





# Acknowledgements

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# Introduction

This document defines advanced level nursing practice and provides the developing evidence base. It sets out the answers to key questions being asked by nurses, doctors, potential employers and commissioners, educational programme directors and others interested in this level of practice and the role of the Advanced Nurse Practitioner.

Section 1 on advanced nursing practice forms part of a larger RCN resource. Further detail, including the standards can be found at [www.rcn.org.uk/ANP](http://www.rcn.org.uk/ANP)

The RCN and the health departments of England, Northern Ireland, Scotland and Wales are in broad agreement with domains of advanced nursing and clinical practice. This is founded on sound research and educational principles and documents published in England, Northern Ireland, Wales and Scotland that describe a generic standard of advanced nursing practice. Therefore nurses wishing to practice at advanced level must remember that their practice will be judged as such, rather than at the standard of initial registration (NMC, 2015).

Advanced level nursing practice encompasses aspects of education, research and management but is firmly grounded in direct care provision. Nurses working at an advanced level use complex reasoning, critical thinking, reflection and analysis to inform their assessments, clinical judgements and decisions. They are able to apply knowledge and skills to a broad range of clinically and professionally challenging and complex situations (Department of Health, 2010 p7).

An advanced nurse practitioner is an experienced and highly educated registered nurse who manages the complete clinical care for their patient, not solely any specific condition. Advanced practice is a level of practice, rather than a type or speciality of practice (SGHD, 2008).

Within Wales advanced practice is defined as: “A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant master’s level education is recommended for entry level” (NHS Wales, 2014).

Northern Ireland’s Advanced Nursing Practice Framework states that an advanced nurse practitioner practises autonomously within his/her expanded scope of clinical practice, guided by The NMC Code ... and demonstrates highly developed assessment, diagnostic, analytical and clinical judgement skills (DHSSPSNI, 2014).

The International Council of Nurses (ICN) defines an advanced practice nurse as a “registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context or country in which [she or he] is credentialed to practice” (ICN, 2008).

The RCN supports developments in each of the four UK countries and further defines advanced level nursing practice as encompassing the following:

- making professionally autonomous decisions, for which they are accountable
- receiving patients with undifferentiated and undiagnosed problems and making an assessment of their health care needs, based on highly developed nursing knowledge and skills, including skills such as history taking, advanced assessment, physical examination, referral and treatment, including prescribing independently, and discharge
- screening patients for disease risk factors and early signs of illness
- making differential diagnoses using decision making and problem solving skills
- developing, with the patient, an ongoing nursing care plan for health, with an emphasis on health education and preventative measures
- ordering necessary investigations, and providing treatment and care both individually, as part of a team, and through referral to other agencies
- having a supportive role in helping people to manage and live with illness
- having the authority to admit or discharge patients from their caseload
- working collaboratively with other health care professionals and disciplines

# Evidence of effectiveness

- referring to other health care professionals for ongoing management of identified care needs
- providing a leadership and consultancy function as required.

Advanced level nursing practice is not a doctor substitute, but a hybrid approach between nursing, allied health care professions and medicine to meeting patient needs and provide a range of additional value and benefits. It complements and supplements and augment the care that a multi-professional team can deliver.

Research into the safety and effectiveness of the advanced nurse practitioner has provided overwhelmingly positive conclusions regarding the value of the role and the patient satisfaction that arises from their care (Li et al., 2013; Williamson et al., 2012; Gloster et al., 2015; Barratt, 2016). There are several systematic reviews on nurse-led care substituting, partially or fully, physicians, resulting in at least equivalent quality of care, improved cost effectiveness, improved patient satisfaction, reduced hospital admission and mortality in various primary care models compared to physicians (Martinez-Gonzalez et al., 2014a; Martinez-Gonzalez et al., 2014b; Swan et al., 2015; Bryant-Lukosius et al., 2015; Donald et al., 2015). Evidence also shows that increasing the contribution of Advanced Nurse Practitioners and other advanced level nursing roles through task-shifting and expansion of scope-of-practice can improve access to care and result in greater workforce efficiency (Maier and Aiken, 2016).

Li et al (2013) carried out research comparing advanced nurse practitioners to medical colleagues in the emergency department and found:

- significant efficiencies in patient waiting and journey through the department times
- relieving medics for subacute patient presentations
- providing a service that supplemented and complemented the medical expertise
- effectively addressing the socioeconomic issues of patients
- advocating for preventative health strategies,

health promotion and facilitated patient involvement and self-care.

Williamson et al. (2012) explored the role of ward based advanced nurse practitioners where there was a revised doctor/nurse ratio. They found that not only did the advanced nurse practitioner reduce costs of care delivery but they also found no reduction in quality of care. The researchers found that the advanced nurse practitioner:

- was the lynchpin between those receiving care and those giving care, using their considerable expertise and networks and insider knowledge of health care
- had enhanced complex communication and practice skills, which they used to interpret medical instructions for nurses and other allied health professionals and patients
- were proactive rather than reactive in supporting and facilitating patients holistic care and reducing patient lengths of stay
- acted as a role model, facilitating both formal and informal learning and teaching, to both nurses and junior doctors
- provided continuity of care because they were ward based.

Barratt (2016) studied the communication processes and social interactions occurring in nurse practitioner consultations within the primary care setting. The study revealed nurse practitioner consultations comprised collaborative openness to peoples' agendas and questions, clear explanations for patients along with clinical reasoning and participatory negotiations. The researcher argued that these communicative features prompted the nurse practitioner to adopt a hybrid patient-centred style combining the nursing ideology of holism and their knowledge of biomedicine.

Examining the impact of education and training on advanced nurse practitioners in the workplace following graduation was the subject of research by Gloster et al., (2015). The research identified that the new advanced nurse practitioners were able to apply their learning to the workplace and were able to demonstrate impact on services and patients. They needed a supporting governance and management structure and to be supported by managers who had a clear

vision and structure for the role that included close collaboration with medical colleagues. Supporting them to be autonomous in their non-clinical roles was significant in allowing advanced nurse practitioners to take on service and team development, audit, teaching and learning. Patients and staff reported a high value and appreciation of these colleagues in terms of consistency, continuity, their consultancy skills and the impact they had on waiting times, seeing patients and treating them quicker than medical colleagues. The research concluded that the advanced nurse practitioners were a support for the whole team through supervision, teaching and coaching all team members.



# Becoming an advanced nurse practitioner

There is a view that the evolvement of advanced nurse practitioner roles with high levels of clinical decision-making and salaries, seems to have contributed to increased attractiveness of nursing as a career (Auerbach et al., 2013). This is a positive development.

The RCN wish to support career progression for all nurses and midwives and recommends that nurses aspiring to be advanced level nurses should ideally undertake an RCN accredited advanced level nursing practitioner programme at master's level to 180 level 7 points (Scottish equivalent of level 11). Such a programme should be mapped to the country specific standards in which the programme will be developed and will include core areas which build on nursing skills already acquired, the four pillars of advanced practice and cover as a minimum the following subject areas:

- therapeutic nursing care
- comprehensive physical assessment of all body systems across the lifespan
- history taking and clinical decision making skills
- health and disease, including physical, sociological, psychological, and cultural aspects
- applied pharmacology and evidence-based prescribing leading to a prescribing qualification
- management of patient care
- public health, epidemiology, health education and promotion
- research and service development
- organisational, interpersonal and communication skills
- accountability – including legal and ethical issues
- quality assurance
- political, social and economic influences on health care

- pathophysiology and genomics
- leadership skills
- theories and models of teaching and learning.

RCN Accreditation accredits Advanced Level Nursing Practice programmes provided by HEIs, when these are able to demonstrate compliance with the RCN quality assurance standards explained in **Section 3**. This quality assurance process indicates that individuals graduating from a RCN accredited educational programmes are comprehensively prepared, competent and fit for purpose. Further information on advanced nurse and clinical practitioner programmes can be accessed from the Association of Advanced Practice Educators (AAPE) UK website at: [www.aape.org.uk](http://www.aape.org.uk)

For nurses who already possess a wide range of academic and practical experience, many higher education institutions will consider Accreditation of Prior (Experiential) Learning (AP(E)L) claims to enter their courses according to the rules of the HEI concerned. In this way nurses could gain exemption from having to study formally for the entire advanced nurse practitioner programme.

# Use of the title ‘Advanced Nurse Practitioner’

A number of nurses use the title ‘nurse practitioner’ or ‘advanced nurse practitioner’ without undertaking the educational preparation required to work safely at an advanced level. Both the RCN and NMC oppose nurses and/or employers using the title of ANP where the nurse has not completed the appropriate education and preparation.

In recognition of this, the Nursing and Midwifery Council (2007) stated that:

“For a considerable amount of time, a major concern of the NMC, the public and many NMC registrants is the existence of the plethora of job titles that do not help the public to understand the level of care that they can expect. There are nurses who hold job titles that imply an advanced level of knowledge and competence, but who do not possess such knowledge and competence. In addition, their practice may not be subject to the scrutiny of another professional as they often act as independent practitioners.”

The RCN have developed a credentialing framework for advanced level nursing practice in order to recognise those nurses with the credentials for the role. Further information on this new development can be found in [Section 3](#).



# Areas of advanced level nursing practice

Advanced level nursing practice is delivered in all healthcare settings and many innovative posts are available and being developed. The emphasis of the autonomous nature of these roles, and the benefits of offering patients direct access to an advanced level nurse, a number of employment options are available. These range from self employment to independently contracted nursing teams and nurse partnerships, all ways of providing care and treatment, in which advanced level nurse practitioners excel.

A note of caution should be sounded when looking for an appropriate post. For reasons borne out of ignorance or false economy, some prospective employers persist in offering so-called advanced nurse practitioner posts for which no specific educational preparation is required, and for which the remuneration on offer is not appropriate for a nurse working at this level of practice. The RCN advises potential applicants to make sure that employers understand what they are asking for, and is willing to offer a salary commensurate with advanced level nursing practice qualifications and potential and in line with the Skills for Health Framework (DH, 2004).

Many advanced level nurse practitioners are generalists and thus provide complete episodes of care for patients of any age and with a wide variety and range of presenting problems and health care needs. However, some are specialists or generalists within a speciality. Whatever the remit, this encompasses the provision of evidence-based, high quality care for patients whose issues fall within urgent/acute episodes, long-term/chronic conditions, health promotion and public health.

Advanced level nurse practitioners operating in primary care have a wide range of skills, a broad knowledge-base and the ability to deliver specific aspects of care. At times these will need to be supplemented by the skills of specialist health care professionals in both primary and secondary care. They act collaboratively with colleagues working in the same area of practice, or refer to and share care with, colleagues in more specialist areas of practice.

Although it is still a legal requirement for doctors to sign Med 3 sick certificates, at the time of going to publication this is the subject of a government green paper that may change this situation. Advanced level nurse practitioners, subject to local training and policy agreements, are able to request diagnostic procedures and make referrals to other specialities for an opinion on a patient and admit a patient directly from community to hospital (RCN, 2008). They undertake appropriate home visits and are increasingly expanding their remit to provide care in patients' homes when they are housebound with acute and/or long-term health problems. Advanced nurse practitioners are able to prescribe from the full range of medicines available and issue a prescription if required.

# Role of ALNP in pregnancy

Only a registered practicing midwife or doctor can care for a women in relation to her pregnancy, both before, during and immediately after the birth. The scope of practice for registered nurses in relation to caring for pregnant women can be challenging to understand, especially as seemingly minor illnesses can have major implications for a pregnant woman. It is essential that advanced level practitioners and midwives have a collaborative approach to caring for pregnant and post-natal women.

This is particularly relevant when the “illness or complaint” may not appear to be directly related to the pregnancy and particularly so when related to prescribing medicines. For further information on prescribing pregnancy the RCN have produced the following guidance on medicines management in pregnancy.

[www.rcn.org.uk/clinical-topics/medicines-optimisation/specialist-areas/prescribing-in-pregnancy](http://www.rcn.org.uk/clinical-topics/medicines-optimisation/specialist-areas/prescribing-in-pregnancy)

All pregnant women should have a named midwife who oversees their care throughout pregnancy and women should commence their midwifery care at the earliest opportunity. It is also important to remember that neither a midwife nor an employer can arrange anyone to act as substitute other than a practising midwife or a registered medical practitioner.

Advanced level practitioners must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly. A useful distinction may be whether the ‘condition’ is related to the pregnancy or not; even then we would recommend consideration of the possible impact on pregnancy, and consult appropriately.

A member of the midwifery or obstetric team is available 24 hours a day by contacting local maternity units, should you need to consult or refer. Remember that all pregnant women should have a named midwife throughout their pregnancy, labour and postnatal period and women should commence their midwifery care at the earliest opportunity.

# Advanced nurses and RCN Indemnity

Self-employed nurses working in advanced practice do need personal indemnity arrangements. If members undertake health care work outside of their employed role, their employer's vicarious liability will no longer apply and the RCN indemnity scheme will cover the member for that work, subject to the rules set. Likewise, if the member undertakes self-employed work, they will remain covered, subject to the conditions, applicable to self-employed work.

The RCN has guidance on indemnity  
[www.rcn.org.uk/get-help/indemnity-scheme](http://www.rcn.org.uk/get-help/indemnity-scheme)

# Further support and resources

RCN ANP Forum: [www.rcn.org.uk/get-involved/forums/advanced-nurse-practitioner-forum](http://www.rcn.org.uk/get-involved/forums/advanced-nurse-practitioner-forum)

RCN Library Subject Guide on Advanced Nursing Practice at: [www.rcn.org.uk/library/subject-guides/advanced-nursing-practice](http://www.rcn.org.uk/library/subject-guides/advanced-nursing-practice)

The Association of Advanced Nursing Practice Educators – Educational Networking for Advanced Nursing Practice in the UK: [www.aape.org.uk](http://www.aape.org.uk)

England: ‘Advanced Level Nursing: A Position Statement’ at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121739](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121739)

Wales: ‘Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales’ at: [www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf](http://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf)

Scotland: ‘Advanced Nursing Practice Toolkit’ in Scotland at: [www.advancedpractice.scot.nhs.uk](http://www.advancedpractice.scot.nhs.uk)

## Clinical resources

Advanced Practice Nursing Data Collection Toolkit: <http://apntoolkit.mcmaster.ca>

Canadian Centre for Advanced Practice Nursing Research: <http://fhs.mcmaster.ca/ccapnr>

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