



Royal College
of Nursing

Specialist and advanced children's and young people's nursing practice in contemporary health care:

guidance for nurses and commissioners



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Children, young people and their families expect nurses, doctors and other professionals who have responsibility for children and young people's health care to be appropriately qualified and experienced. The RCN Children and Young People's Field of Practice has repeatedly reinforced the need for nurses caring for children and young people to have completed a specific education and training programme to meet the needs of this group (RCN, 2003; RCN CYP FoP, 2007).

This publication is due for review in June 2017. To provide feedback on its content or on your experience of using the publication, please email publications.feedback@rcn.org.uk

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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Contents:

Executive summary	5
Introduction	6
Background	6
Health services for children and young people	7
The child health workforce	9
Reviewing nursing roles	9
A focus on health outcomes	10
A definition of advanced practice	11
Advanced practice values	13
Domains of practice	13
Advanced practice and specialist nurses: roles and titles	14
Governance and advanced practice	17
Education training and professional development	
Career frameworks	18
Conclusion	22
Appendices:	
1: Workforce planning tool	23
2: Key elements of the career framework	24
3: Key characteristics of advanced practice across the four domains	25
4: Exemplar nursing roles	26
5: The career pyramid	27
6: AUKUH clinical academic career pathway	28
References	29

Executive summary

This Royal College of Nursing (RCN) publication looks at children's nurses' roles and their practice. It takes into account a changing child health service, where interdisciplinary collaboration and new ways of working are essential when providing services that improve health outcomes.

The health outcomes of children and young people (CYP) in the United Kingdom (UK) are inferior to those in comparable European countries. There is a commitment from the Government to improve the quality and efficiency of CYP health services to improve those outcomes. Alongside this commitment is a growing realisation that current ways of providing services are increasingly unsustainable.

Children's nurses working at a specialist, advanced and consultant level can make a significant contribution to the redesign, development and delivery of services to CYP. This publication offers real life exemplars of innovative roles and services.

When planning or evaluating nursing role development it is critical that commissioners and service providers have a shared understanding of what is meant by both advanced and specialist nursing practice; this is defined in this document, along with an attempt to identify the different roles and titles used by nurses and employers.

It is also essential that practitioners, employers and commissioners of nursing services share a commitment to, and understanding of, a robust clinical governance framework required to ensure safe and effective care when developing specialist roles and advanced levels of practice. This should incorporate accountability and competence frameworks, and agreed educational preparation.

Specialist practitioners should be educated to degree level, with additional clinically-based educational preparation within the specialty; advanced practitioners should be educated to master's level and consultant nurses should be prepared at master's or doctoral level. Employers need to support the continuing professional development of nurses in these advanced roles to maintain their level of practice.

Commissioners and employers need to ensure that career frameworks for children's nurses include specialist, advanced and nurse consultant roles so that services continue to develop and meet the needs of children, young people and their families. Attention should be paid to national guidance concerning specialty career frameworks, clinical academic training and clinical research roles.

Definition of children and young people (CYP)

The term children and young people (CYP) is used throughout this publication to mean babies, children and young people from 0 to 18 years of age (up to 19th birthday).

The child health services they require encompass all CYP services: from neonatal care to young people in transition to adult care; primary care through to secondary and tertiary specialist care; services focussed on physical health to child and adolescent mental health services, and those services for CYP with learning disabilities.

Introduction

This RCN publication provides guidance for those developing services for children and young people (CYP), for both commissioners and service providers, and for those who commission and provide post registration education for children's nurses.

The focus of the document is on children's nurses, their roles and their practice. It takes into account a changing child health service, where interdisciplinary collaboration and new ways of working are essential when providing services that improve health outcomes. As well as describing the changing environment, this publication will demonstrate the added value that children's nurses working at an advanced level of practice, and in specialist roles, can bring to child health services – enhancing patient experience, ensuring patient safety, and enabling effective care.

In order to do this, this guidance explains the concepts of advanced practice and role development in children's nursing, to those within and outside the profession. It covers:

- what is meant by advanced practice in CYP nursing
- the distinction between advanced practice and the roles of nurse specialist, advanced nurse practitioner and nurse consultant
- the added value that nurses practising at an advanced level can bring to children, young people and their families and carers
- the impact that nurses in advanced practice and specialist roles can have on the health outcomes of children and young people
- the promotion of patient safety in a changing health care environment by describing a robust governance framework for specialist and advanced practice nursing roles.

that if UK child health care was equivalent to that in Sweden, one of the best performing systems in Europe, it would mean that five children a day who currently die (1,500 a year) would have the potential to survive, developing into independent adulthood (Wolfe et al., 2011).

A fundamental review of child health services, alongside the wider reforms of health and social care across the four countries of the UK, requires modernisation of the workforce which will provide those services in the future. The role of the children's nurse is fundamental to effective service provision across all settings, with an increasing recognition that nurses working at an advanced practice level, in clearly defined and effectively resourced roles, can enhance health care services and have a positive impact on health outcomes (DH, 2013; RCPCH, 2011).

Advanced nursing practice in the UK has evolved significantly over the last 20 years, with the emergence of increasing autonomy, clinical decision making, professional responsibility, nursing research and the expansion of traditional nursing roles (NMC, 2005; RCN, 2012). As nursing roles, responsibilities and areas of practice have diversified and expanded some of the boundaries of professional practice and competence have become blurred (Daly and Carnwell, 2003; Council for Healthcare Regulatory Excellence (CHRE), 2009). There is inconsistency in the use of the term 'advanced practice' and a wide range of roles carry the title 'nurse specialist' or 'advanced practitioner'.

This document will bring clarity to the field of CYP nursing practice. Informed by a range of national and professional policy documents, it sets out to define and establish the competences and standards for advanced practice, as well as recognise the value of specialist roles across the UK. Particular attention is given to the Advanced Nursing Practice Toolkit developed by NHS Scotland as part of the UK-wide work on modernising nursing careers (DH, 2006; Scottish Executive, 2008). This comprehensive resource is reflected in strategy documents from the other UK countries (DH, 2010a; National Leadership and Innovation Agency for Healthcare (NLIH) (Wales), 2011; Department for Health, Social Services and Public Safety Northern Ireland (DHSSPS NI), 2010a).

Background

Health outcomes for children and young people in the UK are, in many ways, inferior to those in comparable European countries such as Sweden, the Netherlands and Germany (Wolfe et al., 2011; DH, 2012a). 'All cause' childhood mortality in the UK (0 to 14 years) has the highest rate of any comparable European country. It has been stated

Health services for children and young people

There are a number of health, social and cultural determinants which contribute to the differences in health outcomes for children and young people between the UK and comparable countries (Wolfe et al., 2011). The way that health services for children are organised and led is recognised as one of the key differences leading to this disparity of outcome, and to the great variation in the quality of services seen across the four countries of the UK (DH, 2012a).

In 2010, Professor Sir Ian Kennedy produced a report, *Getting it right for children and young people* (Kennedy, 2010), in which he highlighted the lack of priority given to children, young people and their families within the NHS. He identified a number of specific issues which would need to be addressed if the improvements needed in health care and health outcomes are to be achieved. These included:

- GPs having little or no formal paediatric training
- caring for children and young people being low on most GPs' priorities
- wide variations in care
- a lack of co-ordination and services not working together
- a need to improve workforce competence in a range of areas, such as the emotional and mental health needs of children and young people
- a need to improve leadership throughout children's services.

The Kennedy report focused on health care and health care services for children and young people in England, but looked at outcomes and general principles which apply across the UK. Many of the themes he identified are addressed in the relevant child health strategies of the devolved nations (Welsh Assembly, 2005; Scottish Executive, 2007; DHSSPSNI, 2010b).

In England, the *Report of the Children and Young People's Health Outcomes Forum* (DH, 2012a) built on the Kennedy report and set out the need for a fundamental review of child health services, as well as the priorities for both political and professional action. It supported the principle of configuring child health services around the child and family journey and the 'patient pathway', previously set out in the NHS Next Stage Review led by Lord Darzi (DH, 2008a).

The Government, in its response to the report of the Forum (DH, 2013), accepted the 'compelling case for change' it presented. Alongside the need to improve child health services in order to improve their quality and efficiency, is a growing realisation that current ways of providing services are unsustainable. The impact of the European Working Time Directive (EWTD) and the reduction of the working week to a maximum of 48 hours has put enormous pressure on medical workforce plans and rotas.

Shortages in both the consultant workforce and trainees required to fill current on-call rotas, have led to an acceptance of the need to reconfigure children's services – with acute and specialised services provided by a smaller number of hospitals and the development of managed networks of care, providing a range of services closer to the child and family (RCN, 2009; Wolfe et al., 2011; RCPCH, 2011).

A number of different models have been proposed and, in some cases, implemented. Urgent care is a particular priority, with a rising number of accident and emergency attendances often leading to inappropriate short stay hospital admissions (Clements, 2013). Solutions such as short stay assessment and observation units, provided in GP practices, health centres or local hospitals have been identified and, in some cases, put in place (RCPCH, 2011).

The RCN submission to the Prime Minister's Commission on Nursing (RCN, 2009) recognised that there should be a significant decrease in children being admitted to inpatient units (possibly by as much as 50%), and that many acutely ill children are likely to be cared for on short stay observation and assessment units, which will be staffed by advanced children's nurse practitioners, working alongside GP trainees and other doctors in training.

The increased emphasis in health policy on integrated care and care closer to home suggests that children with acute health care needs should be managed in the community wherever possible, rather than being admitted to an inpatient unit. This proposed shift of acutely ill children into primary care settings requires nurses working alongside medical colleagues to develop and sustain new service models, as well as adequate resources for community children's nursing teams.

Advanced practitioners in community children's nursing teams are likely to undertake acute assessment of health and social needs, acting as senior decision makers and directing the patient onto the right pathway using an integrated approach. Children's nurses, along a range of

pathways and in both community and acute care, will increasingly undertake clinical assessments, diagnose, interpret X-rays and diagnostic imaging, plan, prescribe and evaluate treatment, make referrals, discharge and provide follow-up care, often without reference to medical practitioners.

Service exemplars

Northern Ireland (Southern Health and Social Care Trust, Craigavon Area Hospital, Portadown)

A six-bedded Paediatric Decision Unit (PDU) was opened in February 2013. It is currently staffed by two advanced paediatric nurse practitioners (APNPs) and one staff nurse with support from senior medical staff. A further three nursing staff have been seconded to undertake the Advanced Paediatric Nursing Course and, on completion, will help in the further development of this service. The PDU is currently open Monday to Friday (8am to 10pm) and accepts referrals from the emergency department, GPs, midwives, health visitors and community nurses. A paediatric advice line (PAL mobile) is available and the referring practitioner can contact a consultant paediatrician for advice and/or discuss a referral to the PDU. The PDU accepts acutely unwell children with a range of childhood illnesses.

The APNP will carry out a consultation and examination of the patient and then formulate a management plan. Patients are observed for time periods of up to six hours and a decision will then be made to admit/discharge by the APNP. The community nursing team work in conjunction with the PDU and provide community follow up to discharged patients when required.

An audit conducted to assess the impact of this new method of service delivery demonstrated that the model has improved patient flow, decreased the patient's journey and reduced the number of inappropriate inpatient admissions – improving the quality of care delivered and reducing costs.

Salford

The Salford Children's Community Partnership (SCCP) is a ground-breaking project developed to improve paediatric acute illness management in the community. Originally funded as an innovation project by the Department of Health, the project places an APNP within a general practice setting in order to provide an expanded offer of care to:

- decrease the paediatric acute admission spend for the practice
- improve the quality of acute children's illness management in the community
- provide to the wider NHS an effective, scalable model for paediatric acute admission avoidance that is general practice based.

The service provides a primary care alternative to A&E and short-stay admissions; early feedback suggests that families will defer non-emergency A&E attendance for a high quality, child-specific service in general practice with excellent access. Initial results from the first two years of project delivery have shown the:

- total spend for paediatric acute admissions decreased 36% at the project practice compared to the control practices
- admission expenditure per child within the practice decreased 40% compared to the other sites
- admission rate per 1,000 children decreased 43% compared to the other sites.

Satisfaction scores on a nationally validated assessment tool were almost double the national benchmark scores for service quality in general practice. Families expressed their exceptional satisfaction with the involvement and care of project staff and the way they communicated and listened.

The child health workforce

Modernisation of child health services, as well as the need to deliver new ways of working, requires a shift in the child health workforce and integrated workforce planning between primary and secondary care, across disciplines and professions, including medicine and nursing. One of the key priorities identified by the CYP Health Outcomes Forum was the need for a national approach to achieve a sustainable and competent workforce, with a recommendation to prioritise workforce planning, along with quality education and training for the specialist and core CYP workforce. The reconfiguration of services around the patient journey has major workforce implications, not only in terms of numbers of competent professionals but also the state of readiness to take on new roles in new and changing environments.

During the consultation with children, young people and their families, which underpinned the work of the CYP Health Outcomes Forum, they spoke of their wish to access high quality, evidence-based safe care and treatment, as close to home as possible. Children and young people told the forum the importance of the following themes that have particular relevance to workforce development.

1. Care by professionals who have had training in working with children and young people.
2. Concern that general practice and transition from children's to adult services do not meet their needs.
3. A wish for health care staff to show respect to children and young people and recognise their right to be involved in decisions about their health and care.
4. The need for care to be delivered by competent professionals who communicate well with children and young people and provide a joined-up approach to their care.

As services are reviewed, reconfigured or set up there needs to be a dialogue between commissioners and service providers which must put children, young people and families at the heart of the process. Any changes in nursing roles or in service delivery must ensure patient safety at a time of proposed system-wide change (RCN, 2013). All too often service developments, which have envisaged such new ways of working and included plans for nurses to work at an advanced practice level, have not invested in the training and development required to undertake such roles.

There is a requirement first for nurses to demonstrate their competence at initial registration as children's nurses and then in moving beyond registration to practice at an advanced level. There has been an apparent dissonance between management and professional expectations and a lack of investment in the development, training and education, and continuing competency assessment required as nurses move on into roles such as children's advanced and specialist practitioners. Strategies for children's nursing services and proposed developments in nursing roles should always be led by senior registered children's nurses. These should provide a child focussed and family-centred strategic vision – within and across organisations – in relation to workforce planning and service configuration.

Reviewing nursing roles

Developments in nursing practice should be accompanied by a rigorous process that considers drivers behind change and the whole service needs as outlined above. When developing new roles or new ways of working, the need has to be assessed, resources allocated and the service developed. It is delivered against a service specification, which may include the workforce required to deliver the specified core components.

In England, the development of national service specifications for an expanded range of paediatric specialised services (NHS Specialised Services, 2012) has included paediatric cancer, cardiac, renal, neurological and many other specialist fields of practice. These service specifications set out basic requirements for the workforce, including specialist nursing posts, and providers need to demonstrate their compliance with such specifications in order for their services to be commissioned.

Service specification example

Each child should have a named children's cardiac specialist nurse who, working within a cardiac liaison team, is responsible for co-ordinating their care and liaises between the clinical team, the parent/carer and the child throughout their care.

Children's congenital cardiac services in England (NHS Specialised Services, 2012).

Campbell et al. (1996) developed a safety net model that has a step-by-step approach to ensure that all service and personal issues are considered when planning any role development. The RCN Paediatric Oncology Nurses Forum adapted this unpublished model for use in children's cancer nursing (RCN, 2000). Whilst this has been superseded by the more recent documents discussed below; this simple step-by-step approach still has value, ensuring that both service and personal considerations are met.

The Advanced Nursing Practice Toolkit (Scottish Executive, 2008) highlighted the importance of assessing the service needs for nursing in conjunction with other roles. It acknowledged that many nursing roles have developed due to gaps in the availability of another professional group, principally doctors. The *Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales* (NLIAH, 2011) includes a more developed planning model to assist in establishing workforce requirements. This has been broken down into a six-stage process that can assist in ensuring that all aspects of the service are considered, including role use and skill mix (see Appendix 1).

A focus on health outcomes

The white paper *Equity and excellence: Liberating the NHS* (DH, 2010b) outlines the Government's intention to put patients at the heart of care, deliver improved outcomes and empower clinicians and service users to ensure high quality health care is received. In a resource-constrained health system it has become essential that

health care organisations ensure money is well spent, bringing maximum benefit to patients. The response to the report of the CYP Health Outcomes Forum (DH, 2013) accepted that, where possible, children, young people and their families should be involved in decisions about their care and the design of services. The report described key elements of the NHS Public Health Outcomes Frameworks that are relevant to CYP.

- Strengthening work on measurement of experience of care.
- Integrated care.
- Time to diagnosis/start of treatment.
- Transition to adult services.
- Impact of poor physical and mental health or disability on education.
- Maternal mental health (coping/resilience).
- Prevalence of mental health problems in children and young people.

The success of any nursing role should be evaluated in the light of identified outcomes. The added value that nurses bring has been demonstrated by a survey conducted by the RCN that looked at the impact of nurses working across a range of specialties (RCN, 2010). In the modern NHS the value of any role should be considered not just in terms of quality but also as value for money. This may, for example, be in terms of prevention of admission, reduction of complications or reduction of length of stay. Patient-facing activity should be recorded so that additional income can be secured. Specialist nurses have traditionally been highly regarded by families and patients but are increasingly a target for scrutiny as organisations expect a return for their investment in highly banded nursing posts. There are several ways of measuring the value of the specialist nurse; this includes job planning, patient surveys, activity data collection and recording of nurse-led clinics or other interventions for clinical coding and financial remuneration.

One example of an evaluation tool is the PANDORA database. This is designed around activity data sources collected from nurses across different specialties (Leary et al., 2008). PANDORA examines role complexity and results suggest that the database is sensitive to identifying the hidden elements of specialist nursing activity and to connecting them to patient outcomes and organisational priorities (for

example, preventing an unscheduled admission or identifying complications early). PANDORA does not specifically characterise advanced or specialist practice, but rather helps to ‘paint a picture’ of specialist nursing work (Scottish Government, 2008).

A research project conducted by Sheffield Hallam University set out to capture the impact of the nurse consultant role (Gerrish, McDonnell and Kennedy, 2011). As part of this work an evaluation toolkit has been developed that provides a framework for capturing the impact of nursing roles. Three domains are described where impact on outcomes can be demonstrated, providing a valuable framework when evaluating nursing roles and services.

1. Clinical significance
 - a. Return to normal function.
 - b. Interventions improve health or ability to self care.
 - c. Reduction in hospital admission/ reduction in length of stay.
2. Professional significance
 - a. Enhancement of own and others competence by development of skills/ knowledge and confidence.
 - b. Colleagues’ perceptions and impact of the advanced practitioner on them.
3. Organisational significance
 - a. Achievement of organisational objectives, for example, reduction of infection control rates, clinic capacity, emergency care targets.
 - b. Succession planning/workforce.
 - c. Cost-effective services.

A definition of advanced practice

When planning or evaluating nursing role development, it is critical that commissioners and service providers have a shared understanding of what is meant by both advanced and specialist nursing practice.

There is very little information available to commissioners or families that helps explain how nurses (and other allied health professionals) may practice at an advanced level. Many definitions are available – these have common themes that relate to experienced and highly educated nurses, with skills and competence developed to a high standard that enables them to make complex clinical decisions. The following definitions are useful in understanding the role of the advanced practitioner.

International Council of Nurses (ICN)

“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.” (ICN, 2002)

Career Framework for Health

People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. Indicative or Reference title: Advanced Practitioner (Skills for Health, 2010; Appendix 2)

Nursing and Midwifery Council

“Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat healthcare needs or refer to an appropriate specialist if needed.” (NMC, 2005)

In addition, the proposed NMC definition of the advanced nurse practitioner sets out the following key functions of the role.

- Takes a comprehensive patient history.
- Carries out physical examinations (*this has been modified in other policy documents to reflect that the examination required will reflect the client group such as those with mental health problems*).
- Uses their expert knowledge and clinical judgment to identify the potential diagnosis.
- Refers patients for investigations where appropriate.
- Makes a final diagnosis.
- Decides on and carries out treatment, including the prescribing of medicines (including independent prescribing) or refers patients to an appropriate specialist.
- Uses extensive experience to plan and provide skilled and competent care to meet patient's health and social care needs, involves other members of the health care team.
- Ensures the provision of continuity of care, including follow-up visits.
- Assesses and evaluates, with patients (and families), the effectiveness of the treatment and care provided and makes changes as needed.
- Works independently, although often as part of a health care team.
- Provides leadership.
- Makes sure that each patient's treatment and care is based on best practice.

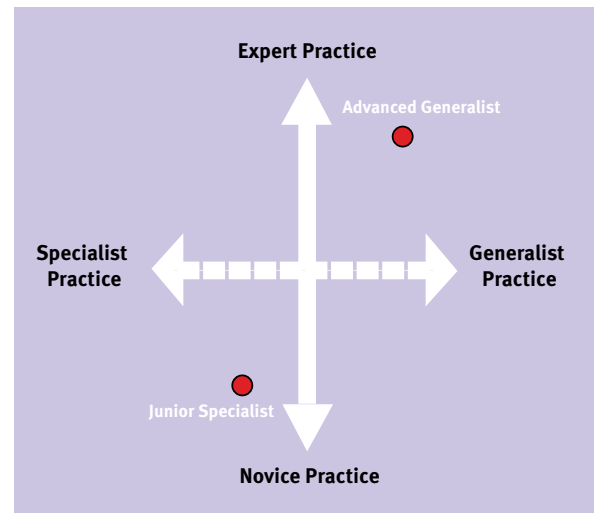
Advanced practice as a level of practice

The definitions outlined above support the emerging consensus around the concept of advanced practice as a level of practice rather than a specific role. This is an approach that encompasses those working in research, education or management and leadership roles, as well as in clinical practice. It can also apply to professions other than nursing (Brook and Rushforth, 2011).

It can be argued that advanced practice is a particular stage on a continuum between novice and expert (Benner, 1984). The advanced role

profile is characterised by high levels of clinical skill, competence and autonomous decision making. It reflects a particular benchmark on the clinical, professional and career development ladder. This is illustrated in Figure 1.

Figure 1: Relationship between specialist and advanced practice



Reproduced with permission from *Advanced Nursing Practice Toolkit* (2008), published by the Scottish Executive.

This model recognises that the pathway towards advanced level practice may be different for individual practitioners. Some may follow a specialist route, focusing on high-level skills and decision making within a particular clinical context or client group. Others will develop a portfolio that reflects a wider breadth of generalist expertise.

The diagram highlights the continuum from specialist to generalist practice and the potential to achieve expert or advanced level. The circles denote a junior specialist in the bottom left corner and an advanced generalist in the top right corner. A junior specialist might be a nurse within a specialist client group working at a novice level, such as a newly appointed children's nurse within paediatric diabetes. An advanced generalist might be a nurse working within a generalist setting at an expert level, such as a consultant nurse in urgent care.

To promote clarity in role definitions the term specialist should relate to a particular client group or patients with disease-specific conditions (such as diabetes or rheumatoid arthritis) or a particular intervention (such as endoscopy), as opposed to a level of knowledge or a role definition. It is then possible to map

the progression and acquisition of knowledge and skills along the novice to expert continuum in a similar way to the *Career Framework* (Skills for Health, 2010). This framework differentiates between specialist or senior practitioner and advanced practitioner (see Appendix 2). This model recognises that specialist knowledge or skills do not, in themselves, characterise an advanced level of practice (NLIAH, 2011).

Advanced practice values

Policy guidance reveal common themes of those practising at an advanced level, indicating they are experienced and highly educated nurses, with skills and competence developed to a high standard which enable them to make complex, clinical decisions. These themes are echoed in the five underpinning principles of the *Framework for advanced nursing, midwifery and allied health professional practice in Wales*, adapted by NLIAH from work undertaken by NHS Education Scotland (NES, 2007; NLIAH, 2011).

1. Autonomous practice

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

2. Critical thinking

Practising autonomously requires higher-level critical thinking skills. 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.

3. High levels of decision making and problem solving

An advanced practitioner can demonstrate expertise in complex decision making in relation to their role. This involves determining what to include in the decision-making process, as well

as making a decision based on judgement and critical thinking/problem solving. This, in turn, affects the ability to practice autonomously.

4. Values-based care

At this level of practice, individuals are required to have a high level of awareness of their own values and beliefs, and to work with service users/carers as equal partners.

5. Improving practice

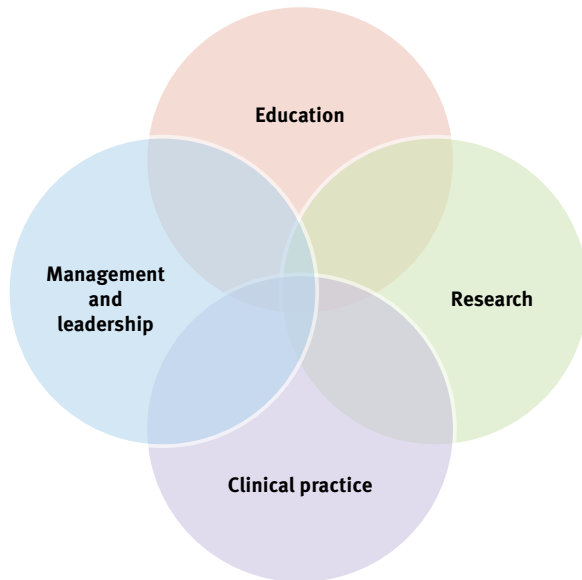
Advanced practice involves acting as a positive role model to enable change and practice improvement.

The application of these principles allows the contribution of advanced practice to be better articulated across different contexts, and more widely used and transferable within the four domains of nursing practice. Inherent within children's nursing practice are the additional principles and values which promote the primacy of the child and family-centred care.

Domains of practice

There are many practitioners working at an advanced level who do not necessarily work in a specific clinical role. Four over-arching domains of nursing practice have been identified and it is essential to consider the relationship between these different spheres. Advanced level practice encompasses aspects of education, research and management but is grounded in direct care provision (DH, 2010a).

Figure 2: The spheres of nursing practice



Few nursing posts are restricted to one sphere, with most covering at least two or more aspects. Certain domains may be more prevalent in an individual role or day-to-day work, but advanced level practice should include elements of them all. Children's nurses working at an advanced practice level in all four of these domains are required to lead innovative developments across child health services.

The *Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales* (NLIAH, 2011) illustrates this concept of the 'pillars' of advanced practice, which recognises advanced roles which are not purely clinical. The relative prominence of clinical practice, research, education, and management and leadership will vary depending on local service needs and individual role requirements. However, all advanced practitioners should, "have developed their skills and theoretical knowledge to the same standards and should be empowered to make high-level decisions of similar complexity and responsibility," (NLIAH, 2011).



Figure 3: The pillars of advanced practice

Reproduced with permission from: *Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales* (2011), page 14. The pillars of advanced practice.

Published by the National Leadership and Innovation Agency for Healthcare (NLIAH). The Workforce Education Development Service has since replaced the NLIAH, for further information see www.weds.wales.nhs.uk

Appendix 3 sets out in more detail the key characteristics of advanced practice across each of these four domains.

The definitions, principles and characteristics set out above demonstrate that advanced practice is a set of attributes that may be ascribed to nurses and other professionals practicing at an expert level. Those attributes can be identified in a range of nursing roles which encompass both specialist and generic areas of practice.

Advanced practice and specialist nurses: roles and titles

A range of different titles have been ascribed to roles that have within them elements of advanced practice, specialist skills and knowledge. These roles include: clinical nurse specialist; nurse practitioner; advanced nurse practitioner and consultant nurse. These titles have been applied inconsistently across all four countries of the

UK, leading to confusion and a lack of clarity in the qualifications and competence required to undertake them. The need for improved governance in the development of roles and the conferment of titles is set out below, followed by guidance on the knowledge and skills required to undertake them. It should be self evident that all nurses working at an advanced practice level, or in a specialist role with children and young people, must be registered children's nurses.

Specialist nurse

A specialist nurse working with CYP assesses patients, plans and implements care, provides specialist advice and maintains associated records. They carry out specialist nursing assessments and interventions related to their specific area of practice or patient group. Clinical supervision of other staff and students is part of this role and they may also undertake research and lead clinical audits in their own specialist area.

Exemplar nursing roles: Specialist nurse

Paediatric renal nurse coordinator (Northern Ireland)

The paediatric renal nurse co-ordinator is a nurse specialist delivering care that is both hospital and community based. Education is a major component of this role, preparing families for dialysis, transplantation and care of children with complex medical needs. Home assessments are carried out prior to commencement of home peritoneal dialysis and albumin therapy. Staff and parents have competency training from the nurse specialist prior to treatment. Frequent liaison with the community team is essential for home support for both practical and psychological issues. The nurse specialist co-ordinates a weekly dialysis/transplant clinic and carries out nurse-led reviews when needed. An increasingly demanding remit of the role is live-related donor programmes workup, including vaccination programmes, requiring liaison locally with adult units and nationally with units transplanting children. An assisted peritoneal dialysis programme with a community agency has added training and reviews of health care assistants to the educational component of the role. Other

responsibilities include: transition of young adults to adult units; on-call telephone advice service for staff caring for renal inpatients and also for parents; link lecturer at the local university for pre and post registration programmes; co-ordination of a regional haemodialysis, peritoneal dialysis and renal therapies service and management of the nursing team delivering that service. (See Appendix 4 for additional exemplar of the specialist nurse role.)

Advanced nurse practitioner

An advanced nurse practitioner working with CYP is a highly experienced and knowledgeable nurse, educated to master's level and able to use clinical judgement and autonomous decision making in relation to the assessment, diagnosis, management and evaluation of care. Advanced children's nurse practitioner roles may encompass aspects of education, research and management but they are firmly grounded in direct care provision or clinical work with patients and families.

Exemplar nursing roles: Advanced nurse practitioner

Secondary care (paediatric assessment and observation unit – Calderdale and Huddersfield)

A short-stay paediatric assessment and observation unit (PAOU) opened at Huddersfield Royal Infirmary in 2008. This unit was initially staffed by APNPs with support from specialist registrars (SPRs), however, with reduced numbers of SPRs it is now staffed and managed by six APNPs, with support from paediatric staff nurses and provides a 24 hour, seven days a week service.

The unit takes most of its referrals from A&E, with GP referrals going to the Calderdale Royal Hospital (CRH). The APNPs attend paediatric emergencies in the resuscitation unit, assess acutely unwell children in the A&E department and decide where the child should be nursed, following a strict operational policy. Consultant input is available 24 hours a day. Telephone advice is available from either the on-call consultant paediatrician or the specialist paediatric registrar at CRH. Anaesthetists are available in the event of an emergency. The unit has 12 beds; medical patients can

stay for the duration of their illness, unless complications arise, in which case they are transferred to the CRH paediatric ward.

A study by Basu and Garside (2012) showed that there was no significant difference in patient outcome from those patients seen by doctors compared to APNPs and no significant difference in discharge and readmission rates, which instils confidence in its ability to safely cater for an increased throughput in the future. The added benefit for parents and children is that they are nearer to home and, in recent audits, parents have commented on the benefit of being on a smaller unit where they are assessed and treated much more quickly.

Exemplar nursing roles: Advanced nurse practitioner

Specialist care – paediatric diabetes (Manchester)

The role of advanced practitioner in diabetes at Royal Manchester Children's Hospital (RMCH) was established in 2007 to provide service consistency and development. This was in response to gaps in medical staff working rotas as a result of the European Working Time Directive (EWTD) and the shortage of middle grade medical staff recruited into posts following changes to medical training. The advanced practitioner is educated to master's level and is a non-medical, independent prescriber. The role crosses primary, secondary, tertiary and quaternary care for children, young people with all forms of diabetes, and their families.

The role encompasses a rapid access nurse-led clinic; the development and initiation of treatment plans for pre, peri and post-operative diabetes management for CYP undergoing surgical procedures and the examination, assessment, diagnosis and treatment of hyperglycaemia and/or diabetes in response to drug therapies, in CYP undergoing treatments and procedures for other medical and surgical conditions from across the region. It also incorporates the care of CYP who develop diabetes as a secondary condition or as a complication of a primary disease progression such as cystic fibrosis-related diabetes.

Indirect patient care time involves research, audit, and educational aspects to the role – both locally and nationally. The post holder is

involved with several national working groups on policy development within the field of paediatric diabetes and nursing. (See Appendix 4 for additional exemplar of the advanced nurse practitioner role.)

Consultant nurse

A consultant nurse working with CYP provides expert clinical care as an autonomous practitioner. They lead on research in their area of practice and provide education and training to the whole of the multidisciplinary team. A consultant nurse has highly developed expert knowledge, underpinned by theory and experience and is able to develop specialised programmes of care, initiate care packages and provide expert advice concerning care needs. Consultant nurses will lead on policy implementation and service changes within their own service and may advise on service development or policy beyond their own area. They will provide strategic leadership at the local, regional, national and international levels.

Exemplar nursing roles: Consultant nurse

Acute care – Children's consultant nurse (Salford NHS Foundation Trust)

Salford Royal NHS Foundation Trust (SRFT) is a teaching hospital with a major trauma centre for adults and trauma unit for children; it has no inpatient children's services. In response to local population health care needs, a children's observation and assessment unit has been developed next to the main emergency department. The Paediatric Assessment and Decision Area unit (PANDA) clinically manages 20,000 acutely ill or injured children annually. PANDA is open 24 hours a day and children can be admitted for short stay up to 24 hours.

It is staffed jointly by a dual rota of emergency physicians and consultant paediatricians, and also includes a children's consultant nurse. The consultant nurse both leads and manages a team of advanced practitioners who deliver 24 hour care to sick and injured children. PANDA has no middle grade doctors but does have junior doctors who are GP trainees. The consultant nurse not only leads the nursing team by setting the quality and standard of bedside care, but also engages in organisational and operational development at local, regional and national level.

Education is a major part of the consultant nurse role, delivering evidence-based ideas to the multidisciplinary team. Research and audit are undertaken into the care of acutely ill and injured children, with the ultimate aim of improving clinical outcomes for children and families.

The philosophy of the children's service is care closer to home. Once ready to go home, discharge is led by the acute children's community nursing team (CCN). The unit has demonstrated an effective service model.

- Eighty five percent of children are seen and treated within the four hour emergency care standard.
- Less than 13% of children with acute illness or injury will be admitted to an observation bed on PANDA, with the average length of stay of around eleven hours.
- There has been a reduction from 16% to 2% of children being admitted from an emergency department to paediatric inpatient bed.

(See Appendix 6 for additional exemplar of the consultant nurse role.)

Governance and advanced practice

Advanced nursing practice in the UK is not currently regulated either by statute or by the professional regulator of nursing, the Nursing and Midwifery Council (NMC). The NMC has, so far, resisted calls from the profession to introduce an additional tier of regulation for advanced nurses and has been supported in this by the findings of the Council for Health Regulatory Excellence (CHRE) which has argued that professional codes of conduct, such as that governing nursing, provide adequate safeguards to the public through its statement that practitioners must practice within the bounds of their knowledge, skills and competence (CHRE, 2009; NMC, 2008).

Whilst this has been taken as an argument against regulation, the NMC itself, and a number of other commentators have argued that there may

be some situations where new roles carry with them such significant changes in professional boundaries that they may indeed carry risks to the public if they are not regulated. This is supported by a further statement from the CHRE that, "where the nature of a profession's practice changes... to such a significant extent that their scope of practice is fundamentally different from that at initial registration, regulatory bodies may need to consider whether action is necessary to assure the professional's fitness to practice in the context of a very different nature of practice where risk to the public is evident," (CHRE, 2009).

There is a perceived degree of risk associated with the higher levels of autonomy, role complexity and decision making involved in advanced level practice and therefore local and professional governance frameworks require recognised and agreed national standards to ensure public protection (Brook and Rushforth, 2011). The Government's most recent guidance on professional regulation set out in the command paper *Enabling excellence – autonomy and accountability for health and social care staff* (DH, 2011), confirmed the position that employers and commissioners are primarily responsible for ensuring that there are robust organisational governance arrangements surrounding all types and levels of practice. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) (known as the Francis Inquiry) highlighted the need for accountability and patient safety at all levels of a health care organisation. As a result of the report there has been a focus on professional regulation, particularly the unregistered workforce. However, the principles of accountability (embedded in the report's recommendations) make it imperative that organisations establish effective frameworks of clinical governance in all aspects of service delivery.

Robust governance is therefore required to support the development and implementation of roles which require a nurse to work at an advanced level (Rutherford et al., 2005; Scottish Government, 2010). Effective governance should enable employers to plan for service redesign. They should be able to develop new advanced nursing roles in a targeted way, articulating the minimum requirements when determining the planning, implementation, evaluation and on-going monitoring of an advanced or extended scope of practice role (RCN, 2012; RCN, 2013). Nursing roles should be based on demonstrable patient and service user need. Governance should

be consistent with benchmarking of these roles at recognised levels of practice, both in terms of expectations of competence and educational preparation. Robust governance by both employers and professional bodies is required to ensure that roles are monitored and to prevent the use of titles by nurses that infer levels of clinical expertise that cannot be verified (RCN, 2012).

Whilst organisations have responsibility for establishing a framework within which their employees practice, the individual practitioner remains accountable for their own actions and decision making when working within that framework.

The NLIAH advised that as part of a national governance framework, health boards in Wales should develop and maintain a database of advanced practitioners (NLIAH, 2011). The Scottish Government has recommended that advanced practice level should be demonstrated through a portfolio of learning to verify role development and competency (Scottish Government, 2010). In the absence of any central regulation of training or registration of advanced practice nurses, portfolios also provide a robust mechanism of local monitoring (Dean, 2013). Local and professional governance frameworks must include training and education strategies. These should include continuing professional development, with assessment (and reassessment) criteria and competency frameworks agreed on by clinicians, managers, practitioners and assessors (Barton et al., 2012; RCN, 2012). It is recommended that such frameworks should not include only the nursing profession, but should be shared with multidisciplinary teams. Shared models of governance enable the organisation to ensure that the, “right clinician is performing the right service to the right client at the right time in the right place,” (South Australia Department of Health, 2013).

Education training and professional development

The educational preparation of specialist and advanced practitioners is critical in ensuring that their clinical practice is safe, evidence based and effective. Many advanced practice and specialist roles in CYP nursing have developed to meet very specific service needs, rather than developing as part of a coherent local or national workforce plan. Due to a lack of strategic direction by employers and regulators, nurses undertaking such roles may have undergone very different educational preparation. There are now agreed national and professional standards that should be met by those undertaking advanced practitioner roles (NMC, 2006; Scottish Executive, 2008; NLIAH, 2011; DH, 2011; RCN, 2012). The following table shows the relationship between levels of experience, clinical roles and educational level.

Table 1: The relationship between levels of experience, clinical roles and educational level

Benner's level	Role	Educational level
Novice	Newly registered staff nurse	Degree, plus initial registration
Advanced beginner	Staff nurse	Completed in-house education programme
Competent	Specialist practitioner	Degree/ module in specialist practice
Proficient	Advanced practitioner	Master's
Expert	Consultant nurse	PhD

Adapted from: Benner (1984) *Novice to expert: Excellence and power in clinical nursing practice*. Menlo Park CA, Addison-Wesley Publishing Company, pp 13-34.

Nurses practising at an advanced level should be able to demonstrate clinical expertise, apply in-depth knowledge and make clinical decisions through high levels of analysis and critical thinking (Scottish Executive, 2008). This level of practice is similar to the educational descriptors for master's level learning, and programmes preparing advanced practitioners are therefore based in higher education. There are many advanced practitioners working with children and young people who have not yet undertaken master's level preparation due to the way their role has developed. They should be able to demonstrate master's level thinking and decision making through the development of a portfolio. They may choose to undertake some form of postgraduate education, making full use of systems for the accreditation of prior experiential and learning (APEL). Not all consultant nurses have a PhD, but they too should be able to demonstrate that their practice is at the level aligned to a clinical doctorate.

Choice of programme

When deciding which advanced practice educational programme to undertake CYP nurses face a limited choice of programmes that specifically address the needs of children and young people. Where specific programmes are available, for example, the advanced neonatal practitioner course, these may not be geographically convenient. Many advanced practice programmes are much more generic in nature and CYP nurses can undertake these to achieve the educational level required; it is then the role of the student advanced practitioner to apply the content of the course to their area of practice. For CYP nurses working in mental health, for example, the majority of programmes are largely adult focussed. Although this is challenging, the range of roles and care environments that advanced practitioners work within means that many students undertaking these courses face similar issues (see Exemplar below). Those undertaking advanced nursing roles with CYP should have initial preparation and registration as a children's nurse and appropriate mentorship from within their practice area.

Exemplar: Education programme

Cardiff School of Healthcare Sciences at Cardiff University provides an MSc in advanced clinical practice. This is a generic course providing very specific advanced practice outcomes, which are aligned to the clinical specialty. This course is validated so that generic advanced practice competences are aligned with the student's clinical area of practice and the requirements of their employer. A clinical mentor is appointed (normally a medical consultant or another advanced nurse practitioner from the specialty) who undertakes clinical teaching and assessment with the student. Alongside this, the student completes modules in evidence-based practice, advanced practice and a workplace-based project, all of which encourage the student to explore advanced practice within their specific (actual or planned) role and clinical setting.

Core components of educational programmes

Advanced practitioner programmes may vary in how the curriculum is constructed, however the following core components should be easily identifiable (RCN, 2012).

- Comprehensive health assessment including physical, psychological, emotional and developmental assessment across the life span.
- Management of health and illness across the life span including physical, sociological, psychological, emotional and cultural aspects.
- History taking and clinical decision-making skills/clinical reasoning.
- Applied pharmacology and evidence-based prescribing decisions.
- Public health and health promotion.
- Research/evidence-based practice and application.
- Organisational, interpersonal and communication skills.
- Accountability – including legal ethical and governance issues.
- Quality assurance strategies and processes.
- Advanced change management and leadership skills

Mentorship and clinical assessment

It is essential that advanced practitioners meet both the desired educational and clinical level of competence. Advanced practitioner programmes will normally contain a clinical assessment and these take many forms. Commonly, a portfolio approach is used and students demonstrate their achievement of advanced practitioner competences during their clinical work. There may be a requirement for a set number of clinical hours to be achieved during the programme of study. This may be complemented by clinical examinations that take place in a simulated environment or in the student's area of practice. Assessment of clinical competence at this level is often a tripartite activity involving the student advanced nurse practitioner, the mentor and a university lecturer.

Within CYP nursing, interdisciplinary roles and education are becoming more commonplace than ever before. Within this matrix of educational level, clinical skills and inter-professional roles, it is essential to ensure that mentorship for those aspiring to specialist and advanced practice roles is undertaken by professionals with profession-specific educational preparation and clinical practice roles with CYP; the mentor must possess the clinical skills and knowledge the advanced practitioner is seeking to develop. This means that mentors should normally also have undertaken the relevant professional preparation to work with children and young people.

Once the advanced practitioner is in post it is essential that they gain support, supervision and further mentorship in their role. Nurses working at an advanced level will need support from their employer to ensure that they can access relevant continuing professional development (CPD). Many employers set a ratio of clinical, managerial and CPD time to ensure that advanced practitioners remain up to date, for example, 50% clinical, 25% managerial and 25% CPD. It is vital that commissioners and employers recognise the need for CPD and build this into funding and planning of advanced practice posts. CPD may consist of many different activities and may be multi-professional, for example, attending audit meetings or conducting joint clinics. It may be more formal, including CPD modules and online learning. Currently, nurses registered with the

NMC are required to undertake 35 hours of CPD every three years. The forthcoming NMC system of revalidation¹ will require nurses to demonstrate their fitness to practise and will require the nurse's manager or employer to validate their on-going competence and ability to deliver safe and effective care. This will take place at the point of re-registration, every three years.

Educating others

Advanced practitioners are well placed to play a role in educating others. Practising at an advanced, autonomous level, the advanced practitioner will have the skills and knowledge that can assist other nurses and health care practitioners to develop their own skills. Education will be multi-professional and advanced practitioners may be involved in the supervision and education of junior medical staff and other professionals. Advanced practitioners are also well placed to develop clinical/academic or clinical/research careers, contributing to both clinical care and education/research within their role.

Career frameworks

Flexible and transparent career pathways, which are responsive to changing health care needs, have the potential to improve the patient experience through ensuring high quality evidence-based care at the right time, in the right place and by the right person (Scottish Executive, 2006). Career frameworks can also clearly indicate to commissioners the key attributes of a specialist nurse or an advanced practitioner and can demonstrate the acquisition of the relevant knowledge and skills to facilitate delivery of effective provision of care at the required level.

National generic competency-based frameworks

Skills for Health is a national government initiative which aims to deliver a skilled, flexible workforce through a competency-based career framework (Skills for Health, 2010). The framework identifies nine levels of practice (1 = entry, through to 9 = senior staff) that are aligned to job roles and competences (See Appendix 2). Key elements of the role highlighted at Level 7 for advanced practitioners include, "Experienced clinical

¹At the time of publication revalidation was only a proposal to be implemented by 2015. The exact nature of the revalidation process will not be decided until nearer that time. www.nmc-uk.org/Nurses-and-midwives/Revalidation/

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.”

Competences within the Skills for Health framework are also linked to National Occupational Standards (NOS) and National Workforce Competence (NWC); both of which are work streams of Skills for Health. They are also linked to the NHS Knowledge and Skills Framework (KSF). NOS are currently only mandatory in Scotland, although they are increasingly considered good practice as they facilitate close alignment between educational provision and workforce learning needs, and they must be approved by educational regulatory bodies. Capability frameworks have also been put forward as a means of developing beyond competence to support the application of knowledge and skills across a range of complex and changing settings, but again are only currently in common use in Scotland (Scottish Executive, 2008).

Specialty specific competency frameworks

Condition-specific integrated career and competency frameworks have been developed in areas such as diabetes, epilepsy and oncology (TREND, 2011; Deakin, 2011; RCN, 2012). These frameworks provide useful information for commissioners and employers regarding the level of staff and the skills required to meet patient needs at various stages of their illness. These frameworks can facilitate personal development as they help identify key milestones in career progression; for higher education institutions (HEI) they help identify the skills and knowledge required at various levels of care, which can inform education and training needs; for employers they can give assurance that practitioners have acquired the skills and knowledge required for a particular role.

Clinical academic training pathway

The importance of integrating education, research and practice, and increasing research capability in order to ensure best patient care has been highlighted in recent policy initiatives from both

the National Institute for Health Research (NIHR, 2013) and the Department of Health (DH, 2012b). The Career Pyramid (See Appendix 5) seeks to illustrate the importance of clinical practice expertise and academic achievement developing in tandem. Many organisations have implemented blended clinical/academic roles to achieve integration in these areas, however, practical and contractual difficulties have to be overcome in order to establish these roles within the NHS, other health care settings and HEIs.

The Department of Health and the Association of UK University Hospitals (AUKUH) have developed a National Clinical Academic Development Group for Nurses, Midwives and Allied Health Professionals which focuses on clinical academic training (AUKUH, 2013). Appendix 6 illustrates a career pathway mapped by AUKUH to facilitate career progression in advanced roles for nurses and other allied health professionals from master's through to clinical doctorate and clinical fellowship awards (AUKUH, 2013).

Role of the clinical academic researcher

According to AUKUH a clinical academic is, “a nurse, midwife or allied health professional who engages concurrently in clinical practice and research,” (DH, 2012b). The role provides, “clinical and research leadership in the pursuit of innovation, scholarship and the provision of excellent evidence-based healthcare.” A central feature of a clinical academic's research is that it aims to inform and improve the effectiveness, quality and safety of health care provision. The clinical academic's focus is on building a research and evidence-led care environment, including the development of research capacity and capability. They challenge existing practice as well as working within, and contributing to, a research-rich environment that is intended to lead the way towards achieving excellence in health care and health outcomes.

Exemplar role: Clinical academic researcher

This children's diabetes nurse specialist holds a joint appointment with the Royal Manchester Children's Hospital and the University of Manchester as a clinical academic researcher. After successfully completing a PhD, she continues to build on her research position and clinical experience to achieve her ultimate ambition of developing a career as a clinical academic nurse research leader in CYP health care. Her current research-related activity involves engagement with schools and the support they provide to CYP with type 1 diabetes (T1D). Lack of support in schools for CYP with diabetes is a national clinical priority and as a clinician she is committed to working towards improving standards of care for CYP with T1D in schools locally and nationally. Working as a clinical academic nurse researcher means that she can develop high-quality evidence and research that has a specific focus on the care CYP and their families receive, as well as the effectiveness and productivity of clinical services. Therefore, the dual role of the clinical academic nurse researcher enables clinical practice to influence research and research to influence practice.

Conclusion

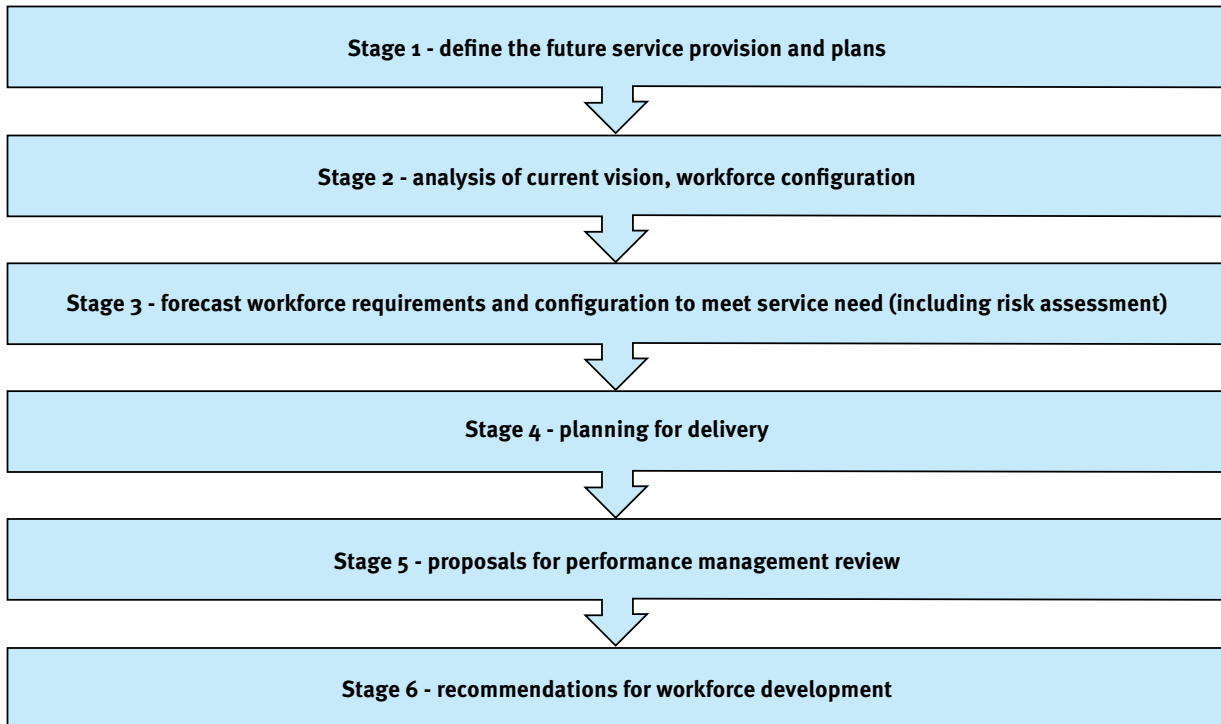
It is increasingly acknowledged that change is needed to make health care services for children and young people safe and sustainable, and to improve their health outcomes. These changes cannot happen without children's nurses developing their level of practice alongside medical colleagues and other members of integrated multidisciplinary teams.

Children's nurses working at specialist, advanced and consultant level across a range of health care settings make a significant contribution to the health and wellbeing of CYP and their families and to their experience of health care services. They work as autonomous practitioners and integral members of multidisciplinary teams, at all stages in the pathway through a wide diversity of care settings. They develop services, lead teams, educate others and lead or participate in research.

The development of such innovative nursing roles, working at an advanced level of practice, requires a planned approach to the commissioning and development of services, and of the workforce that is able to deliver them. Robust, flexible and accessible educational programmes and the development of comprehensive career frameworks are needed to enable nurses at all levels to aspire to these roles in order to meet the needs of children, young people and their families, and to improve their health outcomes.

Appendix 1: Workforce planning tool

Workforce planning tool



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Appendix 2: Key elements of the career framework

Key Elements of the Career Framework

Skills for
Health

9

Career Framework Level 9

People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population, at the highest level of the organisation. **Indicative or Reference title: Director**

8

Career Framework Level 8

People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education or commissioning role. **Indicative or Reference title: Consultant**

7

Career Framework Level 7

People at level 7 of the career framework have a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative, and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment. **Indicative or Reference title: Advanced Practitioner**

6

Career Framework Level 6

People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and / or have management and leadership responsibilities. They demonstrate initiative and are creative in finding solutions to problems. They have some responsibility for team performance and service development and they consistently undertake self development. **Indicative or Reference title: Specialist/Senior Practitioner**

5

Career Framework Level 5

People at level 5 will have a comprehensive, specialised, factual and theoretical knowledge within a field of work and an awareness of the boundaries of that knowledge. They are able to use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service and self development. They may have responsibility for supervision of staff or training. **Indicative or Reference title: Practitioner**

4

Career Framework Level 4

People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work, but the worker makes judgements, plans activities, contributes to service development and demonstrates self development. They may have responsibility for supervision of some staff. **Indicative or Reference title: Assistant/Associate Practitioner**

3

Career Framework Level 3

People at level 3 require knowledge of facts, principles, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2, and will have more responsibility, with guidance and supervision available when needed. They will contribute to service development, and are responsible for self development. **Indicative or Reference title: Senior Healthcare Assistants/Technicians**

2

Career Framework Level 2

People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties according to established protocols or procedures, or systems of work. **Indicative or Reference title: Support Worker**

1

Career Framework Level 1

People at level 1 are at entry level, and require basic general knowledge. They undertake a limited number of straightforward tasks under direct supervision. They could be any new starter to work in the Health sector, and progress rapidly to Level 2. **Indicative or Reference title: Cadet**

Appendix 3: Key characteristics of advanced practice across the four domains

1. Management and Leadership

- Identify need for change, utilise change management skills to implement change effectively to aid service development
- Negotiation skills
- Networking
- Team development
- Escalation / taking action when poor practice identified
- Clinical supervision
- Mentoring and Coaching

2. Education

- Principles of teaching and learning to service users and care providers
- Support others in development of knowledge and skills
- Promote an effective learning environment and impact of education Development of policy/ protocols/guidelines and educational materials
- Teaching, mentoring, supervision and coaching
- Influence educational curriculum

3. Research

- Ability to access and utilise information systems
- Skills in critical appraisal and evaluation of research
- Involvement in research/audit
- Implementation of research into practice
- Publications and Conference presentation
- Dissemination

4. Advanced Clinical Practice

- Critical thinking, decision making/advanced clinical judgement and problem solving
- Analytical skills including critical reflection
- Managing complexity including ethical decision making
- Clinical governance / risk management
- Assessment, diagnosis, referral, discharge
- Assessment and management of risk : see above
- Non-medical prescribing
- Higher level communication skills

Appendix 4: Exemplar nursing roles

Specialist nurse

Paediatric epilepsy nurse specialist (Calderdale and Huddersfield)

This role is complex and varied, providing expert support for children with epilepsy, including clinical interventions, psychological and social support to parents and families, delivering education and raising awareness. The nurse specialist is an independent nurse prescriber and delivers many of the same activities as a paediatric consultant – such as medication reviews and monitoring; clinical assessments; safety issues; advice on lifestyle, future careers, relationships and sexual health. The nurse specialist visits schools to educate teachers and peers, as well as GP surgeries to advise on management and medication. The role also involves home visits, telephone advice and acts as a link to other services. She provides specialised knowledge at clinics and liaises with adult teams to evolve appropriate transition to adult care. This role offers a streamlined and holistic service, is easier to access for patients and reduces consultant workload, which leads to cost savings.

Advanced nurse practitioner

Secondary care – ambulatory and high dependency (NHS Ayrshire and Arran)

The children's service has developed two APNP roles; one for ambulatory care and one for high dependency care. The APNPs have provided an ideal opportunity to enhance the child's care journey by blending their traditional nursing skills with those usually delivered by junior and middle grade medical staff. They deliver advanced paediatric knowledge, skills and competences in all health care settings where children are seen, assessed and treated. The ability of the post holders to take a medical history, undertake a clinical examination, order investigations, interpret results, reach a diagnosis and prescribe medication have improved the quality and safety of care delivered. They have provided leadership, education of self and others, and used their research skills in the clinical area.

The service is now supporting the education and training of their 'Well Child Nurse' on a career pathway to an APNP. This role will deliver a holistic service spanning children and young people's

health care needs in acute and community settings, helping prevent children's hospital admissions and to facilitate timely and appropriate discharges/transfers of care from hospital.

Consultant nurse

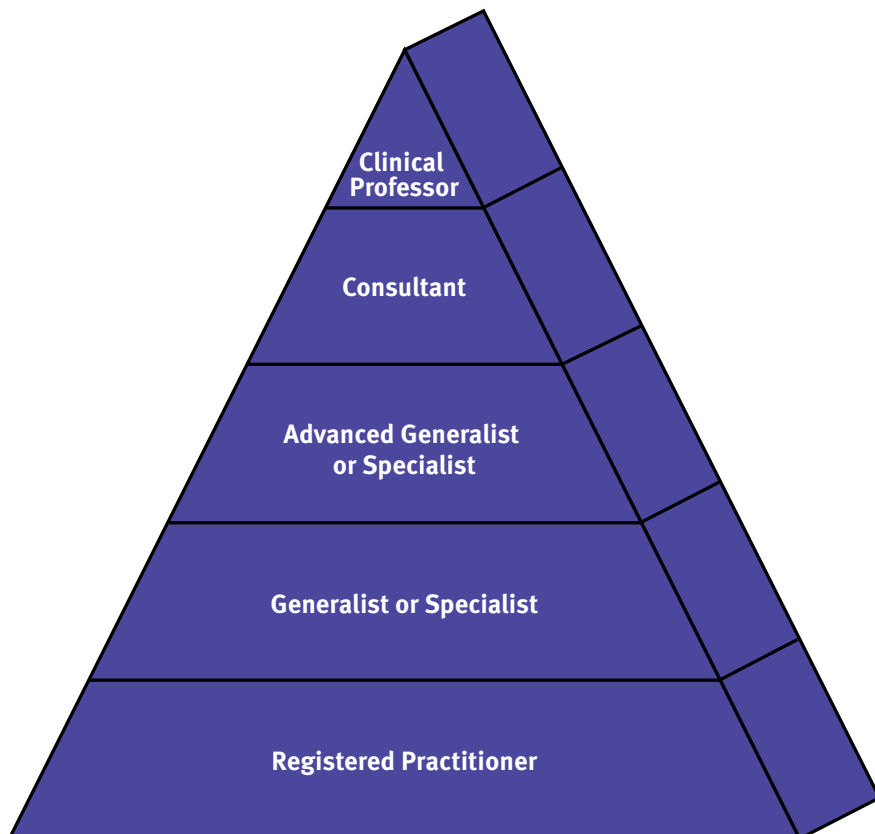
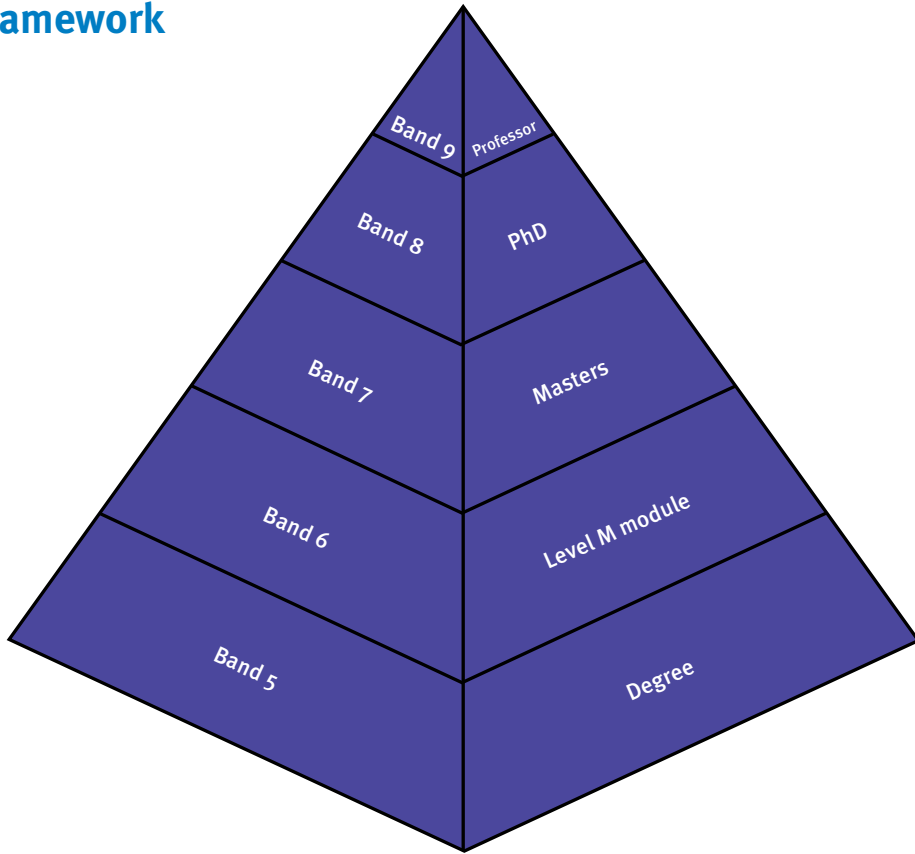
Nurse consultant for paediatric and adolescent diabetes (University College London)

The designated lead nurse for children and young people with diabetes at UCLH provides professional advice, leadership and direction to the clinical nurse specialist diabetes team and paediatric diabetes dietician. This leadership remit also extends to a wider audience, with an expectation to improve and influence national policy making for children with diabetes. The nurse consultant also contributes to a number of national working groups.

The remaining portion of the role is spent developing educational and research programmes to support the post and is also an honorary senior lecturer at City University. This role was established to decrease waiting times and optimise the pathway for new referrals into the service, specifically for insulin pump therapy. The role has reduced waiting times to less than two weeks for new appointments and has significantly shortened the waiting time for children and young people to initiate insulin pump therapy.

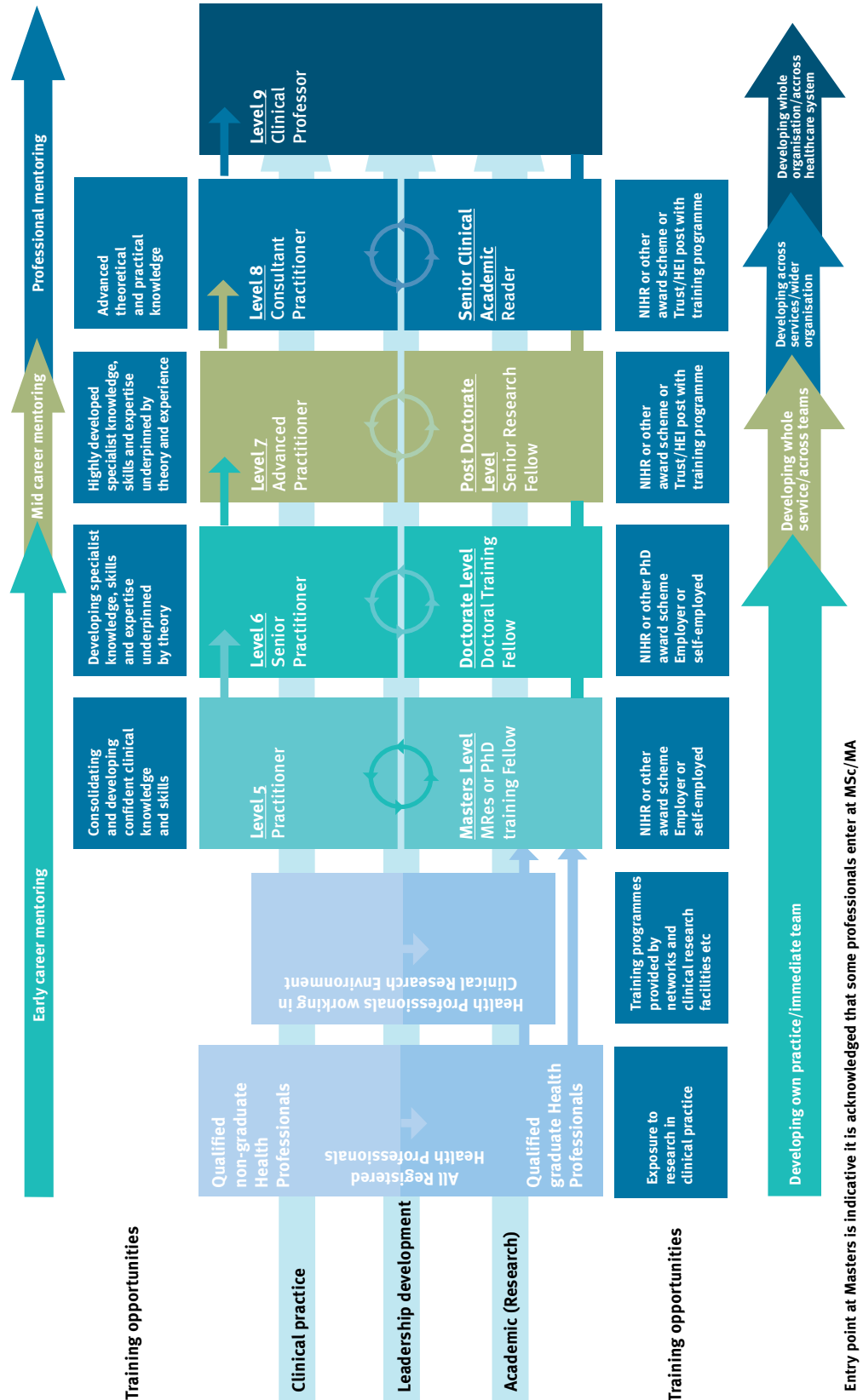
Appendix 5: Career Pyramid

Career framework



Appendix 6: AUKUH Clinical academic career pathway

Association of UK University Hospitals Clinical Academic Group Clinical Academic Career Pathway, February 2012



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June 2014, Review date: June 2017

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

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Publication code: 004 579

ISBN 978-1-910066-23-2

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