Advanced Nursing Practice Roles
Guidance for NHS Boards

NB: Whilst the work has been focused upon Nursing, we are keen to ensure that this initiative reflects frameworks and processes that can be applied across professions where possible. Thus, we would encourage colleagues in Midwifery and the Allied Health Professions to consider how these could be applied across the context of broader healthcare careers.

Scottish Government, March 2010
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1. Introduction

Advanced Practice roles in nursing are increasingly seen as key to the development and delivery of health and wellbeing services. Good governance regarding such role development and implementation must be based upon consistent expectations of the level of practice required to deliver the service and this is best achieved through the benchmarking of such posts against nationally agreed standards and processes.

Following the release in early 2009 of the NHS Scotland Career Framework Guidance¹, CNO Directorate and Health Workforce colleagues in SGHD are keen to support the consistent and sustainable implementation of Advanced level Nursing roles across services in NHS Scotland. Linked specifically to the development of the Advanced Practice Toolkit² (SGHD 2008) and associated guidance on Consultant NMAHP roles, this new guidance sets out for NHS Boards the context for Advanced Practice Nursing roles and the processes through which they should be established and governed in the future.

The guiding principle is that such roles should be based upon demonstrable patient and service user need and that good governance lies in consistent benchmarking of these roles at recognised levels of practice in terms of expectations of competence, educational preparation and reward.

It must be emphasised, however, that it is for NHS Boards to determine where these posts should be established in light of service needs and to develop detailed job and person specifications linked to the particular clinical competencies required for the role.

Boards should look at all aspects of service development, delivery and governance in the process, using; the Advanced Practice Toolkit (to support decision-making and planning); the existing AfC Job Matching processes (to support appropriate Job Profiles and reward); and the Professional Development Planning (PDP) and Knowledge and Skills Framework (KSF) processes (to allow review and confirmation of individual job descriptions, roles, responsibilities and objectives).

This means that, when considering whether the development of an Advanced Nursing Practice role is the best fit to meet the needs of patients and service, Nurse Directors, Service Leads and Planners must take into consideration:

- service needs assessment, including local and national drivers;
- educational needs assessment, including existing workforce;
- how the anticipated impact of the role can be articulated, including key deliverables and how they will be delivered;
- evidence of support from key stakeholders;
- sustainability; and
- robust governance and accountability arrangements.

² www.advancedpractice.scot.nhs.uk
2. Background

Several drivers are now having a significant impact on the demand for the development of advanced level practice roles, including:

- emerging expert practice roles;
- *Better Health, Better Care: Action Plan*;
- *A Force for Improvement*;
- *Curam*;
- *Modemising Nursing Careers*;
- The *National Quality Strategy*;
- the *NHS Career Framework*, service redesign and role development; and
- pay modernisation, especially the implementation of *Agenda for Change* and the *Knowledge and Skills Framework* (KSF).

This increasing focus on role development has led to sometimes ad hoc roles based in specific contexts, or designed to address particular service gaps. It has previously 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 has been unhelpful and the lack of consistency in the structure, preparation and expectations of these roles has compromised evaluation and transferability. We recognise that the plethora of associated job titles may also confuse both professionals and public and, as a result, may compromise governance in relation to the service as a whole.

**Governance and Regulation**

The core rationale for developing and promoting this guidance is to support good governance regarding advanced level nursing practice without unnecessary recourse to an additional formal regulatory framework. We recognise that a considerable amount of work has been undertaken by a number of different organisations to define, structure and support ‘advanced level practice’ and our work in the Advanced Practice Toolkit has been focused on creating a consensus view which will balance responsiveness to service need, consistency and sustainability.

Concern about ‘new’ roles is both prudent and understandable and it has been argued that risks to patient safety arise when professionals take on roles and responsibilities for which they lack the competence or where they practise without adequate safeguards. However, work by the Commission for Healthcare Regulatory Excellence (CHRE 2009) has emphasised that the activities that professionals undertake at advanced level practice do not lie beyond the scope of existing regulation unless the nature of their practice changes to such a significant extent that their scope of practice is fundamentally different from that at initial registration.

We propose that advanced level practice reflects a set of responsibilities, competencies and capabilities which act as an indicator of a particular stage on the

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nursing career development ladder and that such practitioners are always accountable to their regulatory body whatever the level or context of practice. The core focus of regulatory bodies is the professional’s fitness to practise and unless patient safety at advanced practice level is not adequately captured by the existing standards of proficiency and ethical duties, the primary responsibility for the governance of advanced level practice should rest with employers and commissioners. This position has been supported by each of the four UK Health Departments and is co-dependent on, many of the workstreams and discussions surrounding the Regulatory White Paper, Trust Assurance and Safety (DoH 2007)\(^4\).

Employers and commissioners must therefore ensure that there are robust organisational governance arrangements surrounding all types and levels of practice. We argue that this approach provides the most effective means of controlling for risks to patient safety from an individual professional’s practice and provides a proportionate response.

**Context for advanced level practice**

Advanced Nursing Practice roles are applicable across all clinical contexts. The associated competencies should apply as much to advanced level practitioners in, for example, mental health as they would to those in paediatric intensive care or the care of older adults in community settings. We further recognise that there are many nurses who function at an ‘advanced’ level but who may not be working in a specifically ‘clinical’ role. Advanced practice should be viewed as a ‘level of practice’ rather than a specific role and it is not exclusively characterised by the clinical domain but may also include those working in research, education or managerial/leadership roles.

**The Toolkit**

The Advanced Practice Toolkit [www.advancedpractice.scot.nhs.uk](http://www.advancedpractice.scot.nhs.uk) (SGHD 2008) draws together the body of work around Advanced level practice and states that this level of practice reflects a particular benchmark above ‘Senior’ level and below ‘Consultant’ level on the career development ladder, as exemplified in the NHS Career Framework (SGHD 2009 – Appendix 1). The Toolkit sets out a consensus position on this level of practice and offers tools and resources to support implementation of these roles.

The Chief Nursing Officer (CNO) for Scotland, the CNO’s for the other three UK countries and the UK Modernising Nursing Careers Coalition have all endorsed the Advanced Practice Toolkit and we believe it is now time for clear guidance on advanced level nursing practice to be disseminated and for a consistent operational model for these roles to be established across NHS Scotland. The central aim of this guidance is therefore to support a robust professional discourse between Executive Nursing Leads, Workforce Planners and clinical staff regarding the implementation, development and longer term sustainability of Advanced Nursing Practice posts.

3. Key themes for Advanced Nursing Practice roles

Advanced Nursing Practice posts are underpinned by a number of key principles (NES 2007 – Annex 2) and it is anticipated that all Advanced Nursing Practice posts will be structured around four central themes:

- clinical/professional leadership;
- facilitating learning;
- research and development; and
- advanced clinical practice.

1. Clinical /Professional Leadership
- Identifying need for change, developing case for change, leading innovation and managing change, including service development.
- Clinical Governance
- Equality & Diversity
- Ethical decision-making
- Developing case for change
- Negotiation and influencing skills
- Promoting and influencing others to incorporate values based care into practice
- 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
- Building Capability and Capacity

3. Research and Development
- 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
- Assessment, diagnosis referral, discharge
- Developing higher levels of autonomy
- Assessing and managing risk
- Prescribing (where required).
- Developing confidence
- Developing therapeutic nursing to improve patient outcomes
- Higher level communication skills
- Patient Focus/Public Involvement

Advanced Practice Themes – Adapted from NES (2007)
4. Qualifications and expertise of appointees to Advanced Nursing Practice posts

Individual person specifications for Advanced Nursing Practice posts will outline the essential competencies required, however the nature and context of Advanced Nursing Practice posts will demand that post-holders have:

- extensive clinical expertise;
- wider operational awareness;
- career-long learning and development; and
- formal education provision

Defining 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 ‘academic grade inflation’. Nonetheless, it is now increasingly accepted that individuals working at advanced practice level should be able to show evidence of Master’s-level learning and that the appropriate deployment of such roles has so far been limited by a failure to benchmark the level of academic development required at 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.

The Scottish Credit and Qualifications Framework (SCQF) Level 11 descriptors for ‘practice’ and ‘autonomy, accountability and working with others’ are particularly characteristic of advanced level practice and provide good benchmarks against which advanced practice competencies can be mapped. Achievement at this level could be demonstrated either by achievement of academic programmes at SCQF level 11, or through the structured mapping of portfolio outcomes and competence assessment against the level. Indeed, there is increasing recognition of the importance of a combination of academic and work-based learning to support such roles. Therefore, in setting the post descriptor, the Advanced Practice Nursing post-holder should be able to demonstrate achievement in learning and development relevant to the post at SCQF level 11. Recognising the need to support transition, this should be built into the on-going PDP process for existing Advanced Practice post holders.

It is important to recognise that undertaking education supports the development and recognition of advanced practice ‘capability’ in a practitioner. It prepares a practitioner to be able to fulfil the requirements and expectations of such a level of practice (succession planning), but does not in itself grant the practitioner ‘advanced status’. In addition, the post-holder must be able to demonstrate a level of competency that allows them to undertake the duties and role described above. Higher Education partners and organisations such as the Association of Advanced Nursing Practice Educators (AANPE) have been working collaboratively with NHS partners over a number of years to support the provision of programmes in support of advanced level practice and greater clarity around expectations of academic level for advanced level practice will support appropriate programme provision and competence assessment. Further, recent initiatives supported by NHS Education for Scotland such as Early Clinical Career Fellowships and the Advanced Practice Succession Planning Pathway have set out developmental frameworks and educational needs analysis tools which underpin and support these principles.
5. Post approval process for NHS Scotland Boards

To support a nationally consistent, but locally governed process of approval for the development of advanced practice nursing posts, we propose a mechanism to ensure that the core criteria for the role have been met. This process should include:

- evidence of service need
- early engagement with key stakeholders including clinical teams;
- partnership and leadership with other clinical staff/professional groups;
- robust governance and accountability arrangements;
- robust evaluation of service impact delivered through the role; and
- evidence of an effective contribution to ongoing service delivery/development.

The Agenda for Change (AfC) pay modernisation initiative makes it possible to match existing job descriptions to national profiles labelled “Advanced Practice”, but job evaluations can also be carried out through local evaluations.

Some posts evaluated through local mechanisms may emerge with similar pay bands and post content to those matched to the national Advanced Practice profiles; the job evaluation scheme is therefore a suitable and sufficiently robust mechanism by which to assess such posts and uses very similar criteria to those described in this national guidance. From experience so far, Advanced Nursing Practice posts based on the key criteria have tended to match at AfC Band 7. This reflects the level of autonomy and decision-making inherent in such posts.

Importantly, existing AfC mechanisms support job matching for new posts and also allow for the establishment of training posts, linked to structured education, through which new practitioners can be supported to meet particular outcomes and role expectations.

Therefore, this guidance seeks not to limit NHS Boards in the development of specific posts, but to provide a benchmark for this important level of practice. However it is important to note that:

- There are examples of educational or management posts, such as the Senior Charge Nurse or Practice Education Facilitator which may be matched to AfC Band 7, but are not focused on advanced clinical practice. These posts do not require to be titled ‘Advanced Practice’, and are likely to have quite different elements in the Job Description, but are still seen to reflect the same level of practice.

- There may also be nursing posts in specific contexts where the ‘Advanced Practice’ criteria do apply but where particular additional responsibilities are also included in the job description and thus AfC matching may be to a higher banding.

- No posts below Band 7 should be permitted to use ‘Advanced Nursing Practice’ in their title since the post would not meet the level of knowledge, training and experience to be able to undertake the role.
This national guidance will support NHS Boards to adopt consistent approaches to local governance regarding the use of ‘Advanced Practice’ in role titles amongst nursing staff. To support local and national planning, NHS Boards should maintain appropriate records for audit and planning purposes and these should be linked to the national SWISS data.

6. Procedure

Development of new post/service redesign

NHS Boards will need to determine whether new posts are required at “Advanced Practice” level by considering the provisions of this national guidance and the following:

- Service needs analysis and the submitted case for establishment of the new post;
- Proposed job description and KSF outline for the post; and
- Locally evaluated summary report for the post with CAJE number

If the Board considers that, on the basis of this guidance, the new post should be afforded the title “Advanced Nurse Practitioner” or “Advanced Practice Nurse”, details of the post should be recorded and maintained at Board level and collated and held centrally on Scottish Workforce Information Standard System (SWISS) to allow national review and analysis through ISD.

Existing Post Holders

As part of the annual PDP/KSF process both practitioners and line managers should review job descriptions, roles, responsibilities and objectives. The following opportunities arise:

- If, on review, a post is recognised as matching the ‘Advanced Practice’ criteria, then this can be acknowledged through use of the title.
- If a post does not match, but the practitioner identifies a desire to ‘work towards’ such a role, then the PDP can reflect this development. Importantly, such individual development will not automatically result in any re-designation of the post or post holder, but it does support succession planning for further Advanced Practice roles.

Decision making process and infrastructure

This guidance sets out to support greater governance regarding the implementation of Advanced Nursing Practice roles across Scotland, but does not seek to create additional bureaucracy or parallel HR processes. Whilst it is acknowledged that a commitment to robust PDP/KSF review for all existing and aspirant Advanced Nurse Practitioners will require significant engagement it is a key element of the national AfC agreement and is likely to streamline, expedite and ensure consistency on processes across Board areas.
This is particularly important given the number of posts/job titles which currently either make reference to ‘Advanced Practice’ or might be considered to be at that level. The NES Advanced Practice Succession Planning Pathway process and the proposed regional implementation support is designed to support such decision making and to provide routes for practitioner development.

Recognising that we are in a transitional position with regard to the roll-out and use of these types of posts we anticipate that this process can be managed over a staged timescale for existing posts, linked to annual reviews, and that all new posts should be routinely planned in this way, with opportunities for ‘training/development’ posts to be established to encourage skills/competence acquisition.

Such a staged approach, linking the national guidance to appraisal and the annual PDP process should support both individual practitioners and managers by matching the role development clearly to the job profiles and KSF outlines for the post.
New ‘Advanced Practice’ post proposal

Job description and KSF outline agreed

Matched to AfC National Advanced Practice profile for the appropriate profession, in line with agreed local matching procedure

Locally evaluated to determine AfC band, in line with agreed local procedure for evaluating posts

Comparison of band outcome to the National Advanced Practice profile for the profession

Advanced Nursing Practice post proposed

NHS Board Advanced Practice agreement/review process
Consideration by NHS Board of proposals for Advance Practice posts using the national evidence and the following processes:
- Service need analysis
- Job description;
- KSF outline;
- Matched job report (CAJE number), or;
- Local evaluation report (CAJE number), or;
- Education/Development plan (for training posts).

Approval decision

Post Created

Information held by NHS Board/SWISS
7. Record-keeping

In accordance with the management of Agenda for Change and as part of established processes, the following documents should be held by NHS Boards to provide an audit trail of local decision-making:

- job description and rationale/business case for the post;
- matching or locally evaluated summary report for the post with CAJE number;
- KSF outline for the post;
- KSF-based personal development plan for the individual in the post;
- local record of those posts for which the use of the “Advanced Practice Nurse” or “Advanced Nurse Practitioner” title is approved within the NHS Board.

- Nature and number of Advanced Nursing Practice posts to be reflected in the Boards’ SWISS data
LEVEL 9 – (MORE SENIOR STAFF)
Staff with ultimate responsibility for decision-making and full on-call accountability.

LEVEL 8 – (CONSULTANT PRACTITIONERS)
Staff working at a very high level of clinical expertise and/or have responsibility for planning services.
Non-clinical examples might be, for example ‘Divisional Manager’.

LEVEL 7 – (ADVANCED PRACTITIONERS)
Experienced clinical practitioners with high level of skill and theoretical knowledge. Will make high level clinical decisions and manage own workload.
Non-clinical staff will typically be managing a number of service areas.

LEVEL 6 – (SENIOR PRACTITIONERS)
A higher degree of autonomy and responsibility than level 5 in the clinical environment.
Non-clinical staff who would be managing one or more service areas.

LEVEL 5 – (PRACTITIONERS)
Registered practitioners consolidating pre-registration experience and getting ready for a higher level of functioning.
Non-clinical examples might include Management Accountant.

LEVEL 4 – (ASSISTANT PRACTITIONERS)
Some work involving protocol based care under the supervision of a registered practitioner.
Non-clinical roles can include IT support worker and Technician.

LEVEL 3 – (SENIOR HEALTHCARE SUPPORT WORKERS)
Higher level of responsibility than Healthcare Support Worker.
Non-clinical roles can include ward clerk and community food worker.

LEVEL 2 – (HEALTHCARE SUPPORT WORKERS)
Works under the direction and supervision of healthcare professionals and supports the multidisciplinary team in the delivery of high quality care.
Non-clinical examples are housekeeper and receptionist.

LEVEL 1 – (SUPPORT WORKERS)
Non-clinical staff in roles that require very little formal education such as catering assistant or domestic assistant.
Annex 2. Key principles of Advanced Practice

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

Critical Thinking
Critical thinking allows advanced level 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 level 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 level practitioners deliver practice which is evidence based within service, whilst acting as a positive role model that enables change regardless of their “job title”.

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

<table>
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<tr>
<th>CAREER FRAMEWORK LEVEL</th>
<th>INDICATIVE SCQF LEVELS</th>
<th>EXAMPLE QUALIFICATIONS</th>
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<tbody>
<tr>
<td>LEVEL 9</td>
<td>Level 11/12</td>
<td>Masters Degree Doctorate SVQ5</td>
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<tr>
<td>LEVEL 8</td>
<td>Level 11/12</td>
<td>Masters Degree Doctorate SVQ5</td>
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<tr>
<td>LEVEL 7</td>
<td>Level 11</td>
<td>Post Grad Certificate/ Diploma Masters Degree</td>
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<td>LEVEL 6</td>
<td>Level 9/10</td>
<td>Ordinary or Honours Degree Graduate Diploma SVQ 4</td>
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<tr>
<td>LEVEL 5</td>
<td>Level 8-10</td>
<td>Diploma HE Ordinary or Honours Degree SVQ 4</td>
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<td>LEVEL 4</td>
<td>Level 7/8</td>
<td>HNC HND</td>
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<td>LEVEL 3</td>
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<td>LEVEL 2</td>
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<td>LEVEL 1</td>
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<td>Induction Standards For Healthcare Support Workers (HCSW)</td>
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Note: The levels on the framework are indicative only. They can be broadly linked to qualifications and SCQF levels but this will only be a rough guide – there will be exceptions.

Learning required at each level will vary according to the occupational groups into which the role falls and the KSF outline for each particular role. However, in general, the following level(s) of qualification (in areas related to the work being undertaken) might be expected for roles which appear at the same level of the Career Framework.

The learning required for each role should be considered in conjunction with the Career Framework level descriptors [www.skillsforhealth.org.uk/page/career-framework](http://www.skillsforhealth.org.uk/page/career-framework).