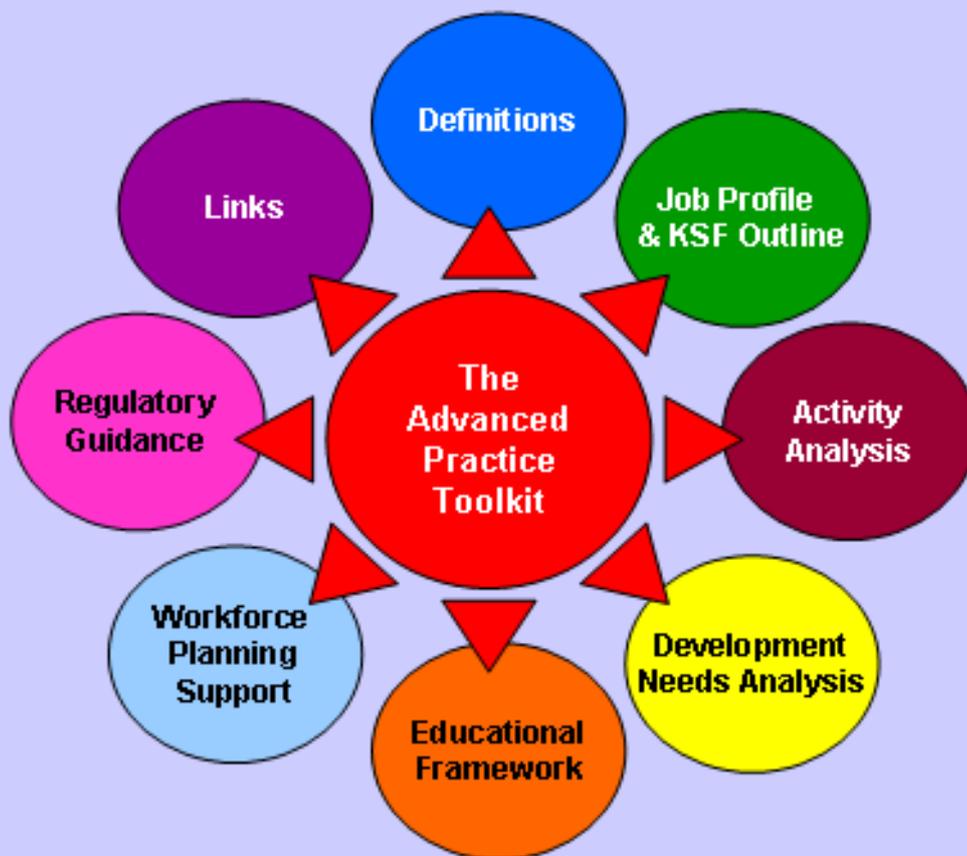




Supporting the Development of Advanced Nursing Practice



A Toolkit approach

CNO Directorate, Scottish Government - June 2008

Supporting the Development of Advanced Nursing Practice

Contents

Introduction	Page 3
The Toolkit Concept	Page 6
Using and Aligning Frameworks	Page 7
Nomenclature and Definitions	Page 13
Job Profile and KSF Outlines	Page 24
Activity Analysis	Page 27
Educational Framework	Page 34
Workforce Planning Support	Page 41
Regulatory Guidance	Page 44
Linked Projects	Page 48
Conclusions	Page 52
References	Page 53
Appendices	
Appendix 1 - Framework for Developing New Nursing Roles	
Appendix 2 - ICN Advanced Practice Characteristics	
Appendix 3 - Key Elements of the Career Framework for Health	
Appendix 4 - NHS Employers National Job Profile - Nurse - Advanced	
Appendix 5 - Exemplar NHS KSF Post Outline Templates	
Appendix 6 - SCQF Descriptors - Level 11	
Appendix 7 - Advanced Practice Development Needs Analysis Tool	
Appendix 8 - Short life working groups membership	

The Advanced Practice Toolkit



Introduction by the Chief Nursing Officer

This document provides an overview of the on-going work to support Advanced Nursing Practice within NHS Scotland.

The work has been undertaken under the auspices of the UK-wide Modernising Nursing Careers (MNC) initiative (DoH 2006) and builds upon earlier Scottish work, in particular the *Framework for Developing Nursing Roles* (SEHD 2005) and the draft framework for Advanced and Specialist Cancer Nursing (2006).

In Scotland we are taking forward the MNC work streams under the 'umbrella' of *Delivering Care, Enabling Health* (SEHD 2005) as this document articulates the Nursing, Midwifery and Allied Health Professions' (NMAHP) contribution to the delivery of high quality care in Scotland.

Whilst MNC is, by definition, focused upon Nursing, we are keen to ensure that this initiative reflects frameworks and processes that can be applied across Nursing, Midwifery and AHPs where possible. Thus, whilst the document draws upon examples from Nursing, we would wish to see these principles considered under the remit of Midwifery 2020 and would encourage service leads and colleagues in the Allied Health Professions to consider how these could be applied more broadly across the context of broader healthcare careers.

The recent Department of Health consultation on post-registration career framework has looked at streaming post-registration development for nursing into pathways related to emerging healthcare priorities in England. Similar work, with pathways reflecting the different national priorities is taking place in Northern Ireland and Wales. This work has been helpful in articulating how a structured nursing career framework could be used to support national priorities.

In Scotland, we too have identified priorities for healthcare through the national strategy 'Better Health, Better Care' and these are providing enhanced opportunities for nursing development and contribution to service delivery. We have chosen to focus upon establishing clarity and consistency regarding the key stages of the career framework and then to use that enhanced understanding to support both service redesign and to provide a clear development pathway towards such roles. We have been keen to build this model upon a framework of existing strategic initiatives, which have been designed to support both clarity and consistency in staff development, staff deployment and in service delivery.

We have already begun to support a range of initiatives which support staff development through and towards the career framework levels (figure 1).



Figure 1.

Scottish initiatives to support the Nursing Career Framework

Modernising Nursing Careers has provided an opportunity to structure a genuine career framework for nursing staff which supports movement forward throughout their career, facilitates movement across practice contexts such as education and research and acknowledges and values the level at which the practitioners are educated and supported to practice. Previously, the *Framework for Developing Nursing Roles* (SEHD 2005 - Appendix 1) identified that the principal driver for the development of Advanced Practice roles must be patient/client need. This must then be followed by an evaluation of how the service might best be configured to meet that need through new ways of working and/or new roles.

We will only achieve the flexibility and sustainability we require within the healthcare workforce through exploring and supporting new career opportunities which facilitate movement across the domains of clinical practice, education, research and management. Advanced Level Nursing Practice is just one of these opportunities and our support for clarity in the steps on the NMAHP career framework from support roles to practitioner, through senior and advanced roles to consultant level will require educational underpinning and rigorous evaluation to ensure that it meets the changing needs of service.

I believe that the Advanced Practice Toolkit and associated initiatives can be seen as key elements of an increasingly integrated development framework for nursing staff and would encourage you to engage with the work, to contact us with suggestions and items for inclusion or development, and to use it to shape your service, your education provision and/or your own role.

Paul Martin,
Chief Nursing Officer, Scottish Government



Advanced Practice: The Toolkit Concept

The Toolkit Concept



To support these career developments and to link the educational framework to broader workforce issues, we have been focusing upon the idea of an 'Advanced Practice Toolkit'. Its aim is to draw together existing and emerging work, to encourage consistency and to avoid duplication by aligning Agenda for Change job profiles, job descriptions, KSF outlines, agreed national competencies, educational preparation and credit to the Career Framework, as well as exploring the broader governance and regulation issues. We have been engaging with key individuals and organisations from Scotland and across the UK in the development of this work and are keen to build a strong consensus view.

The toolkit is targeted at employers and Service Leads, education providers and Senior or Advanced Practitioners themselves. It aims to provide an outline of key elements that can then be used to validate existing practitioner roles and support the coherent application of those principles to new roles.

The Toolkit will be web-based and contain:

- **A nationally agreed definition of Advanced Practice**
- **Competency Map**
- **A national AfC Job Profile for Advanced Practice, and exemplar/template KSF outlines and Job Descriptions/role profiles**
- **Activity Analysis tools**
- **Skills Analysis/Educational Needs analysis tools**
- **Portfolio Development support**
- **Mapping of Education Programme outcomes to competencies and capabilities**
- **Assessment of competence - theory and practice guidance**
- **Links to Qualifications frameworks**
- **Regulatory Guidance**

The e.Toolkit will be a repository for consistent, credible and helpful resources related to advanced practice and will support on-going work across the sector to enhance understanding and application of this important role.

The e.toolkit will be launched in November 2008 and this document provides an overview of the key elements of this work and progress thus far. We welcome on-going engagement with all key stakeholders and have enclosed a feedback sheet with this document.

Advanced Practice Toolkit: Using & Aligning Frameworks



As the needs of patients and clients change, and service delivery models seek to shift to support appropriate care models, the need for role flexibility becomes ever greater. Service Leads and strategic planners require both to reconfigure the competencies of the existing workforce and to introduce a new mix of skills.

Many previous role development initiatives have seen a focus on the development of specific 'advanced' or 'specialist' roles matched to specific contexts or groups of clinical skills. Whilst responsive to identified patient need or service demand, these posts have not offered consistency across contexts and this lack of standardisation has not supported succession planning, transferability of skills or coherent career planning for individual practitioners.

The Career Framework for Health (Skills for Health) has provided an opportunity to establish and sustain consistent role benchmarks for professional practice. Crucially, this proposes that the 'level' of practice could be articulated across professional groups to provide consistent expectations of competence. This is not to say that the professional expertise of each group is 'genericised' but that core elements such as 'decision-making', 'patient assessment', 'dealing with complexity' can be identified at these benchmarked levels and that it is these (rather than the discrete professional skill set) that characterise the levels of practice.

As healthcare delivery patterns shift to respond to the needs of patients and clients, the workforce demands (and therefore potential career opportunities) are increasingly appearing in inter-professional working with roles based on recognised levels of capability and competence rather than professional background. Given this focus on flexibility in the workforce, the need for a coherent career development framework becomes even more essential. What is required therefore is a focus upon 'benchmarking' roles at clearly defined levels of competence that translate across professional boundaries.

Using and aligning the concepts of the different frameworks

We acknowledge that the existence of different national frameworks - the overarching NHS Knowledge and Skills Framework (KSF), the Career Framework for Health, the Scottish Credit and Qualifications Framework (SCQF) and National Occupational Standards – have led to some degree of confusion amongst stakeholders. However we would suggest that although each were designed to address different needs, all relate to a central theme – *how best to describe the level and range of knowledge and skills needed in the workplace.*

Used in combination, these frameworks provide an important set of tools for all staff developing learning programmes, participating in professional development reviews or involved in workforce planning.

Focusing on Advanced Practice, the frameworks can be used in the following ways:

NHS Pay System (Agenda for Change)

<http://www.paymodernisation.scot.nhs.uk/afc/index.htm>

The new NHS pay system (Agenda for Change – AfC) ensures fair pay and a clearer system for career progression. It ensures that staff are paid on the basis of the jobs they are doing and the knowledge and skills they apply within these jobs. AfC is underpinned by a job evaluation scheme specifically designed for the NHS. The process of matching jobs to the national profiles, or evaluating jobs locally, determines in which pay band a post should sit.

NHS Knowledge and Skills Framework (KSF)

<http://www.paymodernisation.scot.nhs.uk/afc/index.htm>

The NHS KSF is a key part of the NHS pay system (AfC). It applies to all staff on AfC terms and conditions and is therefore an integral and mandatory strand of AfC. The NHS KSF offers development to staff and facilitates career enhancement. It is *the* organisational tool for describing the knowledge and skills staff need to apply in their role in order to deliver high quality services and provides a single, consistent, comprehensive and explicit framework on which review and development of all staff is based. KSF Post Outlines set out the actual requirements of a post in terms of the knowledge and skills that need to be applied when that post is being undertaken effectively. They must be developed in partnership by people who understand the requirements of the post concerned. KSF outlines should reflect the requirements of the post – not the abilities or preferences of the person who is employed in that post.

This is important in supporting the on-going development of individuals in the post in which they are employed and is also important in making a distinction between the capabilities of the individual (development focus) and the nature of a particular post (demand/service-need led).

KSF post outlines provide clarity regarding the range depth and level of knowledge and skills required to be applied in particular posts. The KSF Joint Personal Development Planning and Review (JPDR) process will help to ensure that staff are supported to be effective in their jobs and committed to developing and maintaining high quality service for the public. This can be aligned with the *Advance Practice Development Needs Analysis* process to identify individual learning needs. It should also help in the design of educational interventions/programmes by indicating content and complexity.

This could therefore contribute to improved determination of credit and level of educational interventions/programmes. The KSF is also capable of linking with UK wide/national competences that have been issued (National Occupational Standards and National Workforce Competences), or are recognised by statutory regulator bodies and/or which have been externally quality assured. Overall the NHS KSF will contribute to improved alignment of NHS learning needs and educational provision.

The Career Framework for Health

www.skillsforhealth.org.uk/uploads/page/93/uploadablefile.pdf

The Career Framework for Health (Skills for Health 2005) provides a guide for NHS and partner organisations on the implementation of a flexible careers and skills escalation enabling an individual member of staff with transferable, competence-based skills to progress in a direction that meets workforce, service and individual needs. It balances elements required for national consistency with maximum flexibility for local health organisations.

This can be used both to describe the make up of the team within which the Advanced Practitioner will work and to provide a benchmark level against which the Advanced Practice Nursing role can be articulated. The framework describes nine levels of 'roles' grouped according to their level of complexity and responsibility and the level of experience and knowledge to carry them out. These nine levels do not automatically read across from Agenda for Change pay bands.

As identified, Agenda for Change is a new pay system which incorporates three facets, Job Evaluation, The Knowledge and Skills Framework and Terms and Conditions. It describes how staff will work and how much they will be paid, whereas the Career Framework is an enabling tool which provides a common language and currency to support career development. The Career Framework defines the level of the post and the competences expected of the post holder. This allows the identification of transferable roles and thereby maximises workforce flexibility and clinical governance.

Linked with the NHS KSF, this can help individuals to visualise, articulate and plan their own career pathway and will support planners to analyse and shape the skill mix and service delivery model when populated with exemplar KSF outlines and AfC job descriptions. This particular toolkit is designed specifically to support clarity regarding one specific level within the framework – the **Advanced Level Nurse**.

Scottish Credit and Qualifications Framework (SCQF) <http://www.scqf.org.uk/>

This is a national framework used to describe and compare achievement in a standardised way across both academic and vocational learning. It is also possible to use the SCQF to credit rate both formal and work-based learning.

By measuring both the complexity/level and quantity of learning undertaken it is possible to use the SCQF to provide a clearer picture of the existing skills/knowledge of the workforce and to identify the most appropriate type/level of qualifications required for a particular role.

Whilst the SCQF is specific to the Scottish educational context, similar frameworks are available for the other three UK countries and these can be articulated against one another: www.qualifications-across-boundaries.org/compare/uk_ireland

National Occupational Standards (NOS) & National Workforce Competences (NWC)

These describe what individuals need to know and do to carry out work activity. They provide descriptors of performance criteria to be met and the knowledge and understanding that are required to undertake work activities successfully. Both NOS

and NWC are developed in exactly the same way - the only difference is that NOS must be approved by education regulatory bodies.

Each individual competence covers:

- The work activities which need to be carried out to achieve a particular purpose.
- The quality standards to which these activities need to be performed.
- The knowledge and skills people need to carry out these activities.

Put together, the Skills for Health competences meet the key aim of healthcare services i.e. to promote, maintain and improve health, with each competence focussing on an individual function needed to deliver that key aim. This means that each competence provides an objective description of what needs to happen and the underpinning knowledge to support that function rather than focussing on where it is being done or by whom. (See: www.skillsforhealth.org.uk/)

NHS Education for Scotland (NES) Capability Frameworks

Capability is a key component of Scotland's nursing, midwifery and allied health professions' action plan, Delivering Health, Enabling Health (SEHD, 2006). It is argued that capability goes beyond competence; it includes the ability to apply knowledge, skills and attitudes across a range of complex and changing settings.

NES have developed a series of Capability frameworks to describe the values, skills and knowledge that people should have to help them to do high quality work. The frameworks set out a range of capabilities for all nurses working in particular settings or service contexts and then a further set of capabilities as the nurse's progress their careers.

This is particularly helpful in describing the additional capabilities expected of the 'advanced level' nurse in a specific context. However the frameworks do not intend to limit people's development, indeed many practitioners may be aspiring to and achieving capabilities beyond their particular career stage and this should continue to be encouraged.

The frameworks can be used by:

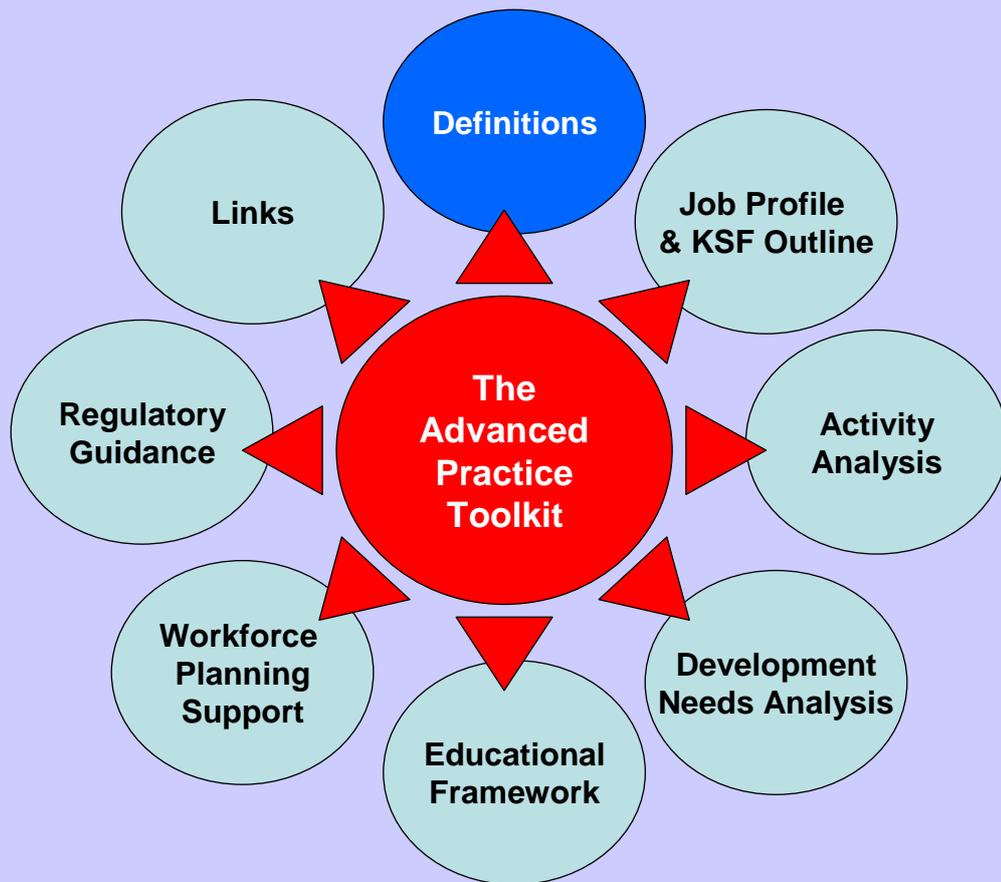
Nurses and service managers - to guide personal development planning by highlighting the support and development needed to promote effective working, and career progression which maps with the NHS Knowledge and Skills Framework

Service users and their families/carers - to explain the key skills, knowledge and attitudes that they should expect from nurses in these settings.

Education and training organisations - to guide the development of training and educational activities and programmes specific to the care setting or context.

The following Capability Frameworks are currently available:

- **A Capability Framework for Working in Acute Mental Health Care**
www.nes.scot.nhs.uk/mentalhealth/publications/documents/AcuteMentalHealthFINAL.pdf
- **Working with Older People in Scotland – A Framework for Mental Health Nurses**
<http://www.nes.scot.nhs.uk/mentalhealth/publications/documents/OlderPeopleFrameworkforwebsite.pdf>
- **The Capability Framework for Community Health Nursing**
www.nes.scot.nhs.uk/nursing/review/framework/documents/CapabilityFrameworkforCommunityHealthNursing.pdf
- **The Specialist and Advanced Cancer Nursing Capability Framework (currently in draft)**
- The **Education and Development Framework for Senior Charge Nurses** (NES 2008) also uses this approach.



Advanced Practice: Nomenclature and Definition

Advanced Practice: Nomenclature and Definition



It has been suggested that 'Advanced Practice' acts simply as a broad term that refers to all practice roles at a level above that of initial practice, including under its umbrella both 'specialist' and 'consultant' roles. We believe such an approach is unhelpful in that it adds little in terms of clarity or consistency, may further confuse both professionals and public and, as a result, compromises governance in relation to expectations of practitioners and the service as a whole.

'Specialist' and 'Advanced'

Nursing staff working with a 'Specialist' title continue to contribute in important ways to healthcare provision in NHS Scotland. However it is recognised that there is not a shared understanding of the 'specialist' role amongst stakeholders, and that this may reduce the impact and effectiveness of such roles. The nomenclature issues around Specialist Practice titles continue to create difficulties for the public, service leads and practitioners themselves.

Considerable debate has focused on whether 'Specialist' practice is at a lower level than 'advanced'. In fact it is increasingly widely accepted that 'Specialist' should be considered as one pole of the 'Specialist – Generalist' continuum rather than on the developmental continuum from novice to expert. This approach defines 'specialist' practice as that which is particular to a specific context, be it a client group, a skill set or an organisational context.

However, 'Advanced' Practice, it is argued, *is* a particular stage on a continuum between 'novice' and 'expert' practice. The 'advanced' role profile is characterised by high levels of clinical skill, competence and autonomous decision-making, and reflects a particular benchmark on the career development ladder as exemplified in the Career Framework for Health.

Therefore, whilst many 'Specialist' nurses may function at an 'advanced' level, it is possible to identify roles which might characterise the 'junior-level specialist' and/or the 'Advanced Generalist' (Fig. 2). Importantly, this model also recognises that the developmental pathway towards advanced level practice in nursing may be different for individual practitioners, with some following a 'specialist nursing' route through focus on high-level skills and decision-making within a particular client group or clinical context, whilst others will develop a portfolio that reflects a greater breadth of practice.

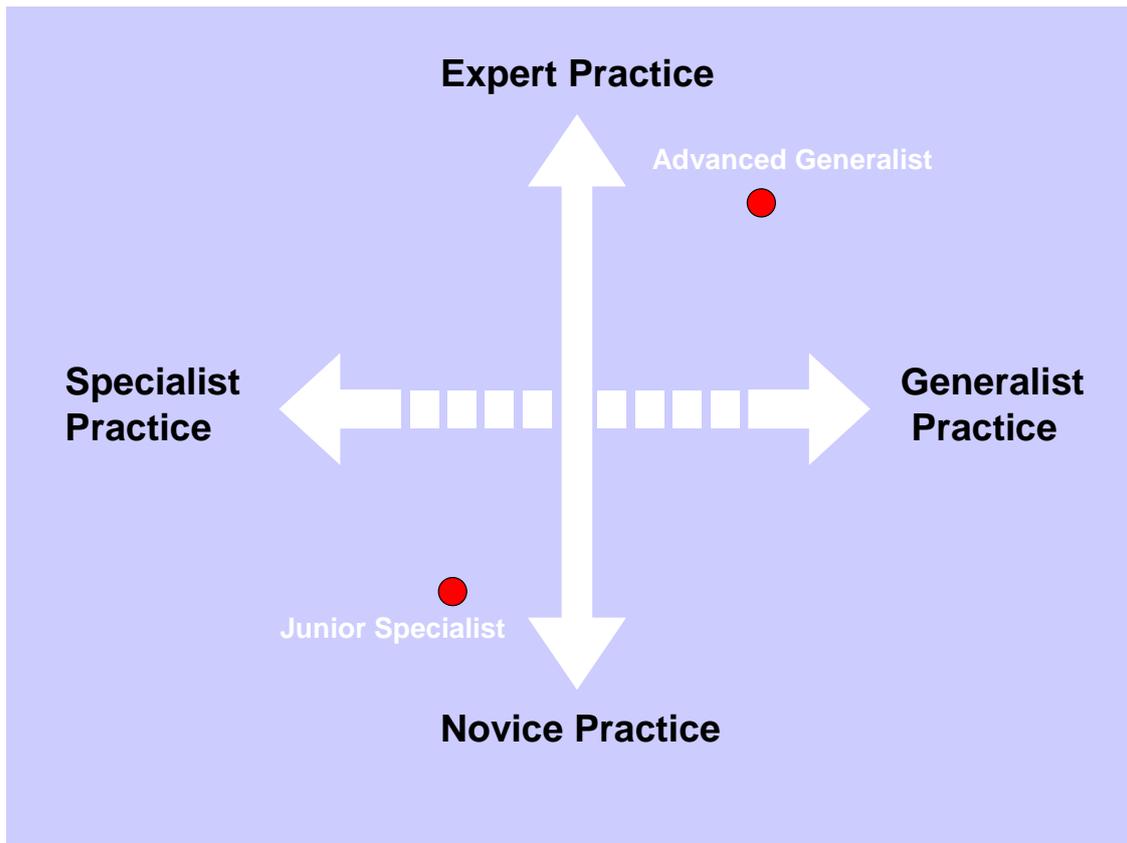


Figure 2. Relationship between Specialist and Advanced Practice

We propose therefore to advocate the use of the terms ‘Senior’ and ‘Advanced’ when describing benchmarked developmental levels, and use ‘specialist’ if required to define specific contextually-focused role types. This is not to devalue ‘specialist’ knowledge or skills, but to recognise that such skills, in themselves, do not characterise an advanced level of practice.

For example, in the draft Scottish Specialist and Advanced Cancer Nursing Capability Framework, a ‘specialist nurse’ is regarded as someone with in-depth knowledge and skills in the speciality whom would usually be functioning at level 6 of the career framework (Senior Practitioner).

Defining Advanced Nursing Practice

We recognise that a considerable amount of work has been undertaken by a number of different organisations over the last few years to define ‘advanced practice’. We have therefore drawn together the key elements of definitions drawn from work by organisations such as the International Council of Nurses (ICN), Skills for Health, the Royal College of Nursing (RCN), the Association of Advanced Nursing Practice Educators (AANPE) and the Nursing and Midwifery Council (NMC) and propose a consensus definition of advanced level practice as the basis upon which the toolkit concept is built.

Advanced Practice roles, such as the Advanced Clinical Nurse Specialist role have been developing globally for the last two decades. In 2001, to facilitate a common understanding and guide further development of these important roles, the

International Council of Nurses (ICN), through its International Nurse Practitioner/Advanced Practice Nursing Network, developed a definition of a Nurse Practitioner/Advanced Practice Nurse. The ICN definition of Advanced Nursing Practice identified the need for the following components:

A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Master's degree is recommended for entry level.

(International Council of Nurses 2001)

Further, the ICN outlined their perspective of the characteristics of Advanced Practice (Appendix 2). This work on *Scope of Practice, Standards and Competencies of the Advanced Practice Nurse* has just recently been revised (May 2008).

In 2006, at a UK level, Skills for Health developed the Career Framework for Health (Appendix 3). This Career Framework has been fundamental in providing steps on a structured career ladder that can be characterised as level 'benchmarks' to support consistency.

Career Framework for Health

Advanced Practitioners - Level 7

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

Skills for Health (2007)

Skills for Health have also provided role level descriptors for each of the levels of the Career Framework (Skills for Health 2007). For 'Advanced Practice' (Level 7) the following elements are described (Table 1):

Knowledge

Utilises highly developed specialist knowledge covering a range of procedures and underpinned by relevant broad based knowledge, experience and competence. Uses highly specialised theoretical and practical knowledge some of which is at the forefront of knowledge in the work area. This knowledge forms the basis for originality in developing and/or applying ideas. Demonstrates critical awareness of knowledge issues in the work area and at the interface between different work areas. Creates a research based diagnosis to problems by integrating knowledge from new or interdisciplinary work areas and make judgements with incomplete or limited information. Develops new skills in response to emerging knowledge and techniques.

Supervision

Demonstrates leadership and innovation in work contexts that are unfamiliar, complex and unpredictable and that require solving problems involving many interacting factors. Reviews strategic impact/outcome of the work or team.

Professional and Vocational competence

Demonstrates autonomy in the direction of practice and a high level understanding of development processes. Solves problems by integrating complex knowledge sources that are sometimes incomplete and in new and unfamiliar contexts. Demonstrates experience of managing change within a complex environment. Responds to social, scientific, clinical and ethical issues that are encountered in work or study.

Analytical/Clinical skills and patient care

Provides specialist or highly specialist clinical, technical and/or scientific services, and may be accountable for direct delivery of part of service. Makes complex judgements

Organisational skills and Autonomy/Freedom to Act

May be responsible for work area, specialist services or clinical pathways. May be accountable for direct delivery of part of service.

Planning, Policy and service development

Proposes changes to practices or procedures which impact beyond own work area. May plan and/or organise a broad range of complex activities or programmes with formulation of strategies

Financial, Administration, Physical and Human Resources

May be responsible for purchasing and maintenance of assets. Undertakes supervision and/or teaching and training. May devise training or development programmes. May hold a budget. Manages staff and/or services ranging in size and complexity.

Research and Development

May evaluate equipment, techniques and procedures. May undertake straightforward or complex audit or assist with clinical trials or research projects. May also carry out R&D as a major activity. May regularly undertake clinical trials or research projects. In addition to above, may initiate and develop R&D programmes.

Table 1. Level 7 Role descriptors (Skills for Health 2007)

Theoretically, all healthcare roles can be mapped to the Career Framework for Health. Therefore the Skills for Health definition for advanced level practice relates to a wide range of professional roles and can be seen as an over-arching definition of 'Advanced Practice' across professional groups and across practice contexts like education and management/leadership. From a Nursing perspective, the definition is clearly consistent with the ICN characteristics of an Advanced Nurse.

In the UK the NMC defined the Advanced Nurse Practitioner (Table 2). The NMC definition (2005) can therefore be viewed as a contextualisation of the wider international definition of the clinical 'advanced level practice' nurse. The RCN (2008) and AANPE (2006) have subsequently worked with the NMC to map the related competencies to the KSF.

Table 2. Nursing and Midwifery Council Definition

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

Advanced nurse practitioners are highly skilled nurses who can:

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

NMC (2005)

Many clinical areas of practice are comfortable with this definition for a clinical advanced nurse practitioner role although there are concerns (particularly from the mental health practitioners and learning disability practitioners) that the statement 'carry out physical examinations' – highlighted above - is too restricted to acute physical health and that it may be more accurate to state 'carry out in-depth clinical assessments'.

Beyond the clinical domain

The NMC definition and key characteristics have formed the basis for most Advanced Practice models across the UK. These competencies have already been closely linked in Scotland to outlines for roles in Hospital at Night, Out-of-Hours and Emergency Care, and to the outcomes of a number of academic ‘advanced practice’ programmes.

Within this framework we are also keen to ensure that any consensus definition is sufficiently applicable across contexts, such that the associated competencies would apply equally to Advanced Practitioners in, for example, Mental Health as they would in Paediatric Intensive Care or the care of older adults in community settings.

Further, we recognise that there are many nurses who function at an ‘advanced’ level but may not be working in a specifically ‘clinical’ role. A core element of this work is therefore to recognise ‘advanced practice’ as a level of practice rather than a role and acknowledge that it is not exclusively characterised by the clinical domain but includes those working in research, education or managerial/leadership roles.

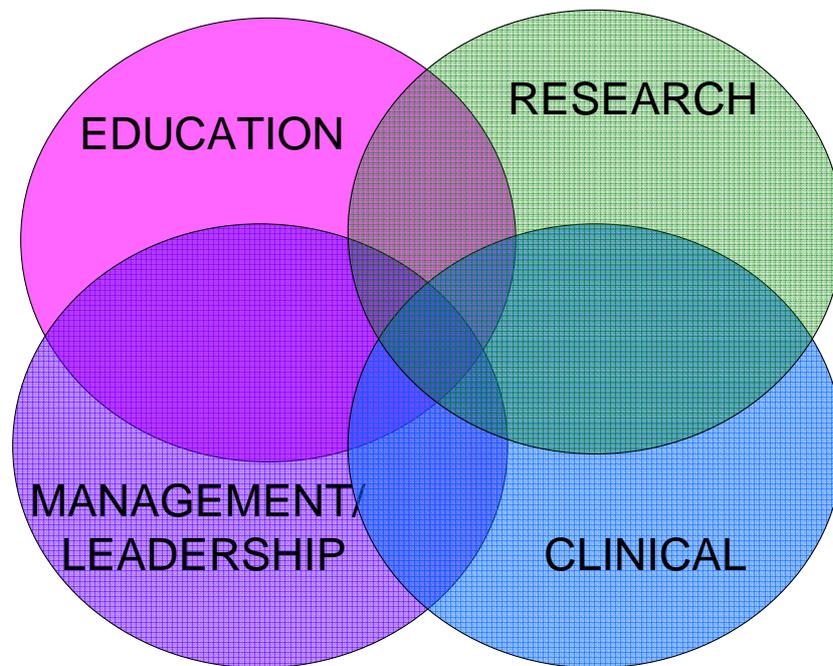


Figure 3: The relationship between different spheres of practice

Importantly, such staff should have developed their skills and theoretical knowledge to similar high standards and they should be empowered to make high-level decisions of similar complexity and responsibility. Few nursing posts are solely restricted to one of these spheres and most are composites of two or more aspects (Figure 3).

Advanced Practice as a ‘level’ of practice

Until recently, ‘Advanced Practitioner’ posts have tended to be characterised principally by high-level clinical/technical competence. Central to the toolkit’s ‘benchmarking’ approach is the idea that Advanced Practice is a ‘level’ of practice rather than a particular role.

We believe that separating these ideas allows the contribution of 'Advanced Practice' to be better articulated across different contexts. NHS Education for Scotland (NES 2007) has built upon the literature, to identify four over-arching themes that articulate 'advanced' practice and reflect the different spheres of advanced practice (Table 3).

1. Leadership

- *Identifying need for change, developing case for change, leading innovation and managing change, including service development.*
- *Developing case for change*
- *Negotiation and influencing skills*
- *Networking*
- *Team Development*

2. Facilitating Learning

- *Principles of teaching and learning*
- *Supporting others to develop knowledge and skills*
- *Promotion of learning/creation of learning environment*
- *Service User/Carer teaching and information giving*
- *Developing service user/carer education materials*
- *Mentorship and Coaching*

3. Research

- *Ability to access research/use information systems*
- *Critical appraisal/evaluation skills*
- *Involvement in research/audit*
- *Ability to implement research findings into practice- including use of and development of policies/protocols and guidelines.*
- *Conference presentations*
- *Publications*

4. Advanced clinical practice

- *Decision making/clinical judgement and problem solving*
- *Critical thinking and analytical skills incorporating critical reflection*
- *Managing complexity*
- *Clinical Governance*
- *Equality & Diversity*
- *Ethical decision-making*
- *Assessment, diagnosis referral, discharge*
- *Developing higher levels of autonomy*
- *Assessing and managing risk*
- *Prescribing.*
- *Developing confidence*
- *Developing therapeutic nursing to improve patient outcomes*
- *Higher level communication skills*
- *Patient Focus/Public Involvement*
- *Promoting and influencing others to incorporate values based care into practice*

Table 3 - Advanced Practice Themes – Adapted from NES (2007)

These themes are further supported in the NES model by ‘underpinning principles’ such as Autonomous Practice, Critical Thinking, High Levels of Decision Making & Problem Solving, Values-Based care and Improving Practice (Table 4).

Autonomous practice

Advanced Practitioners practice autonomously, have the freedom to exercise judgement about actions, in turn accepting responsibility and being held to account for them.

Critical Thinking

Practising autonomously requires “self-regulatory judgement that results in demonstrating the ability to interpret, analyse, evaluate and infer” (Mantzoukas et al, 2007; 33). Critical thinking allows advanced practitioners to explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgement and decision making.

High Levels of Decision Making & Problem Solving

It would be expected that an advanced practitioner can demonstrate expertise in complex decision making in relation to their current role. This includes determining what to include in the decision making process, and making a decision based on judgement and critical thinking/problem solving. This in turn affects the ability to practice autonomously.

Values Based Care - *At this level of practice, individuals require to have a high level of awareness of their own values and beliefs. Care is negotiated with patient/carers as an equal partner. ‘Working in a positive and constructive way with difference and diversity. Putting the values, views and understanding of individual service users and careers at the centre of everything we do’*

Improving Practice

It is important that advanced practitioners deliver advanced practice which is evidence based within service, whilst acting as a positive role model that enables change regardless of their “job title”. To determine the impact of individual practitioners on development and service delivery concurrent evaluation of the pilot succession planning development pathway will be undertaken.

Table 4 -Underpinning Principles of Advanced Practice – Adapted from NES (2007)

Achieving Consensus

The Advanced Practice Toolkit aims to use this emerging consensus to pull together the educational, operational and organisational streams to support clarity and consistency and to establish a developmental pathway, through which existing and new practitioners can benchmark their competence, identify developmental needs and demonstrates the accepted and recognised attributes of advanced practitioners.

We see clear parallels between the NES Principles and Themes and the NMC/RCN/AANPE competencies and believe that these describe the same ‘level’ of practitioner. NES has been using these to structure their capability frameworks and this provides a strong link to support practitioner development. We, therefore, see

the Career Framework for Health definition as providing clear articulation of high levels of decision-making, skills and knowledge and both a cross-professional marker and an acknowledgement of the non-clinical Advanced Practitioner role.

The ICN definition of the advanced nursing role has application beyond the purely clinical domain and places this within an international context for nursing role development. Furthermore this definition recognises the contextual nature of the skills which might be exhibited by an advanced practitioner although the level of practice would be consistent with regard to Autonomous practice, Critical Thinking, Decision Making & Problem Solving and the other underpinning principles.

The NMC definition articulates the clinical ‘advanced nurse practitioner’ role within the UK context and we recommend the adoption of a minor change to the NMC definition such that the phrase ‘carry out physical examinations’ is altered to ‘carry out in-depth clinical assessments’. We believe that this better reflects the role across different clinical contexts.

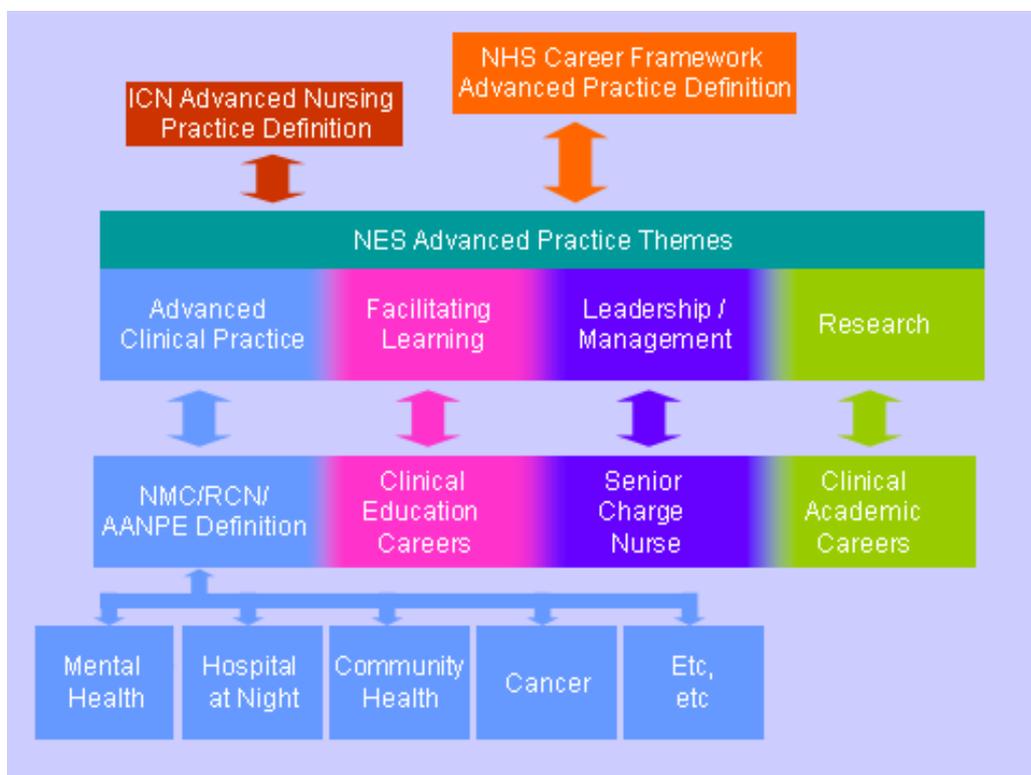


Fig. 4 Relationship between Advanced Practice themes and definitions

This then links to the NES Advanced Practice themes which describe Advanced Practice across the four domains (Fig 4). Each of the other domains can then have more detailed definitions created to demonstrate the advanced practice level within that domain.

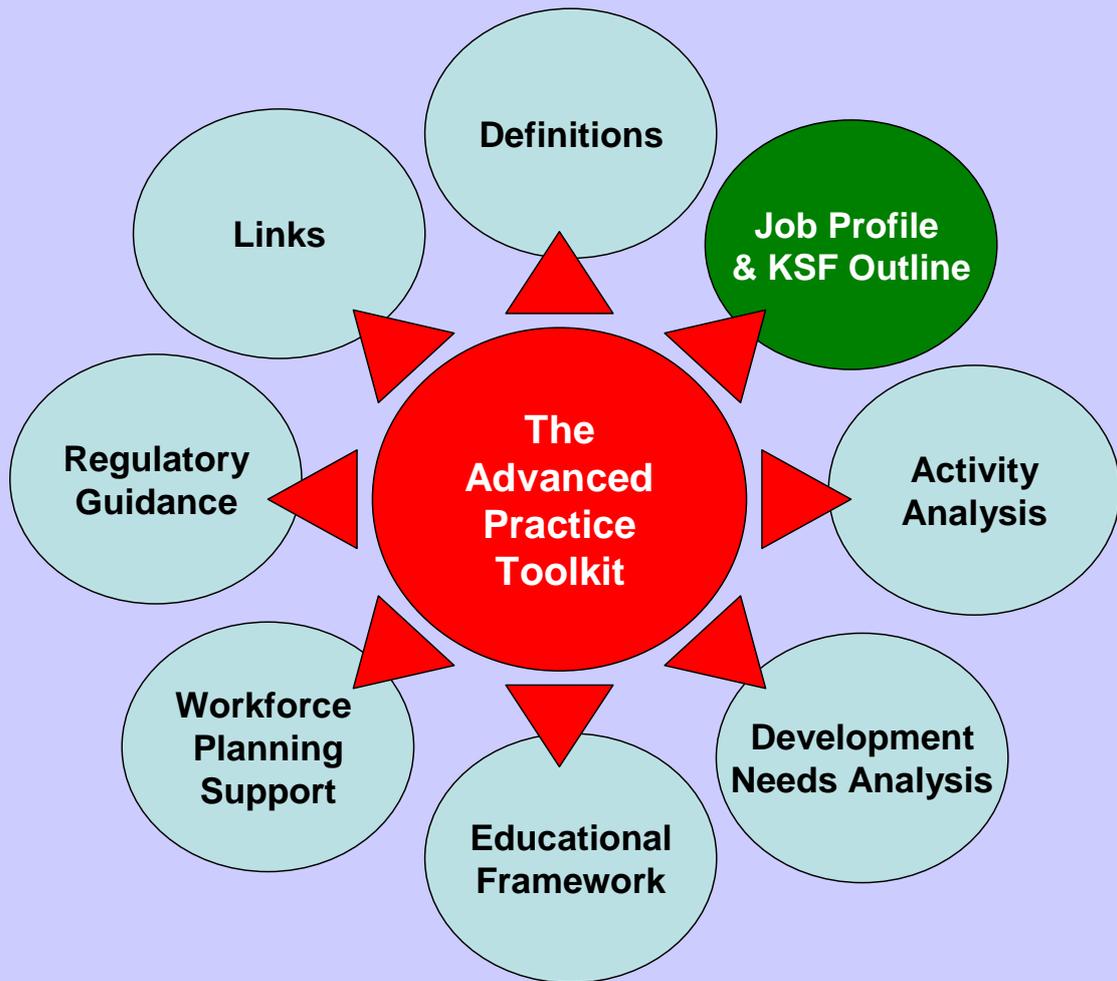
For example, in Scotland, the Senior Charge Nurse Review - *Leading Better Care* (SGHD 2008) has provided a structured role framework for the Clinical Leadership/ Management role which will map against this model, and the emerging work around Clinical Education Careers (Practice education) and Clinical Academic Careers

(Research) provide the appropriate background for the development of the other articulations.

Further, this allows for each clinical context to develop the applied characteristics of advanced practice skills/knowledge without diluting the core benchmarked elements of the level. It also provides greater opportunities for either movement across this level - between a clinical practice role and a clinical education or clinical management role – or recognition of the ‘equal status’ of such roles across contexts.

We therefore propose the following:

- **Advanced Practice is a ‘Level of Practice’ rather than a role or title**
- **The Career Framework for Health articulates ‘Advanced Practitioners’ across professional boundaries**
- **Advanced Practice in Nursing can be broadly defined by the International Council of Nurses (2001) definition**
- **The NMC definition (2005) articulates the clinical ‘advanced nurse practitioner’ role within the UK context**
- **Advanced Practice is shown across four key themes:**
 - **Advanced Clinical/Professional Practice**
 - **Facilitating Learning**
 - **Leadership/Management**
 - **Research**
- **These themes are underpinned by Autonomous Practice, Critical Thinking, High Levels of Decision Making & Problem Solving, Values-Based care and Improving Practice.**
- **The skills and knowledge base for Advanced Practice are influenced by the context in which individuals practice**



Advanced Practice: Job Profile & KSF Outlines

Advanced Practice: Job Profile & KSF Outlines



At a core level, the competencies and capabilities of the Advanced Nurse Practitioner can be applied across a wide range of clinical and non-clinical settings. We also acknowledge that there has been work done in a variety of contexts to develop generic templates for broad KSF post outlines, role profiles and/or job descriptions. Some initial indicative alignment of Advanced Practice competencies to the KSF has already been carried out, both by the RCN/AANPE and, in Scotland, within the Cancer Nursing framework and this work has supported our model, again seeking consistency.

We also recognise that the needs of service users and the pace of service change, coupled with the roll-out of Agenda for Change (AfC) and the Knowledge and Skills Framework (KSF) across Scotland has led to the creation, at a local level, of a considerable number of 'Advanced' and 'Specialist' Practitioner job descriptors with associated KSF outlines. This Toolkit aims to facilitate a nationally consistent approach by identifying the likely common elements and any elements that may be considered context specific. The core role profiles/job descriptions and generic templates for KSF post outlines will aim to be consistent across contexts and form the basis for sets of 'exemplars' for different clinical contexts which will show how the model can be applied for that area/client group.

A useful starting point for this work was the NHS Employers 'National Job Profile' for a 'Nurse - Advanced' (Appendix 4). Whilst strongly focused towards 'acute clinical' posts, this provided an initial 'sense check' of the kind of posts profiles being developed across the UK, and also those posts above (*Nurse Consultant*) and below (*Nurse Specialist/Senior Nurse*) the advanced nurse practitioner.

(<http://www.nhsemployers.org/pay-conditions/pay-conditions-1991.cfm>)

There is a strong synergy here and, in line with the already identified core themes, the NHS Employers national profile identifies *Clinical Expertise, Leadership, Education and Training* and *Research* as core parts of the job statement. Further, the Knowledge, Training and Experience factor acknowledges the post-registration development to 'Masters-level' equivalent.

Building on this approach, three examples of Advanced Practice level role profiles and KSF generic template broad post outlines are included within this document (Appendix 5a, 5b & 5c)

- **Advanced Practitioner Hospital at Night**
- **Advanced Practitioner Community**
- **Senior Charge Nurse**

These initial exemplars have been chosen to represent different operational contexts and different domains/themes of the broader Advanced Practitioner profile. Each example has been developed in partnership either locally or with broad representation from the service and in line with national agreements in Scotland.

When compared with one another, the KSF post outline templates demonstrate consistency across examples for common elements linked to advanced level practice domains:

**KSF Core dimension 1 – Communication – Level 4
(clinical, management/leadership, education domains of AP)**

**KSF Core dimension 2 – Personal & People development – Level 4
(management/leadership, education domains)**

KSF Core dimension 3 – Quality – Level 3 (clinical, research domains)

Relevant HWB dimensions – Level 4 – (clinical domain)

Benefits and opportunities

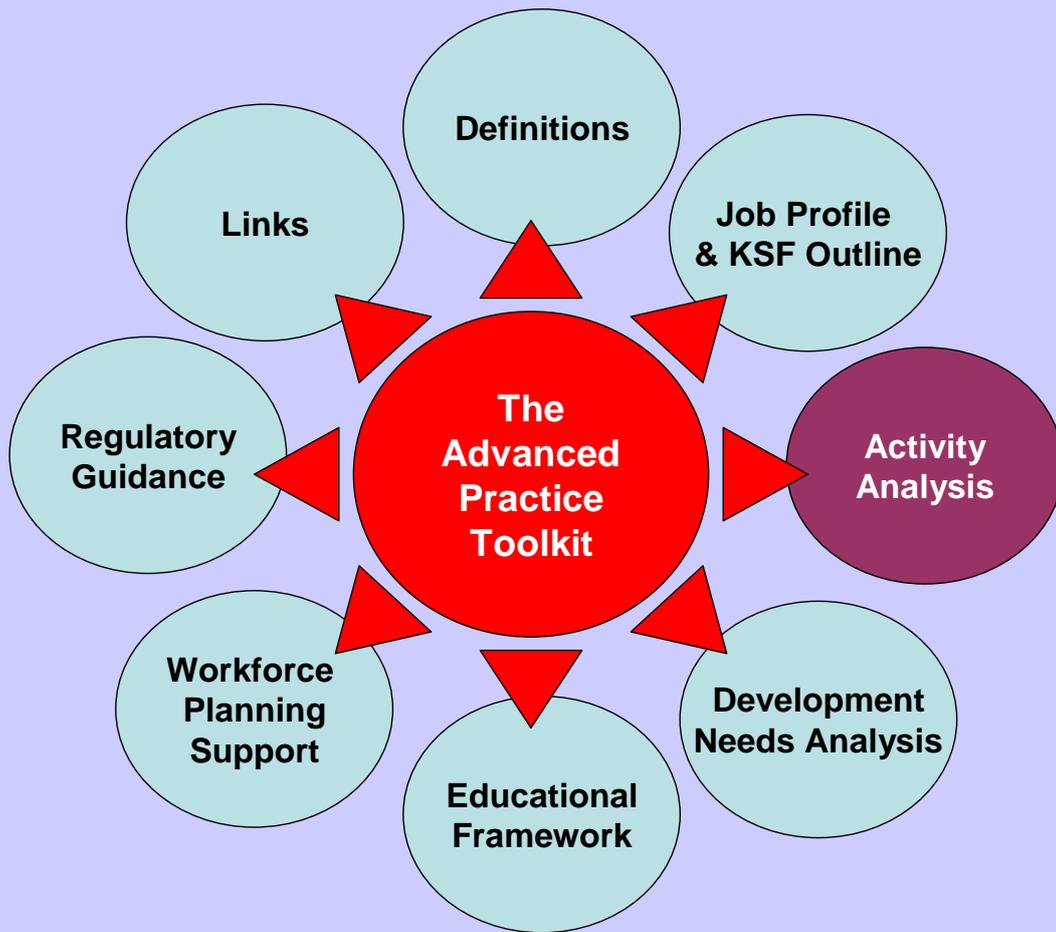
The aim, within the toolkit, is to provide ‘starter’ templates for facilitating consistency of approach across NHS Scotland. It is only through this key piece of work that we will be able to make appropriate sense of the Career framework definitions and support;

- individuals to visualise, articulate and plan their own careers
- planners to analyse and shape the skill mix and service delivery model
- support clarity and consistency in respect of advanced nurse practitioner roles

At a UK level, a database of competence based roles will be available in a web based Career Framework tool on the Skills for Health website from July 2008. Their Career Framework tool will allow you to search through current jobs that have been given a Career framework level, and for which the associated competences, both clinical and leadership, (National Workforce Competences – NWC and National Occupational Standards – NOS) have been identified.

Actions

- **Over this coming year, we will focus on further engagement with stakeholders in key operational areas to create and collate more locally developed exemplars.**
- **Specific areas for development in Scotland include Children’s Services, Unscheduled Care and Mental Health Nursing.**
- **As these are created we will benchmark them to ensure consistency and then add them to the ‘library’ of Advanced Nursing Practice roles supporting the toolkit.**



Advanced Practice: Activity Analysis

Advanced Practice: Activity Analysis



Given the need for service planners, and practitioners themselves, to understand the level at which practitioners are operating, and are required to operate, we have begun to explore ways in which we can analyse the roles of existing practitioners to map their clinical activity, level of decision-making etc against the 'Advanced' or 'Senior' level benchmark characteristics.

Such modelling is at an early stage but work with 'Specialist/Advanced' roles in the West of Scotland, with Specialist roles in London (PANDORA) and with Specialist Cancer roles in Scotland suggests that a prototype data collection and analysis tool can be created. This in turn can be used to support training needs analysis and good governance regarding matching client need to service delivery.

This work builds on previous work relating to cancer Clinical Nurse Specialist sustainability and has been taken forward in three stages:

1. Role benchmarking

This involved the refinement of an existing benchmark tool (the Glasgow Advanced Practice Review Questionnaire) and the development of a bespoke database to accompany it. The questionnaire and database are being piloted with cancer clinical nurse specialists in Highland and Lothian to enable real data entry and the database is being further developed to produce short descriptive reports.

2. Review of existing clinical activity databases

To appraise the efficacy and applicability of attempts to capture of advanced practice activity.

3. Mapping of National, Board and Operational level data

Consideration of data that is or could be considered for future capture.

Background

In February 2007 a draft document entitled *Advanced Cancer Nursing Framework* was circulated to NHS Boards and the Chief Nursing Officer, Paul Martin, issued a number of key recommendations to ensure the effectiveness of advanced practice roles in the delivery of cancer services.

Two of these recommendations were related to benchmarking existing roles and the collection of clinical activity data to capture the nature of advanced practice services. The work presented here is based on these recommendations for all advanced practice regardless of speciality.

Stage 1 - Benchmarking Advanced Practice Roles - Development of a Bespoke Database

In 2004 North Glasgow University Hospital Division developed a nurse practitioner/clinical nurse specialist benchmark tool. This tool was adapted again in June 2005 to become the *Pan NHS Greater Glasgow Review Tool* and again revised by the Steering Group to the *Advanced Practice Review Questionnaire** for the current project in March 2007 (***Included as separate .pdf file on zip drive**).

The purpose of the tool is to gather information about the role of advance/specialist nursing posts and the services provided, to serve as benchmark information for NHS Boards, Clinical Networks, service managers and practitioners. The information gathered can be used for future service planning, succession planning and ongoing practitioner development.

To pilot the process, 'Clinical Nurse Specialist' (CNS) data in Cancer services was collated from two sites (NHS Lothian and NHS Highland). This allowed for real data entry in order to test and refine the database, along with the development of short descriptive reports. Data can be exported into more sophisticated statistical packages to allow for more detailed analysis.

Feedback from the pilot sites indicate that the *Advanced Practice Review Questionnaire* is user friendly and a useful benchmark tool, particularly in gathering data on practitioner numbers, demographics, qualifications/training, caseload, running independent nurse-led clinics, involvement in service redesign, guideline and protocol development. It has also been found to be helpful in gathering data relating to CNS roles from across different organisations and settings (i.e. acute, primary care, voluntary sector).

To further refine the benchmarking tool and database, NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran and NHS Forth Valley will be using the Advanced Practice Review Questionnaire in the near future for all practitioner/specialist roles. When the tool is fully piloted a user manual will be produced to be used alongside the database and both will be made available on the e.version of the toolkit.

Further Action

The Advanced Practice Review Questionnaire, Database and User Manual should be used to support consistency in mapping numbers and level of roles across NHS Scotland.

Stage 2 - Review of Existing Clinical Activity Databases

Articulating the complexity of advanced practice is inherently challenging, however it is becoming increasingly important to make this work visible and demonstrate the contribution and value of advanced practice roles in the management of complex patient pathways. Inroads are being made across Scotland in an attempt to capture advanced practice activity. The following section summarises a range of systems and methods of capture which were recommended and reviewed:

National Information Services Division (ISD) Data Capture

As part of NHS National Services, ISD has collected workforce data for 'CNS', 'Practitioner', 'Consultant' Nurses annually over the past five years. This data does not currently differentiate those practitioners working at an 'advanced' level.

Data capture currently includes:

- *Workforce data for CNS*
- *SWISS - Agenda for Change*
 - *Service delivery*
 - *Speciality or patient group*
 - *Hospital base/community/cross-over*
- *Nurse-led Clinics - explicit identification of types of procedures but early stage of development in terms of what constitutes 'nurse-led' activity*
- *Acute Activity - broken down by Diagnosis, NHS Board, Speciality*
- *Other data capture (not specific to nursing)*

ISD's Clinical Nurse Specialist data collection has continued to evolve. However it is acknowledged that a number of the fields require up-dating. Further, the current method of capture should link directly to become part of **SWISS** and the **National Clinical Dataset Programme (NCDP)** to support clinicians to develop a set of interoperable national data standards to facilitate the implementation of the e.Health strategy.

PANDORA (Leary 2007)

The 'Pandora' database was developed by Alison Leary, Macmillan Lecturer in Oncology at University College London Hospitals (UCLH). The model is based on the principles of mathematical modelling rather than measurement and the database has been designed around activity data sources collected from 55 CNS's across different specialities which were subjected to this process. Using a branch of mathematics known as topology, PANDORA examines role complexity and connectivity.

Early results are encouraging and suggest the database is sensitive to identifying hidden elements of CNS activity such as 'rescue' work and connecting them to patient outcomes and organisational priorities (i.e. preventing an unscheduled admission; identifying complications early etc). However it is acknowledged that PANDORA does not specifically characterise advanced or specialist practice but rather helps paint a picture of CNS work. There is interest in this database, in particular in terms of describing the role and contribution of CNS/Advanced practitioners to a service. UCLH are currently working with a software company (NHS Innovations) and it is envisaged PANDORA will be available under licence in the near future

NHS Lothian Cancer Clinical Nurse Specialist Database

A *Microsoft ACCESS* database was developed for, and with, cancer Clinical Nurse Specialists within NHS Lothian. This is a well developed database that captures real time activity around key interventions specific to a patient group. It primarily serves as a clinical record. Access to the database is only available to CNS within a team. It was designed to generate activity reports which have been used for annual activity

reporting, evaluating service development and practice re-design. Currently key interventions are not linked to outcomes although the potential is there with IT support. The database does not describe the advanced 'nature' or 'level' of interventions carried out, nor increasing complexity.

Tayside/St Andrew's University Cancer Clinical Nurse Specialist Database

A *Microsoft ACCESS* database developed in Tayside by an IT student in collaboration with Jane Thomson (Cancer Clinical Nurse Specialist). It is designed to capture the key components of CNS/Advanced practice work including clinical, education, research, and management/leadership. This database has not yet been set up for use in practice however it would provide a useful tool for capturing real time activity and key interventions specific to a patient group. In addition a criteria devised by Macmillan, to measure the 'level' of an intervention has been built in (Webber 1994).

Emergency Department Information System (EDIS) - A&E Glasgow Royal Infirmary

A multidisciplinary Emergency Department Information System (EDIS) has been developed to record the following activities:

- Time
- Diagnosis
- Interventions
- Procedures
- Requests
- Prescribe
- Free text space - GP letter
- Referral
- Time of discharge
- Time leave department

Theoretically it may be possible to pull out Advanced Nurse Practitioner data, rescue work, etc, although it does not currently describe the advanced 'nature' or 'level' of interventions carried out nor increasing complexity.

Handheld Computer System to support Hospital at Night (Car berry 2006)

The Lanarkshire Handheld Computer System (HHCS) was designed in collaboration with Hospital Emergency Care Teams (HECT) by an independent handheld technology company. The purpose of the system is to enable the HECT team to carry out their jobs more effectively by:

- Providing shift reports to support hospital handover
- Support patient management
- Provide access to evidence-based guidelines
- Facilitate clinical audit and evaluate service development

Overall, the system is intended to support convenient, rapid collection and analysis of detailed operational data covering the full range of HECT activities.

HHCS consists of:

- (1) A set of handheld Personal Digital Assistants (PDA), running software for recording and reviewing clinical data
- (2) PC-based access to report generation, user and asset management
- (3) A data server with which (1) and (2) communicate.

The HHCS services available via the PDA include:

- Clinical information capture at the bedside

- A detailed patient record
- A HECT nurse task list
- Reference information for clinical decision support
- Automated creation of printed shift reports
- Printed patient assessment at the bedside using mobile printers
- Detailed activity reports for service evaluation

This type of system has been successfully implemented to support Hospital at Night teams and has been adopted by ten further hospitals in NHS Scotland. The database does not currently describe the advanced 'nature' or 'level' of neither interventions carried out, nor increasing complexity.

All of the clinical systems reviewed are applicable to the area of practice they serve in terms of capturing real time data activity and would provide useful examples within the Advanced Practice Toolkit. At this stage none of the systems describe the advanced 'nature' or 'level' of interventions carried out, increasing complexity, nor link activity with outcomes (with the exception of PANDORA). However a number of the systems have the potential to do so with IT support.

Further Actions

All of the clinical databases reviewed would provide useful capture of 'real time' data activity and information/links regarding each should be provided within the Advanced Practice Toolkit.

Consideration should be given to piloting the PANDORA database within a Scottish context to examine ways of capturing and demonstrating the contribution of CNS/Advanced practitioners make to a service

Further work should be commissioned to examine how routinely collected data can be used to demonstrate the contribution and effectiveness of Advanced Practitioners.

Stage 3 - Mapping of Data Capture at National, Board and Operation Level and Early Exploration of Benchmarking Advanced Practice Characteristics

Having reviewed existing clinical activity databases the advanced practice data that is currently collected at National, NHS Board and Operational Level was mapped out with suggestions for future data capture.

Generic core clinical activity data include:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Patient Demographics • Levels of intervention • History taking appropriate to individual case • Assessment/investigation • Decision making/diagnosis • Treatment planning (including referral pathways, discharge etc) • Non-medical prescribing | <ul style="list-style-type: none"> • Recurrence • Emotional support and information • Teaching and coaching • Co-ordinating and navigating • Rescue work • Complaints • Seeking and giving 2nd opinions • Consultancy |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

It is acknowledged that some of these characteristics are more easily measured than others. However, there is a growing interest in developing a core list of sensitive nursing outcomes. Examples might include symptom management, functional status, patient safety (e.g. infection, rescue work), psychological distress, and economic impact (e.g. preventing an unscheduled admission).

Using the key KSF level descriptors to describe increasing level of complexity and knowledge/skill required to perform the 'event/task' it maybe possible to benchmark the key components of advanced nursing practice.

It may also be possible to identify different 'levels' of practitioner's practice using routinely collected data. For example, computerised systems in A&E currently collect large volumes of data on thousands of patients and electronic records in other settings capture clinical decision making, diagnosis, treatment and prescribing. Many of these patients are managed by Nurse Practitioners and the nature and level of their decision making could be captured to add a further layer of analysis to the role mapping.

Summary

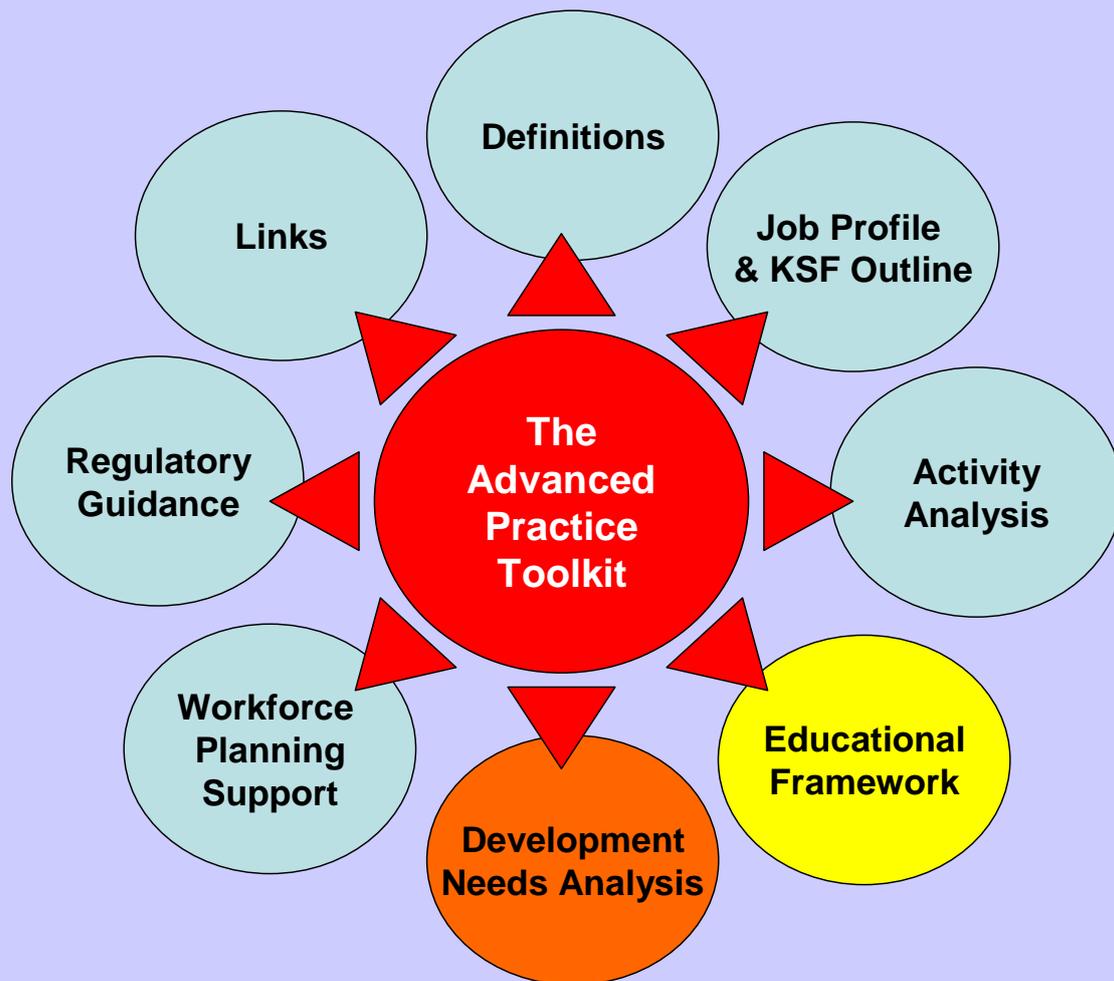
The short life working groups for the activity data work stream have made considerable headway in contributing to and informing the Advanced Practice Toolkit.

Three pieces of work have been undertaken and include the development and piloting of a database for the Advanced Practice Review Questionnaire (role benchmarking) for use within the toolkit.

A range of clinical systems have been reviewed and found to be applicable to the area of practice they serve in terms of capturing real time data activity and would provide useful examples within the Advanced Practice Toolkit.

A mapping of data that is currently collected at National, Board and Operational level and data that could be considered for future capture has been conducted along with an early exploration of different methods to benchmark advanced practice characteristics.

A number of future actions have been identified and will be taken forward to progress this work.



Advanced Practice: Educational Framework

Advanced Practice: Educational Framework & Development Needs Analysis



In recent years there has been a sharp increase in the number of staff working with an advanced practice title/role in Scotland. Whilst there have been pockets of good practice, development has been largely opportunistic with little national guidance on what is required at this level. Advanced practice' roles have therefore resulted from local clinical drivers and/or in response to national strategies/policy. Further, many of these initiatives have taken place rapidly and in response to on-going service need. As a result, practitioners have often had very different clinical experience and educational preparation.

Experience with the support and development of practitioner roles for 'Primary Care Out-of-Hours' and 'Hospital at Night' has shown that role development requires significant educational support and that consistency is the key to confidence in the capability and competence of the resulting practitioners. Enabling practitioners to work collaboratively with their employers to identify individual educational needs and solutions to support their development is a crucial step.

Academic programmes and level

There is already much educational activity in this area and considerable experience in the Higher Education sector for the delivery and assessment of competence at this level. What has been lacking so far is agreement across the sector regarding the 'core' and context specific' requirements for any Advanced Practice development programme.

The NHS Education for Scotland work supports individuals to develop context-specific elements to address the skills sets or clinical focus of their particular area, be it Mental Health, Intensive Care, Children, Older People or some combination of the above. Such an approach allows a portfolio approach to career and role development without undermining consensus regarding the benchmarked level.

The appropriate academic level of educational programmes to support Advanced Practice has generated considerable debate, and we are aware that many practitioners and service leads are wary of some kind of 'grade inflation'. Nonetheless, the Scottish Credit and Qualifications Framework (SCQF) level descriptors provide good benchmarks against which advanced practice competencies can be mapped.

The SCQF level 11 (Masters) descriptors for 'practice' and 'autonomy, accountability and working with others' are particularly characteristic of Advanced Practice competence (Table 5).

Practice: Applied knowledge and understanding

- **Demonstrate originality or creativity in the application of knowledge, understanding and/ or practices.**
- **Practise in a wide and often unpredictable variety of professional level contexts.**

Autonomy, accountability and working with others

- **Exercise substantial autonomy and initiative in professional and equivalent activities.**
- **Take responsibility for own work and/or significant responsibility for the work of others.**
- **Take responsibility for a significant range of resources.**
- **Demonstrate leadership and/or initiative and make an identifiable contribution to change and development.**
- **Practise in ways that draw on critical reflection on own and others' roles and responsibilities.**
- **Deal with complex ethical and professional issues and make informed judgements on issues not addressed by current professional and/or ethical codes or practices.**

Table 5. SCQF Level 11 Descriptors –
www.nes.scot.nhs.uk/scqf/leaflets/default.asp (See Appendix 6)

The ICN (2001) definition reflected this aspiration and it is increasingly accepted that individuals should show evidence of Masters level learning, such as at Post Graduate Certificate/Diploma/working towards Masters Level. Achievement at this level could be demonstrated either by academic award or through mapping portfolio outcomes against the level. Clearly, agreement on this level must articulate with any requirements of the Professional Regulator, as regulatory requirements emerge.

Our aim is to move towards the position where capability at Advanced Practice level can be demonstrated through a portfolio of learning and competence assessment which addresses the key elements of Advanced Practice at a consistent level, but also reflects the breadth of clinical/professional settings within which this can be demonstrated.

Crucially, educational provision supports the development and recognition of Advanced Practice 'capability' in a practitioner. This process prepares a practitioner to be able to fulfil the requirements and expectations of such a level of practice, but does not in itself grant the practitioner an advanced practitioner 'status'. The primary driver for the development and maintenance of any 'Advanced Practice' post/role must be the demonstration of patient/client need for such a role. Thus educational achievement does not, in itself, guarantee Advanced Practitioner status.

Importantly, however, the appropriate use of such roles has, thus far, been limited by a failure to benchmark this level of practice and to prepare practitioners appropriately so that we are able to consistently recruit to new posts/roles or succession plan for existing roles.

Assessment in Practice

A key element of the educational preparation of Advanced Nurse Practitioners will be formal sign-off of achievement of the advanced-level skills, knowledge, competencies and attributes of the advanced practitioner, both at a core level and specific to the context in which they practice. The lack of a structured process for the consistent recognition and acknowledgement of the achievement, and on-going maintenance, of a benchmarked level of competence by practitioners is a key governance principle and has, to some extent, stifled progress with this agenda.

Previously, in developments to support Specialist Practice, achievement of competence was principally associated with the completion of a specific educational programme, linked to criteria set by the Nursing and Midwifery Council (NMC). These Specialist Practitioner Qualification (SPQ) programmes comprise both theoretical study and practice-based assessment and contain generic elements, which are deemed to articulate the core nature of such a specialist post, and specific elements linked to the context of the specialist's practice.

Reiterating the earlier discussion regarding the different continua upon which 'specialist' and 'advanced' practice sit, such qualifications might potentially be held by staff operating at different levels, both within the same service and across different service contexts. This potential disparity, and the development of nursing roles in new contexts such as Hospital at Night and Unscheduled Care/Primary Care Out-of-Hours, has led increasingly towards a position where there is a real need to determine the capabilities expected of advanced level practitioners within specific settings and to robustly and consistently measure the level and its achievement.

This process has, until recently, been taken forward at a local level within service, but has increasingly been supported by work such as the NES Capability Frameworks to standardise these expectations/requirements across the country. The mechanism by which service leads can be assured of the competence of their advanced level staff will be crucial to liberating such staff to use their talents to maximum effect. It is also essential in supporting education commissioners and providers in planning, structuring and delivering programmes.

The role of the 'assessor' will be crucial in supporting good governance by using their own expertise and knowledge to confirm the competence of the advanced level nurse. The establishment of robust and appropriate practice assessment roles for Advanced Practice education programmes has often relied upon the *ad hoc* recruitment of senior professionals within practice. Whilst there are examples of excellent practice between service and Higher Education Institutions (HEI) in assuring the consistent availability of such assessment roles and the preparation and support of the assessors, there are genuine issues in securing, maintaining and quality assuring this process.

Current NMC position

In their *Standards to support learning and assessment in practice* (2007), the NMC provided advice and guidance for applying their underpinning practice assessment principles (Table 6) to students undertaking 'NMC approved advanced nursing practice programmes'. This stated that, in order to register on any sub-part of the nurses' part of the register:

- *From September 2007 a sign-off mentor, who has met additional criteria must make the final assessment of practice and confirm to the NMC that the required competencies for entry to the register have been achieved.*
- *From September 2008 support, assessment and sign-off of practice must be by a practice teacher.*

However, acknowledging the need, in the context of the UK Regulation White Paper, to review the implementation of the *Standard for advanced nursing practice* (NMC 2005), the NMC have noted that this decision will be reconsidered as part of the review and may be revised in due course.

Principle A - *The NMC registrants who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter.*

Principle B - *They must have developed their own knowledge, skills and competency beyond that of registration through CPD – either formal or experiential learning – as appropriate to their support role.*

Principle C - *Their professional qualifications will be at an appropriate level to support and assess the students they mentor/teach, i.e. they must hold professional qualifications equal to, or at a higher level than, the students they are supporting and assessing.*

Principle D - *They have been prepared for their role to support and assess learning and met NMC defined outcomes. Also, that such outcomes have been achieved in practice and, where relevant, in academic settings, including abilities to support inter-professional learning.*

Principle E - *Those intending to record their teaching qualification must have completed an NMC approved teacher preparation programme or have been assessed by the NMC, through its accreditation of prior learning route, as having met the equivalent of this.*

Table 6 - NMC Practice Assessment Principles

Inter-professional practice and cross-professional competence assessment

It is increasingly recognised that, as part of inter-professional learning and working, other professionals will contribute to the learning and assessment of nurses in practice.

Recognising that progression of the regulatory work regarding Advanced Practice is co-dependent on many other aspects of the White Paper (See Regulation section), it will be important to consider how we are able to build a cross-professional understanding of advanced-level competence and its assessment. This agreement and shared understanding regarding standards will be essential if service planners and other professional groups are to recognise and value the advanced level nursing role.

This will be particularly important where the professional expectations and competence standard is seen as consistent across different professional roles – for

example *Prescribing or Patient Assessment and Referral*. Such cross-professional expectations are increasingly the norm in nurse-led services and in settings where patients and clients may be seen by any one of a number of different professionals.

It is in these types of roles where Advanced Practice Nursing has initially been sought and where the impact of role reconfiguration may be seen most clearly.

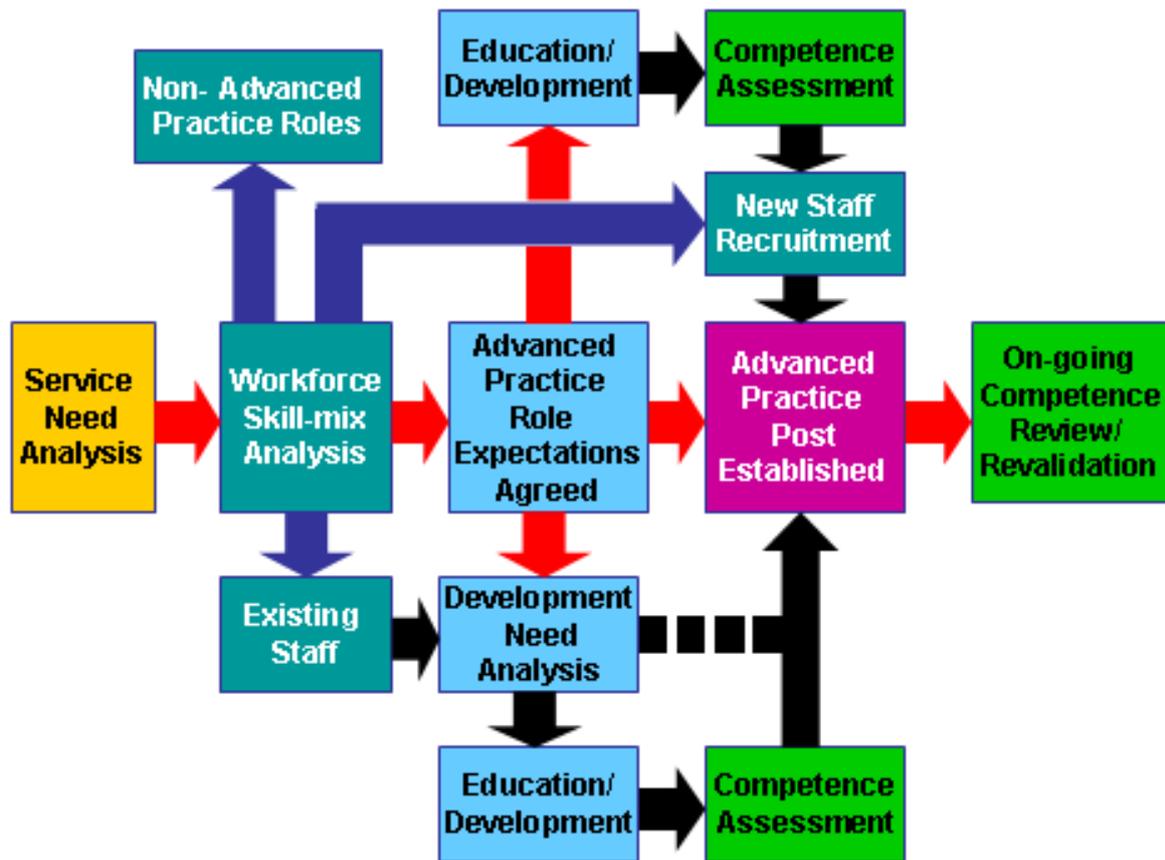


Figure 5. Relationship between Service Need, Workforce Analysis, Role Expectations, Educational Preparation and Competence Assessment.

Again, the whole process (Fig. 5) is initially driven by an analysis of service need and scrutiny of the capabilities and capacity of the existing and available workforce. Crucially, expectations regarding the level of practice and the specific capabilities required in the context must be seen as a key linked element to competence assessment.

All parties; the practitioner, the assessor, the service lead and the patient/client, must be able to understand what the advanced nurse practitioner can, and will, do to support their care and that this will be measured consistently for all staff and across all contexts.

Moving Forward and Building Capacity - The Advanced Practice Succession Planning Pathway

This model is focused upon 'building talent through flexible options to develop individuals'. NHS Education for Scotland (NES) are taking forward this aspect of the toolkit in partnership with Higher Education Institutions, clinicians and service leads. The model recognises the value of work based learning and assessment in identifying and developing the knowledge, skills and expertise to work at an advanced level and also acknowledges both existing education provision and prior learning on the part of the practitioner.

The NES Advanced Practice succession planning pathway will act as a flexible guide to support this process and enable participants in collaboration with their employers to identify their own individual educational needs and solutions to support their development. It must link with the setting out of individual practitioners' learning/personal development plans via annual development review under the Knowledge & Skills Framework (KSF) as this process forms the basis for all staff development. This pathway is equally applicable for nurse practitioners wishing to develop clinical, managerial, educational and research advanced roles within practice. The pathway is currently being piloted and a detailed background information sheet can be obtained from:

www.nes.scot.nhs.uk/nursing/roleddevelopment/advanced_practice/

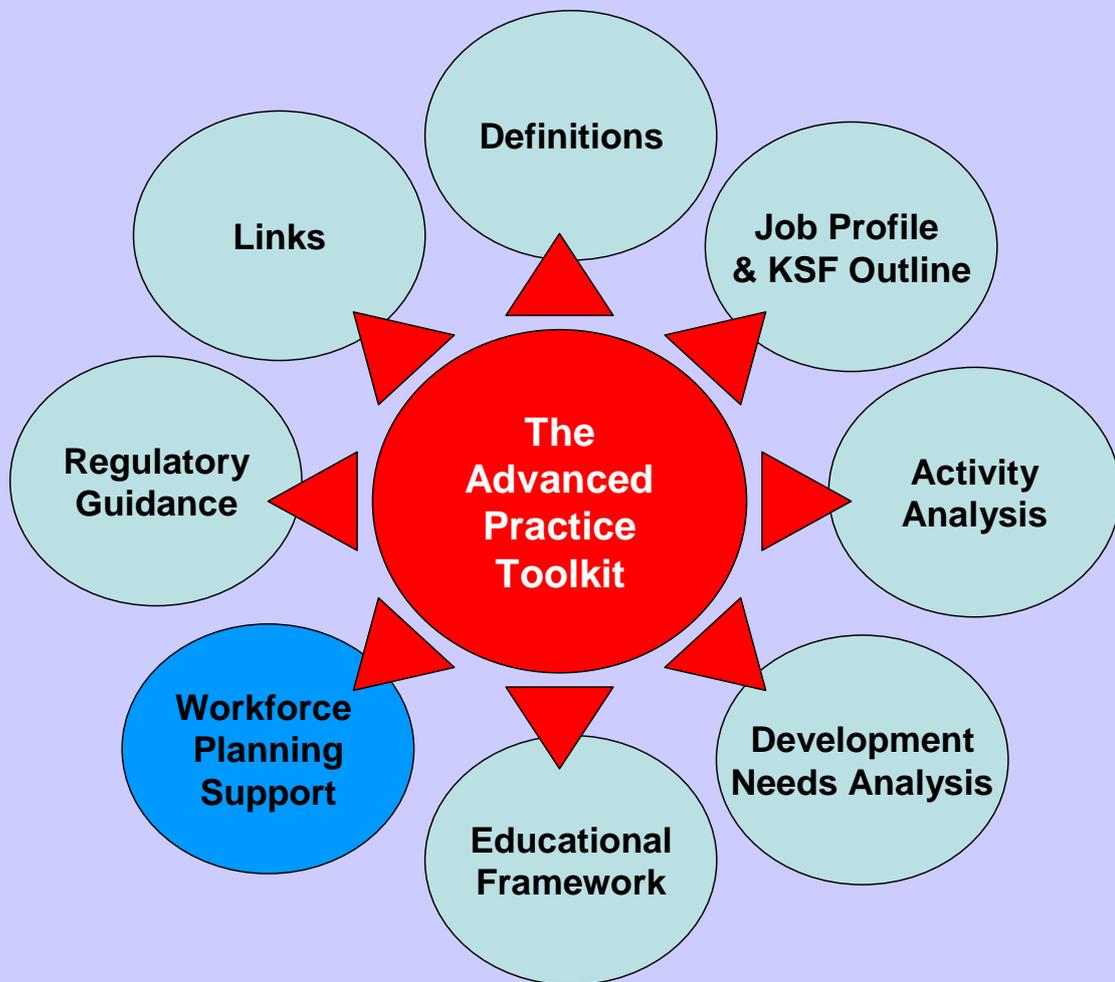
The Advanced Practice Development Needs Analysis Tool (APDAT)

It is recognised that practitioners in differing roles will have different development needs dependent on their current job role and, for participants on the NES succession planning pilot, the initial step is completion of the development needs analysis tool. The Tool (Appendix 7) is based on the four overarching themes of advanced practice and the underpinning principles outlined in the previous section. It has been developed to help practitioners reflect on their current role and identify any areas where they may benefit from further training, education and development to enhance or develop their role towards advanced practitioner level. Completion of the development needs analysis tool requires joint working with the practitioners line manager to identify the learning outcomes most appropriate for the development of their role within service. It should be linked to the applicant's annual development review/KSF post outline and will require joint working with the practitioners line manager to identify which learning outcomes are most appropriate for the development of their role within service.

Supportive Mechanisms

For advanced practice to be successful within service, support within the workplace is essential. Participants on the NES pilot will take part in six on-line action learning sets facilitated by experienced individuals and are also expected to identify a critical companion within their workplace. The role of the critical companion is to provide a high level of support combined with a high level of challenge thereby enabling development of higher level reflective skills. It is recognised that additional supportive mechanisms may be required for specific roles or aspects of development for instance clinical roles may require multi-professional mentorship. Examples are outlined in detail on the NES website at:

www.nes.scot.nhs.uk/nursing/roleddevelopment/advanced_practice/



Advanced Practice: Workforce Planning Support

Advanced Practice: Workforce Planning Support



Workload/ Workforce Analysis

The Nursing and Midwifery Workload and Workforce Planning Project (NMWWPP) has made significant progress in introducing Workforce/Workload Planning tools for nursing and midwifery across the service in Scotland. The data from these tools is providing, for the first time, robust and standardised measures that support the efficient targeting of nursing resources towards areas of need.

The National Workforce Planning process has also begun to seek current and future 'demand' modelling at a local and Regional level based upon the Career Framework levels, and linking this to financial modelling against Agenda for Change pay bands. It is recognised that much of the progress in 'Advanced Practice' roles over recent years has been driven by 'gap analysis', where shifts in availability of one professional group has led to role change amongst another. Whilst this has generated some professional anxiety, there is no doubt that the emerging models have presented genuine opportunities for role development and service innovation. Our experience in such work has provided better planning support and a renewed focus upon ensuring good governance around such role change. As already identified, the development and sustainability of nursing roles at the Advanced Practice level must be based upon assessment of service need and planned delivery model (Fig.6).



Fig 6. Requirements: How workforce inputs map onto skills, roles and numbers

www.healthcareworkforce.nhs.uk/index.php?option=com_content&task=view&id=20

Advanced Practice roles will not function in isolation and the nature and number of such roles will be influenced by the availability of other support roles, and by the availability of other senior/junior professional staff. How and where Advanced Practice roles are developed will also depend on the pattern of staffing required. Larger teams will allow for more differentiation of roles by clustering activities in terms of level and type of skill required. The relationship between 'specialist skills' (context specific but across levels) and 'advanced practice' (autonomy, decision-making, dealing with complexity) is again important in determining the type of role required.

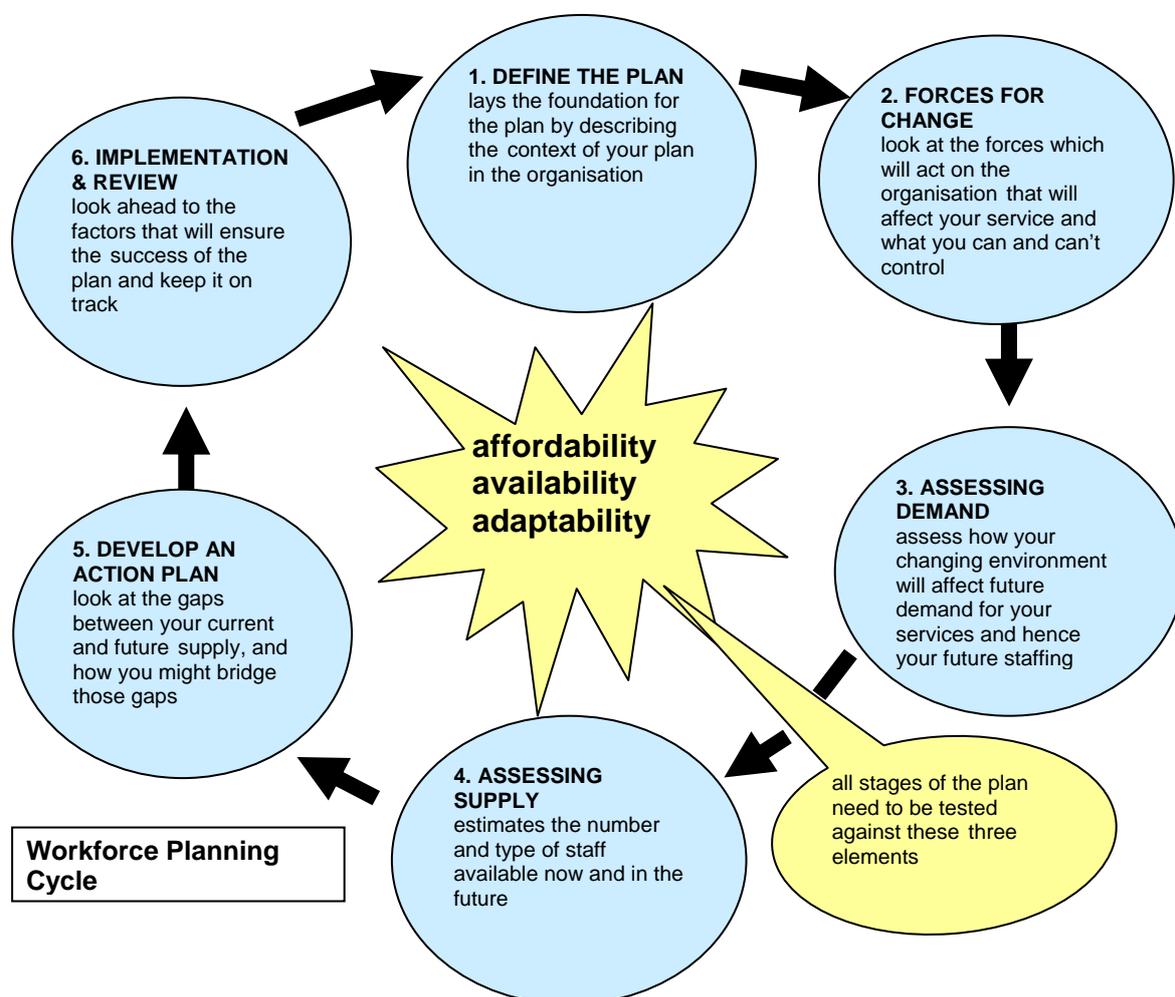
In identifying the types of advanced practice roles that we need to develop, it will be important to consider:

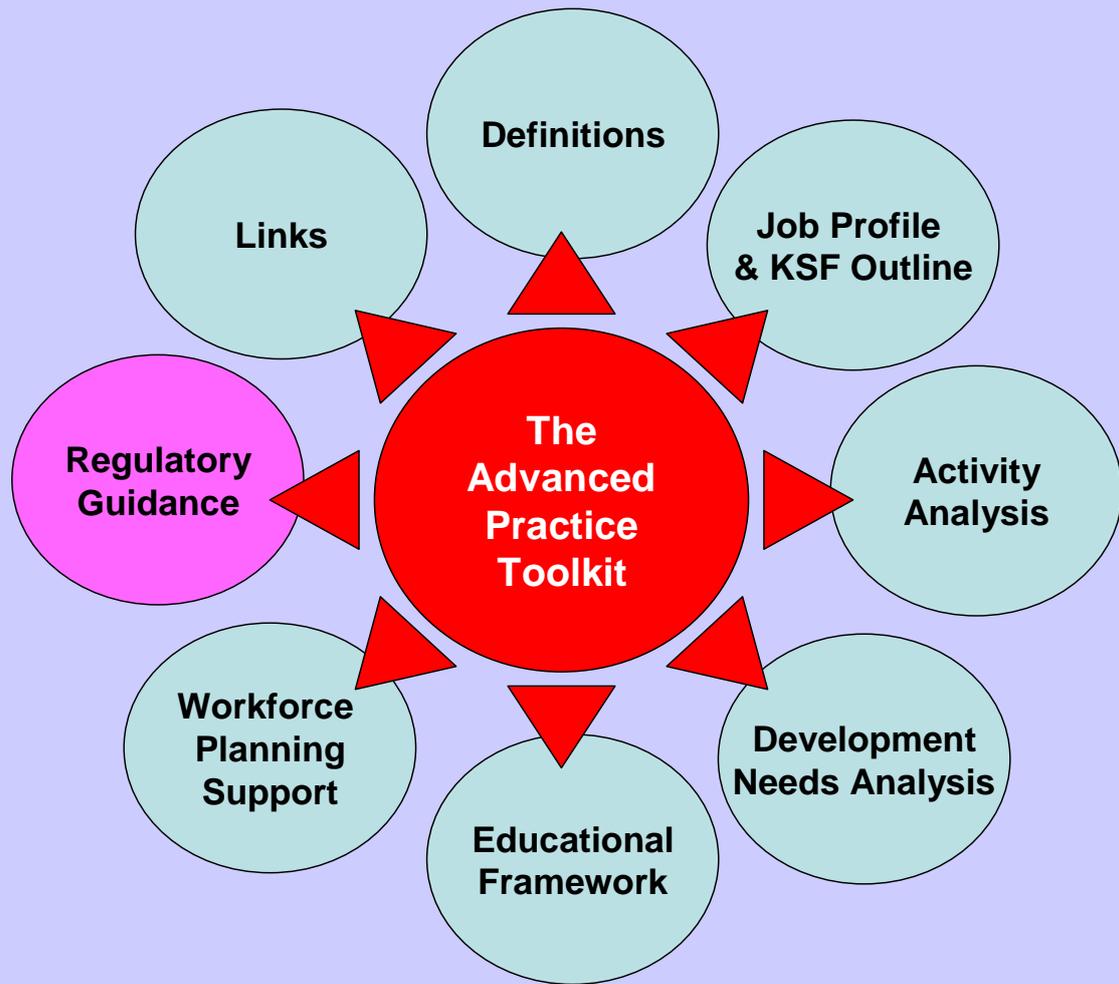
- those that fully match the skills profile of an existing role or professional category
- those that are enhancements/expansion of existing roles drawn from a specific professional group with additional skills training required to support the new role.
- those that could be filled from more than one professional group but require additional skills training or development to fulfil the role.

There is a growing body of knowledge in relation to the impact of existing or new roles and the further development of the tools will support movement beyond merely 'numbers of nurses' towards increasingly sophisticated determination of skill mix. Linking with the activity analysis work, this process would be supported by nationally agreed benchmarks of 'senior' and 'advanced' practitioner and in turn this would allow clearer determination of the need in the service for such a role.

Clearer definition of level, activity analysis and educational profile/support information all help to support better future demand modelling and the 'Six Steps for Workforce Planning' model developed by National Workforce Projects provides an ideal framework for generic workforce planning, that integrates workforce and service strategy. The framework can be used for workforce planning in a Ward, Department, Team or an entire service and sets out the six key steps in planning/supporting decisions regarding role use and skill mix.

http://www.healthcareworkforce.nhs.uk/resources/latest_resources/six_steps_e-learning_resource.html





Advanced Practice: Regulatory Guidance

Advanced Practice: Regulatory Guidance



A longstanding concern amongst practitioners, planners, the NMC and the public has been the overabundance of Advanced/Specialist job titles. These are unlikely to support understanding amongst the public of the expectations regarding the level of care that they may receive from such nursing staff.

We recognise that there have been significant changes in the way that services are delivered to patients, with Nurses, Midwives and other non-medical professionals undertaking treatment and care that was once the domain of medical staff. However, as already identified, there are many nurses who hold job titles that imply an advanced level of practice without having evidence of an advanced level of knowledge and competence. Reciprocally, there are many staff who do possess attributes commensurate with advanced practice and who do undertake such activities, but who are without both a standardised role title and consistent expectations regarding their skills or supervisory requirements.

Further, effective, high quality and safe healthcare delivery is increasingly dependent on multi-professional teams and the contributions of many health professions including those working in expanded or enhanced roles. We need to ensure proportionate regulation and governance arrangements for all the professions involved and this was highlighted in the UK White Paper *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* published by DH in February 2007 (referred to here, for ease of reading, as the “UK White Paper on Regulation”).

In 2005, following a national consultation, the NMC proposed that 'advanced nurse practitioner' should become a registered title and that the NMC should seek approval from the UK Privy Council to open a sub-part to Part 1 (Nursing) of the Register.

Subsequently, the UK White Paper on Regulation stated that;

‘...the regulatory body for each non-medical profession should be in charge of approving the standards which registrants will need to meet to maintain their registration on a regular basis. Where appropriate, common standards and systems should be developed across professional groups where this would benefit patient safety. The Department will ask the Council for Healthcare Regulatory Excellence (CHRE) to work with regulators, the professions and those working on European and international standards to support this work. This will encompass the development of standards for higher levels of practice, particularly for advanced practice in nursing, AHPs and healthcare scientists. Trust Assurance and Safety - the Regulation of Health Professionals in the 21st Century (2007)

The NMC have acknowledged that there continues to be a great deal of interest in this work, but asks registrants to note that the progression of this regulatory work is co-dependent on many other aspects of the UK White Paper on Regulation in particular the Council's work on revalidation.

The NMC will require to deliberate on how practitioners demonstrate continued fitness for practice. In relation to any proposals that consider a sub-part of the register which would recognise Advanced Nurse Practitioners, debate will have to also address the relationships to other parts of the register should a fitness to practise issue arise around lack of competence.

Issues for further development/debate

The wider desire to regulate 'Advanced Practice' must be based upon the key principles of risk and proportionality. It is clear from the descriptions associated with this level of practice that there is a degree of "risk" associated with the high levels of autonomy, role complexity and decision-making involved. It would seem sensible therefore to have a recognised set of standards in order to ensure public protection. Whether or not this means that the statutory regulatory framework requires to be adjusted to accommodate this is an area of current debate. The DoH Working Group on "Extending Professional Regulation", in partnership with its parallel Scottish Group, will be considering the concept of risk further and will produce outputs that will assist in the judgement of level of risk to the public.

The widespread confusion regarding the role expectations, preparation and capability of those operating as Specialist Nurses, Specialist Practitioners, Nurse Practitioners, Advanced Practitioners and the many other titles has supported a move to rationalise titles. As a result, changes to the statutory regulatory framework have been viewed as a solution to this.

In recognising the widespread agreement regarding the NMC's Advanced Nurse Practitioner competencies articulating the *Clinical* Advanced Nursing Role, it will be important to consider what the regulatory implications are. However, we have already identified that Advanced Practice may also be articulated across non-clinical domains such as education, management and research and it may be, given the need to identify associated risk and to adhere to the principle of proportionality, that these nurses may be considered to be 'advanced practitioners' but may not require to be regulated by the NMC in order to be recognised as such.

If the original NMC definition of an 'advanced nurse practitioner' primarily relates to a clinical role, on the grounds of public protection, the proposed group of Registered Advanced Nurse Practitioners, can therefore be viewed as a sub-set of advanced practice (see figure 7). It could be that Advanced nurse practitioners who are working in education, research and management/leadership may therefore not require to meet the specific standards set for regulation. However, these issues have not yet been debated more widely across the profession, through the White Paper working groups nor NMC.

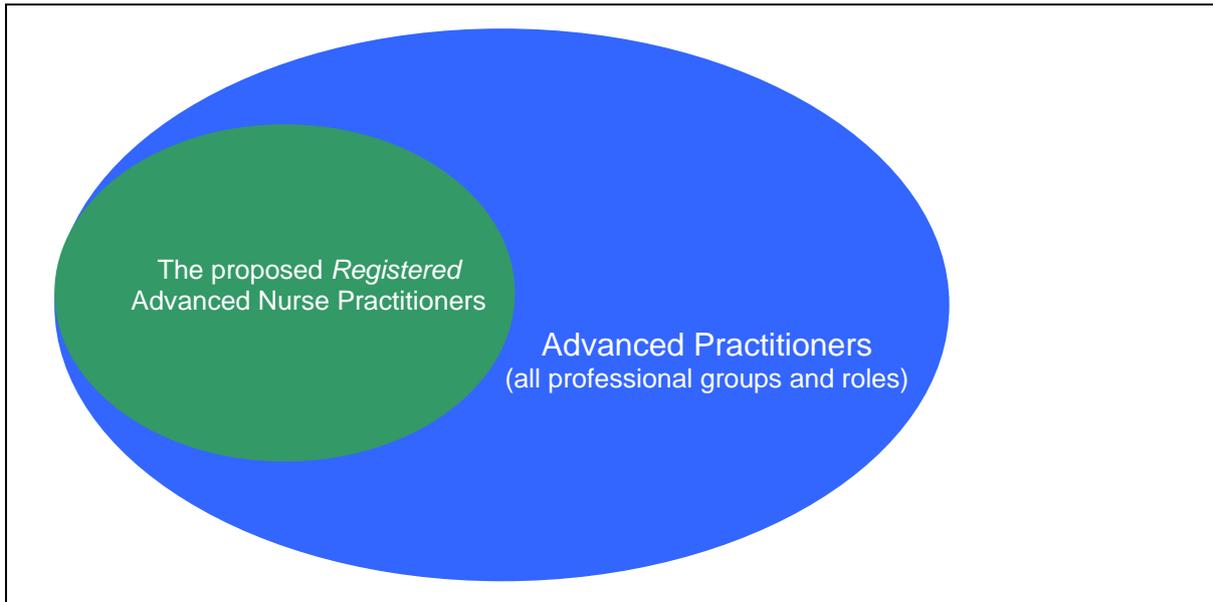
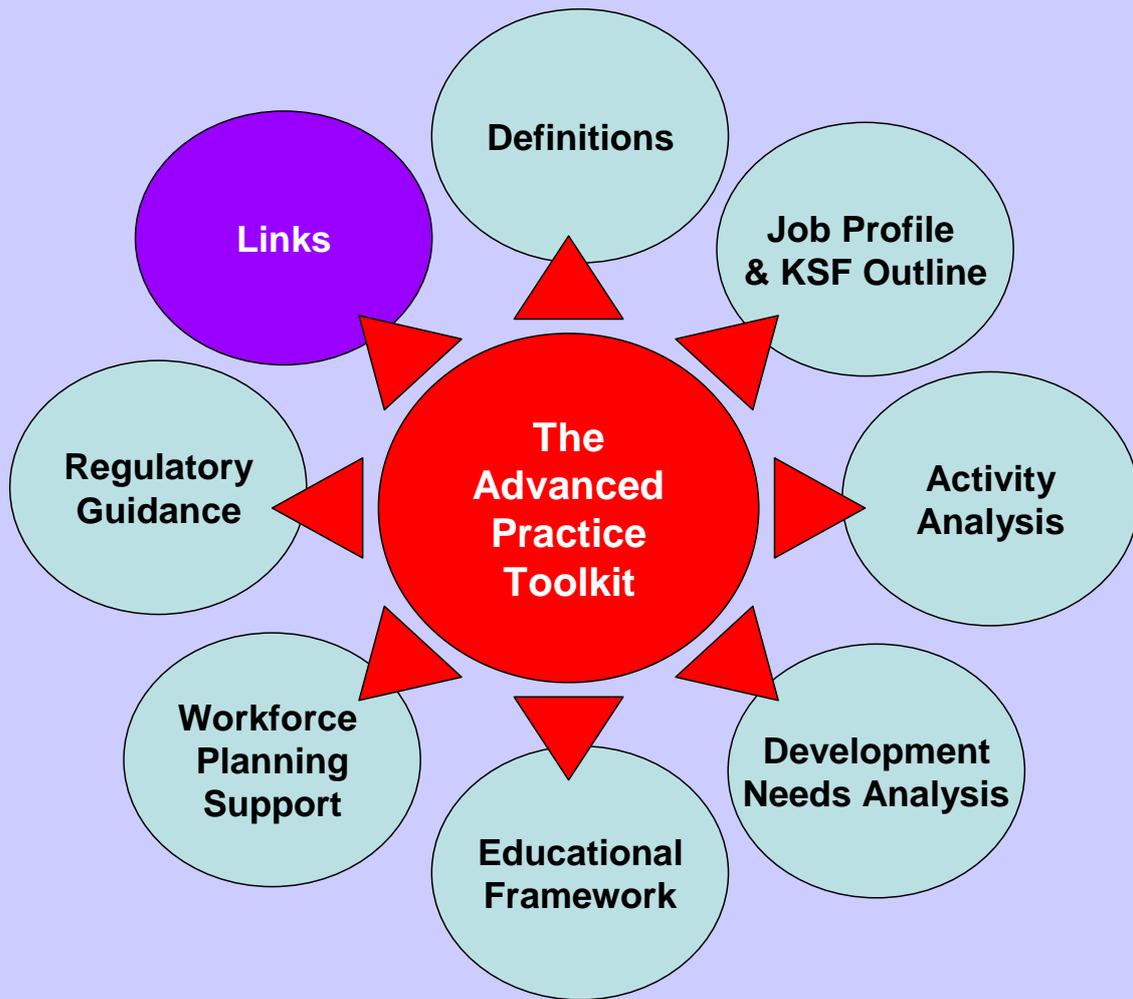


Figure 7. The relationship of Registered Advanced Nurse Practitioners to Advanced Practitioners.

The Scottish Government is fully engaged, within Scotland and across the UK, with the implementation of the UK White Paper on Regulation and will ensure that the position taken on the regulatory implications of advanced level practice roles are fully linked to devolved and UK-wide governance principles, processes and responsibilities and that the needs of the Scottish public are met.

The SGHD Professional Regulation Lead, MNC Lead and project team will continue to liaise closely with the NMC and other key stakeholders to ensure that the Toolkit contains clear guidance on these issues to support practitioners, educationalists, service leads and regulatory bodies.



Advanced Practice: Linked Projects

Advanced Practice: Linked Projects



Clinical Education Career Pathways

The development of Clinical Education Career Pathways is being led by NHS Education for Scotland (NES) on behalf of the Scottish Government Health Department as part of the MNC agenda and linked to the toolkit concept. Recognising that Advanced Practice is expressed not just in the clinical domain, but also in relation to educational and research competencies, the pathways will articulate with the Career Framework for Health and the Scottish Credit and Qualifications Framework (SCQF) and will take account of Clinical academic (research) career pathways (UKCRC 2007).

The rationale for this development is to augment clinical education career opportunities and allow enhanced transferability across these domains to positively contribute to staff development and retention. The NES advanced practice succession development pathway will be available to individuals undertaking a clinical education career pathway and support the consistent provision of appropriate educational opportunities for practitioners. The aim is to explore Clinical Education Career Pathways with other professions to determine the extent to which pathways can be applied out with nursing.

http://www.nes.scot.nhs.uk/practice_education/work/careerspathway/

Development Pathway for Consultant Nurses, Midwives and AHPs

Strategically placed and robust professional leadership structures are essential for driving clinical practice development in parallel with, and in support of, wider service and organisational developments. Nurse Consultants fulfil key leadership roles, shaping and influencing care delivery, service strategy and professional development across NHS Scotland.

Clarity and consistency in the scoping and development of Consultant roles will, in turn, support the development and implementation of advanced practice roles and provide both a coherent career framework for practitioners and greater clarity regarding expectations for service planners and patients/clients

NHS Education for Scotland has designed the nurse consultant development programme to prepare people for consultant posts. The Advanced Practice succession planning pathway will employ the same methodology to ensure clear and consistent links are made for practitioners within the Career Framework for Health.

Early Clinical Careers Fellowships for Nurses and Midwives

The Scottish Government has commissioned NHS Education for Scotland to develop and implement the Early Clinical Career Fellowships for Nurses and Midwives project (ECCF). This project is linked to the UK wide initiative, Modernising Nursing Careers, which aims to provide a direction of travel and a framework upon which each of the UK countries can build to develop the nursing workforce of today and the future.

The Fellowships provide an exciting opportunity for highly enthusiastic and motivated registered nurses and midwives entering employment for the first time to undertake a professional development programme including Flying Start NHS, Action Learning and funded part-time masters level education. The fellows will also be supported in the workplace to consolidate and develop their clinical skills as they progress through the fellowship.

Links:

www.nes.scot.nhs.uk/nursing/eccf/

www.nes.scot.nhs.uk/documents/publications/classa/FOCUSspring2008.pdf

'Leading Better Care' - The Senior Charge Nurse (SCN) Review & Clinical Quality Indicators (CQI) Initiative

<http://www.scotland.gov.uk/Publications/2008/05/30104057/0>

This work describes a modern Senior Charge Nurse(SCN) /Ward Sister role that will enable frontline clinical leaders to maximise their contribution to delivering safe and effective care. The review aimed to support the role to ensure a visible, authoritative, credible and accessible presence for patients and families and provide mechanisms that will give assurance to patients and public that Senior Charge Nurses/Ward Sisters are accountable leaders and managers of safe and effective care.

The clinical co-ordination, leadership and management functions of the Senior Charge Nurse/Ward sister to the wider multidisciplinary team highlight the role of the Senior Charge Nurse/Ward Sister as a key decision maker impacting on the delivery of safe and effective care for patients and users of the service.

In parallel with the clinical education careers work, this project would aim to demonstrate how the role of Senior Charge Nurses/Ward sister can be seen as matching the management/leadership aspects of advanced practice.

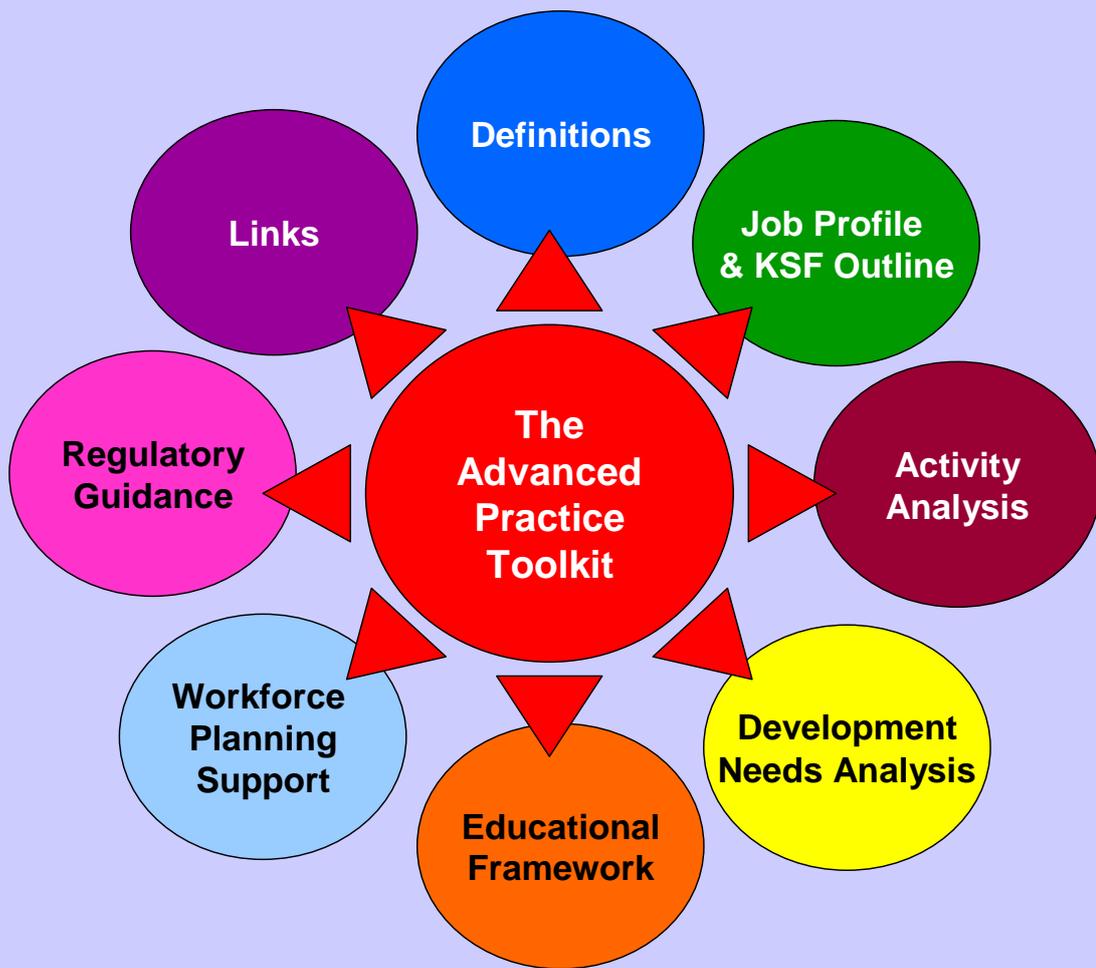
The work will be supported by an education and development framework (NES 2008) to facilitate and support the implementation of the Senior Charge Nurse review and provide guidance for the education and development of SCNs. It will assist SCNs and Service Leads in identifying learning and development needs and support them in accessing appropriate learning and development activities, and/or academic education. This framework will compliment the advanced practice toolkit and will help ensure that continuing professional development activities are valued and embedded as a lifelong process.

Modernising AHP Careers – UK wide project to develop a competence based Career framework for AHPs.

Skills for Health, together with the four UK Departments of Health, have been undertaking a project to develop a competence-based career framework for Allied Health Professionals and related staff. The project has proceeded with the close involvement of frontline staff and the relevant professional groups. The project will contribute to the larger Modernising healthcare careers agenda by using the outcomes to redesign and extend roles, and to develop effective patient pathways. This will also give more freedom to staff to shape the way they work for the needs of their patients.

The project has three main aspects. These are:

- to develop Competences and ensure they are relevant to the work of AHPs and their staff;
- to link AHP roles into the Career Framework; and
- to encourage the use of Learning Design Principles in any development of Awards and Qualifications for the work of AHPs and their staff.



Advanced Practice: Conclusions

Conclusions

Modernising Nursing Careers has provided an opportunity for NHS Scotland to build and sustain genuine consistency with regard to the Advanced Practice level and associated roles for nursing.

In structuring this key level we would also hope to further clarify the other levels and roles on the Career Framework. The benefits of greater clarity will be felt by individual practitioners, by service leads and planners, by education providers and most importantly by patients and clients.

Whilst the model is directed towards the particular requirements of NHS Scotland, we are very keen to support the principles of consistency and transferability enshrined within the MNC Coalition. The toolkit will be established as a web-based resource to facilitate on-going iteration and maximise the interlinking with other Scottish, UK and world-wide resources.

We will populate the e.toolkit with:

- Real-life exemplars in the form of KSF Post Outlines and job descriptions.
- Links to the NES Capability Frameworks
- Links to the Succession Planning Process
- Links to AfC and KSF guidance
- Links to the Career Framework tool on the Skills for Health website
- Links to the generic workforce planning guidance and specific projects related to Advanced Practice
- A list of available Advanced Practice educational provision
- Regulatory Guidance and support.
- A discussion forum and links to literature, reviews and evaluations

This paper has outlined the direction of the current work and indicated the areas for on-going development. Our position is based upon both existing work and newly commissioned initiatives and we will continue to develop aspects of this toolkit as we move forward. We are very keen for you to share this document and the presentations included in your zip drive/memory stick. The reason for presenting these electronically was to facilitate wider sharing and we would encourage you to use elements of the work to support discussion and debate in your own workplace.

We are keen to acknowledge to hard work and commitment of those who contributed to the Short-life Working Groups, and who submitted chapters/sections and commented upon early drafts of this paper. We also recognise the significant engagement with this agenda by a much wider range of individuals and organisations and we encourage all stakeholders to engage with this document, the toolkit model and its associated work-streams.

To that end we have included a feedback proforma and would be particular keen to hear from all those who would wish to contribute to the on-going work.

For further information, please contact:

Michael.Sabin@scotland.gsi.gov.uk

References

- Association of Advanced Nursing Practice Educators (AANPE) (2006) Advance Nurse Practitioners – Defined. Accessed at: www.aanpe.org/AdvancedNursingPractice/tabid/721/Default.aspx
- Association of Advanced Nursing Practice Educators (AANPE) (2006) AANPE/NMC Competency Mapping and KSF accessed at: www.aanpe.org/
- Boyden, J., and Edwards, B. (2007) The advanced practitioner role in a community twilight service. *Journal of Community Nursing* 21 (1) 10-12
- Carberry (M (2006) Hospital Emergency Care Teams: our solution to out of hours emergency care. *Nursing in Critical Care* 11(4): 177-187.
- Department of Health (2007) Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century. London: TSO
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946 [accessed 1 June 2008]
- Department of Health (2006) Modernising Nursing Careers: Setting the Direction [Internet] <http://www.scotland.gov.uk/Publications/2006/08/31120554/0> [Accessed 1 June 2008]
- International Council of Nurses (2001) Definition and Characteristics of the Role [Internet]. Geneva, International Council of Nurses Advanced Practice Network. Available from: <http://icn-apnetwork.org/> [Accessed 1 May 2008]
- Leary A (2007) Pandora maps the complexity of what clinical nurse specialists actually do. *Nursing Standard*, Noy 1422(10): 14-15.
- Mantzoukas, S, Watkinson, S (2007) Review of advanced practice; the international literature and developing generic features. *Journal of Clinical Nursing*. 16(1) 28-37
- NHS Education for Scotland (2007) Advanced Practice Succession Planning Pathway at: www.nes.scot.nhs.uk/nursing/roledvelopment/advanced_practice/ [Accessed 1 June 2008]
- NHS Employers (2008) Knowledge and Skills Framework Guidance at: <http://www.nhsemployers.org/pay-conditions/pay-conditions-782.cfm> [accessed 1 June 2008]
- Nursing & Midwifery Council (2007) Advanced Nursing Practice – update 19 June London NMC. Accessed at: <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2528>
- Nursing and Midwifery Council (2006) Advanced nursing practice update - 4 May 2006 London NMC. <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2038> [Accessed 1 June 2008]

Nursing and Midwifery Council (2005) Implementation of a Framework for the Standard for Post Registration Nursing – Decision. Agendum 27.1 December 2005/c/05/160. London: NMC.

Royal College of Nursing (2008) Advanced Nurse Practitioners: an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation. London: Royal College of Nursing

Scottish Executive (2005) Framework for Developing Nursing Roles Edinburgh
Scottish Executive at: www.scotland.gov.uk/Publications/2005/07/08144857/48584
[Accessed 1 June 2008]

Scottish Executive Health Department: Workforce Directorate (2006) Consultation Paper on Proposed Career Framework [Internet]. Available from: <http://www.workinginhealth.org/wih/1519.239.718.html> [Accessed 29 February 2008]

Scottish Executive Health Department (2006) Delivering Care, Enabling Health: Harnessing the Nursing, Midwifery and Allied Health Professions' Contribution to Implementing Delivering for Health in Scotland.
<http://www.scotland.gov.uk/Publications/2006/10/23103937/0> [Accessed 1 June 2008]

Scottish Government Health Directorates (2008) Leading Better Care: Report of the Senior Charge Nurse Review and Clinical Quality Indicators Project [Internet] at <http://www.scotland.gov.uk/Publications/2008/05/30104057/0> [accessed 03 June 2008]

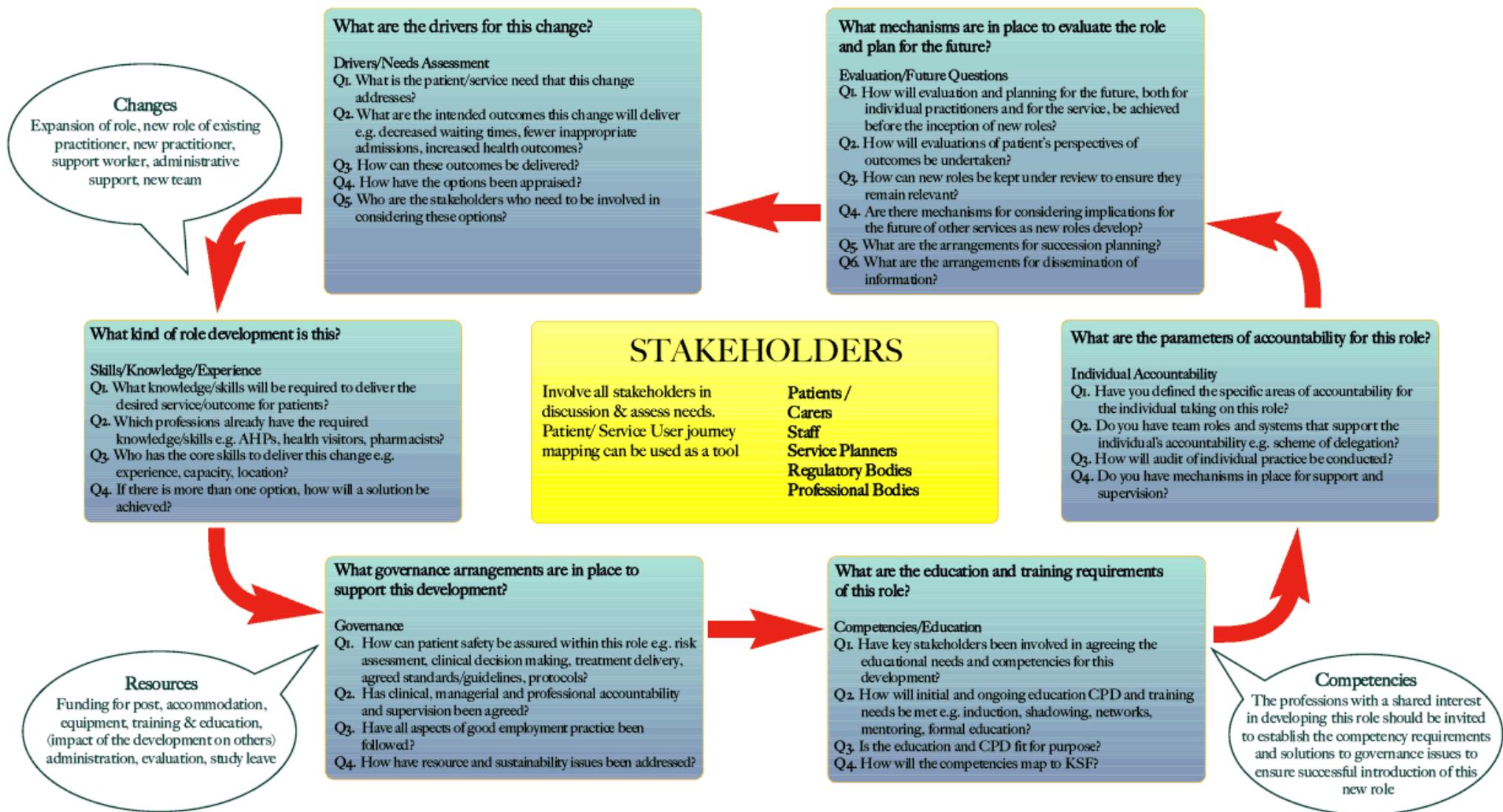
Scottish Government Health Department – SGHD (2007) Better Health; Better Care. Action Plan. The stationary office. Edinburgh. At: <http://www.scotland.gov.uk/Publications/2007/12/11103453/0> [Accessed 1 June 2008]

Skills for Health (2006) Career Framework for Health [Internet]. Bristol, Skills for Health. Available from: <http://www.skillsforhealth.org.uk/page/career-framework>
[Accessed 1 June 2008].

Webber J (1994) A model response. *Nursing Times* 90 (25): 66-68.

Appendix 1 - Framework for Developing New Nursing Roles (SEHD 2005)

<http://www.scotland.gov.uk/Publications/2005/07/08144857/48584>



Appendix 2

ICN Advanced Practice Characteristics (2001) accessed at:

www.aanp.org/inp%20apn%20network/practice%20issues/role%20definitions.asp

Advanced Practice Characteristics:

Educational Preparation

- Educational preparation at advanced level
- Formal recognition of educational programs preparing nurse practitioners/ advanced nursing practice roles accredited or approved
- Formal system of licensure, registration, certification and credentialing

Nature of Practice

- Integrates research, education, practice and management
- High degree of professional autonomy and independent practice
- Case management/own case load
- Advanced health assessment skills, decision-making skills and diagnostic reasoning skills
- Recognized advanced clinical competencies
- Provision of consultant services to health providers
- Plans, implements & evaluates programs
- Recognized first point of contact for clients

Regulatory mechanisms – Country specific regulations underpin NP/APN practice

- Right to diagnose
- Authority to prescribe medication
- Authority to prescribe treatment
- Authority to refer clients to other professionals
- Authority to admit patients to hospital
- Legislation to confer and protect the title "Nurse Practitioner/Advanced Practice Nurse"
- Legislation or some other form of regulatory mechanism specific to advanced practice nurses
- Officially recognized titles for nurses working in advanced practice roles

Appendix 3

Key Elements of the Career Framework for Health (Skills for Health)

- **More Senior Staff - Level 9**
Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.
- **Consultant Practitioners- Level 8**
Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.
- **Advanced Practitioners - Level 7**
Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.
- **Senior Practitioners/Specialist Practitioners - Level 6**
Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.
- **Practitioners - Level 5**
Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.
- **Assistant Practitioners/Associate Practitioners - Level 4**
Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.
- **Senior Healthcare Assistants/Technicians - Level 3**
Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 3, or Assessment of Prior Experiential Learning (APEL).
- **Support Workers - Level 2**
Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' - probably studying for or has attained NVQ Level 2.
- **Initial Entry Level Jobs - Level 1**
Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.

Appendix 4 – NHS Employers National Job Profile for a ‘Nurse - Advanced’

Profile Label:	Nurse Advanced
Current Job Titles:	Lead Specialist, Clinical Nurse Specialist, Senior Specialist Nurse
Job Statement:	<ol style="list-style-type: none"> 1. Assesses patients, plans, implements care in hospital, community or other settings, provides specialist advice; maintains associated records 2. Lead specialist in a defined area of nursing care 3. Provides specialist education and training to other staff, students 4. Undertakes research and leads clinical audits in own specialist area

Factor	Relevant Job Information	JE Level
1.Communication & Relationship Skills	Provide and receive highly complex, sensitive information, barriers to understanding Communicates very sensitive, complex condition related information to patients, relatives, empathy, reassurance	5(a)
2.Knowledge, Training & Experience	Highly developed specialist knowledge, underpinned by theory and experience Professional knowledge acquired through degree/diploma supplemented by specialist training, experience, short courses to master's level equivalent	7
3.Analytical & Judgemental Skills	Complex facts or situations, requiring analysis, interpretation, comparison of a range of options Skills for assessing & interpreting specialist acute & other patient conditions, appropriate action	4
4.Planning & Organisational Skills	Plan and organise complex activities, programmes, requiring formulation, adjustment Plans specialist nursing service provision, including education & training	3
5.Physical Skills	Highly developed physical skills, accuracy important; manipulation of fine tools, materials Dexterity and accuracy required for e.g. intravenous injections, syringe pumps and infusions, insertion of catheters, removal of sutures	3(b)
6.Responsibility for Patient/Client Care	Develop specialised programmes of care/ care packages; provide highly specialised advice concerning care Assesses, develops & implements specialist nursing care programmes; advice to patients, relatives	6(a) (c)
7.Responsibility for Policy/Service Development	Propose policy or service changes, impact beyond own area Develops protocols for specialist area, impact on other disciplines	3
8.Responsibility for Financial & Physical Resources	Personal duty of care in relation to equipment, resources/ maintain stock control; authorised signatory, small payments Personal duty of care/ orders specialist supplies; authorises overtime, agency nurse payments	1-2(c) (d)
9.Responsibility for Human Resources	Teach/deliver core training, range of subjects Provides specialist training & education	3(c)
10.Responsibility for Information Resources	Records personally generated information Updates patient/client records	1
11.Responsibility for Research & Development	Regularly undertakes R&D activity / R&D activities as major job requirement Undertakes research, leads clinical audit in own area	2(a)-3
12.Freedom to Act	Broad occupational policies Accountable for own professional actions, lead specialist for defined area	4
13.Physical Effort	Combination of sitting, standing, walking/ occasional moderate effort for several short periods Moves, manoeuvres patients	1-2(d)
14.Mental Effort	Frequent concentration, work pattern predictable Concentration on patient assessments, injections, schedule of visits	2(a)
15.Emotional Effort	Occasional highly distressing or emotional circumstances Imparts news of terminal illness, bereavement	3(b)
16.Working Conditions	Frequent unpleasant, occasional/frequent highly unpleasant conditions Smell, noise, dust/ body fluids, faeces, vomit, emptying bed pans and urinals, catheter bags	3(a)(b)/4 (b)
JE Score/Band	JE Score: 511-537	Band 7

Appendix 5a

NHS KNOWLEDGE AND SKILLS FRAMEWORK EXEMPLAR TEMPLATE FOR NHS KSF POST OUTLINE

Title of Post: **Advanced Practitioner Hospital Emergency Care Team**

NHS KSF DIMENSIONS	Needed for post?	Level for post				Notes
		1	2	3	4	
CORE DIMENSIONS - relates to all NHS posts						
1 Communication	Y				X	MEETS ALL LEVEL 4 INDICATORS
2 Personal and people development	Y				X	MEETS ALL LEVEL 4 INDICATORS
3 Health, safety and security	Y		X			DOES NOT MEET 3C
4 Service improvement	Y		X			DOES NOT MEET 3G
5 Quality	Y			X		DOES NOT MEET 4F
6 Equality and diversity	Y		X			DOES NOT MEET 3A, B, C
SPECIFIC DIMENSIONS						
HEALTH AND WELLBEING						
HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing	N					Covered in C1, 2, 6, IK2
HWB2 Assessment and care planning to meet people's health and wellbeing needs	N					Covered in C1, 6
HWB3 Protection of health and wellbeing	N					Covered in C1, 3, 5, IK2
HWB4 Enablement to address health and wellbeing needs	N					Covered in C1, 3, 6

NHS KSF DIMENSIONS	Needed for post?	Level for post				Notes
		1	2	3	4	
HWB5 Provision of care to meet health and wellbeing needs	N					Covered C1, 6
HWB6 Assessment and treatment planning	Y			X		DOES NOT MEET 4E
HWB7 Interventions and treatments	Y				X	MEETS ALL LEVEL 4 INDICATORS
HWB8 Biomedical investigation and intervention	N					Covered in C3, 6, IK2
HWB9 Equipment and devices to meet health and wellbeing needs	N					Covered in C2, 3, HWB6
HWB10 Products to meet health and wellbeing needs	N					Covered in C3
ESTATES AND FACILITIES						
EF1 Systems, vehicles and equipment	N					N/A
EF2 Environments and buildings	N					N/A
EF3 Transport and logistics	N					N/A
INFORMATION AND KNOWLEDGE						
IK1 Information processing	N					Covered in C3, 4, 6
IK2 Information collection and analysis	Y	X				DOES NOT MEET 2A, C, D, E
IK3 Knowledge and information resources	N					Covered in C1, 2, 3, 5, 6

NHS KSF DIMENSIONS	Needed for post?	Level for post					Notes
		1	2	3	4		
GENERAL							
G1 Learning and development	N						Covered in C1, 6
G2 Development and innovation	N						Covered in IK2
G3 Procurement and commissioning	N						Covered in C1, 4, 5, IK2
G4 Financial Management	N						Covered in C5, IK2
G5 Services and project management	N						Covered in C1, 5, IK2
G6 People management	N						Covered in C1, 2, 5, 6
G7 Capacity and capability	N						Covered in C1, 4, 6, IK2
G8 Public relations and marketing	N						Covered in C1, 4, IK2

Appendix 5b

NHS KNOWLEDGE AND SKILLS FRAMEWORK EXEMPLAR NATIONAL TEMPLATE for NHS KSF POST OUTLINE

Title of Post: **Senior Charge Nurse**

NHS KSF DIMENSIONS	Needed for post?	Level for post				Notes
		1	2	3	4	
CORE DIMENSIONS - relates to all NHS posts						
7 Communication	Y				X	Develop & Maintain communication with people on complex matters, issues & ideas
8 Personal and people development	Y				X	Develop oneself and others in area of practice Foundation – Level 3
9 Health, safety and security	Y			X		Promote, monitor and maintain best practice in health safety & security
10 Service improvement	Y			X		Appraise, interpret and apply suggestions, recommendations and directives to improve services Foundation – Level 2
11 Quality	Y			X		Contribute to improving quality
12 Equality and diversity	Y			X		Promote equality & value diversity
SPECIFIC DIMENSIONS						
HEALTH AND WELLBEING						
HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing	N					
HWB2 Assessment and care planning to meet people's health and wellbeing needs	Y				X	
HWB3 Protection of health and wellbeing	N					

NHS KSF DIMENSIONS	Needed for post?	Level for post				Notes
		1	2	3	4	
HWB4 Enablement to address health and wellbeing needs	N					
HWB5 Provision of care to meet health and wellbeing needs	N					Covered in HWB2, C1, 4, 5, 6
HWB6 Assessment and treatment planning	N					
HWB7 Interventions and treatments	N					
HWB8 Biomedical investigation and intervention	N					
HWB9 Equipment and devices to meet health and wellbeing needs	N					
HWB10 Products to meet health and wellbeing needs	N					
ESTATES AND FACILITIES						
EF1 Systems, vehicles and equipment	N					
EF2 Environments and buildings	N					
EF3 Transport and logistics	N					
INFORMATION AND KNOWLEDGE						
IK1 Information processing	N					
IK2 Information collection and analysis	Y	X				Collect, collate and report routine and simple data
IK3 Knowledge and information resources	N					

NHS KSF DIMENSIONS	Needed for post?	Level for post				Notes
		1	2	3	4	
GENERAL						
G1 Learning and development	N					
G2 Development and innovation	N					
G3 Procurement and commissioning	N					
G4 Financial Management	Y	X				Monitor Expenditure
G5 Services and project management	N					
G6 People management	Y			X		Co-ordinate and delegate work and review people's performance
G7 Capacity and capability	N					
G8 Public relations and marketing	N					

Appendix 5c

NHS KNOWLEDGE AND SKILLS FRAMEWORK EXEMPLAR NATIONAL TEMPLATE for NHS KSF POST OUTLINE

Title of Post: **Advanced Practitioner/Team Leader (Community)**

NHS KSF DIMENSIONS	Needed for post?	Level for post				Notes
		1	2	3	4	
CORE DIMENSIONS - relates to all NHS posts						
13 Communication	Y				X	
14 Personal and people development	Y				X	
15 Health, safety and security	Y			X		
16 Service improvement	Y			X		
17 Quality	Y			X		
18 Equality and diversity	Y			X		
SPECIFIC DIMENSIONS						
HEALTH AND WELLBEING						
HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing	Y			X		
HWB2 Assessment and care planning to meet people's health and wellbeing needs	Y				X	
HWB3 Protection of health and wellbeing	Y			X		
HWB4 Enablement to address health and wellbeing needs	Y			X		(Level 4 would be aspirational)

NHS KSF DIMENSIONS	Needed for post?	Level for post				Notes
		1	2	3	4	
HWB5 Provision of care to meet health and wellbeing needs	Y				X	(Includes diagnosis and initiating interventions)
HWB6 Assessment and treatment planning	N					
HWB7 Interventions and treatments	N					
HWB8 Biomedical investigation and intervention	N					
HWB9 Equipment and devices to meet health and wellbeing needs	N					
HWB10 Products to meet health and wellbeing needs	N					
ESTATES AND FACILITIES						
EF1 Systems, vehicles and equipment	N					
EF2 Environments and buildings	N					
EF3 Transport and logistics	N					
INFORMATION AND KNOWLEDGE						
IK1 Information processing	N					
IK2 Information collection and analysis	N					
IK3 Knowledge and information resources	N					

NHS KSF DIMENSIONS	Needed for post?	Level for post					Notes
		1	2	3	4		
GENERAL							
G1 Learning and development	N						
G2 Development and innovation	N						
G3 Procurement and commissioning	N						
G4 Financial Management	Y	X					
G5 Services and project management	N						
G6 People management	Y			X		(Advanced Practitioner without team leader role would be level 2)	
G7 Capacity and capability	N						
G8 Public relations and marketing	N						

Appendix 6. - SCQF Level 11 - (SHE level 5, PG 1) (e.g. PG Dip, PG Cert, MA, MSc, SVQ 5)

Knowledge and Understanding	Practice: applied knowledge and understanding	Generic cognitive skills	Communication, ICT and numeracy skills	Autonomy, accountability and working with others
Characteristic outcomes of learning at each level include the ability to:				
<p>Demonstrate and/or work with:</p> <ul style="list-style-type: none"> knowledge that covers and integrates most, if not all, of the main areas of a subject/discipline – including their features, boundaries, terminology and conventions a critical understanding of the principal theories, principles and concepts a critical understanding of a range of specialised theories, principals and concepts extensive, detailed and critical knowledge and understanding in one or more specialisms, much of which is at or informed by developments at the forefront critical awareness of current issues in a subject/discipline and one or more specialisms 	<p>Use a significant range of the principal skills, techniques, practices and/or materials which are associated with a subject/discipline</p> <p>Use a range of specialised skills, techniques, practices and/or materials which are at the forefront or informed by forefront developments</p> <p>Apply a range of standard and specialised research or equivalent instruments and techniques of enquiry</p> <p>Plan and execute a significant project of research, investigation or development</p> <p>Demonstrate originality or creativity in the application of knowledge, understanding and/or practices</p> <p>Practise in a wide and often unpredictable variety of professional level contexts</p>	<p>Apply critical analysis, evaluation and synthesis to issues which are at the forefront or informed by developments at the forefront of a subject/discipline</p> <p>Identify, conceptualise and define new and abstract problems and issues</p> <p>Develop original and creative responses to problems and issues</p> <p>Critically review, consolidate and extend knowledge, skills practices and thinking in a subject/discipline</p> <p>Deal with complex issues and make informed judgements in situations in the absence of complete or consistent data/information</p>	<p>Use a range of advanced and specialised skills as appropriate to a subject/discipline – for example:</p> <ul style="list-style-type: none"> communicate, using appropriate methods, to a range of audiences with different levels of knowledge/expertise communicate with peers, more senior colleagues and specialists use a wide range of software to support and enhance work at this level and specify new software or refinements/improvements to existing software to increase effectiveness undertake critical evaluations of a wide range of numerical and graphical data 	<p>Exercise substantial autonomy and initiative in professional and equivalent activities</p> <p>Take responsibility for own work and/or significant responsibility for the work of others</p> <p>Take responsibility for a significant range of resources</p> <p>Demonstrate leadership and/or initiative and make an identifiable contribution to change and development</p> <p>Practice in ways which draw on critical reflection on own and others' roles and responsibilities</p> <p>Deal with complex ethical and professional issues and make informed judgements on issues not addressed by current professional and/or ethical codes or practices</p>

Appendix 7



Advanced Practice Development Needs Analysis Tool

This Advanced Practice Development Analysis Tool is to help you reflect on your current role and to identify any areas where you may benefit from further training, education and development to enhance or develop your role at/or towards advanced practitioner level. This tool was constructed from the literature, consultation and appropriate policy documents identifying key themes of advanced practice. It encompasses the main themes of advanced practice, in addition to identifying how these relate to development of the underpinning principles at advanced practice level.

In completing this tool, it is crucial that you are honest and provide an accurate account to help you to identify the appropriate training and education required. You will be assessing yourself against learning outcomes from the attached development tool. To complete this analysis tool you will require to collaborate with your line manager to identify which learning outcomes are most appropriate for the development of your role within service.

- Once individual learning outcomes have been identified, please put a tick to indicate level of confidence in the appropriate box, and then complete type of evidence available to support your assessment. If further development is required, make a brief action point on “how” you would anticipate meeting the learning outcome.
- A key element of this pilot is the development of the underpinning principles/attributes of advanced practice. On identification of objectives, if you then move towards mapping to the underpinning principles, which would be further developed through achievement of the individual objective you have identified.
- On completion of this exercise, please discuss your priority objectives with your line manager/sponsor for development over the period of the pilot (March 2008 – April 2009).

Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:-

1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

Central Theme	Learning Outcomes	Level of Confidence			Evidence to Support Achievement	Action of "how" to achieve outcome
		3	2	1		
<u>Leadership</u>						
1.1 Change	Assess & establish the need for change Lead and manage change Monitor the effectiveness & impact for patients of change within practice.					
1.2 Negotiation and Influencing Skills	Participate and influence local policy making activities which relate to sphere of professional practice Influence practice by supporting & developing lateral thinking in self & others					
1.3 Team Development	Provide leadership across professional & organisational teams aiding in improving patient focused care through team development.					
1.4 Practice/Care Development	Assess, access, cost, efficiency and quality when making care decisions and improvement/development within practice areas.					

Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:-

1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

Central Theme	Learning Outcomes	Level of Confidence			Evidence to Support Achievement	Action of "how" to achieve outcome
		3	2	1		
Facilitating Learning						
2.1 Development of Education	Assess & deliver education developments within area of service, linking to overall local/national strategies for professional area of practice					
2.2 Learning environment	Promote learning and create a positive learning environment Apply principles of teaching and learning in supporting others to develop knowledge and skills					
2.3 Service user & Carer Education/ Training	Employing skills & knowledge of teaching & learning in assessing service users/carers motivation for learning, and development of service user focused education materials.					
2.4 Service User & carer Education/Training	Develop & enhance active participation with service users and carers using a range of approaches such as mentorship & coaching.					
2.5 Mentorship & coaching	Initiate and provide a skilled supporting learning infrastructure for members of the team & peers					

Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:-

1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

Central Theme	Learning Outcomes	Level of Confidence			Evidence to Support Achievement	Action of "how" to achieve outcome
		3	2	1		
<u>Research¹ & Development</u>						
3.1 Access	Ability to access contemporary evidence base and enabling/supporting others to use information systems to improve areas of practice					
3.2 Implementation	Utilising national/international clinical guidelines and research to develop and implement policy and protocols to improve clinical practice					
3.3 Evaluation	Conduct Research/Audit pertinent to area of professional practice.					

Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:-

¹ Research in this context encompasses using an active evidence base, which includes activities such as audit, scoping, literature reviews, service evaluation and research.

1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

Central Theme	Learning Outcomes	Level of Confidence			Evidence to Support Achievement	on of "how" to achieve outcome
		3	2	1		
<u>Advanced Clinical/Professional Practice (Part 1)</u>						
4.1 Clinical Skills	NMC draft competencies for advanced practice (Appendix One) Please indicate the specific NMC competencies you need to develop					
4.2 Clinical Skills	Other advanced clinical skills pertinent to your individual practice such as independent prescribing					
4.3 Clinical/professional practice	Demonstrate high level of accountability in own practice including the areas of assessment & management of risk					

Detailed below are objectives encompassed within central themes, please rate your level of confidence for each objective that is pertinent for your role in practice, using the following guide:-

1. I require training and development in most or all of this area
2. I require further training and development in some aspects of this area
3. I am already confident in carrying out this objective competently.

Central Theme	Learning Outcomes	Level of Confidence			Evidence to Support Achievement	Action of "how" to achieve outcome
		3	2	1		
<u>Advanced Clinical/Professional Practice (Part 2)</u>		3	2	1		
4.4 Professional Practice	Actively promote & influence others in incorporating the elements below into practice areas Equality & Diversity Ethical Decision Making Patient Focus/Public Involvement Clinical Governance					
4.5 Clinical/professional Practice	Using expertise in advanced communication strategies to develop and enhance therapeutic relationships with service users within practice					
4.6 Professional Practice	Using interpersonal skills to develop inform & promote a climate within the multiprofessional team which enables patient centred care.					
4.7 Professional Practice	Participation and development of the multi-professional team through the development of collaborative and innovative practice, ensuring patient is at the centre of care.					

Once you have identified your required objectives for this pilot, please map towards underpinning principles/attributes (background information sheet) that will be further developed.

Underpinning Principles	Links to which number of Learning Outcome	Level of Confidence			Evidence to Support Achievement	Action of "how" to achieve outcome
		3	2	1		
Autonomous Practice						
Critical Thinking						
Decision Making & Problem Solving						
Values Based Care						
Improving Practice						

Priority Competencies for Development

Theme	Learning Outcome Number	Links to underpinning principles	Action of "how" to achieve outcome	Support required within Practice	Time Frames

Name

Organisation

Date of Review

Comments

Participant (Print).....Signature.....Date.....

Line Manager (Print).....Signature.....Date.....

Sponsor (Print).....Signature.....Date.....

APPENDIX 8 - Short life working group membership

Definitions

Mark Cooper, West of Scotland Advanced Practice Working Group
Douglas Allan, Association of Advanced Nursing Practice Educators
Gillian Knowles, Nurse Consultant, Scottish Government Health Directorates
Janet Corcoran, Project Lead, NHS Education for Scotland

Activity Analysis

Stage I

Shirley Fife, Lead Cancer Nurse, NHS Lothian
Anne Willis, Manager, Marie Curie, Edinburgh
Claire Smith, Chief Nurse, NHS Lothian
Chrissie Lane, Nurse Consultant, Highland
Lynn Adams, Nurse Consultant, Grampian
Mark Cooper, Lecturer/Practitioner, NHS Glasgow
Gillian Knowles, Nurse Consultant, Scottish Government

Stages II and III

Gillian Knowles, Nurse Consultant, Scottish Government
Mark Cooper, Lecturer/Practitioner, NHS Glasgow
Jane Thompson, Clinical Nurse Specialist, NHS Forth Valley
Sandra Campbell, Nurse Consultant, NHS Forth Valley
Cara Taylor, Nurse Consultant, NHS Tayside
Janice Fletcher, Clinical Nurse Specialist, NHS Tayside
Diana Borthwick, Clinical Nurse Specialist, NHS Lothian

Contributors

Alison Leary, Macmillan Lecturer, University College London Hospitals
Martin Carberry, Nurse Consultant, NHS Lanarkshire
Elsbeth Cowan, Clinical Nurse Specialist, NHS Glasgow
Alison Wallis, Information Services Division (ISD) Scotland

Job Profile & KSF Outline

Anne Campbell, KSF Implementation Lead, NHS Scotland
Susan O'Rourke, Project Lead, Scottish Government
Martin Carberry, Nurse Consultant, NHS Lanarkshire
Fiona Sharples, Project Manager, Review of Nursing in the Community, NHS Highland
Eileen McKenna, Programme Lead, SCN/CQI, Scottish Government

Education Framework and Succession Planning

Maggie Grundy, Programme Director, NHS Education for Scotland
Janet Corcoran, Project Lead, NHS Education for Scotland

Workforce Planning

Mairi Kellagher, Nursing & Midwifery Workload & Workforce Planning Project
Lorna Hunter, Senior Workforce Policy Officer, Scottish Government

Regulation

Susan Aitkenhead, Professional Adviser Policy and Strategy, NMC
David Hutton, Professional Adviser for Revalidation, NMC
Audrey Cowie, Professional Advisor – Regulation, Scottish Government

Scottish MNC Steering Group

Margaret Smith (Chair), Dean of School, University of Dundee

Anne Galbraith, AHP Director, NHS GG&C

Bridget Hunter, Professional Officer, UNISON

Bruce High, Scottish Independent Acute Sector Senior Nursing Group

Carol Dobson, Programme Director, NHS Education for Scotland

Charles Hendry, Senior Lecturer, University of Dundee

Colette Ferguson, Associate Director, NHS Education for Scotland

Ellen Hudson, Associate Director, Royal College of Nursing (Scotland)

Jill Young, Chief Executive, Golden Jubilee National Hospital

Karen Lockhart, Nursing Officer, Education Regulation, Workforce & Development

Kate Kenmure, National Officer for Scotland, Royal College of Midwives

Katie Rae, Education Lead, Royal College of Nursing (Scotland)

Liz Jamieson, Programme Lead, NHS Education for Scotland

Mairi Kellagher, Regional Workload Advisor West, NMWWPP

Mike Sabin, Nursing Officer, Education Regulation, Workforce & Development (Sec)

Ros Moore, Nursing Officer, Department of Health (England)

Shirley McGuinness, Community Nursing Service Manager, NHS Orkney

Shona Chaib, Director of Nursing Golden Jubilee National Hospital