

A Competency Framework for Rheumatology Nurses

Second edition

CLINICAL PROFESSIONAL RESOURCE



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

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Notes

It is recognised that care may be provided by registered nurses and midwives, health care support workers, assistant practitioners, nursing associates, student nurses and midwives, and trainee nursing associates. For ease of reading, the generic terms 'nurse', 'nursing' and 'nurses' are used throughout this document, unless specified.

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

The RCN also recognises that not all those born female or male will identify with the same gender nouns, but for ease of reading we use the term woman/man/men and where appropriate, acknowledge non-binary terms.

Acknowledgements

The RCN would like to extend thanks to forum members and the expert review panel who represent experienced rheumatology nurses from across the UK. We are also grateful for input from the British Society for Rheumatology (BSR). In addition, support from patient organisations such as the National Rheumatoid Arthritis Society (NRAS), the National Axial Spondyloarthritis Society (NASS) and Arthritis Action has been key to the success of this project.

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Introduction

Rheumatology nursing has undergone significant changes since the publication of the original competency framework. As health care advances, the RCN Rheumatology Nursing Forum presents the second edition of the competency framework. This edition builds upon the foundations established in the first edition and is an important milestone in enhancing and refining professional standards in rheumatology nursing.

To ensure it reflects best practice in rheumatology nursing, this edition incorporates insights and knowledge from other professional frameworks. Resources include the Health Education England (HEE, 2017) *Multi-professional Framework for Advanced Clinical Practice in England*, the Welsh Government's *Framework for Advanced Nursing, Midwifery, and Allied Health Professional Practice in Wales* (2011), the Northern Ireland Department of Health, Social Services and Public Safety's *Advanced Practice Nursing Framework* (2018), and the Chief Medical Officer Directorate, Scottish Government's guidance on *Transforming Nursing, Midwifery, and Health Professions Roles*.

In addition to these valuable resources, the competency framework also integrates and aligns with the RCN standards for advanced level nursing practice, advanced nurse practitioners, RCN accreditation, and RCN credentialing, fostering a comprehensive and cohesive approach to professional development. Links to these resources can be found in [Useful website and resources](#).

The role of the rheumatology nurse specialist is multifaceted and complex, with a range of advanced practice skills. In addition, organisations may employ people in development roles. This framework is intended to support such roles and be used for the individual development requirement to ensure safe, structured progression and career development. The development of non-registered roles is outside the scope of this document.

Despite positive impacts reported by rheumatology nurses, challenges persist, as highlighted in reports by the National Rheumatoid Arthritis Society (NRAS) and the All-Parliamentary Party Group for Axial Spondylarthritis. Concerns include the shortage of rheumatology nurses, lack of succession planning, variations in titles and proficiency across the UK. This document aims to guide the professional journey of rheumatology nurses, contributing to the broader UK health care landscape. Acknowledging the evolving nature of nursing practice, we anticipate there will be future amendments to this framework.

Competency versus capability

Understanding the difference between competency and capability in rheumatology nursing is essential. Competency typically refers to the skills and knowledge required to perform tasks or procedures effectively, such as administering medications or conducting assessments. Capability encompasses a broader range of attributes, in addition to competencies such as critical thinking, adaptability, and communication skills, which enable a nurse to provide comprehensive care and adapt to different patient needs and situations. Competency is a measure of performance, while capability is a combination of factors that affect an outcome.

While we value and prioritise competency in nurse development, we also recognise the strategic importance of capability. Therefore, our emphasis remains on improving competency levels while promoting critical capability development.

Aims of the framework

We listened to feedback following the publication of the first edition. As originally planned in the initial bid, we detailed a comprehensive evaluation phase to understand the acceptability of the framework. We evaluated the first edition, published in 2020, through interviews with rheumatology nurses in early 2022. These results informed the review of this document (Nursing Standard, 2024).

The competency framework aims to enhance the field of rheumatology nursing, addressing the challenges of recruitment, retention, sustainability, benchmarking, and succession planning across the four countries of the UK. The priority is to secure a nationally adopted framework that can be widely disseminated ensuring alignment and collaboration among stakeholders for its effective implementation.

Aims of the framework

- To support individual personal development plans (PDP) and continuous professional development (CPD).
- To support robust career progression for rheumatology nurses.
- To provide a framework to support succession planning and service development.
- To support the development of a standard nationwide curriculum for academic and in-house training programmes.
- To provide a benchmarking tool for all rheumatology nurses.
- To define specific rheumatology nursing qualities and outcomes.
- To define pathways to enable career development, for example, clinical specialities, management, leadership, teaching, education, and research.
- To be used alongside other competency frameworks and guidelines.

Competency levels and expectation of behaviours

There will always be fluidity between the levels of practice, due to a variance in the set-up of rheumatology services across the UK. This document does not refer to Agenda for Change bands, but to levels of practice.

For those interested in developing towards advanced practice, please visit: rcn.org.uk/library/Subject-Guides/advanced-nursing-practice

All posts at all levels need to conform to the core themes of the Nursing and Midwifery Council (NMC) Code (NMC, 2018), structured around 4 themes:

- prioritise people
- practise effectively
- preserve safety
- promote professionalism and trust.

How to use the framework

The *Rheumatology Nurse Competency Framework* is designed to assess and enhance your skills and knowledge as a rheumatology nurse. This guide will walk you through the process of completing the framework effectively.

Step 1: Familiarise yourself with the framework

Before you begin, carefully review the framework. Understand its structure, domains, and competencies. Make sure you understand what the competency requires.

Step 2: Self-assessment

Start by assessing your current skills, knowledge, and experience in each competency area. Self-assessment helps to direct learning, support development and provides a baseline for subsequent assessment. Use a rating scale (eg, 1 to 5) to indicate your proficiency level, with 1 being novice and 5 being expert. Be honest in your self-assessment, identifying areas where improvement is needed.

Step 3: Identify learning needs

Based on your self-assessment, identify the competencies where you feel less confident or that require improvement. Note down specific areas within each competency you would like to focus on.

Step 4: Create a learning plan or contract

Develop a personalised development plan, outlining how you intend to address your identified learning needs. Consider various learning methods, such as formal education, workshops, mentorship, or self-directed study. Set achievable goals and deadlines for each competency utilising specific, measurable, achievable, relevant, and time-bound (SMART) goals: [youtube.com/watch?v=1-SvuFIQjK8](https://www.youtube.com/watch?v=1-SvuFIQjK8). Completion of a learning contract can form an integral part of your professional portfolio.

Step 5: Seek resources

Gather educational resources that align with your learning plan. This might include textbooks, online courses, research articles, or clinical guidelines. Utilise resources provided by your institution or professional association.

Step 6: Implementation

Actively engage in learning activities related to the identified competencies. Seek opportunities for hands-on practice, observation, or clinical experience in these areas. Reflect on your experiences and adjust your development plan as needed.

Step 7: Record progress

Keep a detailed record of your progress, including dates of completion and any relevant certifications or achievements. Maintain a portfolio of evidence that showcases your competence in various areas. The competency document templates you need to use are available in the [Useful Websites and Resources](#) section.

Step 8: Self-reflection

Periodically revisit your self-assessment and development plan to track your progress. Reflect on how your increased competence has impacted your practice and patient care. Keep these reflections for part of your NMC revalidation.

Step 9: Seek feedback

Encourage feedback from colleagues, mentors, or supervisors to validate your progress and provide constructive input. Consider peer-review processes or performance evaluations if available.

Step 10: Regular review and re-assessment

Completing the competency framework is an ongoing process of self-assessment, learning and professional development. By following this guide and committing to continuous improvement, you can enhance your skills as a rheumatology nurse and provide high-quality care to your patients in the field. Continuously update your competency framework based on your evolving skills and knowledge. Regularly assess your competence to ensure ongoing professional growth.

Producing evidence

Rheumatology nurse specialists may need to produce evidence for each competency to demonstrate they have achieved the competency at the identified or desired level. Various approaches should be combined, rather than selecting one approach. This evidence will also help with NMC revalidation.

It is important to maintain a professional portfolio of personal evidence of competence as part of your professional development and NMC revalidation. This helps to ensure knowledge and skills remain up to date.

Keeping a log of the types of evidence and coding them assists in record keeping. These codes can be inserted in the template.

Assessment should be based on objective evidence. Due to the diverse nature of the competencies, no one type of evidence can meet all the statements. It is important that a variety of evidence types are used to demonstrate the knowledge, skills and behaviours required. See below for examples of evidence.

Examples of evidence

Types of evidence	Examples of evidence
Clinical skills	<ul style="list-style-type: none"> • Recorded clinical activity on electronic record system. • Questioning on policies procedures and protocols. • Paediatric gait, arms, legs and spine (pGALS) assessment on a child or young person (CYP). • Entonox competency for procedures. • History-taking on telephone triage. • Joint injection and prescribing competencies.
Observation of practice	<ul style="list-style-type: none"> • Observed clinical practice with verbal questioning. • Observed practice of a minimum of two telephone helpline sessions with verbal questioning. • Observed delivery of clinical practice in a minimum of one clinic. • Observation feedback of at least one teaching session or presentation.
Discussion	<ul style="list-style-type: none"> • Clinical evaluation exercise and case-based discussion (CbD).
Reflection	<ul style="list-style-type: none"> • Reflection and audit of five records from telephone calls/clinic consultation. • Portfolio, reflective diary and ePortfolio.
Audit	<ul style="list-style-type: none"> • Audit of records of 10 patients per year, as outlined in the competency framework. • Prescribing audit. • Audit minimum of five referrals from the triage session. • Audit of five letters of timely signing and dispatch. • Production of at least one clinical audit with evidence of application of outcomes. • Audit of supervision and PDP documentation. • Audit of appraisal and PDP documentation, respecting confidentiality if pertaining to supervision of others.
Academic	<ul style="list-style-type: none"> • Academic courses eg, BN or BSc, MSc, NMP or PhD, BSc, MSc or Diploma. • History-taking/clinical skills for CYP or equivalent level rheumatology programme. • Self-directed study.
Training	<ul style="list-style-type: none"> • Evidence of training and development, and CPD in a personal CPD portfolio eg, e-learning, study days (certificates). • Statutory and mandatory training evidence. • Objective structures clinical examination (OSCE). • Delivering case studies or education sessions (eg, local, national and international seminars workshops and conferences). • Developing learning and teaching resources for patients, families or colleagues. • IR(ME)R training/imaging training and completion of at least 1 radiology interpretation sheet (10 examples per year). • Advanced safeguarding training. • Adolescent specific training day.
Research	<ul style="list-style-type: none"> • Research and evidence-based reviews. • Writing papers for publication in professional journals which may include audits, case studies, literature reviews and primary research. • Case correlation exercise with peers. • Critical incident analysis.

Career development strategies and training

This table is intended to provide some ideas for career progression, aligning training and experience opportunities with the framework that you might wish to consider. Each competency is on the left, with ideas for progression in the subsequent columns.

Text in **purple** denotes paediatric-specific competencies.

Competency domain	Registered level practice to Enhanced	Enhanced level practice to Advanced	Advanced level practice to Consultant
1. Specialism knowledge	<ul style="list-style-type: none"> Attend local radiology meetings. Do IRMER training (if appropriate). Consider BSR, EULAR or PReS individual membership. Pain management courses. Psychology skills, such as distraction, desensitisation, redirection, etc. whatwhychildreninhospital.org.uk/videos An awareness of health psychology/role of play therapists and how to refer and/or signpost to mental health resources. Entonox competency or training course for joint injections. Adolescent specific courses and study days. 	<ul style="list-style-type: none"> BSR online and face-to-face education packages. BSR podcasts. BSR advanced nurse course. Specialism-specific clinical courses. 	<ul style="list-style-type: none"> Membership of advisory bodies. NICE quality standards or technical appraisal committees. Increase rheumatology teaching to junior staff and at study days and keep evidence of this. Working towards formal MSc study in advanced practice or a rheumatology MSc/PG Dip/Cert.
2. Clinical assessment planning implementation and evaluation	<ul style="list-style-type: none"> In-house and on the job induction and training. BSR online training and induction resources. BSR introductory nurse course. Specific training modules. Specialism-specific sponsored study days. Specialism-specific conference attendance. 	<ul style="list-style-type: none"> Further in-house and on the job training. ANP level registration. IRMER training. Joint injection training. Attending conferences, regionally, nationally and internationally. 	<ul style="list-style-type: none"> Advanced in-house training/study days and on the job training. Speaking at specialism-specific conferences regionally, nationally and internationally.
3. Disease management	<ul style="list-style-type: none"> Observation of prescriber. Observe general clinical practice of band 6. Understanding of the range and diversity of rheumatological conditions and medication. 	<ul style="list-style-type: none"> Prescribing course. Review and comment on NICE appraisal consultations. Observe a band 7's clinic. Attend MDT meetings to support management of complex patients and caseload. 	<ul style="list-style-type: none"> Triage training. Observe commissioning meetings. Contribute to pathway design meetings.

<p>4. Communication</p>	<ul style="list-style-type: none"> • Telehealth training. • Presentation skills training. • Chairing and media awareness – know where to get support from if needed. • Contribute to practical teaching sessions. • Local speaking/ presenting experience. 	<ul style="list-style-type: none"> • Undertake teaching qualification. • Link with higher education institute for more formal academic training. • Observation feedback of teaching session or presentation. • Facilitation training. 	<ul style="list-style-type: none"> • Postgraduate teaching qualification. • Link with academic organisation to specialist support programmes. • Link with primary care.
<p>5. Service delivery</p>	<ul style="list-style-type: none"> • Participate in a departmental audit exercise. • Spend time with clinical audit team understanding service delivery requirements. 	<ul style="list-style-type: none"> • Lead an audit and present locally. • Take on a BSR role of a committee and feedback regularly to team. 	<ul style="list-style-type: none"> • Lead an audit and submit for presentation locally, nationally or internationally.
<p>6. Governance and accountability</p>	<ul style="list-style-type: none"> • Datix training. • QI training. • Patient satisfaction training. 	<ul style="list-style-type: none"> • Local risk management course. • Participation in external group/committee. • Attend rheumatology service meetings to understand departmental performance reviews against national benchmarking such as Get it Right First Time (GIRFT), etc. • Complete advanced level of safeguarding training. 	<ul style="list-style-type: none"> • Local compliance training. • Shadow a risk officer in your trust.
<p>7. Leadership and development</p>	<ul style="list-style-type: none"> • Consider mentorship to support your own development. • Participation in audit training. • In-house leadership development programmes. • Be a link nurse eg, with the infusion/day case unit, primary care or disease specific interest (such as a uveitis or vasculitis). • Mentorship training. • Local or online research/ audit awareness course. • Good clinical practice research training. • Literature critical appraisal skills training. • Attending journal clubs. 	<ul style="list-style-type: none"> • In-house and on the job improvement project. • Undertake clinical, service, change management, audit, or research publications. • Submit abstracts for poster and oral publications. • Consider MSc level education module in leadership. • Governance and safety training. • Follow a leadership programme such as BSR or ASPIRE. • Presenting at research journal clubs. • Clinical leadership and management training. 	<ul style="list-style-type: none"> • NHS or professional body leadership training. • Publication of MSc dissertation. • Professional body committee/trustee role. • Submit rheumatology work for publication in nursing or rheumatology journals. • Apply to sit on a journal editorial panel. • Consider applying for research funding, such as National Institute for Health Research (NIHR) fellowships. • Consider undertaking doctoral level study if supported to do so and passionate about research.

Frequently asked questions (FAQs)

Q. I don't know where to start using the document

A. At the outset, we recommend reading the document all the way through to help you identify your current level and what skills you could develop. A stepwise approach will help you organise your thoughts.

Q. I don't meet all the criteria for my level or practice. Does that mean I shouldn't be at that level?

A. No. We acknowledge that not everything listed is essential for everyone. It will vary depending on what trust you are in and what your role is. For example, not all rheumatology nurse specialists will need to prescribe or request radiology, however for those who run nurse-led clinics, these may be essential components of their role. The advantage of this document is that you can personalise it to your own specific area.

Q. I don't do everything suggested for my level of practice. Does that mean I can't be promoted to the next level?

A. No. There is not one size fits all. The competency document needs to be personalised to you and your daily role. If you and your line manager identify that you are working at your expected level, then it maybe you are ready for a promotion to access new opportunities.

Q. How can I use the document to help with the recruitment process?

A. There are many ways you can use the document. For example, prior to their interview, you could ask potential candidates to identify what level they think their own development and knowledge is currently at, and where they would like to focus if they are successful at the interview. Again, before their interview, you could ask candidates to read it as background, reflecting upon it. For a nurse new to rheumatology, you could ask them to identify the common core knowledge they currently have, which is universal whatever the speciality, and what might be new knowledge.

Q. How do I document my current skills and knowledge?

A. Using the attached templates you can plot your own level of practice and identify opportunities for the future. You don't need to fill in every box on the template but use them to document your progress.

Q. My line manager is not a rheumatology nurse and struggles to understand my role. How can the document help me?

A. Using the templates and the document to guide you, you can document your achievements and any future opportunities you would like to explore. This is also useful for your NMC revalidation.

Q. As a manager, how can I use the competency document?

A. Work with your individual nurses, asking them to identify their current strengths and needs, using the competency document. Discussing this together will then enable you both to plan for further development in the future.

Q. How can I move from one level to another?

A. This is a complex process and can happen in several ways, such as re-banding, or simply applying for a new role. Some roles are development roles. It's important to understand what is required in the level you are aiming for and understanding what the competency is asking.

Q. I'm a paediatric rheumatology nurse. Are the competencies still applicable to me and my role?

A. We are aware that some of the competencies can be adult-centred and whichever ones are non- applicable to paediatrics can just be omitted. Paediatric rheumatology nurses have different responsibilities, depending on the unit they work in, and the size of caseload and treatments offered.

Competency framework

Please note: Each column builds upon previous learning.
Text in purple denotes paediatric-specific competencies.

Competency 1: Specialism knowledge			
Registered nurse practitioner	Enhanced level practitioner	Advanced level practitioner	Consultant level practitioner
<ul style="list-style-type: none"> • Develops underpinning knowledge of rheumatological conditions, associated co-morbidities and differential diagnoses. • Develops knowledge of evidence-based treatment pathways utilising national and local guidelines, including understanding combination therapies, monitoring requirements and risks related to immunosuppression. • Develops an understanding of the importance of the rheumatology multidisciplinary team (MDT). • Provides person-centred care in relation to the specific health care needs of patients with rheumatological conditions. • Develops knowledge and provides advice around bone health, including the impact of falls and fracture risk in rheumatology. 	<ul style="list-style-type: none"> • Understands aetiology biology and pathophysiology of rheumatological conditions. • Understands evidence-based treatment pathways utilising national and local guidelines. • Understands the importance of monitoring, dose escalation and optimisation of rheumatology drug therapies. • Understands the principles of rheumatology nursing practice and how care is organised throughout the patient journey. • Understands the multifactorial issues in the development of rheumatological conditions and can explain these to patients and carers. • Is aware of new clinical ideas that are emerging in rheumatology. • Understands bone health and appropriate investigations and treatment in the rheumatology context. • Identifies and acts on DXA results and requests other relevant tests to exclude diseases that can present with osteoporosis and vertebral fracture. 	<ul style="list-style-type: none"> • Has undertaken or working towards specialist qualification or training. • Understands the diagnostic criteria for rheumatological conditions, differential diagnoses and risk factors. • May develop highly specialist skills and knowledge managing highly specialist caseloads eg, connective tissue diseases) (CTD) or uveitis specialist nurse. • Contributes to development of effective treatment pathways and teaching programmes. • Understands the individual and national health burden of rheumatological conditions and how this impacts patients and services. • Applies specialist knowledge to evaluate new and complex clinical ideas that are emerging in rheumatology. • Applies appropriate management pathways with guidance from senior members of the team as required. 	<ul style="list-style-type: none"> • Has advanced knowledge of national and international innovations that contribute to rheumatology care in adults and children and young people. • Can autonomously co-ordinate care of patients with complex diseases. • Promotes rheumatology nursing practice as part of local health service delivery, utilising strategies for influencing national and local policy. • Acts as national resource, expert, adviser, researcher and author. • Is an expert in all holistic matters arising when caring for paediatric and adolescent rheumatology patients and their families.

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<ul style="list-style-type: none"> Provides dietary advice to those receiving corticosteroid therapies, including avoidance of foods contributing to weight gain and understands the psychological implications of steroid weight gain for children and young people. Develops an understanding of the differences between delivery of care in paediatric, adolescent, young person and adult care settings. 	<ul style="list-style-type: none"> Understands the risk factors for prolonged corticosteroid use and impact upon children and young people's growth, weight, skin and pubertal development. Understands the difference between paediatric and adult-onset disease and what happens to their disease through a lifetime. Understands the importance of screening and regular review for evidence of uveitis in children. Understand red flags indicating uveitis in a young child. 	<ul style="list-style-type: none"> Actively develops the practice of others on all aspects of rheumatological conditions and associated co-morbidities. Applies specialist knowledge to promote timely patient-centred pathways during the transition process. 	
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Please note: Each column builds upon previous learning.
Text in purple denotes paediatric-specific competencies.

Competency 2: Clinical assessment, planning, implementation and evaluation			
Registered practitioner	Enhanced practitioner	Advanced level practitioner	Consultant level practitioner
<ul style="list-style-type: none"> Develops understanding of disease activity scoring and other outcome measures relevant to rheumatology patients. Understands normal joint movements and factors which might alter these, including child development, delayed diagnosis and access to care. Understands the importance of correctly identifying and managing pain and supports patients with acute and chronic pain, making appropriate referrals. Develops knowledge of appropriate investigations according to agreed protocols. 	<ul style="list-style-type: none"> Understands and requests appropriate investigations. If requesting imaging, holds IR(ME)R certification according to local policy. Has knowledge of systemic manifestations of rheumatological conditions. Has knowledge of the psychological and social implications of living with a rheumatological condition. Can interpret rheumatology specific infection risks and implications for patient treatment and escalate to appropriate clinician. 	<ul style="list-style-type: none"> Carries out comprehensive MSK, clinical and rheumatology assessments, interpreting and acting on findings, identifying systemic manifestations of rheumatological disease. Interprets a range of investigations using the results to develop a management plan. Holds IR(ME)R certification for investigation of more comprehensive clinical findings where appropriate according to local policy. Promoting infection prevention through disseminating information about vaccinations. 	<ul style="list-style-type: none"> Contributes to local, national, international and clinical guidelines that impact rheumatology nursing. Undertakes specific accredited training and has in-depth knowledge of advanced skills. Uses expert knowledge to define complex manifestations of rheumatological diseases and acts autonomously on findings. Leads on person-centred care planning and intervenes where needed. Ensures consistent shared decision-making behaviours across the service.

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<ul style="list-style-type: none"> • Develops awareness of the importance of potentially serious pathology (red flags) and reports to appropriate clinician. • Understands the risks of infection to the patient on immunosuppressive medication. • Has awareness of appropriate actions for a patient with an infection and how to escalate concerns. • Begins to develop an understanding of the potential psychological and social implications of living with a rheumatological condition. • Understands health and safety local and national guidelines, and the implications for rheumatology care. • Supports progression through development and age-appropriate care from paediatric to adult, using development, culture and age-appropriate language and includes parent/carer where appropriate. • Supports patients' individual journey considering development and age-appropriate care, from paediatric to adult. Uses age-appropriate language, considering culture, including parents/carers where appropriate. 	<ul style="list-style-type: none"> • Applies knowledge of normal joint movement and undertakes disease activity scoring, acting on findings. Enhancing clinical assessment skills of other systems, understanding why these are required. • Can define red flags and act on findings, • Enhances effective consultation skills to achieve accurate assessment. • Uses age-appropriate scoring and measurement tools relevant to disease monitoring. 	<ul style="list-style-type: none"> • Uses expert knowledge and critical thinking to explain and advise management options. Ensures compliance with national standards and registry data. • Applies specialist knowledge when caring for the specific nuances required by rheumatology nurses when caring for paediatric patients, such as understanding of medication intolerance, medication compliance issues, needle phobia etc and strategies for improving upon this, looking at making shared decisions with young people where possible. 	<ul style="list-style-type: none"> • Applies expert knowledge and critical thinking to ensure team is fully supported. • Drives quality improvement processes for the rheumatology service and disseminates appropriately. • Leads on expert paediatric and adolescent considerations throughout clinical care, for example the importance of offering developmentally appropriate clinics and making shared decisions about treatment with children, young people and carers.
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Please note: Each column builds on previous learning.
Text in purple denotes paediatric-specific competencies.

Competency 3: Disease management			
Registered nurse practitioner	Enhanced practitioner	Advanced level practitioner	Consultant level practitioner
<ul style="list-style-type: none"> • Develops knowledge of the practical implications of long-term conditions, their ongoing management and effects on patients and families. • Regularly considers patients' mental capacity, seeking advice when needed. • Develops an understanding of the pharmacological management of rheumatological conditions, including aims of therapies, screening, side-effects, monitoring requirements, pre-treatment safety checks and reporting side-effects, complying with local policy. • Supports patients and carers to self-manage and is aware of support systems in place for patients and carers. • Has knowledge and understanding of other therapies and services that may be suitable, such as podiatry or dental care. • Develops knowledge of the use of over the counter (OTC) medication and non-pharmacological interventions, including complementary therapies and supplements. • Undertakes risk assessment and capacity assessment of patient and carers using appropriate legislation and policies. 	<ul style="list-style-type: none"> • Applies knowledge of medication adherence when counselling patients about medications. • Understands public health issues regarding the potential for the misuse of drugs and over prescribing, identifying patients in need of advice. • Understands the complexities of OTC medication, complementary therapies, supplements; and advises patients and carers appropriately. • Understands the use of 'off licence' prescribing. • Carries out clinical annual review using local protocols. • Practices at appropriate level of autonomy and freedom to act to manage rheumatological conditions, according to current evidence-based practice. • Undertakes safe non-medical prescribing within agreed local protocols and recommends next steps in disease management, referring to other specialists as required. 	<ul style="list-style-type: none"> • May hold or be working towards appropriate non-medical prescribing qualification. • Supports the prescribing and monitoring of medication when delivered in another health care setting or within a clinical network. • May hold or be working towards appropriate joint injection qualification or in-house training. • Ensures strategic and cost-effective use of evidence-based management approaches to improve patient outcomes. • Develops effective treatment pathways to support patients who are corticosteroid dependant and applies National Patient Safety Agency (NPSA) advice on steroid use in rheumatology. • Develops strategies which could be implemented to improve concordance with treatment and medication. • Provides information to other agencies where appropriate to ensure reasonable adjustments to support the patient. • Develops collaborative working practices and education with nurses and the rest of the MDT. • 	<ul style="list-style-type: none"> • Advanced knowledge of disease management, innovations, treatments, patient care standards and development of risk management strategies at local and national level. • Influences local and national policy identifying areas requiring further research. • Disseminates and escalates risk assessment findings where needed in line with the organisation's clinical governance framework and risk register maintenance. • Ensures consistency across service of information provision about OTC and complementary therapies. • Practises autonomously using contemporary research and evidence-based practice. • Supervises and supports team members to prescribe and monitor treatment plans and regular reviews. • Uses expert knowledge and critical thinking skills to offer advice on referrals to other therapies and services. • Critically review evidence for effectiveness of advanced therapies for rheumatological condition.

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<ul style="list-style-type: none"> • Supports patient and family in shared decision making to select most appropriate administration of medication. • Provides support for ongoing self-management and assesses treatment concordance. • Effectively counsels patients and carers, and offers supporting information in relevant format. • Competently administers specialist prescribed treatments. • Recognises and implements strategies involving other therapists where necessary, such as play therapists to help with needle phobia, eg, distraction techniques, rewards. • Safely administers Entonox for painful procedures, as per local policies. 	<ul style="list-style-type: none"> • Educates colleagues, and counsels patients and carers regarding symptoms and side-effects of treatments used and importance of concordance to treatment including the safe administration of medication at home. Aware of changes and new developments in this area. • Evaluates reported side-effects of treatments and actively manages these, seeking advice where needed. • Ensures systems are in place to support patients and carers where necessary. • Co-ordinates multidisciplinary patient management and follow-up. • Identifies and refers patients to other therapies and services working collaboratively to enhance service delivery and patient outcomes. • Understands the implications of having a chronic disease for a child or young person and refers them on to additional services, charities, or therapies as appropriate and for psychological support if required. • Advises on management of common and rare side-effects and explores other treatment options where appropriate. • Ensures processes are in place to manage and report side-effects and contribute to active registers. 	<ul style="list-style-type: none"> • Educates families on strategies for managing and living with rheumatological conditions throughout all developmental stages, signposting to support groups/charities as appropriate 	<ul style="list-style-type: none"> • Instigates further evaluation of effectiveness of advanced therapy provision. • Supports the development of commissioning pathways for new biologic agents as evidence of effectiveness emerges. Ensures evidence-based consultation theory underpins MDT practice. • Leads audit of clinical practice and addresses learning needs or professional development requirements arising from this. • Leads the development and review of policies to ensure that rare side effects are acted upon. • Has advanced knowledge of rheumatological disease implications on the child and young person, taking into consideration the needs of parents/carers and siblings, and providing avenues of support.
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Please note: Each column builds on previous learning.
Text in purple denotes paediatric-specific competencies.

Competency 4: Communication			
Registered nurse practitioner	Enhanced practitioner	Advanced level practitioner	Consultant level practitioner
<ul style="list-style-type: none"> Clearly communicates with team members, being mindful of information governance and understanding when to escalate concerns to speciality team. Has knowledge of factors affecting self-management and the importance of patient education. Able to describe treatment plans clearly to patients and carers. Understands specific risk factors relating to rheumatology and Making Every Contact Count. Understands the need for timely communication with the service, including home care providers. Provides information to the patient in appropriate formats as needed. Participates in patient and carer teaching sessions. Utilises IT solutions to maintain and improve their own communications. Understands the importance of developmentally and age-appropriate communication with the child and young person and their parents/carers. 	<ul style="list-style-type: none"> Shows capability in utilising goal setting and motivational interviewing. Counsels and educates individuals commencing drug treatments to promote drug persistence and adherence, providing information in appropriate format. Can problem solve and escalate where issues arise. Contributes to the development and evaluation of specialist local patient information resources, seeking patient feedback. Promotes e-health approaches, telemedicine, care planning and documentation, in line with local policies and national guidelines. Demonstrates specific skills to undertake telephone clinical consultations. Contributes to evidence-based patient education sessions co-ordinating with the MDT for delivery, considering the individual needs of patients and carers. Supports the delivery of care across a clinical network. Communicates and shares relevant information with other agencies interacting with the child, young person or young adult, including schools and colleges. Supports the young person through transitional care using: readysteadygo.net/rsg.html 	<ul style="list-style-type: none"> Advocates for alternative care pathways on behalf of the patient and carers. Maintains professional working relationships with key stakeholders and agencies to ensure information needs are met. Has awareness of delivery of home care supplies of medication and ensures staff are familiar with processes, including extended prescriptions where necessary. Develops information and educational programmes. Ensures systems are in place to provide training to support e-health. Supports the young person through transitional care to take responsibility for their health condition, encouraging them to manage appointments independently. Working alongside the young person, plans the transition process, supporting transfer to adult services. Ensure smooth handover of care from paediatric rheumatology using communication tools such as Ready Steady Go available at: readysteadygo.net/rsg-hello-to-adult-services.html 	<ul style="list-style-type: none"> Has a high level of knowledge and understanding of various communication theories, methods and models. Is a role model demonstrating professional expertise and skills in conflict management. Critically analyses emerging IT solutions to improve patient care ensuring effective communication is maintained in response to local population needs. Conveys to clinical and non-clinical audiences the individual and national health burden of rheumatological conditions and how this impacts services. Monitors the effectiveness of education programmes and shares outcomes within the organisation, regionally and nationally. Leads teaching and training strategies about developmental and age-appropriate holistic care, health promotion and safeguarding. Has an expert understanding of specific communication styles appropriate to all stages of child and adolescent development.

Please note: Each column builds on previous learning.
Text in purple denotes paediatric-specific competencies.

Competency 5: Service delivery			
Registered nurse practitioner	Enhanced practitioner	Advanced level practitioner	Consultant level practitioner
<ul style="list-style-type: none"> • Follows pathways used in rheumatology care. • Is aware of patient feedback mechanisms. • Able to manage clinical caseload safely, effectively and efficiently. • Understands the importance of planned smooth transfer of care between primary, community and secondary care settings, alongside the transition from paediatric to adult settings, and uses RSG documents to help the process. 	<ul style="list-style-type: none"> • Has knowledge of skills and expertise of others and appropriate referral and treatment pathways. • Supports team members to ensure core service delivery. • Collects and reports service user feedback. • Ensures adherence to commissioning requirements for high-cost drugs. • Provides teaching to young people at an age-appropriate level to encourage self-administration and self-management. • Manages transitional care plans, engaging with young people and carers early, in preparation for transfer to adult rheumatology teams. 	<ul style="list-style-type: none"> • Is aware of the implications for funding of high-cost drugs and highly specialist treatments. • Is aware of rheumatology nursing budget and contributes to service targets to delivery cost effective care. • Completes service-specific training needs analysis for nursing team. • Undertakes evaluation of patient experience to improve service delivery. • Uses outcome measures to review clinical effectiveness of service provided and performance against contractual requirements. • Manages service skill mix requirements and job planning to ensure appropriate time is allocated to core components of roles. • Involved in the development of referral pathways into rheumatology service; understands the wider health landscape and how this influences service redesign. • Writes department policies regarding safe self-administration of medications. 	<ul style="list-style-type: none"> • Produces rheumatology business cases as required. • Can devise potential cost improvement plans (CIPs) for rheumatology or contribute to department plans. • Ensures consistency of care within the service. • Leads reviews of pathways with the MDT and user groups. • Ensures methodology and referral pathways underpinning the rheumatology service are reliable and valid. • Ensures effective uptake and monitoring of rheumatology service and adherence to key performance indicators for service commissioned. • Sound knowledge of patient pathways and the available expertise to support the triage processes to ensure appropriate referrals, and clinic, recognising those that are a priority and acting accordingly. • Drives person-centred care within MDT and is aware of local population needs, accessing appropriate resources and services in the locality.

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		<ul style="list-style-type: none"> • Recognises inappropriate referrals and uses pathways to act, including when to discuss with the referrer and when to seek guidance when making triage decisions. • Regularly liaises with follow-on care services, ensuring ongoing support of young person and carer after transfer. 	<ul style="list-style-type: none"> • Ensures the team offers transitional care to all young people where required, with early and planned transfer options clearly defined. • Establishes age-appropriate clinics for the child and adolescent, ensuring support for the transfer clinics with the adult rheumatology team. • Regularly audits the transition process to ensure children and young people’s needs are met. Presents outcomes at senior meetings.
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Please note: Each column builds on previous learning.
Text in purple denotes paediatric-specific competencies.

Competency 6: Governance and accountability			
Registered practitioner	Specialist practitioner	Advanced level practitioner	Senior level practitioner
<ul style="list-style-type: none"> • Understands the principles of duty of care and the importance of reporting near misses and error using appropriate local systems. • Knows the vision, values, principles and policies of the organisation and how to access them. 	<ul style="list-style-type: none"> • Understands both the service’s and organisation’s policies and practices. • Utilises patient feedback, compliments and complaints to advance service development and improvement. • Recognises specific gaps and issues and problem solves or escalates issues related to the principle of duty of care. • Considers holistic care for children, young people and families at all times, eg, advocating for a chaperone where needed. 	<ul style="list-style-type: none"> • Ensures duty of care principles are embedded within the service policies and protocols, collaborating with the organisation’s clinical governance framework. • Actively partakes in finding solutions to any rheumatology risk. • Responsible for team members’ compliance with local policies and procedures. • Ensures that appropriate measures are in place for children, young people and their families whilst attending rheumatology clinical care appointments or inpatient stays. 	<ul style="list-style-type: none"> • Advises on best practice for child, young person and family care within the rheumatological multidisciplinary team.

Please note: Each column builds on previous learning.
Text in purple denotes paediatric-specific competencies.

Competency 7 Leadership and development			
Registered practitioner	Specialist practitioner	Advanced level practitioner	Senior level practitioner
<ul style="list-style-type: none"> • Develops an understanding of own leadership qualities and demonstrates these in clinical settings. • Mentors students and supervises non-clinical staff, teaching tasks-based skills once competent. • Has awareness of the importance of organisational goals. • Understands the importance of evidence-based practice in rheumatological care. • Undertakes relevant literature searches to access current evidence for clinical practice, taking part in research. • Develops an understanding of quality improvement strategies for rheumatological care. • Understands the importance of audit in demonstrating the effectiveness of own clinical interventions. • May support clinical trial and audit activity. • Utilises rheumatology opportunities for learning, including ARUK, RCN forum and BSR, EULAR and PReS resources. 	<ul style="list-style-type: none"> • Promotes organisational goals. • Accesses a foundation level leadership training. • Undertakes training in quality improvement and research eg, good clinical practice (GCP). • Shows initiative in change management and problem-solving skills. • Actively participates in meetings. • Can mentor staff and appraise as appropriate, providing individual and small group teaching as appropriate. • Understands the nature of projects and deadlines and how these can impact the service; and can lead small groups in project work, meeting deadlines. • Promotes rheumatology opportunities from relevant professional bodies eg, RCN forum and BSR meetings, conferences and third sector organisations eg, rheumatology charities. • Discusses strategies which might be used to facilitate their own and others' learning in practice. • Participates in quality improvement processes and audit and can present data to colleagues. 	<ul style="list-style-type: none"> • Applies knowledge of organisational change and leadership models, including the characteristics of effective leadership styles, development and succession planning, and concepts associated with vision, strategy, goals and objectives. • Participates in local and regional or national meetings, contributing to rheumatology service and team development. • Awareness of national leadership opportunities and programmes. • Leads audit projects within rheumatology specialty and applies quality improvement outcomes. • Contributes and leads journal club activity. • Provides leadership in the implementation of national standards. • Uses expert clinical knowledge and leadership skills to operationally influence service change. • Manages and oversees delivery of specialist rheumatology services. • Contributes to specialist education, professional development of students and colleagues in the workplace. 	<ul style="list-style-type: none"> • Leads by example as an expert and advisor in specialist field, sharing best practice and leading journal clubs and wider research meetings. Develops research engagement in others. • Has undertaken senior management training. • Liaises with external or internal providers of homecare and delivery and raises alerts issues relating to medication or supply. • Is the principle or chief investigator and lead author designing and undertaking research and disseminating findings by publication and at local, regional and national meetings. • Leads QI strategy and major change projects. • Takes part in national leadership programmes. • Undertakes rheumatology board level opportunities, for example in external bodies eg, BSR. • Formal links with health education institutions promoting rheumatology training within the organisation. • Encourages and mentors junior staff to undertake research activities. • Writes and disseminates publications and practice documents.

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<ul style="list-style-type: none"> • Regularly attends professional forums, local teaching, regional network updates on treatments and maintains own knowledge and competence to meet professional standards, CPD and revalidation requirements. • Demonstrates leadership qualities with clinical care. 	<ul style="list-style-type: none"> • Contributes to research projects and understands application of research to practice. • Involved in patient and public initiatives. • Leads a small team 	<ul style="list-style-type: none"> • Contributes to rheumatology opportunities for learning, within health education institutions and via the RCN forum and BSR and third sector eg, NRAS, producing and submitting abstracts and session proposals etc. • Is an advocate for mentorship for all bands of nursing staff. • Leads patient/public information initiatives. • Is a team leader and role model. • Demonstrates clinical leadership through daily practice and innovation. 	<ul style="list-style-type: none"> • Ensures research project standards are maintained where patients are involved, benchmarked against national standards. • Convenes and presents at regional, national, and international meetings, contributing to rheumatology development. • Leads on succession planning of rheumatology nursing workforce. • Leads strategic planning, direction policy and protocol development to improve patient outcomes at national and international platforms. • Leads or participates in consultation on national or international publications and guidelines. • Provides expert and advice and support across professional boundaries.
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Appendix: Blank template

Level of competency attainment guidance	Level
Cannot perform/demonstrate this activity satisfactorily or participate in the clinical environment	1
Can perform/demonstrate this activity but not without constant supervision and assistance	2
Can perform/demonstrate this activity with some supervision or assistance – and in clinical settings, discussing cases as needed	3
Can perform without supervision or assistance demonstrating more than acceptable speed and quality showing initiative and adaptability to special problem situations – and in clinical settings, discussing only difficult cases	4
Can perform without supervision or assistance demonstrating more than acceptable speed and quality showing initiative and adaptability to special problem situations and can lead others in undertaking this activity – and in clinical settings bringing pertinent cases to MDT meetings or appropriate clinician as required	5

Adapted from Benner (1984).

Assessing competence summary

- Step 1: Familiarise yourself with the framework: make sure you know what each competency is asking for.
- Step 2: Self-assessment: honestly assess your current level of attainment.
- Step 3: Identify learning needs: this gives you the best foundation for improving your practice.
- Step 4: Create a learning plan or contract: this must be supported by your manager with reasonable timeframes.
- Step 5: Seek resources: a wide range of learning resources and learning approaches are best. We all learn differently.
- Step 6: Implementation: plan your learning and regular reviews.
- Step 7: Record progress: at an agreed time period review your assessment and record using this template.
- Step 8: Self-reflection: record reflections of learning to provide revalidation evidence.
- Step 9: Seek feedback: seek peer support and formal mentorship.
- Step 10: Regular review and reassessment.

Competency 1: Specialism knowledge				
Performance criteria	Evidence	Level achieved	Date	Assessor/ self-assessed

Competency 2: Clinical assessment planning implementation and evaluation

Performance criteria	Evidence	Level achieved	Date	Assessor/ self-assessed

Competency 3: Disease management				
Performance criteria	Evidence	Level achieved	Date	Assessor/ self-assessed

Competency 4: Communication				
Performance criteria	Evidence	Level achieved	Date	Assessor/ self-assessed

Competency 5: Service delivery				
Performance criteria	Evidence	Level achieved	Date	Assessor/ self-assessed

Competency 6: Governance and accountability				
Performance criteria	Evidence	Level achieved	Date	Assessor/ self-assessed

Competency 7: Leadership and development				
Performance criteria	Evidence	Level achieved	Date	Assessor/ self-assessed

Areas identified for development/learning contract	Review date	Outcome

I confirm that the level of competence described above evidences my current skills and capability within the competence framework.

Signed:

Date:

Signed:

Date:

Designation:

Glossary and abbreviations

Agenda for Change (AfC) is the national pay system for all NHS staff, with the exception of doctors, dentists and most senior managers [nhsemployers.org/pay-pensions-and-reward/agenda-for-change](https://www.nhsemployers.org/pay-pensions-and-reward/agenda-for-change)

ANP Advanced nurse practitioner

ARMA Arthritis and Musculoskeletal Alliance

BN Bachelor of nursing

NMP Non-medical prescriber

BSc Bachelor of Science

BSPAR Paediatric and adolescent membership group of BSR

BSR British Society for Rheumatology

Chronic pain persisting beyond 3 months

CBD Case-based discussion

CIA chronic inflammatory arthritis

Competencies What individuals know or can do in terms of knowledge, skills and behaviours

CPD Continuous professional development

CQC Care Quality Commission

CYP Children and young people

DAS28 Disease activity score 28 joints – for Rheumatoid arthritis

DATIX Risk management information system designed to collect and manage data on adverse events

Differential diagnoses the process of differentiating between two or more conditions which share similar signs or symptoms

DMARD Disease modifying anti rheumatic drug

DH Department of Health

DXA Dual energy x-ray absorptiometry

EIA Early inflammatory arthritis (Pathway)

EULAR European Alliance of Associations for Rheumatology

HWB Health and wellbeing dimensions in key skills framework

IK Information and knowledge dimensions in key skills framework

Immune modulatory drugs often termed biologics, these drugs effect the immune system

IR(ME)R Ionising Radiation (Medical Exposure) Regulations

IT Information technology

KSF Knowledge and Skills Framework

MDT Multidisciplinary team

Mentorship A coaching relationship enhance the mentee’s professional performance and development and a role model and support system for the mentee.

MiniCEX mini clinical evaluation exercise

MSc Master of Science

MSK Musculoskeletal

NASS National Axial Spondyloarthritis Society

NHS National Health Service

NICE National Institute for Health and Care Excellence

NMC Nursing and Midwifery Council

NSAIDs Non-steroidal anti-inflammatory drugs

NRAS National Rheumatoid Arthritis Society

NSF National service framework for long-term conditions

OSCE Observed structured clinical examination

OTC Over the counter

PDP Personal development plan

Person-centred focusing on individual service users

PGD Patient Group Directions – legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber

PhD Doctor of Philosophy

QI Quality improvement

RA rheumatoid arthritis

Red flags signs and symptoms found in the patient history and clinical examination that may tie a disorder to a serious pathology

SMART goals Specific Measurable Achievable Relevant and Time-bound

E health the provision of health care remotely by means of telecommunications technology. Sometimes called telemedicine or telehealth

Transition moving from one service to another, often referring to children into adult services

References and further reading

- Agenda for Change Handbook. Available at: nhsemployers.org/employershandbook/afc_tc_of_service_handbook_fb.pdf
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- Health Education England (2017) *Multi-professional framework for advanced clinical practice in England*. Available at: hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework (accessed 23 May 2024)
- National Institute for Health and Care Excellence (2016) *Transition from children's to adults' services for young people using health or social care services*, NICE guideline [NG43]. Available at: nice.org.uk/guidance/ng43 (accessed 23 May 2024)
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- Northern Ireland Department of Health, Social Services and Public Safety (2018) *Advanced Practice Nursing Framework. Supporting Advanced Nursing Practice in Health and Social Care Trusts*. Available at: health-ni.gov.uk/sites/default/files/publications/health/advanced-nursing-practice-framework.pdf (accessed 7 August 2024)
- Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. Available at: nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf (accessed 23 May 2024)
- Nursing Standard (2024) *Evaluating a competency Framework for rheumatology nurses*. Finney D, Cornell P, Howie L et al., Nursing Standard. doi: 10.7748/ns.2024.e12111

Paediatric Musculoskeletal Matters (PMM) free educational resource (web). Available at: pmmonline.org

Roach M (1992) *The human act of caring: a blueprint for the health professions*, Ottawa: Canadian Hospital Association Press.

Royal College of Nursing (2018) *Advanced Nursing Standards* (online). Available at: rcn.org.uk/professional-development/advanced-practice-standards (accessed 23 May 2024)

Welsh Government (2011) *Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales*. Available at: wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf (accessed 23 May 2024)

Useful websites and resources

Advanced practice

Advanced nurse practice RCN resource rcn.org.uk/library/Subject-Guides/advanced-nursing-practice updated 23/1/2024

In England: Health Education England (2017) *Multi-professional framework for advanced clinical practice in England*

In Northern Ireland: Department of Health, Social Services and Public Safety (2016) *Advanced Nursing Practice Framework: Supporting Advanced Nursing*

Practice in Health and Social Care NIPEC

In Scotland: The Scottish Government (2010) *Advanced Nursing Practice Roles: Guidance for NHS Boards*

In Wales: National Leadership and Innovation Agency for Healthcare (2010) *Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales* NHS Wales

Clinical practice

Agenda for Change and handbook nhsemployers.org/topics/pay-pensions-and-reward/nhs-terms-and-conditions-service-agenda-change

National Institute for Health and Clinical Excellence (NICE) *Guidelines into practice nice.org.uk/about/what-we-do/into-practice/resources-help-put-guidance-into-practice*

National Early Warning Scores focus on early detection of patient deterioration england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore

Ehealth

Resources to help you consider the design and provision of telehealth services

NICE evidence standards framework (ESF) for digital health technologies nice.org.uk/about/what-we-do/our-programmes/evidence-standards-framework-for-digital-health-technologies

NHS tecs

england.nhs.uk/tecs

england.nhs.uk/wp-content/uploads/2014/12/tecs-ed-telehealth.pdf

Multi-professional Practice-Based Research Capabilities *Framework for Advanced Clinical Practice in England* published by NHS England in September 2023. hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf

Topol review - Preparing the healthcare workforce to deliver the digital future topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf

Paediatric and transition resources

Children and young people transition into adult services rcn.org.uk/library/Subject-Guides/children-and-young-people-transition-to-adult-services

Ready, Steady, Go resources readysteadygo.net/rsg-hello-to-adult-services.html

Public health

Self-care rcn.org.uk/clinical-topics/public-health/self-care

NHS England Involving People in their Care england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf

Health Foundation New Approaches to Value in Health and Care health.org.uk/publication/new-approaches-value-health-and-care

NHS Scotland's education and training body ensuring that patients and their families get the best health care possible from well trained and educated staff nes.scot.nhs.uk

Long-term conditions strategy resource documents england.nhs.uk/ourwork/clinical-policy/ltc/resources-for-long-term-conditions

Competency framework for working with long-terms conditions kcl.ac.uk

British Society for Rheumatology (2014) *Core competencies for Paediatric Rheumatology Clinical Nurse Specialists and Advanced Nurse Practitioners* rheumatology.org.uk/Portals/0/Documents/Guidelines/Paediatric%20guidelines/Core_competencies_Paediatric_Rheumatology_Clinical_Nurse_Specialists_Advanced_Nurse_Practitioners.pdf

Skills for health core capability frameworks

skillsforhealth.org.uk

Long-term conditions skills for care - supporting the adult social care sector skillsforcare.org.uk

Multiple long-term conditions nice.org.uk

Involving people in their care england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf

Value in health care health.org.uk/publication/new-approaches-value-health-and-care

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates* nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

Research

There are many different ways of supporting research. A good reference is:
europepmc.org/article/med/34981700

Cost effectiveness of telehealth for patients with long term conditions (Whole Systems Demonstrator telehealth questionnaire study): nested economic evaluation in a pragmatic, cluster randomised controlled trial BMJ 2013; 346 doi: doi.org/10.1136/bmj.f1035

Role development resources

BSR job planning guidance rheumatology.org.uk/improving-care/registers/service-guidance/nurse-job-planning

GIRFT. *Tackling variations in clinical care: accessing the 'Getting It Right The First Time' programme* kingsfund.org.uk/insight-and-analysis/reports/tackling-variations-clinical-care

Making Every Contact Count, Nursing Standard. 34, 12, 59-65. doi: 10.7748/ns.2019.e11338

NMC Future nurse: Standards of proficiency for registered nurses nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf

RCN Advanced nursing practice resources rcn.org.uk/library/subject-guides/advanced-nursing-practice

RCN credentialing information rcn.org.uk/professional-development/professional-services/credentialing

Revalidation resources and templates nmc.org.uk/revalidation/resources

Shared decision making england.nhs.uk/personalisedcare/shared-decision-making/why-is-shared-decision-making-important

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

Rheumatology nursing has undergone significant changes since the publication of the original competency framework. This edition builds upon the foundations established in the first edition and is an important milestone in enhancing and refining professional standards in rheumatology nursing.

Publication date: December 2024 Review date: December 2027

The Nine Quality Standards

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Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
020 7409 3333

December 2024
Publication code: 011 572

