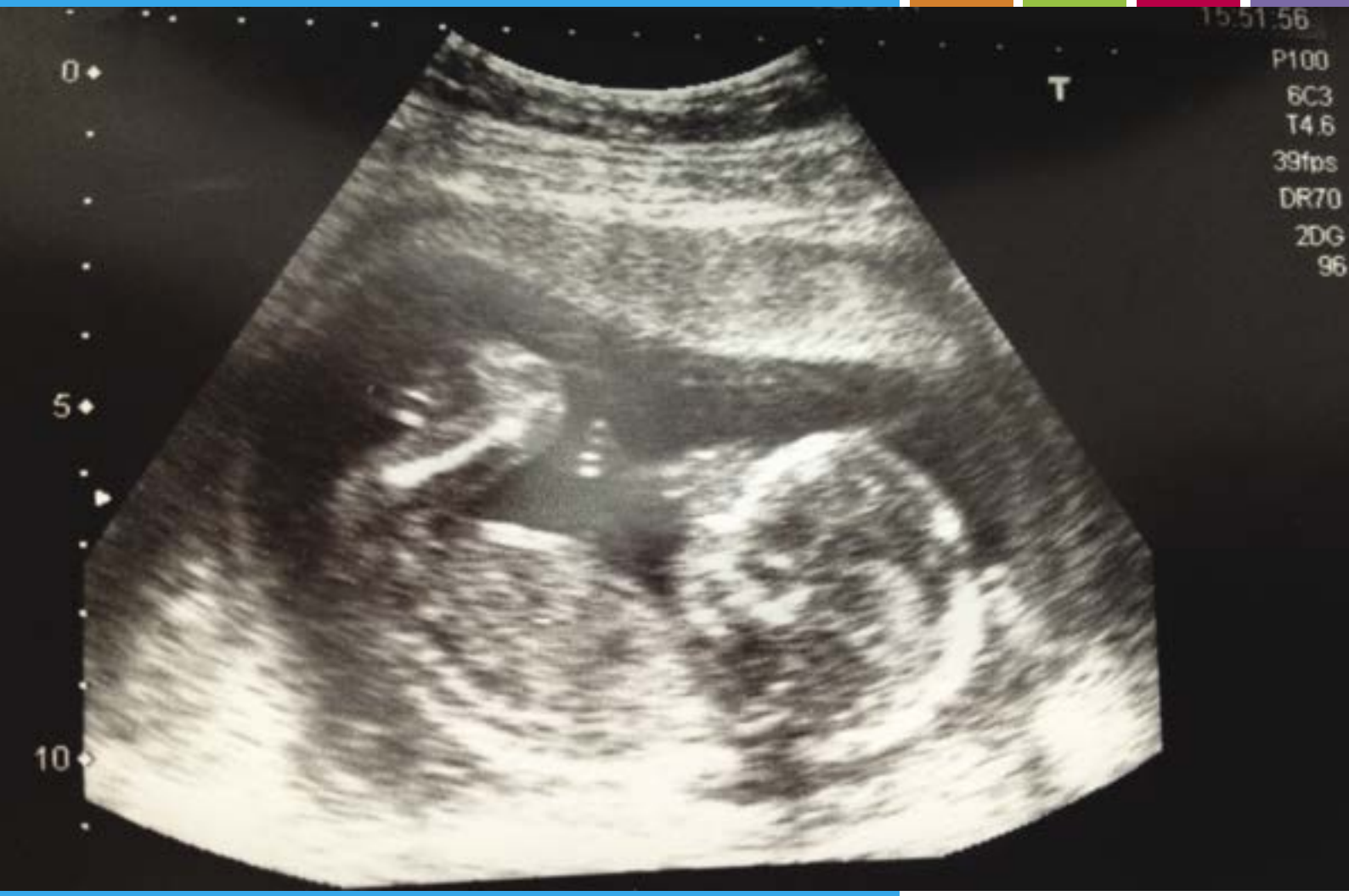
Royal College of Nursing

An RCN Education and Career Progression Framework for Fertility Nursing

CLINICAL PROFESSIONAL RESOURCE



Royal College of Nursing

This publication is due for review in March 2021. To provide feedback on its contents or on your experience of using the publication, please email **publications.feedback@rcn.org.uk**

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 is a comprehensive framework to highlight recommended education and training pathways toward career development for fertility nursing. It can be used to facilitate a conversation and enable career development for all nurses and HCAs in fertility services.

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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 **publicationsfeedback@rcn.org.uk**

Evaluation

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

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British Fertility Society (BFS)

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Human Fertilisation and Embryology Authority (HFEA)

Royal College of Obstetricians and Gynaecologists (RCOG)

Senior Infertility Nurses Group (SING)

Contents

1 Introduction

The Royal College of Nursing (RCN) recognises the need to articulate the education needs and requirements of nurses and midwives working at different stages of practice within fertility services. This framework will enable those interested in pursuing a career in fertility nursing to consider how they can plan a career pathway.

Fertility nursing encompasses the care and practices undertaken by any registered nurse or midwife providing fertility care in any care setting within the UK, including primary and specialist fertility clinics within the NHS and across the independent sector. The role of the fertility nurse is to provide a holistic approach to fertility investigation, treatment and pre-conception and early pregnancy care, through compassionate, informed and evidence-based practice.

Fertility nursing is a specialised arena of practice in which nurses/midwives will find themselves at the forefront of an emerging care setting, with many registrants assuming increasing responsibility. Furthermore, political drivers, future workforce requirements and the enhancement of nursing care means that multidisciplinary collaboration is a key requirement.

While it is recognised that not every nurse/midwife will aspire to the attainment of master's level advanced practice, all are expected to reach the maximum potential expected of their role in the context of competence and knowledge.

This framework acknowledges that many practitioners provide fertility care as part of an extensive clinical practice (which might, for example, include oncology, gynaecology and midwifery) and they may wish to develop their knowledge, skills and competence in specific aspects of fertility care (such as oncofertility, gynaecology, the management of early pregnancy or recurrent miscarriage).

The RCN also recognises the need for nurses to become specialists and experts in their particular field of practice in order to enhance overall service provision through clinical leadership and be recognised as expert nurse practitioners. This will include understanding the socio-economic and political dimensions to delivering care in contemporary settings and environments, as well as advocating for individual needs and ensuring services meet the needs of those seeking fertility care.

Leading service provision requires a critical understanding of national standards from quality assurance sources such as the Human Fertilisation and Embryology Authority (HFEA), the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN).

The commissioning of fertility services involves key political and operational issues, and the specialist nurse needs to actively engage with commissioning processes to ensure the fair and equal distribution of services to meet local needs (RCN, 2015).

The RCN recognises that both registered nurses and registered midwives may work in fertility services, but for ease of conversation refers to both as 'fertility nurses' throughout this document.

2 Education and training for fertility nurses

Fertility nursing is a specialised and dynamic professional practice arena, subject to frequent change as innovations and new techniques are adopted. It provides opportunities for nurse-led, holistic care that extends from initial investigation to early pregnancy and end-of-treatment management.

All registrants need to be competent and confident to carry out any activity that expands their scope of practice and under no circumstances should they undertake a procedure unless competent to do so. It is the registrant's responsibility to inform their manager if further training is required.

Being accountable for practice requires that registrants:

- have the ability (knowledge and skills) to perform the activity or intervention
- accept responsibility for doing the activity
- have the authority to perform the activity within their role, through delegation and the policies and protocols of the organisation (RCN, 2017).

In addition, Section 2.11 of the HFEA *Code of Practice: 8th Edition* (HFEA, 2017) states that nurses should be:

- working towards any competences set nationally, locally or both, to ensure appropriate standards of clinical competence, and
- able to provide evidence of competence in duties performed (for example, a certificate for a recognised qualification or written testimonial by another person who is suitably qualified and competent in that discipline or function).

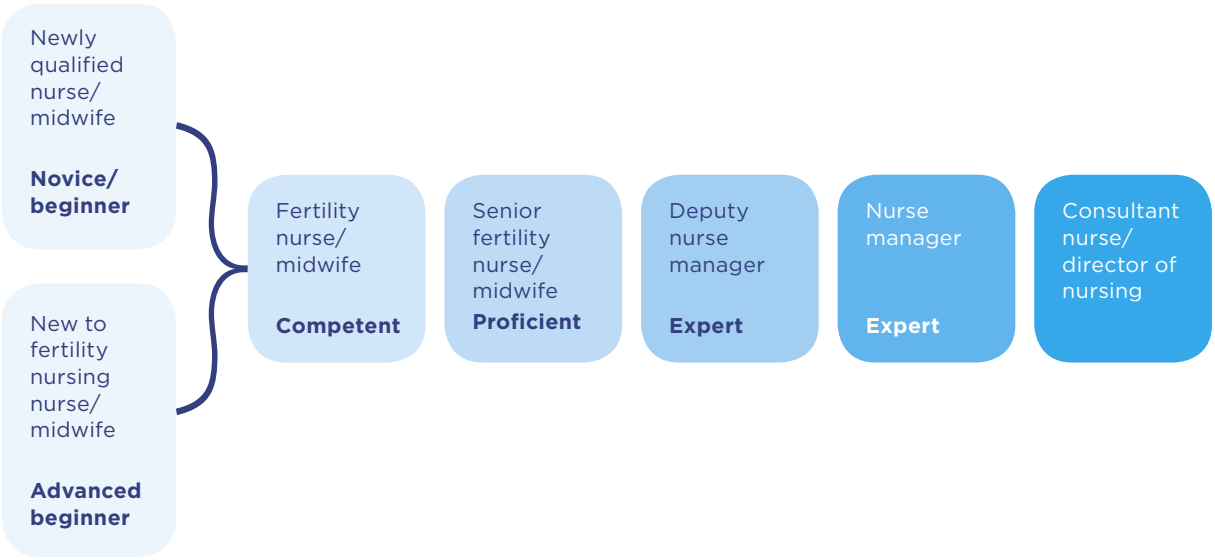
Defining the role of nurses in fertility services across all sectors of care requires some flexibility, as roles will vary across the NHS and the independent sector. This framework also recognises the valuable contribution health care assistants (HCAs) make to the provision of quality services, and a review of the skills and roles appropriate to these members of the team are included in Section 5 of this document.

From a registered nurse perspective, this framework identifies the progressive stages practitioners will encounter as they move towards expert practice (see Figure 1):

- newly qualified/new in to fertility services
- specialist practitioners – nurses who choose to become experts in a defined area of practice; fertility nurses are experts in fertility services for men and women, and can be at any level of experience, working towards enhanced and advanced practice
- advanced level practice – with a focus on level of practice, rather than type or speciality of practice, advanced practitioners are educated at master's level and are assessed as competent in practice using their expert knowledge and skills, have the freedom and authority to act, and make autonomous decisions in the assessment, diagnosis and treatment of patients (RCN, 2018).

A clearly defined career development pathway enables fertility nurses and their managers to identify their position within the pathway and plan their future development.

Figure 1: Career development pathway for fertility nursing



This framework has been devised to enable nurses to maintain and enhance their skills and knowledge in this specialist arena, whilst allowing for diversity in career progression and transferable skills to be used effectively. In 2018, the RCN will launch an online resource to support those wishing to specialise and advance their skills.

3 RCN education and career progression framework for fertility nursing

The RCN competency framework for career progression in fertility nursing (Figure 2) uses the four principles of the NMC's professional standards, *The Code* (NMC, 2015), to underpin the practice of registered nurses. From here, generic cross-cutting themes are highlighted that have particular relevance for fertility services, while the 'outer ring' contains themes particularly, but not exclusively relevant, to fertility nursing.

- **The Code – the central core**

  The four primary principles:

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

- **Crossing cutting themes – the inner wheel**

  These apply to any health care setting, however the competences have been adapted to focus clearly on fertility services:

  - fertility assessment, including pre-conception care
  - provision of information and consent
  - medicine management
  - documentation and record keeping
  - surgical pathway
  - legal parenthood
  - safeguarding children and adults (including welfare of the child)
  - infection prevention and control
  - ultrasound scanning.

- **Areas of practice – the outer wheel**

  The specialist areas of practice for fertility nurses and health care assistants, these practice areas refer to patient groups, the treatments that take place in some fertility centres and the fertility pathways that some patients may embark upon:

  - fertility preservation
  - heterosexual couples
  - transgender care
  - same sex couples
  - single people
  - donation
  - surrogacy.

Appendix 1 provides further details on the elements of each area to be considered for assessment to demonstrate competence. Using the NMC *Code* (NMC, 2015) as a basis for assessing individual elements of competence relevant to specific areas of practice will enhance professional development and portfolio management.

Figure 2: RCN competency framework for career progression in fertility nursing

Note: adapted from the *National Curriculum Competency Framework for Emergency Nursing* (RCN, 2017b)

To assure the highest standards of care, a competency framework can be used to assess practitioner development and plan for individual learning needs. Benner's stages of clinical competence (Benner, 1984) is a well-established tool that can easily be applied in all settings. As illustrated in Figure 3, Benner's stages of clinical competence model highlights how nurses develop skills and acquire understanding of patient care through assessed practice over a period of time, proposing that expertise is developed through five stages that extends from Novice (gaining knowledge and skills "knowing how") to developing expertise and learning ("knowing that") to become Expert.

The development of individual competence begins with self assessment and Appendix 2 provides the RCN career progression assessment tool for fertility nursing, which can be used for self assessment and progression.

Figure 3: Benner's stages of clinical competence

Code	Novice to expert continium	Description
N	Novice or beginner	No experience in the situation in which they are expected to perform and depends on rules to guide their actions. Lacks confidence to demonstrate safe practice and requires continual verbal and physical cues.
AB	Advanced beginner	Demonstrates marginally acceptable performance because the nurse has had prior experience in actual situations. Often needs help setting priorities and cannot reliably sort out what is most important in complex situations and will require help to prioritise.
C	Competent	Demonstrates efficiency, is coordinated and has confidence in their actions. Able to plan and determine which aspect of a situation is important and which can be ignored or delayed. The practitioner lacks the speed and flexibility of a proficient practitioner but they show an ability to cope with and manage contigencies of practice.
P	Proficient	Someone who perceives the situation as a whole rather than in parts. They have a holistic understanding of the clinical situations which makes for quick and more accurate decision making. They consider fewer options and quickly hone in on accurate issues of the problem.
E	Expert	No longer relies on rules, guidance, etc to rapidly understand the problem. with an extensive background of experience demonstrates an intuitive grasp of complex situations. They focus on the accurate region of the problem without first considering fruitless possibilities.

Self assessment using Benner's stages of clinical practice

Each competency has a self assessment that helps to identify individual learning needs.
• **Novice (N)**: I have some awareness but little knowledge or skill in this competency.
• **Advanced beginner (AB)**: I have basic knowledge or skill in this competency and need supervision.
• **Competent (C)**: I have knowledge and skills relevant for the competency and could complete without supervision.
• **Proficient (P)**: I am experienced in knowledge and skills relevant for the competency and could supervise or teach others.
• **Expert (E)**: I am leading developments in this competency.

For each competency, minimum achievement criteria are set for successful completion. However, this should be regarded as a minimum. It is important that a variety of evidence types are used to demonstrate the knowledge and skills required.

Evidence may include:

- relevant qualification/independent assessment of competence
- direct observation of practice
- reflective report
- care-based discussion
- clinical case review
- feedback from colleagues and patients.

3.1 RCN education and career progression framework for fertility nursing explained

Themes from the four principles of the NMC Code – the central core

Theme one – *Prioritise people* identifies the absolute need that nurses treat people as individuals and uphold their dignity, listen to people and respond to their preferences and concerns, in the best interests of individuals at all times, and always respect everyone's right to privacy and confidentiality.

Theme two – *Practise effectively*. Fertility is a relatively new specialty and at the cutting edge of scientific development, therefore it is important that fertility nurses always practise in line with the best available evidence, communicate clearly, work co-operatively, share their skills, knowledge and experience for the benefit of individuals receiving care and colleagues. This includes keeping clear and accurate records relevant to practice and being accountable for decisions to delegate tasks and duties to other people.

Theme three – *Preserve safety* requires fertility nurses to recognise and work within the limits of their competence. They should be open and candid with service users about all aspects of care and treatment, including when any mistakes or harm have taken place. Raise concerns immediately if they believe a person is vulnerable or at risk and needs extra support and protection. Fertility nurses should advise on, prescribe, supply, dispense or administer medicines within the limits of their training and competence, the law, national guidance and other relevant policies, guidance and regulations. They should also be aware of, and reduce as far as possible, any potential for harm associated with their practice.

Theme four – *Promote professionalism and trust* is a cornerstone of professional practice and requires fertility nurses to uphold the reputation of the profession always and provide leadership to ensure individual wellbeing is protected, whilst improving an individual's experiences of the health care system.

The crossing cutting themes – inner wheel

Fertility assessment

All women and men undergoing fertility treatment will have preliminary investigations as part of the fertility assessment, including screening general health and specifically around fertility. A full medical history is taken and documented as part of the assessment process and the following investigations should be included (NICE, 2013):

- pre-conception care, which is important to help improve the likelihood of achieving a pregnancy and having a healthier outcome. This may include advice and information on diet and life style choices including:
    - folic acid – a 400mcg supplement should be taken daily whilst trying to get pregnant and until the 12th week of pregnancy, this reduces the risk of neural tube defects such as spina bifida. For certain medical conditions, such as epilepsy and diabetes, women are advised to take a 5mg supplement daily
    - vitamin D – a daily supplement is recommended of 10mcg
    - smoking cessation – smoking is linked to miscarriage, premature birth, low birth weight, sudden infant death syndrome and breathing problems/wheezing in the first six months of life; both partners should be encouraged to stop smoking
    - cutting out alcohol – chief medical officers recommend the safest approach is not to drink at all if trying to get pregnant
    - keeping to a healthy weight – a BMI over 25 (classed as overweight) or a BMI over 30 (classed as obese) may mean fertility treatment is less likely to work; it also raises the risk of complications in pregnancy such as blood clots, hypertension, miscarriage and gestational diabetes
- screening for rubella
- cervical (smear) testing

- screening for chlamydia
- regularity of menstrual cycles, including the measurement of serum progesterone levels and measurement of serum gonadotrophins for irregular cycles, which need to be assessed at a specific time in the cycle and should be checked regularly. Other hormone tests may also be required
- hysterosalpingogram or a HyCoSy fertility scan to rule out tubal occlusion (damage or a blockage in the fallopian tube that potentially prevents the egg from travelling down the tube into the uterus)
- ovarian reserve testing
- semen analysis; the results of the semen analysis performed as part of the fertility assessment should be in line with WHO (2010) reference values.

If fertility treatment is planned and agreed with women (and their partners) then further screening for transmissible infections may be required. When a treatment such as IVF, is carried out at a licensed fertility centre then HIV 1&2, Hepatitis B, Hepatitis B Core Antibody and Hepatitis C screening may also be carried out.

Provision of information and consent

The importance of proving adequate contemporary information to women (and their partners) to make informed decisions about their care pathway cannot be over emphasised. It is also an HFEA requirement (HFEA, 2017) that all patients undergoing treatment must be given appropriate information regarding treatment options before consent is given to treat, store gametes and carry out research. Information should be provided to help patients make their own decisions about how to proceed. Some will have greater expectations of knowledge requirements than others about their condition and treatment options. Therefore, fertility nurses should be well informed on current research to be able to answer questions honestly and in sufficient detail.

All HFEA licensed clinics are legally obliged to offer implications counselling before a woman consents to treatment, which should ensure that consent is truly informed. This means that patients should be provided with suitable opportunities to receive information and counselling about the implications of storage and/or treatment. Health care professionals should also provide information verbally and in writing about the processes and procedures involved. As always, it is imperative that all patients are provided with adequate time and space to reflect on this information before signing consent forms.

The HFEA and the British Infertility Counselling Association (BICA) strongly recommend that implications and therapeutic counselling should be clearly distinguished from the normal relationship between clinical staff and patients or donors. Many nurses decide to undertake further study to enhance their knowledge and skills in this area; see Section 4 on page 23.

Provision of appropriate information prior to consent should include:

- treatment options (alternatives if no options)
- nature and risks of potential treatment
- benefits and risk of treatment options
- likely outcomes of proposed treatment and individualised success rates
- welfare of the child or children
- storage of gametes
- clear and transparent detail on the costs of treatment
- the importance of treatment and birth outcomes
- ensuring individuals are offered and understand the need for independent counselling
- complaints procedure.

Other areas to be considered, depending on individual circumstances may include:

- donation for treatment of others
- implications of using donor gametes
- donation for research
- surrogacy.

There are three types of consent involved in HFEA licensed treatment:

- the use and storage of eggs, sperm and/or embryos
- treatment
- the disclosure of information.

Prior to treatment, all patients should have a full consultation with the designated doctor or nurse and complete all unit and HFEA consent forms, including any screening. Counselling should be offered by a suitably qualified counsellor prior to consent being given.

When discussing consent, withdrawal of consent and lack of consent should also be explained fully.

Medicines management

Fertility nurses are expected to be competent in all aspects of medicines management as set out by the NMC (2007) and HFEA (2017a). At the time of writing, the NMC medicines management standards were under review (December 2017).

Medicines management in fertility services requires:

- a clear understanding of the range of medications and regimes used
- that practitioners demonstrate knowledge and understanding of the uses and side effects of the medications prescribed
- that practitioners demonstrate competence when dispensing in exceptional circumstances against a signed and legible prescription, taking account of allergy status and adhering to local and national standards
- the fertility centre has a documented policy for the storing, disposing of and stock control of medicines; this should include a documented process that covers how stock levels are maintained and that stock medications are routinely checked for damage, expiry and low stock levels
- patients are given clear written and verbal information with regards to the medicines they have been prescribed and how to administer them
- the teaching of all injectable medications should be provided by qualified nurses and midwives
- any medicines discrepancies should be clearly documented and investigated and learning outcomes shared with the team.

Fertility nurses should also recognise the difference between medicine management and nurse prescribing. Qualified nurse prescribers should only practice within their scope of practice and have evidence of their prescribing qualification. Centres should have in place standardised operating procedures for the prescribing of medicines, and are only expected to dispense medication from a clinic in exceptional circumstances.

Legal parenthood

The concept of legal parenthood is an important area of fertility care practice that must be understood and managed well. It is critical that all those engaged in fertility services understand the difference between legal parenthood and parental responsibility and the implications of this (see the HFEA definition of legal parenthood on page 14).

Legal parenthood may be defined as an adult and their partner (if applicable) being recognised as the lawful parent or parents of a child. If a person is legally given the right to be a parent, whether that is through birth, parental order or adoption, then that person legally has the right to make decisions in relation to the child and holds responsibility for a child's maintenance and inheritance rights. A child can only have two legal parents, but additional adults can be awarded parental responsibility for a child (HFEA, 2017a).

Individuals with parental responsibility must protect and maintain the child and provide a home for the child; they are also responsible for the child's education and any medical treatment. It is important to understand that not all legal parents will automatically have parental responsibility (HFEA, 2017a).

Legal parenthood definition

1. A person recognised as the legal parent of a child may not automatically have parental responsibility. Legal parenthood gives a lifelong connection between a parent and a child, and affects things like nationality, inheritance and financial responsibility. A person with parental responsibility has the authority to decide about the care of the child while the latter is young, for example for medical treatment and education.
2. A woman who carries and gives birth to a child as a result of treatment will be the legal mother of that child. Where the woman is married to a man and they are seeking treatment together using the husband's sperm (or embryos created using the husband's sperm), the husband will automatically be the legal father of any resulting child. However, there are cases where the woman's partner may not automatically be the legal parent of the resulting child.

   If the woman is married or in a civil partnership at the time of the treatment, her spouse or civil partner will generally be the child's legal parent. If the woman is not married or in a civil partnership with her partner, and the woman is being treated using donor sperm (or embryos created using donor sperm), the consent of both the woman and her partner is needed for the partner to be recognised as the child's legal parent.

HFEA *Code of Practice*, 2017 (6.3-4)

Health care professionals have a legal responsibility to provide information regarding legal parenthood and parental responsibility to couples undergoing treatment. They should also ensure that the relevant consent to legal parenthood is complete before sperm and egg transfer, embryo transfer, or insemination takes place. There are HFEA consent forms in place for legal parenthood and it is the responsibility of the health care professional to ensure that the woman and her partner are fully informed to make decisions, and that such decisions are documented according to local protocol.

The health care professional should:

- provide written information on the difference between legal parenthood and parental responsibility
- facilitate time for the woman and her partner to consider their options, and make the choice that best suits them
- ensure the correct HFEA and internal consent forms are explained to and completed by the patient, ensuring that the patient understands the consents and information
- recommend the woman and her partner seek legal advice in all cases of known donation, surrogacy and co-parenting
- ensure withdrawal of consent and lack of consent is explained and documented.

Safeguarding children and adults (including welfare of the child)

The safeguarding of vulnerable people is the responsibility of everyone and child safeguarding and adult protection authorities across the UK have identified the training principles and expected standards for all health and social care professionals.

For example, NHS England states that each fertility centre is responsible for ensuring that members of staff have undertaken required safeguarding levels 1 and 2 training and, if applicable, level 3 training if the centre treats/sees patients under the age of eighteen for fertility preservation, for example. Information and guidance regarding safeguarding is available in the NHS England *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework* (2015) and within the clinical pages contained on the RCN website. For Scotland see **www.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection**. For Northern Ireland information can be found at: **www.hscboard.hscni.net/niasp**

The key stages to follow include:

- identify safeguarding concerns
- report the concerns as per local policy

- participate in investigations as per local policy
- reflect on the outcomes and shared learning.

A clear policy and protocol needs to be in place locally for information on safeguarding and should contain details of the local contacts safeguarding issues should be reported to.

A complex and critical safeguarding issue in fertility services is the welfare of the child/ children which may result from treatment. The HFEA has extensive information on this issue and is clear that;

> "No treatment services regulated by the HFEA (including intrauterine insemination - IUI) may be provided unless account has been taken of the welfare of any child who may be born as a result (including the need of that child for supportive parenting) and of any other child who may be affected by the birth."
>
> **HFEA *Code of Practice*, 8th Edition (2017)**

An assessment must be carried out to consider the welfare of any child born as a result of treatment; this assessment should take into account any existing children that may be affected by the birth (HFEA, 2017a). The welfare of the child does not need to be routinely assessed for gamete or embryo donors, or in situations where patients may store gametes for future use such as fertility preservation.

A competent member of the team must assess the patient, complete an assessment checklist and sign to confirm that the welfare of the child has been considered and whether the treatment can proceed. When an account and assessment of welfare of the child is performed, then the following should be taken into consideration:

- previous convictions relating to harming children
- any child protection measures in place for existing children
- any violence or serious discord in the family environment
- a history of mental or physical conditions
- a history of drug or alcohol abuse
- any serious medical condition that may be potentially passed on to any child born
- circumstances where staff may feel that serious harm may be caused to the unborn child or any existing children.

Both partners (if applicable) will need to undergo a separate *Welfare of the Child* assessment prior to commencing treatment. In some cases, such as surrogacy, further information may be sought from the GP and the patient must consent to share this information via the consent to disclosure HFEA form.

The *Welfare of the Child* assessment should be repeated if:

- the patient has a new partner
- the centre has been out of contact with the patient for two years or more
- the centre believes that a patient's medical or social circumstances have changed significantly.

If a nurse has concerns regarding the welfare of the child, these must be escalated appropriately. Support and assurance should be offered at all times to patients in relation to their provision of consent to seek further information from outside organisations. However, if a patient refuses to provide consent and the nurse feels that the concern should be investigated, they must contact their safeguarding lead to escalate the assessment in line with professional guidance.

Infection prevention and control

All health care professionals have a responsibility to adhere to local and national infection control guidance and policies. Standard infection control precautions need to be applied and the recommendations are divided into five distinct interventions:

- hospital/clinic environmental hygiene
- hand hygiene
- personal protective equipment – PPE
- safe use and disposal of sharps
- principles of asepsis.

Further details regarding these interventions can

be found on the Infection Prevention Society's website (www.ips.uk.net) and at the RCN clinical webpages covering infection prevention and control (www.rcn.org.uk/clinical-topics/infection-prevention-and-control).

Documentation and record keeping

The Code (NMC, 2015) requires all fertility nurses keep clear and accurate records relevant to practice, including patient records and any records that are relevant to the scope of practice; this includes always communicating clearly and effectively in writing and verbally with other members of the team and colleagues to ensure best practice.

Fertility nurses should ensure that all information is processed fairly, lawfully and transparently. For example, the Department of Health's 2016 guidance highlights the importance of ensuring that patients:

- understand the reasons for processing their personal information
- give consent for the disclosure and use of their personal information
- gains trust in the way that fertility nurses handle their records
- understand their rights to access information held about them.

Registered fertility nurses are responsible for ensuring that everyone around them maintains patient confidentiality and protects any data and information relating to patients and their care. Centres should have procedures in place to ensure that records are kept safe and confidential and that, if errors or breaches occur, there is a clear investigative process and reporting system in place, as well as shared learning from the incident.

Surgical pathway

Surgical safety, including relevant checklists, should be in place for all units that perform invasive procedures. The pathway should reflect WHO guidance (2008) and be adhered to for care requiring anaesthesia, conscious sedation, local anaesthetics and for procedures that do not routinely require sedation such as embryo transfer. The pathway should include:

- sign in or briefing with the nurse and anaesthetist or sedation provider if applicable and before any anaesthesia or sedation has been administered. Patient consent is reaffirmed; patient identification is checked; the theatre team are clear about their roles; clinicians/practitioners are aware of any medical needs, allergy status and patient history; all team members agree to the procedure to be undertaken and are clear of who is leading the briefing
- anaesthetic equipment and medications checked, assessment of vital signs, pulse oximeter in place and functioning, risk of blood loss, difficult airway or aspiration risk assessed
- time out with the nurse, surgeon and anaesthetist before any incision or medical equipment is used. All staff are clear of their roles, sterility of equipment confirmed, proposed operation to take place is clear, any equipment issues or concerns, approximate length of procedure, any critical steps or information that the team should be aware of
- sign out or debrief with the nurse, surgeon and anaesthetist at the end of the procedure before the patient is transferred to the ward or recovery area
- final check and count of equipment, any concerns handed on to the recovery team, name of procedure confirmed, any specimens or samples clearly labelled, documentation completed.

It is also an HFEA and CQC requirement to have such written records/checklists in place and to have evidence that these are used effectively and completed.

Ultrasound scanning

Ultrasound scanning is one of the recommended skills for development by registered nurses working in fertility services. It is considered an advanced level skill for health care professionals and is an integral and essential part of fertility nursing practice. Sonography requires specialist training and assessment and these skills will be required to effectively and competently perform ultrasound scan for pre-and/or post treatment diagnosis.

The minimum qualifications a sonographer/ nurse sonographer would be expected to hold to practice in the UK is a Post-graduate Qualification in Medical Ultrasound that has been accredited by the Consortium of Accreditation of Sonographic Education (CASE) or equivalent.

It is important to recognise that even though some nurses may only perform ultrasound scan for pre-and/or post treatment diagnosis as a part of their wider role, they will still be expected to have the same standard of training as if they are carrying it out full time. The Royal College of Radiologists have warned that those who provide ultrasound services are ethically and legally vulnerable if they have not been adequately educated for the role (Royal College of Radiologists, 2017).

Specialist nurses wishing to extend their scope of practice can access accredited sonography related modules and programmes at post graduate level, including focused courses specifically designed for fertility investigations. They would then be known as ultrasound practitioners and would hold recognised qualifications in medical ultrasound. Practitioner training recommendations would include:

- having a sound knowledge of the female pelvis in diagnostic imaging and being able to recognise normal and abnormal pathology
- theoretical training which should cover physics, sophistication of the equipment, image recording, reporting, artefacts and the relevance of other imaging modalities to ultrasound; this theory is best delivered via CASE accredited courses
- being able to use and check all equipment prior to scanning, including efficiently using and adapting all equipment during the procedure
- understanding the potential thermal and mechanical bio-effects of ultrasound and of equipment settings and power settings; examination times should be kept to a minimum to produce a diagnostic result ((Society and College of Radiographers [SCoR] and the British Medical Ultrasound Society [BMUS], 2017)
- maintenance of ultrasound equipment should be performed within manufacturer's recommendations
- practical experience should be gained under the guidance of a named supervisor trained in ultrasound within a training department
- regular audit of an individual's ultrasound practice should be undertaken to demonstrate that the indications, performance and diagnostic quality of the service are satisfactory (SCoR and BMUS, 2017)
- individuals should have an ultrasound mentor.

As with all new practices, nurses are reminded to comply with the NMC Code (2015), especially around the ability to recognise their own limitations and summon a second opinion when necessary.

To perform ultrasound scans, a practitioner should:

- obtain consent to perform the examination and adhere to the chaperoning policy within the department
- have achieved competent practice in ultrasound scanning, both theoretical/ practical
- perform scans within guidelines set by local policies and standard operating proformas
- be able to perform the appropriate scan – transvaginal/transabdominal – according to clinical need
- be a good communicator – with the patient, partner and fellow professionals.

Practitioners should also ensure records/ images are maintained and accurate. Reporting is an integral part of the examination and documentation should be completed at the time of the examination in the patient records or digitally, as required by the clinic. Failure to do this could have clinical, practical, medical, financial and ethical implications.

Early pregnancy scanning

NICE (2012) describes early pregnancy scanning as up to 13 weeks of completed pregnancy; however, most scans performed in fertility units are undertaken between five and a half weeks and seven weeks gestation. This is a sensitive and critical activity, where treatment success may be confirmed or not, so requires the experienced practitioner to understand the psychological as well as the physical care required during this scan.

The HFEA (2017) requires notification of the outcome of treatment cycles; firstly, of a viable pregnancy and then of the delivery which completes the treatment cycle record. However, following treatment and in addition to the pregnancy, the practitioner will often consider other ultrasound findings such as ovarian enlargement, ovarian hyper stimulation, free fluid within the pelvis, multi-cystic ovaries and uterine complications.

Scans are usually performed transvaginally, but a transabdominal scan should be considered for women who have an enlarged uterus or uterine pathology such as fibroids or ovarian cyst.

For some women, a transvaginal scan is unacceptable at this time and therefore a transabdominal scan should be performed and an explanation of the limitations of this approach explained. Gestational dates should be confirmed with treatment/conception dates prior to performing the examination.

An early viability scan (6-10 weeks gestation) is performed to confirm:

- the presence of the gestation sac (sacs)
- the location, size and shape of the sac
- the presence/absence of a fetus
- the number of fetus/embryos and the presence/absence of a fetal heartbeat
- the fetal pole is observed and measured and fetal heart beat observed (usually by six weeks gestation)
- for multiple pregnancies, the chorionicity should be determined
- in addition, the shape and size of the yolk sac should be recorded.

If the scan report is normal the woman is referred to the GP or midwife to arrange antenatal care with instructions regarding medication, if appropriate.

Sonographers should be familiar with local protocols and standard operating procedures and refer to other documents related to early pregnancy scanning, such as those published by:

- The Royal College of Obstetrics and Gynaecology
- The Association of Early Pregnancy Units
- The British Society of Gynaecological Imaging
- NICE guidelines CG154 (2012).

Multiple pregnancy

A multiple pregnancy can be exciting and shocking for the parent/parents, and part of the role of the sonographer is to manage the reaction and support the parent/s, whist seeking appropriate referral. This is considered a high-risk pregnancy and referral should be made for the appropriate antenatal care immediately.

Miscarriage and ectopic pregnancy

Both conditions can have an adverse effect on a woman's quality of life; as many as 20% may miscarry and 11 per 1,000 pregnancies end in an ectopic pregnancy. The sonographer will be required to be sensitive to the woman (and her partner), understanding the psychological as well as the physical care required during and after this scan.

Miscarriage is usually identified as an empty gestational sac; the sac should be measured, and the volume calculated. If the sac is less than 25mm (with a transvaginal scan) seek a second opinion on the viability of the pregnancy and/or re-scan seven days after the first scan. The woman (and her partner) should be informed immediately, given time to absorb this news and arrangements made for a rescan in seven days. If there is no change at this point the options available to the woman (and her partner) should be discussed and, if appropriate, a referral to an early pregnancy assessment unit for further management and support should be made.

If no fetal heart is found, and the crown rump length (CRL) measured is less than 7mm (with a transvaginal scan), the woman should be offered a re-scan in a minimum of seven days. If the CRL is greater than 7mm, seek a second opinion on viability and/or perform a second scan in seven days. If performing a transabdominal scan and the findings are uncertain, the repeat scan should be performed after 14 days.

Ectopic pregnancy or pregnancy of unknown location

It is important to consider that women with a pregnancy of unknown location could have an ectopic pregnancy until the location can be determined.

An ectopic pregnancy should be suspected following patient-reported symptoms of lower abdominal pain, vaginal bleeding and/or shoulder tip pain, and may include on ultrasound:

- a thickened endometrium
- free fluid in the pelvis
- a pseudo sac visible in the uterine cavity.

Serial beta bHCGs (hormone human chorionic gonadotropin hormones) should be performed 48 hours apart and referral to an early pregnancy assessment unit made, advising the woman (and her partner) of the findings of the scan, symptoms to look out for and what to do in an emergency.

Non-tubal ectopic pregnancy

There are other possible sites for a pregnancy of unknown location such as a cervical pregnancy, cornual pregnancy, caesarean scar pregnancy, interstitial pregnancy or abdominal pregnancy.

In the event of a miscarriage/failed pregnancy/ectopic pregnancy the woman should always be advised of the availability of local counselling services and referred to an early pregnancy unit for specialist care.

Practice areas on the RCN competency framework for career progression for fertility nursing – the outer wheel

Nurses need to be aware of specific issues for some individuals and areas of practice that relate to particular patient groups and treatment types. Not all centres will have the ability to carry out specific treatments but it is good practice to ensure that fertility nurses have the knowledge to be able to inform patients and refer them to other areas when required.

Fertility preservation

Patients may decide to preserve their fertility for both medical and social reasons. Fertility preservation is now a routine option in many centres for patients who, by choice or due to a medical condition, want to freeze their gametes (RCN, 2017a).

- **Sperm freezing** – for men who have a medical condition or life-limiting condition such as cancer, or who wish to store sperm for future fertility. Serving members of the Armed Forces may also wish to preserve their fertility before travelling overseas or being deployed on tours of duty.
- **Egg freezing for medical reasons/life limiting conditions** – women who have been diagnosed with medical conditions, cancer or are at risk of early menopause may also preserve eggs for future treatment. In these cases, patients and staff should be aware that for premature infertility the patient can consent for storage up to 55 years.
- **Social egg freezing** – a viable treatment option for women of child bearing age who wish to delay having a family due to personal reasons. Patients will go through a stimulation protocol to stimulate the follicles to mature. When the follicles are mature, the eggs will be collected and the gametes are vitrified/frozen until the patient is ready to use them.

Heterosexual couples

First line treatment options for heterosexual couple may include:

- **Ovulation induction (OI)** – the process of encouraging the monthly release of an egg (ovulation) for women that may have irregular cycles (NHS Choices, 2017). This is usually by means of gonadotrophins or tablets such as clomiphene citrate or tamoxifen but other medications can be used. The couple will be encouraged to have intercourse around the time of ovulation for conception to take place. Some women may also be prescribed HCG (human chorionic gonadotrophin) to trigger ovulation.
- **Intra-uterine Insemination (IUI)** – the process of injecting washed or prepared sperm through the cervical canal and into the uterus. This can either be with prepared partner sperm or donor sperm. In preparation for an IUI procedure, it is good practice to ensure that the patient has tubal patency and to offer a hysterosalpingogram or HyCosY prior to starting treatment.

Further treatment options available to heterosexual couples include:

- **In-vitro fertilisation (IVF)** – an egg/s is/are removed from the woman's ovaries and fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then returned to the woman's uterus to grow and develop. It can be carried out using eggs and a partner's sperm, or eggs and/or sperm from donors (NHS Choices, 2017). IVF usually has six main stages:
  - down regulation
  - stimulation
  - monitoring
  - egg collection
  - fertilisation
  - embryo transfer (if applicable).
- **Intra-cytoplasmic sperm injection (ICSI)** – involves the injection of a single sperm directly into a mature egg. During ICSI, the above process will usually apply but is the treatment choice for couples that have a male-related factor problem.
- **Embryo transfer** – a few days after the eggs are collected and fertilised, the resulting embryos are transferred into the uterus. This is carried out using a thin tube called a catheter into the endometrial cavity. This procedure is simpler than egg collection and is similar to a cervical screening test or an IUI, so rarely requires sedation.

Transgender care

Transgender care is a growing arena of understanding, and the recent RCN guidance on fair care for trans people (RCN, 2016) provides some useful resources. Trans people will often consider preserving their fertility prior to undergoing gender reassignment surgery and fertility nurses should ensure that they are giving clear information, support and guidance to meet individual needs, and in particular:

- **For freezing eggs prior to surgery**
  - offer counselling and support
  - provide information on informed consent to the procedure
  - explain the stimulation regime
  - ensure support and advice on how to administer the medications
  - describe virology screening and donor screening as per HFEA guidance
  - explain the difference between trans-abdominal or trans vaginal scanning
  - give information post-stimulation scans regarding medication dosages and timings
  - explain the egg collection procedure and how and when this will take place including any risks associated with the treatment, for example ovarian hyperstimulation syndrome (OHSS)
  - outline the donor pathway and provide information on the use of donor gametes
  - always refer for implications counselling.
- **For freezing sperm prior to surgery**
  - offer counselling and support
  - provide information for informed consent

- describe virology screening and donor screening as per HFEA guidance
- explain the quarantine periods for donor gametes
- outline the donor pathway and provide information on the use of donor gametes
- always refer for implications counselling
- explain the abstinence procedure and give information on future treatment options.

It is important to counsel and inform any trans person wishing to preserve their fertility that if they do wish to use the gametes in the future, then they will need to register as a gamete donor with the HFEA and follow the screening and consent pathways for gamete donors. Gender neutral consent forms are now available from the HFEA. The process is the same as freezing gametes, but this group of patients do not need to be screened or treated as donors routinely.

Same sex couples

The treatment options available to female same sex couples, in addition to those outlined above, but with the use of donor sperm (known, unknown or in a co-parenting arrangement), include intra-partner donation and egg sharing. In intra partner arrangements, IVF takes place with surplus eggs, usually donated to a female partner. The embryo transfer can take place during the same cycle (providing the couple have been synchronised and prepared for this) or the eggs or embryos can be frozen for treatment at a later date. The female partner providing the eggs will need to be registered as a donor with the HFEA.

For egg sharing arrangements, one female partner may opt to donate her eggs to her partner and an anonymous recipient. The woman undergoing treatment will need to be registered as a donor and complete the HFEA required donor screening and consents.

For same sex male couples planning to start a family, the options available to them include co-parenting and known sperm donation.

They may also decide to commission a surrogacy arrangement with the assistance of a gestational surrogate and an egg donor to create embryos. More information regarding surrogacy can be found on page 22.

Single people

Treatment options available to single women include all of the above including fertility preservation. Some women may choose to have treatment with an unknown donor sperm, known donation, or as a co-parent:

Co-parenting – is the ability for parents to work together successfully in the bringing up of their children. Traditionally, co-parenting arose when parents separated or divorced. But it is now becoming a parenting option for single people and gay and lesbian couples who wish to raise a child together sharing parental and financial responsibility.
Co-parenting arrangements can take place with IUI or IVF cycles. Legal advice should be sought in these cases by all parties involved.

Single male patients may decide to freeze sperm for fertility preservation or may also choose to donate their sperm in a co-parenting arrangement or in a known donation treatment cycle.

Donation

Fertility treatments often rely on donated sperm and eggs.

- **Egg donation** – a healthy woman under the age of 35 may choose to donate her eggs altruistically in an unknown or known donation cycle. She will go through the same treatment process as an IVF cycle, but the fertilisation will take place with a recipient's partner or donor sperm, and the female recipient will receive the embryos by means of an embryo transfer. Some clinics will consider donation in a known donation cycle above the age of 35, if all parties have been medically advised on the possible outcomes.
- **Sperm donation** – healthy men may wish to donate their sperm to a clinic or donor bank as an unknown donor for the treatment of others, or they may wish to help a friend or non-blood relation to conceive and become a known donor. In either of these scenarios the donor will need to be screened and consented as per HFEA guidance. Sperm recipients

may also choose to import sperm from an overseas sperm bank; in these cases, fertility nurses must ensure the overseas bank has screened the donor as per HFEA regulation and that the donor has consented to export to the UK.

- **Embryo donation** – women (and their partners) who have excess embryos that they no longer wish to use can choose to donate these for the use of others. The gamete providers would need to be screened as donors, even though the gametes are already frozen, and implications counselling should be offered.

In all cases, implications counselling from a suitably qualified counsellor should be offered to gamete donors.

Surrogacy

Surrogacy is a treatment offered to heterosexual couples and same sex couples who require the assistance of a surrogate to conceive. In the UK, it is illegal to advertise and pay surrogates as this is viewed as commercial surrogacy.

There are three main surrogacy organisations that are recommended for couples commissioning surrogacy arrangements – Brilliant Beginnings, COTS (Childlessness Overcome Through Surrogacy) and Surrogacy UK. Further information regarding surrogacy agreements can be sourced from these main surrogacy organisations. There are two main types of surrogacy:

- **straight surrogacy** – a surrogate may undergo an insemination procedure using the intended father's sperm to achieve a pregnancy. Straight surrogacy could also be achieved when a surrogate's eggs are fertilised via IVF with the intended father's sperm. Not all centres offer this type of surrogacy arrangement. In these cases, the surrogate will also be treated as the egg donor so will need to be screened and consented as a donor as per HFEA regulation. The intended father will also need to be screened and registered as a sperm donor.
- **gestational surrogacy** – the intended parents provide their gametes via an IVF cycle to create embryos that are transferred into a surrogate who carries the pregnancy and will be the birth mother. The intended mother's eggs may be used or donor eggs if there is an egg issue or in the case of same sex male parents. The gamete providers must be screened and treated as donors, and all parties will require implications counselling and be encouraged to seek legal advice. At least one of the intended parents needs to have a genetic link to the child to commission a surrogacy arrangement in the UK. It is also a legal requirement that at least one of the intended parents are domiciled in the UK.

Currently, a parental order can only be obtained within the first six weeks after the child's birth and up to the time that the child is six months old. A parental order can also only be issued when at least one of the intended parents has a genetic link to the child. As the law is complex around this issue, it may be appropriate for health care practitioners to suggest that couples seek independent legal advice on parental orders.

In all surrogacy arrangements within the UK, the surrogate will always be the legal parent until such time as a parental order is issued or on adoption of the child. The birth certificate for the child can then be amended to reflect the names of the intended parents.

4 Fertility care counselling

Counselling is a distinct professional process informed by knowledge and skills and should not be confused with the provision of support and informed consent for treatment options during treatment.

Fertility nurses will be engaged in *implication counselling*, for which they must be specifically trained and prepared to carry out appropriately. They will also need to understand that more detailed *therapeutic counselling* should be carried out by trained/accredited counsellor.

Fertility care counselling

- **Implications counselling** is the provision of information to ensure that the patient understands the processes and risks associated with undergoing treatments.
- **Therapeutic counselling** is focused on helping individuals to better understand feelings and behaviour, and learn how to change where necessary.

Both strands of counselling practice are differentiated from the provision of support and informed consent for treatment options or other forms of psychological support provided to women (and their partners) during fertility treatment.

Fertility nurses will use their counselling skills to enable patients to consider the implications of some treatments. The law mandates, however, that the offer of implications and therapeutic counselling by a suitably qualified counsellor must be given.

For many people, going through fertility treatment will be one of the most distressing and tumultuous periods in their lives; it is an experience that can deeply affect an individual's sense of self. This can put a strain on family, partners and general life as they feel increasingly alone and failing in a 'male or female' sense.

Something so apparently easy for others has become 'medicalised'; and patients may feel a resulting lack of control over their lives. If they have little emotional support before, during or after treatment, patients can feel an increasing sense of detachment or depersonalisation in different areas of their life as they try to cope with the stress of trying to create a family.

The offer of counselling is a mandatory requirement in licenced treatment centres in the UK and should be offered by a suitably qualified BICA accredited counsellor (HFEA *Code of Practice* 2017, 3.8). Registered nurses and health care assistants (HCAs) should be aware of the counselling service available in their particular area, as the counsellor will offer support to women and their partners at any point during their fertility journey. This may be in community settings or specialised clinics.

Although not mandatory within a community setting or in a GP surgery, health care professionals and HCAs that encounter patients in the initial stages of investigation should be aware that fertility counselling can be accessed in these early stages as well as when management of fertility becomes more complex. Some patients can be referred to fertility counsellors working in treatment centres at this early stage. A list of suitably qualified counsellors is also available from the British Infertility Counselling Association (BICA).

Patients can be seen by fertility counsellors who work in a licensed treatment centres; if this service is unavailable then clinics should have a list of alternative counselling available. A 2016 impact study undertaken by Fertility Network UK found that patients felt they were not always offered counselling at the time when it was most needed and when it could have made a real difference – especially if women were faced with potential bad news which could create increased anxiety. Counselling can help make sense of present difficulties and increase an individual's ability to make choices and initiate changes, for example by introducing coping strategies.

Counsellors who are registered or working towards accreditation with BICA are considered to be suitably qualified and experienced. The fertility nurse and the HCA caring for patients need to be aware of, and sensitive to, the needs of patients and inform them that counselling is available.

Any element of investigations or treatment may be challenging for the woman and/or her partner; both may share concerns and feelings about how the experiences may be affecting them at any stage (for example failed cycle, diagnosis of needing donor gametes). Nurses can provide emotional support, and it is important

to recognise when it is appropriate to refer to a qualified fertility counsellor. Ensuring good communication with the fertility counsellor is essential to ensure all staff are aware of the availability of the service and good working practice.

Reassurance by the nurse before accessing counselling should include explaining to patients that the service is:

- offered routinely and is completely confidential
- an opportunity to have completely independent, informed and supportive professional guidance, before, during and after treatment if requested
- non-judgemental and is not about giving advice.

The value of counselling relates to both helping patients to fully consider their experiences or difficulties or informing them prior to making any decisions. As a result, they can fully consider their experiences, choices and any changes within their lives.

5. The role of health care assistants

The nursing team is made up of many different people who bring with them a range of skills, knowledge and competence. The person with overall responsibility for the nursing care of the woman (and her partner) is usually the registered nurse, who may also delegate tasks or elements of care provision to others in the team, including other registered nurses and health care assistants.

While the term 'health care assistant' (HCA) is used throughout this document, the role's descriptive term may differ in different employment situations. It is also important to acknowledge that this role is often a route into nursing for those wishing to progress their career. The developing roles and opportunities for HCAs are illustrated below.

HCAs play a vital part of the multi-disciplinary team within the fertility service setting; they provide the hands on care for the patients and have an important role to play in the experience of a woman and her partner.

Working alongside the registered nurse, with direction and guidance to ensure safe and effective high-quality compassionate care is delivered, the HCA acts as part of the team responsible for ensuring excellent health and wellbeing outcomes are achieved.

It is critically important that both registered nurses and HCAs understand their roles and responsibilities around delegation.

RCN health practitioner resources that will be valuable to HCAs:

www.rcn.org.uk/professional-development/hcas-aps-and-tnas

www.rcn.org.uk/professional-development/professional-information-for-hcas-and-aps

www.rcn.org.uk/professional-development/become-an-hca-ap-tna

Developing roles and opportunities for HCAs

Nursing associate is a highly trained support role to deliver effective, safe and responsive nursing care in and across a wide range of health and care settings. Nursing associates work independently, and with others, under the leadership and direction of a registered nurse within defined parameters to deliver care in line with an agreed plan. Nursing associates will have a breadth of knowledge and a flexible portable skill set to serve local health populations, in a range of settings covering pre-life to end of life.

Apprenticeship – there are several types and levels of apprenticeships currently available for health and social care staff. Apprentices have the opportunity to earn while they learn, gain real life experience and improve their job prospects.

Apprenticeships combine employed work and study by mixing on-the-job training with classroom learning studying for a formal qualification, usually for one day a week either at a college or a training centre. Apprenticeships can take between one to four years to complete; the duration of an apprenticeship role depends on a variety of factors including the level of the apprenticeship, the chosen sector, employer requirements and individual ability. The nursing associate apprentice must meet the 15 standards set out in the care certificate, prior to taking their end-point assessment.

Delegation

Registered nurses have a duty of care and a legal liability with regard to the patient. If they have delegated an activity they must ensure that it has been **appropriately delegated**. The NMC *Code* (2015) states that the registered nurse must:

> "Be accountable for your decisions to delegate tasks and duties to other people To achieve this, you must:
>
> 11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
>
> 11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and
>
> 11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard."
>
> (NMC, 2015:10)

Delegation of duties is summarised in this statement from NHS Wales (NLIAH, 2010):

> "Delegation is the process by which one (the delegator) allocate clinical or non-clinical treatment or care to a competent person (the delegatee). One will remain responsible for the overall management of the service user, and accountable for one decision to delegate. One will not be accountable for the decisions and actions of the delegatee".

Employers have responsibilities too, and as HCAs and APs develop and extend their roles the employer must ensure that its staff are trained and supervised properly until they can demonstrate competence in their new roles (Cox, 2010).

See also:

- *Accountability and Delegation: A Guide for the Nursing Team* (RCN, 2017)
- The RCN's *Delegation Checklist* (detailed in above publication)
- The RCN's *First Steps for Health Care Assistants* (online resource)

Although the precise role of the HCA is shaped by the requirements and culture of individual service provision, it is important that levels of competency and skills required are achieved and maintained and are transferable to enable HCAs to move to other areas.

Skills and knowledge required within the fertility service setting include having:

- written and spoken communication skills
- the ability to relate to people from a wide range of backgrounds
- the ability to work with patients with sensitivity and respect
- observational skills.

All HCAs, as well as nurses, should ensure the NHS *Compassion in Practice* 6Cs values (DH, 2012) are embedded into everything that they do:

- care
- compassion
- competence
- communication
- courage
- commitment.

It is important that HCAs recognise their own rights and responsibilities as an employee, which includes acknowledging their own limitations within their role, and that the fertility service setting also recognises these boundaries. It is also imperative that they understand the consequences for them, the service provision and the woman if they do not comply with expected national standards.

The following framework outlines the development opportunities for HCAs (Figures 4 and 5), which uses the Skills for Health competence base, outlines the skills and knowledge expected of a HCA who wishes to engage fully in providing high quality fertility services across the UK. Further information is available from the Skills for Health website (www.skillsforhealth.org.uk) however it is the responsibility of the fertility service to provide support for the HCA to develop the knowledge and skills required to enable them to provide the excellent standard of care expected.

Figure 4: HCA education progression pathway

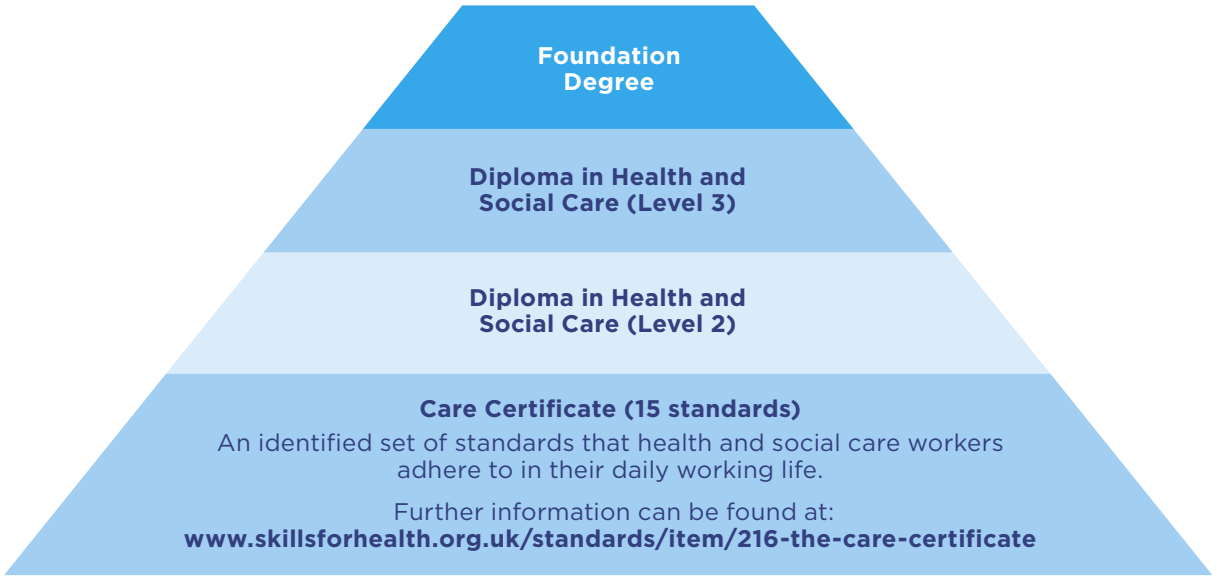


Figure 5: Outline of key skills for health care assistants working in fertility services

The set of core skills that HCAs are expected to have in any health care setting, (taken from the CARE CERTIFICATE (April 2015) based on the Cavendish Review work).	The set of core skills an HCA is expected to have within a fertility setting.	The set of optional skills that HCAs may require in an individual clinic; allows for differing roles.
CORE SKILLS (general) Understand your role. Your personal development. Duty of care. Equality and diversity. Work in a person-centred way. Communication. Privacy and dignity. Fluids and nutrition. Awareness of mental health. Safeguarding adults and children. Basic life support. Health and safety, including moving and handling, maintaining a safe environment. Governance, including handling information, confidentiality. Infection prevention and control, including hand hygeine, prevention of cross infection, cleaning the environment appropriately.	**CORE SKILLS (fertility)** A basic understanding of: • male and female anatomy and physiology • general fertility investigations for male and female patients • patient pathways and treatment options • the HFEA Act and the role of the HFEA. Basic awareness of the side effects of treatment and the ability to report it to the appropriate senior. An ability to prepare the environment and equipment, following local protocols, for a variety of patient procedures. Awareness of local chaperoning guidelines. Actively work with all members of the multi-disciplinary team. Have a basic understanding of the documentation required for the local fertility setting. An ability to document within the patient health care records any relevant interaction with the individual – such as telephone conversations, adverse incidents, care giving.	**OPTIONAL SKILLS (fertility)** Manage an effective stock system; this may include ordering consumables and rotating stock. An ability to perform phlebotomy/venepuncture. Provide witnessing according to local policy. Provide general administration duties according to local policy; this may include data input, filing, photocopying. Provide a basic level of emotional support to all patients at every stage of investigation, treatment or outcome.

Each of these standards should be underpinned by full learning outcomes and criteria. For more information, including a selection of materials, see www.skillsforcare.org.uk, www.skillsforhealth.org.uk and www.rcnhca.org.uk.

6 Recommendations and conclusion

This RCN *Education and Career Progression Framework for Fertility Nursing* is intended to facilitate a conversation and enable the building of a career pathway for all nurses and HCAs in fertility services. The aim is to ensure development and progression of knowledge and expertise towards enhancing the quality of service provision in fertility nursing care. The following recommendations are intended to support such developments.

- Fertility nurses wishing to progress their career should consider discussing with their line manager the requirements/expectation of the role, and the academic level required for this level of practice.
- Fertility nurses should seek guidance from the local higher education institution (HEI)/ university for details about how to select the learning opportunities/modules/awards most appropriate for their practice. For example, practitioners may wish to access stand-alone modules, a recognised education programme or select a combination of learning opportunities towards a recognised qualification.
- To achieve an academic award, these learning modules or courses should include an aspect of fertility specific topics – in addition to topics relating to management/leadership, education and research methods – to address all themes for advancing practice to and beyond master's level education.
- This framework could also be used by individual nurses to assess their ongoing competence and prepare for NMC revalidation.
- The RCN recommends that those teaching and assessing skills and competence should have a recognised training programme to mentor, support, teach and assess competence.
- Managers should be able to facilitate continuing professional growth and be supportive of nurses and HCAs requiring ongoing development, to maintain and enhance skills and knowledge to continue a high-quality care provision. This in turn will lead to greater satisfaction in the role, as well as enhanced practice.
- All newly appointed nurses and HCAs should have an identified mentor to support their continuing professional development.
- All nurses and HCAs should have an opportunity to consider their career progression on an annual basis; ideally there would be a senior nurse who would be responsible for ensuring all staff are given this opportunity. This could form part of the revalidation process for registrants, where the identified senior nurse is familiar with the working practices of the individual.
- Nurses in fertility services need to be clear about their role in counselling and this should be in line with the HFEA Code of Practice; particularly in relation to patient referral to a suitably qualified counsellor for therapeutic counselling.

The RCN *Education and Career Progression Framework for Fertility Nursing* is intended to inspire individual nurses and HCAs to progress their career so they can continue to provide a quality service for those seeking fertility advice and management across the breadth of fertility care provision services. It equally serves as a reminder that anyone providing care should not undertake a procedure unless competent to do so, whilst considering how they can best ensure competence and confidence to carry out activities that expands their scope of practice.

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Further resources

British Infertility Counselling Association
www.bica.net

British Medical Ultrasound Society
www.bmus.org/careers-training

BICA Study option- BICA Breaking Bad News Course
www.bica.net/holding.php

CASE Consortium for the Accreditation of Sonographic Education
www.case-uk.org

Care Quality Commission
www.cqc.org.uk

Infection Prevention Society
www.ips.uk.net

The Association of Early Pregnancy Clinics
www.aepu.org.uk

The British Society of Gynaecological Imaging
www.bsgi.org.uk/education-and-training

The Human Fertilisation Authority and Embryology Act 1990
www.legislation.gov.uk/ukpga/1990/37/contents

Human Fertilisation and Embryology Authority
www.hfea.gov.uk

Surrogacy UK
www.surrogacyuk.org

NHS Patient Safety
www.nrls.npsa.nhs.uk

Nursing and Midwifery Council
www.nmc.org.uk

Appendix 1: RCN fertility nursing progression assessment tool

This tool can be used to assess and demonstrate competence.

Fertility Assessment							
Knowledge	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Use knowledge of the fertility investigations undertaken to prepare the patient/client and the clinical area for fertility investigation.	N, AB, C, P, E	Advanced beginner					
Provide clients with information regarding the range of fertility investigations available.	N, AB, C, P, E	Competent					
Respect client autonomy.	N, AB, C, P, E	Competent					
Use knowledge of the types of fertility investigations available to identify and undertake the most appropriate investigations given the situation.	N, AB, C, P, E	Proficient					
Enable the client to make an informed choice.	N, AB, C, P, E	Proficient					
Provide expert support to colleagues and clients on investigations and the interpretation of results.	N, AB, C, P, E	Expert					
Contribute to team decisions with regard to implications of results and provision of fertility services.	N, AB, C, P, E	Expert					
Develop and manage teaching programmes on investigation of infertility.	N, AB, C, P, E	Expert					
Use expert knowledge of current practice and relevant research to enhance infertility nursing practice.	N, AB, C, P, E	Expert					
Provide training and educational support for staff in relation to investigations.	N, AB, C, P, E	Expert					
Audit availability of services and identify need for change where relevant.	N, AB, C, P, E	Expert					

Skill – ultrasound scanning							
Prepare client and environment for pelvic ultrasound-ovarian follicular tracking.	N, AB, C, P, E	Advanced beginner					
Chaperone clients undergoing pelvic ultrasound follicular tracking.	N, AB, C, P, E	Advanced beginner					
Use the basic principles of ultrasound scanning to deliver appropriate care.	N, AB, C, P, E	Competent					
Prepare to manage potential risks.	N, AB, C, P, E	Competent					
Perform follicular tracking in accordance with the local SOP under supervision, ensuring accurate documentation of findings.	N, AB, C, P, E	Competent					
Reflect on own understanding of follicular monitoring to inform own practice.	N, AB, C, P, E	Competent					
Undertake various types of ultrasound investigation relevant to the investigation and treatment of infertility.	N, AB, C, P, E	Proficient					
Undertake uterine assessment; ovarian position and description; identify anatomical landmarks; normal and abnormal pathology.	N, AB, C, P, E	Proficient					
Work towards accreditation of recognised ultrasound qualification.	N, AB, C, P, E	Proficient					
Provide supervision and mentorship to junior staff undertaking pelvic ultrasound-ovarian follicular tracking.	N, AB, C, P, E	Proficient					
Undertakes audits of ultrasound practice.	N, AB, C, P, E	Expert					
Interpret scan findings in accordance with treatment management protocols.	N, AB, C, P, E	Expert					
Advise on the unusual features of ultrasound.	N, AB, C, P, E	Expert					
Ensure practice is audited regularly and accurate records are kept.	N, AB, C, P, E	Expert					
Facilitate the development of effective policies and quality assurance mechanisms.	N, AB, C, P, E	Expert					
Ensure the provision of education and training to meet staff needs.	N, AB, C, P, E	Expert					

Skill – trans-vaginal pregnancy scanning							
Use knowledge of first trimester physiology and pelvic anatomy to identify pelvic pathology and maintain accurate documentation.	N, AB, C, P, E	Competent					
Recognise normal and abnormal pathology, and act appropriately in emergency situations.	N, AB, C, P, E	Competent					
Awareness of appropriate referral mechanisms in cases of emergency.	N, AB, C, P, E	Competent					
Undertake and/or supervise pelvic ultrasound sessions and manage emergency situations or referrals as appropriate.	N, AB, C, P, E	Proficient					
Identify and manage complications of first trimester pregnancy.	N, AB, C, P, E	Proficient					
Prepare and maintain reports on findings.	N, AB, C, P, E	Proficient					
Identify and explain abnormal pathology.	N, AB, C, P, E	Proficient					
Manage links with day surgery/ early pregnancy assessment unit as necessary.	N, AB, C, P, E	Expert					
Facilitate the development of effective policies and quality assurance mechanisms.	N, AB, C, P, E	Expert					
Ensure the provision of education and training to meet staff needs.	N, AB, C, P, E	Expert					

Surgical pathway							
Knowledge – assisted reproductive techniques	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Prepare the physical and clinical environment appropriately for procedure.	N, AB, C, P, E	Advanced beginner					
Provide basic emotional support to the client and partner during the process.	N, AB, C, P, E	Advanced beginner					
Provide the appropriate nursing care; use understanding of the basic investigations required prior to commencing an IVF cycle.	N, AB, C, P, E	Competent					
Use awareness of laboratory practice for timely investigation/procedures in accordance with local SOPs.	N, AB, C, P, E	Competent					
Administer drugs safely, in line with local SOP and in accordance with NMC Code (2015).	N, AB, C, P, E	Competent					
Ensure best practice in relation to handling of gametes and embryos.	N, AB, C, P, E	Competent					
Explain to clients the rationale behind choice of drugs and treatment process, and educate with regard to safe injection technique.	N, AB, C, P, E	Competent					
Prepare patients for the procedure and assist where appropriate and in accordance with local SOP.	N, AB, C, P, E	Competent					
Demonstrate knowledge of the pelvic structures in order to recognise retroverted and anteverted uterus or associated anomalies documenting and reporting where appropriate.	N, AB, C, P, E	Competent					
Undertake procedures in accordance with local SOP.	N, AB, C, P, E	Proficient					
Maintain accurate documentation of process/procedures.	N, AB, C, P, E	Proficient					
Provide advice and implications counselling on follow-up.	N, AB, C, P, E	Proficient					
Identify poor ovarian response and eligibility for IUI (intrauterine insemination).	N, AB, C, P, E	Proficient					
Determine whether luteal phase progesterone is required.	N, AB, C, P, E	Proficient					
Identify situations where IVF cycles may be rescued with agonists in case of above average responses.	N, AB, C, P, E	Expert					
Identify risks associated with OHSS, and liaise with multidisciplinary team where appropriate.	N, AB, C, P, E	Expert					

Provide expert advice and support for staff.	N, AB, C, P, E	Expert					
Ensure training needs of all staff are assessed and met in accordance with local training schedule (SOP).	N, AB, C, P, E	Expert					
Provide up-to-date advice/ management of current legislation in accordance with RCOG guidelines for management of OHSS and reporting to relevant bodies such as the HFEA.	N, AB, C, P, E	Expert					
Knowledge – oocyte retrieval and surgical sperm retrieval							
Deliver appropriate associated nursing care, using understanding of the procedure being undertaken.	N, AB, C, P, E	Competent					
Prepare patient for theatre.	N, AB, C, P, E	Competent					
Monitor patient on return from theatre, maintaining accurate documentation.	N, AB, C, P, E	Competent					
Manage treatment cycle and monitor progress under supervision.	N, AB, C, P, E	Competent					
Provide assistance during the procedure where required.	N, AB, C, P, E	Competent					
Co-ordinate process from admission to discharge.	N, AB, C, P, E	Competent					
Manage post-operative care and follow-up.	N, AB, C, P, E	Competent					
Advise on diagnosis and management of post-operative complications.	N, AB, C, P, E	Competent					
Provision of implications counselling in relation to licensing and consent; and risks of multiple pregnancy (where appropriate).	N, AB, C, P, E	Competent					
Co-ordinate the supervision of colleagues.	N, AB, C, P, E	Proficient					
Co-ordinate and supervise procedure with laboratory staff, where appropriate.	N, AB, C, P, E	Proficient					
Provide expert advice and support for staff in accordance with local SOPs.	N, AB, C, P, E	Expert					
Ensure training needs are assessed and met.	N, AB, C, P, E	Expert					
Provide advisory role for junior members of the team and visiting students.	N, AB, C, P, E	Expert					

Knowledge – semen production							
Prepare the physical and clinical environment for semen production appropriately.	N, AB, C, P, E	Advanced beginner					
Ensure privacy and demonstrate awareness of appointment system where appropriate.	N, AB, C, P, E	Advanced beginner					
Demonstrate understanding of the guidelines for semen production in support of the individual prior to the procedure.	N, AB, C, P, E	Competent					
Demonstrate awareness of correct labelling/witnessing of sample.	N, AB, C, P, E	Competent					
Demonstrate awareness of optimum time of abstinence for satisfactory semen analysis.	N, AB, C, P, E	Competent					
Ensure consent for correct type of treatment liaising with laboratory staff where appropriate.	N, AB, C, P, E	Competent					
Demonstrate awareness of laboratory commitments in relation to timing of semen production.	N, AB, C, P, E	Competent					
Identify problems and offer appropriate advice/referral.	N, AB, C, P, E	Competent					
Demonstrate awareness of history of semen analysis and implications for treatment outcome such as AI, IVF or ICSI.	N, AB, C, P, E	Proficient					
Awareness of donor/recipient cycle coordination and need for confidentiality of donor at time of egg collection.	N, AB, C, P, E	Proficient					
Demonstrate knowledge of the WHO parameters for semen analysis.	N, AB, C, P, E	Competent					
Provide expert advice and support for staff.	N, AB, C, P, E	Expert					
Ensure training needs of all staff are assessed and met in accordance with local training schedule (SOP).	N, AB, C, P, E	Expert					
Provide up-to-date advice/ management of current legislation in accordance with RCOG guidelines for semen analysis.	N, AB, C, P, E	Expert					

Knowledge – intra-uterine insemination							
Prepare the physical and clinical environment appropriately.	N, AB, C, P, E	Advanced beginner					
Provide basic emotional support to the client and partner during the process.	N, AB, C, P, E	Advanced beginner					
Use understanding of the reasons for the procedure to prepare the individual physically and psychologically.	N, AB, C, P, E	Competent					
Use basic knowledge of ovulation and normal semen parameters.	N, AB, C, P, E	Competent					
Demonstrate knowledge of cervical position in relation to angle of uterus. For example, anteverted, retroverted.	N, AB, C, P, E	Competent					
Undertake transabdominal ultrasound where appropriate and in relation to difficult cervical cannulations.	N, AB, C, P, E	Competent					
Manage follow-up procedure post insemination.	N, AB, C, P, E	Competent					
Use indepth knowledge to manage actual and potential complications.	N, AB, C, P, E	Proficient					
Undertake manipulation of catheter through the cervical canal and awareness of different catheter types available.	N, AB, C, P, E	Proficient					
Identify strategic direction for the fertility service across primary, secondary and tertiary care.	N, AB, C, P, E	Expert					
Identify service specific opportunities and deficits.	N, AB, C, P, E	Expert					
Identify education and training opportunities and provision, to ensure a skilled and competent workforce.	N, AB, C, P, E	Expert					
Use awareness of relevant research and identify appropriate clinical application to enhance services.	N, AB, C, P, E	Expert					
Identify and support research opportunities.	N, AB, C, P, E	Expert					
Update and familiarise yourself with changes, and potential changes, in relevant national and EU legislation/ guidance that will affect fertility nursing practice. For example, the HFEA Code of Practice.	N, AB, C, P, E	Expert					
Provide expert advice on treatment options and shared decision making.	N, AB, C, P, E	Expert					
Establish and maintain good communication networks with local and national contacts.	N, AB, C, P, E	Expert					
Audit policies and procedures in accordance with local SOPs with relevant staff and agree changes as necessary.	N, AB, C, P, E	Expert					

Knowledge – embryo transfer							
Prepare the physical and clinical environment appropriately.	N, AB, C, P, E	Advanced beginner					
Provide basic emotional support to the client and partner during the process.	N, AB, C, P, E	Advanced beginner					
Use understanding of the process of embryo transfer and demonstrate basic knowledge of embryonic and endometrial development required to facilitate implantation.	N, AB, C, P, E	Competent					
Undertake manipulation of catheter through cervical canal under supervision.	N, AB, C, P, E	Competent					
Demonstrate awareness of physiological requirement for luteal phase progesterone support where pituitary downregulation has been achieved.	N, AB, C, P, E	Competent					
Demonstrate sound knowledge of embryonic and endometrial development in relation to optimum time in IVF cycle for ET.	N, AB, C, P, E	Competent					
Demonstrate knowledge of pelvic anatomy in relation to ET procedure.	N, AB, C, P, E	Competent					
Undertake trans-abdominal ultrasound where indicated and in relation to difficult cannulation.	N, AB, C, P, E	Competent					
Manage post-embryo transfer.	N, AB, C, P, E	Proficient					
Undertake manipulation of catheter through cervical canal without supervision.	N, AB, C, P, E	Proficient					
Use in-depth knowledge to manage potential and actual complications during the procedure.	N, AB, C, P, E	Proficient					
Undertake manipulation of catheter through convoluted canal without supervision.	N, AB, C, P, E	Proficient					
Provide expert advice and support for staff in relation to ET procedures and in accordance with local SOP.	N, AB, C, P, E	Expert					
Ensure that training needs are assessed and met, through audit and best practice.	N, AB, C, P, E	Expert					
Initiate research and audit in relation to best practice for ET.	N, AB, C, P, E	Expert					

Knowledge – ovarian hyperstimulation syndrome (OHSS)							
Report anything brought to your attention, demonstrating awareness that treatment can have side effects.	N, AB, C, P, E	Competent					
Provide appropriate, supervised care, based on a basic understanding of the causes and progression of OHSS.	N, AB, C, P, E	Competent					
Demonstrate awareness of RCOG Green Top Guideline No 5 (2016) for management of OHSS.	N, AB, C, P, E	Competent					
Demonstrate awareness of RCN guidelines for management of OHSS.	N, AB, C, P, E	Competent					
Provide appropriate care based on an awareness of aetiology of OHSS and OHSS, its causes and treatment.	N, AB, C, P, E	Competent					
Advise and provide counselling for individuals on the implications of treatment who are potentially at risk of OHSS at different stages of treatment.	N, AB, C, P, E	Competent					
Demonstrate understanding and implementation of RCOG guidelines, HFEA Code of Practice and the Care Quality Commission national standards.	N, AB, C, P, E	Competent					
Maintenance of accurate documentation.	N, AB, C, P, E	Competent					
Implement local policy in accordance with SOPs in cycle cancellation or elective cryopreservation of embryos.	N, AB, C, P, E	Proficient					
Co-ordinate test results (serum assays) with ultrasound findings in aiding diagnosis of OHSS.	N, AB, C, P, E	Proficient					
Co-ordinate referral of individuals to relevant departments, such as gynaecology, for admissions where appropriate.	N, AB, C, P, E	Proficient					
Identify strategic direction for services across primary, secondary and tertiary care.	N, AB, C, P, E	Expert					
Identify education and training opportunities and provision to ensure a skilled and competent workforce.	N, AB, C, P, E	Expert					
Demonstrate a sound and current knowledge of OHSS research and guidelines.	N, AB, C, P, E	Expert					
Support OHSS research opportunities.	N, AB, C, P, E	Expert					
Provide expert advice on management options in line with local SOPs.	N, AB, C, P, E	Expert					
Audit policies and procedures for OHS and OHSS with relevant staff, and agree changes as necessary.	N, AB, C, P, E	Expert					

Provision of information and consent							
Knowledge – obtaining consent for investigation and treatment	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Obtain informed consent for any investigation or treatment undertaken in accordance with local SOP, HFEA Code of Practice and remit of responsibility (job description).	N, AB, C, P, E	Competent					
Ensure appropriate informed consent is obtained in relation to any investigation, treatment, and research (contact and non-contact) undertaken.	N, AB, C, P, E	Competent					
Awareness of requirement for patient held copies of consents.	N, AB, C, P, E	Competent					
Demonstrate knowledge of consenting procedures and legislation relating to specific consent for investigations/ treatments.	N, AB, C, P, E	Competent					
Implement local and national policies in relation to consent; data protection and issues specific to investigation and treatment.	N, AB, C, P, E	Proficient					
Ensure appropriate consent forms for any investigation or treatment required (in accordance with local SOPs and HFEA Code of Practice) have been filed in medical records.	N, AB, C, P, E	Proficient					
Ensure departmental protocols/ SOPs are developed and assume responsibility for updating.	N, AB, C, P, E	Proficient					
Advise colleagues on non-compliance with the consent process.	N, AB, C, P, E	Expert					
Implement national advice and guidance on consent.	N, AB, C, P, E	Expert					
Ensure local practice is regularly audited to determine compliance.	N, AB, C, P, E	Expert					
Facilitate development of effective policies and quality assurance mechanisms.	N, AB, C, P, E	Expert					

Knowledge – information giving regarding implications of treatment							
Ensure privacy and confidentiality in all patient/relative interactions.	N, AB, C, P, E	Competent					
Demonstrate sensitivity to the patient/client's needs for privacy and confidentiality.	N, AB, C, P, E	Competent					
Provide suitable surroundings.	N, AB, C, P, E	Competent					
Demonstrate awareness of HFEA requirement for independent counsellor and discuss potential referral with colleagues.	N, AB, C, P, E	Competent					
Use basic counselling skills, from an informed knowledge base, with patients/clients.	N, AB, C, P, E	Competent					
Recognise situations where referral to independent counselling services may be appropriate.	N, AB, C, P, E	Competent					
Use knowledge of basic embryology, implications of failed fertilisation, implantation rates, psychological effects of treatment failure, miscarriage, and ectopic pregnancy to support the individual appropriately.	N, AB, C, P, E	Proficient					
Ensure a range of counselling services are available as required to meet client need.	N, AB, C, P, E	Proficient					
Provide expert advice on treatment options, counselling services and shared decision making in relation to post-treatment follow-up.	N, AB, C, P, E	Expert					
Establish and maintain good communication networks with local and national contacts such as BICA and Infertility Network UK.	N, AB, C, P, E	Expert					
Audit counselling policies and SOPs with relevant staff, and agree changes as necessary.	N, AB, C, P, E	Expert					

Knowledge – diversity							
Use awareness of different cultures having different approaches and needs in relation to fertility issues and preparation of different investigations/ treatments.	N, AB, C, P, E	Competent					
Recognise the sensitivities of managing fertility care across a range of cultures.	N, AB, C, P, E	Competent					
Demonstrate awareness of local diversity and equality strategies and policies and local interpreter services.	N, AB, C, P, E	Proficient					
Demonstrate awareness and understanding of issues relating to gender and sexuality.	N, AB, C, P, E	Proficient					
Use knowledge of blood-borne viruses (BBV) and their management to enhance care.	N, AB, C, P, E	Proficient					
Co-ordinate services of an interpreter where necessary.	N, AB, C, P, E	Proficient					
Use an indepth understanding of diversity issues and apply to fertility nursing.	N, AB, C, P, E	Proficient					
Co-ordinate multidisciplinary services where appropriate, such as HIV/ Hepatitis +ve cases.	N, AB, C, P, E	Expert					
Ensure and maintain current SOPs are in place to reflect national policies on diversity.	N, AB, C, P, E	Expert					
Support staff attendance at local training days including mental capacity.	N, AB, C, P, E	Expert					
Knowledge – provision of emotional support							
Ensure privacy and confidentiality in all patient/relative interactions.	N, AB, C, P, E	Competent					
Recognise when emotional support is needed and refer if necessary.	N, AB, C, P, E	Competent					
Provide basic emotional support for client(s), appropriate to their needs and care.	N, AB, C, P, E	Competent					
Work towards a certificate in counselling skills in accordance with HFEA requirements.	N, AB, C, P, E	Competent					
Demonstrate awareness of local (independent counsellor) and national support agencies in relation to fertility counselling.	N, AB, C, P, E	Competent					
Use appropriate interpersonal skills in supporting client(s) emotionally during investigations, treatment and follow-up.	N, AB, C, P, E	Competent					
Demonstrate awareness of requirements of referral to other health care team members as appropriate.	N, AB, C, P, E	Proficient					
Demonstrate competence in discussing relevant support agencies.	N, AB, C, P, E	Proficient					

Provide support for junior members of staff during complex situations.	N, AB, C, P, E	Proficient					
Hold recognised counselling certificate.	N, AB, C, P, E	Proficient					
Identify strategic direction for service across primary, secondary and tertiary care.	N, AB, C, P, E	Expert					
Identify service specific opportunities and deficits.	N, AB, C, P, E	Expert					
Identify education and training opportunities and provision (in relation to counselling skills) to ensure a skilled and competent workforce.	N, AB, C, P, E	Expert					
Support local research opportunities.	N, AB, C, P, E	Expert					
Manage administration of independent counselling services in accordance with local SOP.	N, AB, C, P, E	Expert					

Medicines management							
Knowledge – store, administer and dispose of medication safely and effectively	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Understand the NMC standards for medicine management and their local application.	N, AB, C, P, E	Competent					
Understand locally agreed policies, procedures and guidelines relating to the storage, administration, disposal and recording of medicines.	N, AB, C, P, E	Competent					
Describe how to find additional information about medicines, such as the British National Formulary (BNF).	N, AB, C, P, E	Competent					
Understand drug error or near miss reporting.	N, AB, C, P, E	Competent					
Demonstrate awareness of different pharmaceutical products used in fertility treatments.	N, AB, C, P, E	Competent					
Use understanding of local treatment plans/SOPs in relation to pharmaceutical products used in infertility nursing.	N, AB, C, P, E	Competent					
Demonstrate competence in being able to explain known side effects to the patient and potential side effects on their treatment.	N, AB, C, P, E	Competent					
Use knowledge and understanding of the management of individual drug schedules, and support clients and their partners in managing their treatment regimes.	N, AB, C, P, E	Competent					
Provide supervision and support for junior staff in managing client's drug regimes.	N, AB, C, P, E	Proficient					
Demonstrate involvement in devising local SOPs in accordance with evidence based practice and pharmaceutical products used in the management of infertility.	N, AB, C, P, E	Proficient					
Be an expert resource for staff on the administration of relevant pharmaceutical products.	N, AB, C, P, E	Expert					
Provide expert advice and support for staff.	N, AB, C, P, E	Expert					
Use awareness of the changes to pharmaceutical usage to inform fertility nursing practice.	N, AB, C, P, E	Expert					
Ensure training needs for pharmaceutical administration are assessed and met.	N, AB, C, P, E	Expert					

Liaise with appropriate pharmaceutical companies/local pharmacist in relation to local contracts for pharmaceutical products.	N, AB, C, P, E	Expert					
Skills – store, administer and dispose of medication safely and effectively							
Follow local policies on drug administration and the NMC guidelines for the administration of medicines.	N, AB, C, P, E	Competent					
Store medication safely.	N, AB, C, P, E	Competent					
Select appropriate equipment and safely administer medications as prescribed.	N, AB, C, P, E	Competent					
Administer controlled drugs as per local policy.	N, AB, C, P, E	Competent					
Recognise and take appropriate action when a patient experiences adverse drug reactions, allergic reactions or anaphylaxis.	N, AB, C, P, E	Competent					

Legal parenthood							
Knowledge – use of donor sperm	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Prepare the physical and clinical environment appropriately.	N, AB, C, P, E	Advanced beginner					
Provide basic emotional support to the client and partner during the process.	N, AB, C, P, E	Competent					
Use knowledge of the development of egg and sperm, basic genetics, the menstrual cycle, the causes of male infertility; and the basics of donor screening and treatment to support the client(s) through treatment.	N, AB, C, P, E	Competent					
Be aware of storage procedures in accordance with local SOPs.	N, AB, C, P, E	Competent					
Participate in the monitoring and investigations in accordance with the local SOPs.	N, AB, C, P, E	Competent					
Undertake the DI inline with the unit's SOP using knowledge and understanding of the indications for DI.	N, AB, C, P, E	Competent					
Management and consent of cases in accordance with local SOPs.	N, AB, C, P, E	Competent					
Provide counselling on the implications of the risks of treatment such as multiple pregnancies, storage limits, family limits, sibling use.	N, AB, C, P, E	Competent					
Ensure policies and procedures reflect the requirement of the HFEA Code of Practice and other relevant bodies.	N, AB, C, P, E	Competent					
Nurse-led monitoring of the menstrual cycle in accordance with DI/IUI treatments.	N, AB, C, P, E	Competent					
Undertake ultrasound investigations.	N, AB, C, P, E	Competent					
Plan for insemination against ovulation.	N, AB, C, P, E	Competent					
Liaise with lab staff re decisions on appropriate timing of treatments, supervise junior staff during difficult procedures.	N, AB, C, P, E	Competent					
Provide counselling on the implications of the risks of treatment and support junior staff in this role.	N, AB, C, P, E	Proficient					
Identify strategic direction for the fertility service across primary, secondary and tertiary care.	N, AB, C, P, E	Expert					
Identify education and training opportunities and provision to ensure a skilled and competent workforce.	N, AB, C, P, E	Expert					

Update and familiarise yourself with changes, and potential changes in relevant national and EU legislation/ guidance that will affect fertility nursing practice. For example, HFEA Code of Practice, legal parenthood.	N, AB, C, P, E	Proficient					
Prepare and develop strategies to plan for legislative changes, such as consent.	N, AB, C, P, E	Expert					
Provide expert advice on treatment options and shared decision-making.	N, AB, C, P, E	Expert					
Establish and maintain good communication networks with local and national contacts.	N, AB, C, P, E	Expert					
Audit policies and procedures in accordance with local SOPs with relevant staff and agree changes as necessary.	N, AB, C, P, E	Expert					
Procurement of samples/vials of cryopreserved semen.	N, AB, C, P, E	Expert					
Knowledge – egg/embryo donation and egg sharing							
Prepare the physical and clinical environment appropriately to offer comfort and privacy and dignity.	N, AB, C, P, E	Advanced beginner					
Provide basic emotional support to the client and partner during the process.	N, AB, C, P, E	Advanced beginner					
Ensure correct storage requirements are implemented including quarantine periods.	N, AB, C, P, E	Competent					
Awareness for separate client interactions within confines of environment through the appropriate scheduling of appointments.	N, AB, C, P, E	Competent					
Use understanding of the concept and practicalities of this approach to assisted conception to support the client and donor appropriately.	N, AB, C, P, E	Competent					
Maintain donor anonymity where appropriate, in accordance with current legislation.	N, AB, C, P, E	Competent					
Ensure practice reflects current relevant and current legislation such as the HFEA Code of Practice.	N, AB, C, P, E	Competent					
Manage the process of donor recruitment.	N, AB, C, P, E	Competent					
Ensure the best practice in the counselling provision of donors and recipients.	N, AB, C, P, E	Competent					
Ensure documentation meets licensing and local SOP requirements.	N, AB, C, P, E	Competent					
Advise colleagues on processes.	N, AB, C, P, E	Proficient					
Audit practice in accordance with local SOPs.	N, AB, C, P, E	Proficient					

Update and familiarise yourself with changes, and potential changes, in relevant national and EU legislation/ guidance that will affect fertility nursing practice. For example, HFEA Code of Practice.	N, AB, C, P, E	Proficient					
Prepare and develop strategies in preparation for legislative changes such as consent.	N, AB, C, P, E	Expert					
Provide expert advice on treatment options and decision making.	N, AB, C, P, E	Expert					
Establish and maintain good communication networks with local and national contacts.	N, AB, C, P, E	Expert					
Audit policies and procedures with relevant staff in accordance with local SOPs, and adopt the 'change process' where necessary.	N, AB, C, P, E	Expert					
Management of national and international collaboration and contracts for satellite services (egg donation/sharing programmes of care).	N, AB, C, P, E	Expert					
Knowledge – surrogacy							
Provide basic comforts for patient, client and partner.	N, AB, C, P, E	Advanced beginner					
Use understanding of the nature of surrogacy to provide appropriate support to the patient, client and partner.	N, AB, C, P, E	Competent					
Ensure best practice complies with legislation.	N, AB, C, P, E	Competent					
Advise clients in an appropriate manner, demonstrating an understanding of the legislation in relation to surrogacy and adoption.	N, AB, C, P, E	Competent					
Advise clients in relation to legal parenthood.	N, AB, C, P, E	Competent					
Advise and provide counselling on the implications of treatment for clients on the physical and psychological process of surrogacy and discuss potential risks involved.	N, AB, C, P, E	Proficient					
Demonstrate awareness of referral system to appropriate individuals where necessary such as independent counselling services.	N, AB, C, P, E	Proficient					
Identify appropriate sources of information to ensure clients have access to relevant information in relation to surrogacy issues.	N, AB, C, P, E	Proficient					
Identify and manage referral of clients where appropriate.	N, AB, C, P, E	Proficient					
Provide expert advice and guidance on surrogacy issues.	N, AB, C, P, E	Expert					
Ensure best practice complies with legislation and local SOPs.	N, AB, C, P, E	Expert					

Infection prevention and control							
Knowledge – have due regard for infection prevention and control policies	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Understand the role of the infection prevention and control lead.	N, AB, C, P, E	Advanced beginner					
Discuss the local infection prevention and control policies and resources.	N, AB, C, P, E	Advanced beginner					
Understand the importance of the hand hygiene policy and the correct use of personal protective equipment (PPE).	N, AB, C, P, E	Competent					
Describe the chain of infection and give examples of how it can be broken.	N, AB, C, P, E	Advanced beginner					
Understand antimicrobial resistance and the nurse's role in antibiotic safeguarding.	N, AB, C, P, E	Competent					
Understand when and how to de-contaminate equipment and department areas.	N, AB, C, P, E	Advanced beginner					
Skills – infection prevention and control							
Apply the waste, linen, standard precautions and sharps policies.	N, AB, C, P, E	Competent					
Apply and remove PPE safely.	N, AB, C, P, E	Competent					
Decontaminate hands effectively.	N, AB, C, P, E	Competent					
Demonstrate the use of aseptic technique.	N, AB, C, P, E	Competent					
Effectively communicate with other health care professionals the infection status of patients.	N, AB, C, P, E	Competent					

Safeguarding children and adults							
Knowledge – safeguarding children and adults	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Understand local guidelines and policies on safeguarding adults and children and how to access support.	N, AB, C, P, E	Competent					
Understand the HFEA Code of Practice in relation to welfare of the child assessment.	N, AB, C, P, E	Competent					
Understand the principles of the Mental Capacity Act and its implementation.	N, AB, C, P, E	Competent					
Discuss the signs and symptoms of abuse: physical, emotional, sexual, FGM, neglect, domestic abuse, honour based violence.	N, AB, C, P, E	Competent					
Discuss information sharing in order to adequately safeguard children or adults.	N, AB, C, P, E	Advanced beginner					
Recognise local processes for referral to external agencies.	N, AB, C, P, E	Advanced beginner					
Complete safeguarding training level as per local policies.	N, AB, C, P, E	Competent					

Documentation and record keeping							
Knowledge – document care in line with the NMC Code	**Self assessment (circle as appropriate)**	**Minimum standard for achievement**	**Expected date of achievement**	**Evidence submitted**	**Date of completion**	**Level achieved**	**Assessor sign off (print and sign)**
Understand the national standards and local policy for documentation and record keeping, including DH, NMC and HFEA guidelines for record keeping.	N, AB, C, P, E	Competent					
Keep clear and accurate records relevant to practice.	N, AB, C, P, E	Competent					
Complete any records accurately and in accordance with local standard operating procedures (SOPs) and remit of responsibility (job description).	N, AB, C, P, E	Competent					
Report all information to appropriate team members in accordance with policies and SOPs.	N, AB, C, P, E	Competent					
Complete the necessary documentation accurately for basic procedures in the field of fertility nursing, and in line with NMC guidelines for records and record keeping, DH and HFEA Code of Practice.	N, AB, C, P, E	Competent					
Demonstrate knowledge of appropriate forms for specific investigations/ treatment and complete the necessary documentation.	N, AB, C, P, E	Competent					
Awareness of need to generate electronic data forms in accordance with the HFEA Code of Practice.	N, AB, C, P, E	Competent					
Act in an advisory capacity for junior colleagues on necessary documentation for specific investigations/treatment.	N, AB, C, P, E	Proficient					
Ensure that documentation is appropriately understood and accurately completed.	N, AB, C, P, E	Proficient					
Manage training for junior nursing staff on record keeping and documentation issues.	N, AB, C, P, E	Expert					
Identify education and training in relation to standards of record keeping to ensure a skilled and competent workforce.	N, AB, C, P, E	Expert					
Provide expert advice on standards of record keeping.	N, AB, C, P, E	Expert					
Establish and maintain good communication networks with local and national agencies such as RCN, HFEA, BFS, RCOG in relation to standards of record keeping.	N, AB, C, P, E	Expert					
Audit policies and SOPs in relation to documentation with relevant staff, and agree changes as necessary.	N, AB, C, P, E	Expert					

Appendix 2: Self assessment – RCN fertility nursing competency framework

This tool should be used in conjunction with the RCN competency framework for fertility nursing to provide guidance and self assessment in relation to the key elements identified for career development and progression.

Cross cutting themes and areas of practice	Individual learning needs	Self assessment date	Comments	Date
Novice(N) Advanced beginner (AB) Competent (C) Proficient (P) Expert (E)				
Fertility assessment				
Provision of information and consent				
Medicines management				
Legal parenthood				
Infection prevention and control				
Safeguarding children and adults				
Documentation and record keeping				
Surgical pathway				
Transgender patients				
Fertility preservation				
Gamete donation				
Surrogacy				
Single women				
Heterosexual couples				
Same sex couples				

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