list. Work is in progress to map posts against the headings and it is expected that additional service areas/specialties will be added at a later date. The reporting of roles against new criteria has been tested and could be used for other professional groups e.g. allied health professionals or physician-associate roles. It should be noted that with some highly specialised areas, such as within National Services Scotland, there may be specific roles that should be reviewed against these definitions and recording in the widest sense of the role to support effective cross service mapping.

Improvements to the overall reporting of roles will enable services to access information on level of practice, area of practice, pay bands and identify whether staff work in acute or community-based services. Higher-level reporting categories will remain as they are currently: Adult, Paediatric, Maternity/Obstetrics, Mental Health and Learning Disability.

Service Area/Speciality	Roles within speciality (where applicable) more sub-categories may be added in the future
Anaesthetics	Pain specialist, anaesthesia specialist, anaesthetic assistant
Allergy	
Cardiology	Heart failure, cardiac rehabilitation, cath Lab
Cancer	Lung cancer, bowel cancer, pancreatic cancer, breast cancer etc
Dermatology	
Dietetics/nutrition	
Endocrine	Diabetes
Emergency Medicine	
Ear, Nose and Throat	
Forensic Medicine	
Genetics	
Gynaecology	
General surgery	Stoma care, breast care
General Practice inc Out of Hours	
General medicine	

Service Area/Speciality	Roles within specialty (where applicable) more sub-categories may be added in the future
Gastroenterology	
Haematology	
Histopathology	
Immunology	
Intensive Care/HDU	General Intensive Care
Infectious diseases	
Learning disability	
Oral/Maxillofacial	
Maternity/Obstetrics	Infant feeding advisor
	Perinatal mental health
Muscular skeletal	
Mental health	Drugs and alcohol, dementia
Neurology	Motor neurone disease, stroke, multiple sclerosis, epilepsy, Parkinson's, acquired brain injury, general neurology
Neurosurgery	
Nuclear medicine/radiology	
Neonates	
Orthopaedics	
Oncology	
Ophthalmology	
Older people	Frailty
Palliative care	
Public health	Infection, prevention and control
Plastic surgery	
Respiratory	Chronic obstructive pulmonary disease, asthma, long fibrosis
Rheumatology	
Renal/urology	
Sexual health	
Theatre	
Tropical diseases	
Vascular diseases	Lymphoedema, tissue viability

Annex K

Distinguishing Between Levels 6 and 7: Case Studies of the roles of Clinical Nurse Specialist/Advanced Clinical Nurse Specialist and Senior Nurse Practitioner/Advanced Nurse Practitioner within MDTs

CNS and ACNS roles in the Tissue Viability Service in NHS Lanarkshire³²

The Tissue Viability Service offers specialist advice to health care practitioners and provides education on pressure ulcer prevention and wound management. The service has Level 6 and Level 7 practitioners.

Level 6 Tissue Viability Specialist Nurse (TVNS)

The TVNS will independently receive referrals and work with a range of practitioners – medical staff, nursing staff, care home managers and AHPs. This may include the provision of specialist, evidence based advice to staff for moderate to complex wounds, and advising on the use of specialist equipment. The TVNS will review data from a number of sources to identify areas of concern and improvement. They will work collaboratively with key stakeholders in the development and implementation of best practice. The TVNS also works in collaboration with the Patient Information Team to promote self-care. The TVNS will implement programmes of education for staff, from support workers to junior medical staff. Educated to degree level, Nurse Specialists undertake educational preparation – from accredited modules to academic level 10 (Hons) modules on Tissue Viability practice. They have specialist knowledge and skills which enable them to work autonomously and exercise professional judgement.

Level 7 Lead/Senior Tissue Viability Nurse Specialist (LTVNS)

The Level 7 role leads the service and has managerial and professional leadership responsibility for Tissue Viability Nurses Specialists and provides professional support to the Clinical Nurse Advisor. Nurse Specialists will seek support, clinical advice and expert clinical practice from the LTVNS for the highly complex wound care of patients or on issues relating to wound management and adult support and protection. The LTVNS acts as a specialist advisor to the wound formulary group, reviewing best evidence and practice and providing advice. The LTVNS will lead quality improvement programmes in line with local improvement action plans. They assist in determining best outcomes and work collaboratively with teams in the development and delivery of tests of change. This in turn informs the design, delivery and service specification of the overarching service. The LTVNS seeks innovative models of service delivery – such as the use of digital solutions. Educated to SCQF level 11 (master's level) with specialist modules on their clinical areas of expertise, the LTVNS designs and delivers programmes of education to staff across the MDT and in Higher education institutions.

ENP and ANP roles in the Emergency Department³³

Within Emergency Departments (EDs) and Minor Injury Units (MIUs) there are nurses who independently manage patients at Level 6 Senior Practitioner (Emergency Nurse Practitioners - ENPs) and at Level 7 Advanced Practitioner (Advanced Nurse Practitioners - ANPs).

32 With thanks to Margot Russell and
Donna Richardson from NHS Lanarkshire.

33 With thanks to Mark Cooper and Ed Pool
from NHS Greater Glasgow & Clyde.

Level 6 Emergency Nurse Practitioners

ENPs train by undertaking academically accredited 'ENP' education at Scottish Credit and Qualifications Framework (SCQF) level 10 (i.e. honours level). ENPs have a detailed practical knowledge and critical understanding of a broad range of minor injuries which allows them to assess, manage and deliver care to a large number of patients attending EDs. In practice, patients are triaged by ED staff and minor injuries streamed to ENPs for assessment, diagnosis and treatment. Medications are often supplied from a small collection of Patient Group Directions and the ENP will manage patients from the minor injuries stream autonomously. Should the ENP encounter any difficulty with assessment and diagnosis then senior staff (medical or ANPs) are available to assist.

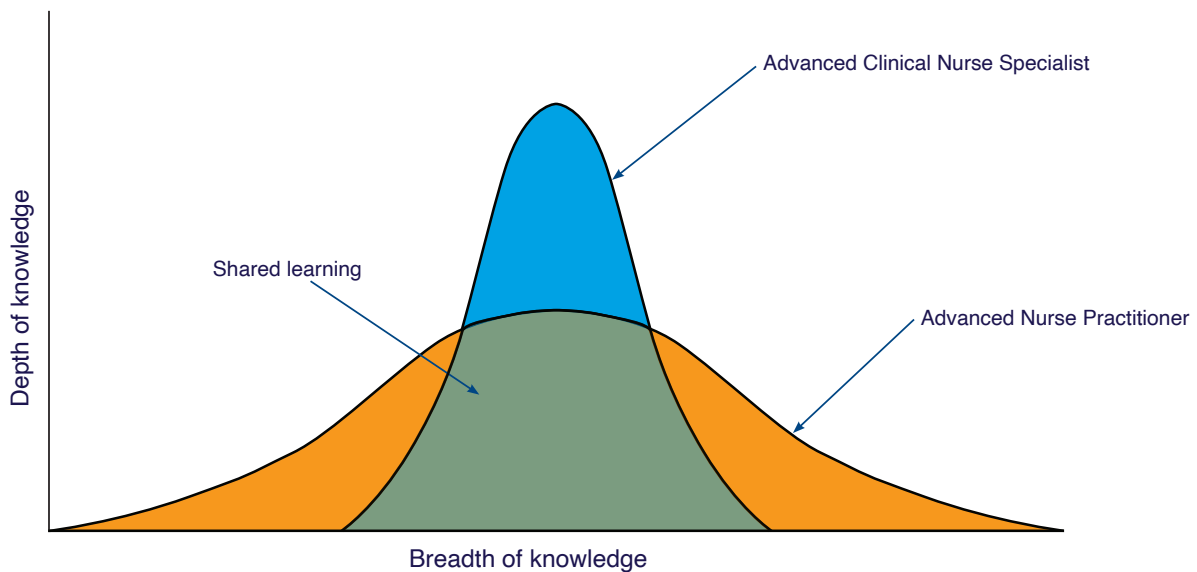
Level 7 Advanced Nurse Practitioners

In contrast, within nurse-led MIUs, ANPs are required rather than ENPs. The workload should in theory also be patients with minor injuries; however, there is no alternative stream. All patients attending the MIU are assessed and initially managed by an ANP regardless of the presenting complaint, including illness and as yet unidentified medical emergencies. There is often no onsite medical cover and in many centres the MIU ANP has responsibility to respond to deteriorating patients elsewhere in the hospital. Consequently their scope of practice is significantly wider and more complex. MIU ANPs complete a master's level (SCQF level 11) qualification in advanced practice to broaden and deepen their knowledge. All ANPs are prescribers. MIU ANPs therefore offer an advanced generalist approach at Level 7, as well as a higher level of specialist skills compared with the Level 6 ENP. Their practice is characterised by a higher level of decision making and responsibility based on extensive, detailed and critical knowledge of their broader field of practice.

Annex L

Distinguishing between the roles of Advanced Nurse Practitioner and Advanced Clinical Nurse Specialist³⁴

There is considerable overlap between the roles of Advanced Nurse Practitioner and an Advanced Clinical Nurse Specialist. However, the role of ACNS is specialist, whereas, the ANP role tends to be generalist. Both ANP and ACNS roles will have shared learning, but each is associated with a different breadth and depth of knowledge. The ACNS requires a depth of knowledge within a specialist area, whereas the ANP will require a broader breadth of knowledge. This is illustrated in the diagram below.



³⁴ Adapted from Cooper, M.A, McDowell, J., and Raeside L. (2019) The similarities and differences between advanced nurse practitioners and clinical nurse specialists. *British Journal of Nursing* 28(20) p.1308-1314.

Annex M

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Annex N

List of Acronyms

ACNS	Advanced Clinical Nurse Specialist
AfC	Agenda for Change
ANP	Advanced Nurse Practitioner
CNO	Chief Nursing Officer
CNS	Clinical Nurse Specialist
CPD	Continuous Professional Development
eESS	Electronic Employee Support System
MDT	Multidisciplinary Team
NMaHP	Nursing, Midwifery and Health Professions
NMAHP	Nursing, Midwifery and Allied Health Professions
NMC	Nursing and Midwifery Council
NP	Nurse Practitioner
SCQF	Scottish Credit and Qualifications Framework
SLWG	Short Life Working Group
SWISS	Scottish Workforce Information Standard System
TR	Transforming Roles
WTE	Whole Time Equivalent



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83960-606-9 (web only)

Published by The Scottish Government, August 2021

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS704266 (08/21)

W W W . G O V . S C O T