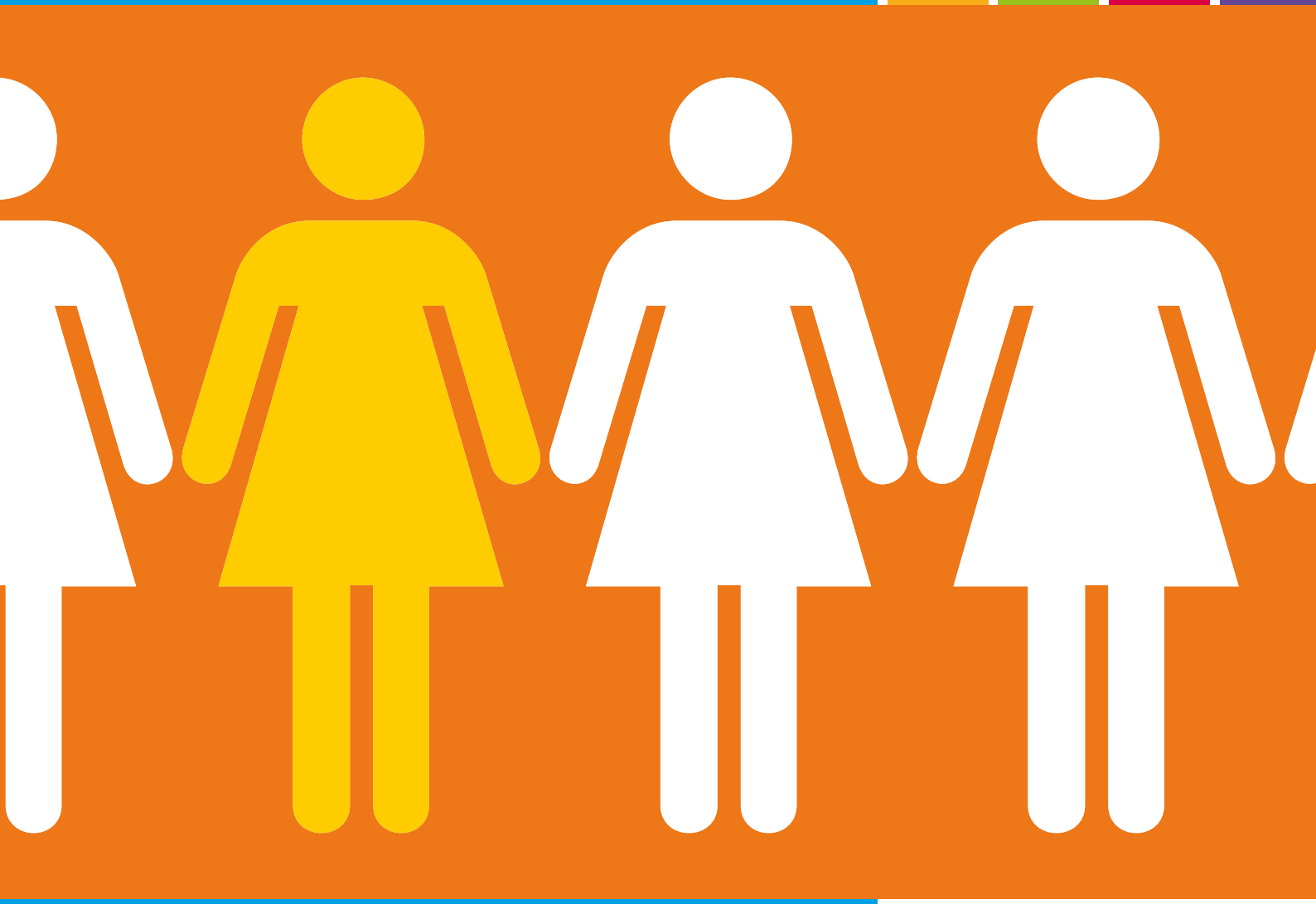
Royal College of Nursing

Clinical Nurse Specialist Standards in Early Pregnancy Care Impact Assessment Report

CLINICAL PROFESSIONAL RESOURCE



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Contents

Note:

It is recognised that services are provided by registered nurses and midwives in a range of settings. For ease of reading, the generic terms ‘nurse’, ‘nursing’ and ‘nurses’ are used throughout this document.

The RCN recognises and embraces our gender diverse society and encourages this standard to be used by and/or applied to people who identify as non-binary, transgender or gender fluid.

A few respondents to the survey asked about pay bandings being included, however this standard is primarily about developing clinical practice, and the project team felt it was not appropriate to suggest specifics, as this will be different in different countries across the UK, and between the NHS, primary care and the independent sector.

1. Introduction

The need to define specialist roles in nursing is an important step in articulating the more advanced roles for registered nurses in defined arenas of practice. In 2017, the RCN published the standards for *Clinical Nurse Specialists (CNS) working in Early Pregnancy Care (EPC)*, in collaboration with the Association of Early Pregnancy Units (AEPU), and other relevant stakeholders.

The CNS EPC standards were developed in an evidence-based environment, with the belief that they would enable and empower the roles already in existence, including creating some equity across the UK, as well as to outline nationally agreed standards for the future.

They were also intended to facilitate career development in this area of practice, clarify specific skills development and outline the strategic nature of such roles. Not only would this create equity, but it could also raise the profile of the role and its importance in supporting women and their partners in early pregnancy crisis such as miscarriage, including enhancing the provision of care.

The standards were distributed across the RCN, AEPU and related contacts to ensure targeted distribution, and were received positively, in particular about the value to enhancing practice and career developments.

2. Impact assessment process

Three years on from the publication of the standards, it was important to carry out an impact assessment to ascertain how useful the standards had been, and to establish achievement of outcomes of the project that led to their development. Anecdotal feedback has been very positive since publication and the intention of the project team was to develop some intelligence to inform a revised edition for 2021.

This assessment took place during the pandemic, and the authors fully acknowledge that whilst it was important to gather information about this publication, the challenges (both professionally and personally) faced by everyone at that time may well have impacted on the results received.

The pandemic also affected the provision of care with a number of early pregnancy care units (EPCUs) closed/stepped down, and staff redeployments, to manage the crisis in the health care system, across the UK. This also led to more women being supported virtually in their homes, through telemedicine for early miscarriage. Emerging evidence suggest this may have had a negative impact on some women, their families and the health care professionals who were having to become more skilled at support at a distance. The levels of mental trauma for both patients and staff will be a further challenge going forward. Farren et al., in 2016 (and again in 2020) had already identified the mental challenges faced by many women:

> "a large number of women having experienced a miscarriage or ectopic pregnancy fulfil the diagnostic criteria for probable post-traumatic stress disorder (PTSD). Many suffer from moderate to severe anxiety, and a lesser number depression. Psychological morbidity, and in particular PTSD symptoms, persists at least three months following pregnancy loss. (Farren et al., 2016)

In a further paper published by Farren et al., (2021) focusing on male partners, it was found that "some partners reported clinically-relevant levels of PTSD, anxiety and depression after pregnancy loss, though to a far lesser extent than women physically experiencing the loss."

3. Survey results

The evidence gathering was achieved via an online targeted survey. The survey was created by the project team, tested and distributed online via the RCN forums and to members of the AEPU.

The information gathered has been distilled into:

1. **Profile of respondents**
2. **Clinical skills and knowledge**
3. **Patient attendances**
4. **Service development**
5. **The value of the RCN standards**
6. **Staff and service development**

1. Profile of respondents

The survey yielded 107 responses, of which 93 (87%) worked in early pregnancy care.

83% of the respondents were members from the RCN, with 53% from AEPU, 6% from the Royal College of Midwives (RCM), and the remainder came from a range of organisations including British Society of Abortion Care Providers (BSACP), British Medical Ultrasound Society (BMUS), International Society of Ultrasound in Obstetrics and Gynaecology (ISOUG), and Society and College of Radiographers (SCOR). It is acknowledged that many members will belong to more than one of the organisations mentioned.

The survey was distributed across the UK, and the geographical spread of respondents, demonstrated replies from all four UK countries and across all RCN regions of England. The majority of replies were from the South East including the Channel Islands – 20%, with 14% from the South West and 13% from London.

The majority worked in the NHS (91.5%), with 2% in primary care and 6.5% in the independent sector.

The hours allocated for EPC are an important indicator of how dedicated these roles may be, so the consideration was of hours per week worked to gauge this. The majority (66%) worked between 21-37 hours a week, whilst 23.5% were working more than 37 hours a week.

When asked how many hours were worked in early pregnancy care that produced a different picture, with 14% working less than 10 hrs a week, 24.5% working between 11-20 hours, 48% working between 21-37 hours a week, whilst 14% were working more than 37 hours a week. This disparity between different groups may reflect the commissioning of services and subsequent differences in service provision.

It is recognised that care provision can be very complex, based on local need, expertise, extent of services being provided, and a range of other factors, which can impact on commissioning. Overall this is an area for further investigation, to better understand the nuances of the results. Over half of the respondents were working nearly full time in their EPC role, which may suggest a larger unit or one that is open all the time. A recent study (Norton, Holloway, et al., 2020) on clinical nurse specialist working in endometriosis care

showed that respondents there were working a few hours a week and often had multiple roles. This may not be comparable to the EPCU staff as they often do not have a defined clinical area or role and may be engaged in other roles, whereas EPCUs may have a more defined area of practice.

There is acknowledgement that individuals may choose to work part time for reasons other than hours allocated for the role.

When asked to define their particular role in early pregnancy care, responders identified a range of roles, which are outlined in Table 1.

Table 1

What is your main job title when working in early pregnancy care?		Response total
1	Clinical nurse specialist	22
2	Nurse manager	13
3	Advanced nurse practitioner	16 plus 2 trainees
4	Midwife	4
5	Nurse	25
8	Sonographer	10
9	Other (please specify)	21

Some identified themselves as having more than one role, for example as clinical nurse specialists and managers and junior sisters, whilst others identified roles as emergency nurse practitioner, clinical governance, or in the medical team.

45% worked only in that role, however the remaining 55% had roles in other areas of practice including gynaecology nursing, fertility, urogynaecology, sonographer in other areas of related service provision, matrons for gynaecology, clinical governance, teaching, midwifery practice and research.

When asked how long they had been in the role, 41% had been there more than 10 years, whilst 44% had been in their role for between two and 10 years, suggesting a level of job satisfaction and commitment to working in early pregnancy care.

60 respondents replied to the question about being in training to become a clinical nurse specialist. Only one stated they were in training, with eight planning to train as a clinical nurse specialist, which may suggest a difference in terminology being used within this workforce and may need exploring further?

Discussion by the project team also suggests that there may be a lack of opportunity possibly depending on size of unit, and opportunities to progress, which may not be available to them locally. This could be an opportunity for exploring working across traditional boundaries of service provision and providing mentors from other AEPUs to support development.

This report recommends that further work is required around clinical nurse specialist roles to clarify role development and equity across the different arenas of practice.

When asked about being an advocate for the women cared for, 91% felt that they could advocate for all their patients.

Who works in early pregnancy care?

One of the elements of the survey was to identify the multi-professional team working in EPCUs, and it identified that there are:

- clinical nurse specialists
- advanced nurse practitioners
- nurses/midwives Band 5, 6 and 7
- nursing associates
- health care assistants/health care support workers/nursing assistants
- doctors
- sonographers.

The variety is useful in understanding the multi-professional nature of the role, but also the data collected suggest that a majority of staff are registered nurses leading to a conclusion that this is largely a nurse-led service, with potential for career development for nurses who would wish to specialise in early pregnancy care. The data collected also demonstrated differences in the size of units and service provision across the country. It also provides some insight into who makes up the early pregnancy clinic team including the input from sonographers and medical teams.

Registered nursing associates – there are increasing numbers of registered nursing associates working across all areas of health care, including early pregnancy units. It is important to have defined roles, including clarity around accountability and delegation, as well as pathways for progression for registered nursing associates. Some concern had been expressed about the risk of replacing registered nursing associates with newly qualified nurses, leaving a potential lack of opportunity for newly registered nurses to gain valuable experience in progressing their careers.

The results also noted some differences in how advanced nurse practitioners and clinical nurse specialists are defined and used in practice, which is outlined further in the next section.

2. Clinical skills and knowledge

The project team was keen to better understand the skills carried out in early pregnancy care, and to identify if staff were using the RCN standards to aid their development.

It was also important to investigate the skills they would like to develop to further enhance their role, which led to the project team considering how this might be carried out in practice. Table 2 outlines the findings from the survey.

Table 2

Which of the following skills do you undertake in your early pregnancy care role?	Yes	No	No, but would like to
Ultrasound	42	24	28
Non-medical prescribing	20	39	35
Manual vacuum aspiration (MVA)	9	50	35
Conducting/participating in audits	74	9	11
Research	40	28	26
Writing publications	11	53	30
Writing guidelines	54	27	13
Providing educational presentations for staff and professionals	63	22	9
Initiating and facilitating the sharing of information with service users	73	12	9
Written consent for procedures	48	26	20
Delegated consent	35	43	16
Administration of cytotoxic medications	49	33	12
Triage	83	7	4
Link with support groups/run support groups	47	27	20
Vaginal and abdominal examinations	50	24	20
Counselling	71	11	12

There is a wide variation in practice and engagement in more advanced nursing roles which may, in part, be related to the level of service a unit provides and the number of other staff involved.

Overall, the results are really encouraging as they highlight enthusiasm for skills development showing that respondents are keen to further develop their clinical skills, especially within the areas of ultrasound scanning, manual vacuum aspiration provision, non-medical prescribing, research, and writing for publication. It also led the project team to conclude that there may be a need (possibly a roundtable event) to further explore the opportunities and barriers to developing some of the more complex skills originally outlined in the standards.

The project team also concluded that there is a need to consider how nurse engagement in advanced practice, in a meaningful and fulfilling way, could be achieved, rather than nurses sometimes being seen as just there to fill gaps in service provision, in particular

where there are shortages of medical staff, or in an environment that may have a negative impact on service provision, for example available space for access to theatres/ procedures in a timely manner.

Commenting on some of the skills outlined, the project team concluded:

- non-medical prescribing has increased and is a clear area for development. Encouragement to invest in the nursing team to be non-medical prescribers will support the development of nurses, increase autonomy in care provision, patient satisfaction, improve continuity of care and reduce waiting times
- due to an increase in very early pregnancy care, it will become more important for nurses to understand administration of cytotoxic medication and misoprostol. An ectopic pregnancy has become easier to diagnose earlier due to an increase in the pregnancy test accuracy of detecting a pregnancy very early. This results in women presenting earlier than before to EPCUs, and with improved scan technology and user capability, ectopic pregnancy is being diagnosed earlier. This in turn results in women being offered medical management of ectopic pregnancy sooner to avoid surgery and removal of organs such as a fallopian tube. During the COVID-19 pandemic, this treatment increased to avoid spreading the infection. Therefore, it is imperative that early pregnancy care nurses are competent in administrating methotrexate to avoid delays in treatment. Such training will also enable safe handling and administration of the cytotoxic drug, including the ability to provide advice and guidance to women in their care

  Further information on nurses prescribing in pregnancy can be found at: **rcn.org.uk/clinical-topics/medicines-management/prescribing-in-pregnancy**
- vaginal and abdominal examinations are skills that form a key part in accurate diagnosis. *The RCN guidance Genital Examination in Women* (RCN, 2020) can be found at: **rcn.org.uk/professional-development/publications/rcn-genital-examination-in-women-pub007961** and provides competencies for developing skills in this area of practice
- manual vacuum aspiration (MVA) is usually carried out by medical staff, however there are increasing numbers of nurses in the UK who have demonstrated competence completing MVA for miscarriage and to remove retained pregnancy tissue. There is potential for many early pregnancy clinics to provide this service to women, reducing waiting times for women and improving cost effectiveness for services (Sheldon and Fletcher, 2017). There is also currently a shortage of training opportunities for MVA, at present only the RCOG provides this and it may be that uptake might improve, if there were more training opportunities available for nurses
- ultrasound training is another area for potential skills development. Formal training courses at master's level, with easier access to placements will enable more nurses to take up this advanced skill. Pregnancy of unknown location rates improves in units where the USS users are proficient in early pregnancy scanning which ultimately leads to safer outcomes for women
- consent is another important issue and one that all nurses should have expertise in. Specifically, in EPCUs, delegated consent may be used. Suitable training should be provided locally, and in line with national guidance, including agreements with the lead consultant. This should include sufficient knowledge of intervention including risks and benefits of procedure and in-depth understanding of suitable alternative treatments.

The practitioner must feel competent and agree that they will refer to appropriate colleague for further information and support if required (GMC, 2020)

- counselling is another advanced skill considered critically important to service provision. Immediate clinical counselling following poor outcomes is a part of the nurse's duty of care to the woman, and her partner. Many units will offer debriefing counselling as a local service, however, some may require therapeutic counselling, which should be carried out by a suitably qualified counsellor. Nurses need to have these skills, or know where they can refer woman to, in a timely manner. The British Infertility Counselling Association **bica.net** or British Association of Counselling and Psychotherapy **bacp.co.uk** have further information on courses available
- as a graduate profession, nurses are more prominent now in publications, however many are often unsure about how to engage in publications and audit/research. This should form part of skills development for all nurses to share their practice and experiences, to enhance practice
- 40 respondents were involved with research, with another 26 nurses looking to develop their research skills should such an opportunity arise. This is very encouraging given the pivotal role nurses can play in identifying gaps in clinical practice and developing ideas for improving outcomes.

Increases in advanced level practice has been a progressive ambition of developing nursing practice for some time. Many advances have been made and in 2020 the RCN defined advanced practice as a level of practice, rather than a type of practice. Further information on advanced level practice can be found at: **rcn.org.uk/professional-development/advanced-practice-standards** (RCN, 2020).

The clinical nurse specialist is seen as an advancing practice role, in a defined arena of practice, which can sometimes cause confusion between the two terms – in practice they are often used interchangeably. This is another area for further exploration beyond the remit of this project.

Overall, this element of the survey, in particular the "No but would like to" shows a clear need for increased formal training opportunities (rather than local and informal) and is very encouraging.

3. Patient attendances

The survey was also used to gauge the volume of work, carried out by individuals. And this ranged from between 50-150 patients per week, however this was not correlated with attendances. In retrospect the number of attendances by patients, rather than caseload may have been a more useful data set to gather, as it would be more reflective of the volume of work, being carried out by individuals. It also needs to be compared to unit size and service provision (such as weekdays only or 24/7 service) to provide a useful discussion point.

This wide variety of responses to questions about volume of patients again reflects the diversity of services provided across the UK. The low numbers, if consistent, may be an issue for clinical nurse specialists maintaining their skills.

It was also noted that as well as face-to-face consultations nurses had increased telephone/online consultations, which can take as much time and energy and does

require a different skill set, which some were better prepared for than others. Over the course of the last year several useful resources have been developed to enable skills development in this area.

4. Service development

One ambition of the original standards was to have clinical nurse specialists actively engaged in service development and 81% replied positively to this with 19% stating they were not currently involved.

Some of the responses indicated the engagement to include:

I have just taken a new role as a matron. I am hoping to do a business case to extend the service to seven days

I discuss the scan finding and management options for the couple. I provide some counselling and emotional support

Meetings within the trust which involves higher nursing personnel and the Lead EPCU Consultant

We are actively trying to improve our service to cover weekends and carry out MVA

As part of a team of nurse practitioner who cover clinics when the full time is on leave. We all participate in service development

Trying to develop the service to become more nurse led ie, nurse led medical management miscarriage, nurses consenting, possibility of nurse sonographer and a nurse led triage service (over phone) and empower nurses to make more decisions

Update leaflets

Actively trying to secure funding to train in ultrasound, to try to pursue the CNS EPCU role

When asked about being actively engaged in the provision of complex care pathways within the role, 58% felt they were but that left 42% feeling that they were not. This may be because of the role they have, the opportunity in their local area and/or service configuration. However, this may require further consideration locally as it may reflect whether the opportunities actually exist in the unit.

When it came to commissioning services, only 18% were actively engaged in commissioning. This is an area for development, as it is essential for senior nurses to be actively engaged in commissioning local services.

5. The value of the RCN standards

It was encouraging to know that 55% of those who responded were familiar with the standards prior to completing the survey, and over 86% of those who knew about them felt they supported the role, Table 3 below outlines how they were found to be useful:

Table 3

How have you used the standards within your work? (select all that apply)			
Answer choice		**Response %**	**Response total**
1	To demonstrate your role	58.8%	30
2	To enhance your skills	37.3%	19
3	Within your personal development plan	58.8%	30
4	To enhance local services	41.2%	21
Please use this space to expand on your answers or tell us about other ways you have used the standards – see below			9
		answered	**51**
		skipped	**56**

Comments included:

Used them as a benchmark to set standards of competencies for all levels of nurses working in EPAU. Need an understanding of a nurse sonographer/ clinical nurse specialist role

To support the need to train to carry out MVA, access ultrasound training and the development of clinical nurse specialist roles

Used to reflect on my daily duties

Writing a business plan to increase our staffing

Enhance local services

To update my job description

To share with team, to back up what we do and what junior members of team can aspire to

The replies suggest that the majority of respondents were not only familiar with the standards but had used the standards to demonstrate their role and enhance their personal development. Extensive feedback from the survey also demonstrated how the standards had an impact on early pregnancy care roles and/or service. The vast majority of comments demonstrated the usefulness of the standards in helping to define roles and standards.

Examples included:

The standards were used as a reference point to increase staffing and support the service needs

Allowed me to realise exactly what a clinical nurse specialist should be aiming towards, I started my sonography course at the same time as the standards were created and it essentially gave me a job plan as I think there is a lot of discrepancies within the role at different hospitals/trusts

All positive – defines role, assisted in developing new staff and showing what the job entails

Used to develop the staff within the EPU units cross site and to secure funding for training courses

These have helped me with guidance on how to support the women attending the department especially within my counselling role

Used to clarify role and succession plan with a new business case

Identity of the role. Developing job descriptions and planning work force training. We have introduced reassurance clinics. Women have access more freely to support for recurrent miscarriages and previous ectopic pregnancy

Showed the hospital the importance of the role and what can be achieved

Highlighted gaps in knowledge and competency to allow for growth and development. Gave clear direction towards the skills needed to fulfil the role and the standards we should work to but we do not have a clinical nurse specialist role within our unit. We have used the standards to set expectations of the role and use as a competency document to facilitate career progression

Reinforced my role and expectations of the role

The standard positively identified core skills that needed developing and areas for development

Utilising then when undertaking the non-medical prescribing course and MSc in advanced practice and during personal assessment reviews (PADRs)

Confirms that our unit meets expected standards

Standards helped to increase my band from 5 to 6. Also used as part of my appraisal to develop my career

Some comments concluded that the RCN standards had not been used as effectivity as they could, but the survey has increased the awareness of them, and they could be used successfully in the future to provide a good baseline to enhance role development and service provision. One respondent felt they were not helpful, as the local service was restricted by capacity, and felt that the service model was not fit for purpose, however the conclusion could be that the standards could be used to change the model?

One of the challenges in health care is the ability to share good practice across wide geographical areas and often the lack of opportunity to share innovative ways to re-fashion service provision, is not given the priority it should. Access to national conferences such as the annual AEPU Conference and RCN Woman's Health Conference are some positive ways to celebrate practice innovations.

6. Staff and service development

67% of respondents managed staff, with 21% stating they had used the standard to develop the staff they manage and 23% have used them to develop their service provision.

Some of the replies to this included:

Used to help at revalidation and to demonstrate depth of skills for annual appraisal/banding

Standards used to push for training to complete speculum training, consent, training for MVA, ultrasound training, surgical management of miscarriage and medical management

We have used the standards to set expectations of the role and use as a competency document to facilitate career progression

Used to support a business case for additional staffing

The standard positively identified core skills needed for development and also highlighted gaps in knowledge and competency to allow for further growth and development

Defines the role and is developing staff in line with the standards

Treatment improved with medical management of miscarriage happening at home

Encouraged staff to develop skills such as use of methotrexate and scanning

As I am new in my role, discussed the standards with staff and we are looking at more nurse led services. I have already secured places on a bereavement course (to tie in with the counselling element) and we have already discussed with patients, the options regarding sensitive disposal (which we were not doing before). Will definitely be looking at nurse sonographer/MVA training

I have used them as a benchmark in appraisals; recruitment; funding for courses during the annual training needs analysis (TNA); raising the profile of the unit within the division and organisation; improving the patient experience and developing local standard operating procedures

Training other staff and as guide to future training needs for staff

All staff are involved in audits service improvement

Job description and training analysis

4. Recommendations

The conclusion of this impact assessment has led to some key recommendations, which have been incorporated into the revised edition of the RCN *Clinical Nurse Specialist in Early Pregnancy Care*, available at: **rcn.org.uk/publications** (publication code: 009 931).

The RCN Women's Health Forum Committee recommends that:

1. there is a continued requirement for clear local guidelines and care pathways, to ensure the safety of women, their partners and families, as well as the registrants caring for them
2. there is a need for formal courses in ultrasound training, with appropriate local access to practice placements and mentoring, to enable the completion of required practice elements
3. there is a need for more formal training for nurses in manual vacuum aspiration
4. there is a need to develop a better understanding of the opportunities and possible barriers to nurses developing advanced skills such as ultrasound scanning, non-medical prescribing and counselling. This could be achieved using a roundtable discussion
5. there is a better understanding of delegated consent and this needs to be embedded in local services
6. further work is required around the CNS role development and its equity across the UK
7. implementation of the RCN standards should be considered in all units, regardless of size/configuration or geographical location. The RCN understands that different configurations of units exist, however consistency in learning across the sector and sharing good practice will improve services and job satisfaction for all
8. to engage in audit/research projects, presenting their findings at meetings
9. there is a need to encourage nurses to be more actively engaged and involved in the local commissioning of services to better meet the needs of women who access their care.

5. Conclusion

When asked about the overall use of the standards, the responses were mainly positive, some identifying that some units were better at implementation than others, whilst some key skill development should be enhanced, such as specialist counselling skills and MVA. A request for more online learning was also included, as well as more information about available courses.

As a result of the impact assessment, the conclusion is that the standards are continuing to improve practice and enable those working in this area to develop skills, knowledge and career pathways. It is reassuring that the standards set are still relevant, however there is an imperative to ensure all nurses working in EPCUs have access to them.

Following this review, the RCN standards have been reviewed, updated and published in 2021 to take account of the evidence gathered.

6. References and further reading

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7. Useful contacts

Association of Early Pregnancy Units **aepu.org.uk**

British Medical Ultrasound Society **bmus.org**

British Society of Abortion Care Providers **bsacp.org.uk**

Ectopic Pregnancy Trust **ectopic.org.uk**

MSI Choices **msichoices.org.uk**

Miscarriage Association **miscarriageassociation.org.uk**

RCN Careers resources **rcn.org.uk/professional-development/your-career**

RCN Women's health clinical topic **rcn.org.uk/clinical-topics/womens-health**

International Society of Ultrasound in Obstetrics and Gynaecology **isuog.org**

Society and College of Radiographers **sor.org**

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This a report following an evaluative impact assessment on the value of the R*CN Clinical Nurse Standards for Early Pregnancy Care* published in 2017. It discusses the outcomes of a survey conducted and provides recommendation for further enhancement of the role.

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The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact **publications.feedback@rcn.org.uk**

Evaluation

The authors would value any feedback you have about this publication. Please contact **publications.feedback@rcn.org.uk** clearly stating which publication you are commenting on.

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