

## **Standard Operating Procedure for new Advanced Nurse Practitioner roles**

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| <b>Version:</b>           | 1.0                                                                                         |
| <b>Related Documents:</b> | Advanced Nurse Practitioner Strategy 2016-2020                                              |
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| <b>Approved by:</b>       | NMAHP Workforce & Workload Planning                                                         |
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| <b>Responsibility:</b>    | Professional Nurse Advisors, Chief Nurses                                                   |
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### **Aim**

To ensure governance around the Advanced Nurse Practitioner role.

### **Application**

- Partnerships
- Acute Division

This SOP applies where the Board is actively supporting and training individuals to become Advanced Nurse Practitioners. It assumes a Service Needs Analysis has identified a clear requirement for an ANP role and that a successful business case has been made.

### **Definition of an Advanced Nurse Practitioner**

*“An Advanced Nurse Practitioner (ANP) is an experienced and highly educated Registered Nurse who manages the complete clinical care for their patient, not solely any specific condition. Advanced practice is a level of practice, rather than a type or speciality of practice.*

*ANPs are educated at Masters Level in advanced practice and are assessed as competent in this level of practice. As a clinical leader they have the freedom and authority to act and accept the responsibility and accountability for those actions. This level of practice is characterised by high level autonomous decision making, including assessment, diagnosis, treatment including prescribing, of patients with complex multi-dimensional problems. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas. Working as part of the multidisciplinary team ANPs can work in or across all clinical settings, dependant on their area of expertise.”*

(Scottish Government 2016)

Sectors, Directorates, and Partnerships have a responsibility to ensure that there are appropriate governance structures around Advanced Nurse Practitioner roles.

The following is required to be in place for any new Advanced Nurse Practitioner role:

## **Section 1 - Preparation and Support for Trainees ANP**

### **1. Trainee Post**

Nurses training to be ANPs should be in an ANP trainee post. An ANP post can be converted into an ANP trainee post through using Annex U from Agenda for Change or may be employed in a specific Band 6 ANP trainee post.

Trainee ANPs must be recorded with the Consultant Nurse – Advanced Practice, and on satisfactory completion of training must be logged as Advanced Nurse Practitioners on SWISS (providing they remain in an ANP post).

### **2. Trainee selection**

Selecting the right person for a trainee ANP post is critical. The individual needs to meet the requirements for the Advanced Practice programme they'll be undertaking\*, and have a suitable amount of clinical experience prior to starting. Trainees also need to be motivated and committed, resilient, flexible and adaptable, able to accept responsibility and make decisions, as well as being team players with well honed diplomatic skills.

University programmes may be able to provide a representative to join the interview panel.

\*This will usually be a first degree, however the specific requirements should be checked before recruiting. The Napier/NHS Lothian programme, for example, requires students to pass an OSCE before embarking on the course.

### **3. Education Plan**

ANPs should be educated for the role through completing an appropriate Masters level qualification in Advanced Practice. This will normally be a Postgraduate Diploma in Advanced Practice. Nurses who enter the post with relevant qualifications may undertake a shorter period of preparation e.g. Postgraduate Certificate in Advanced Practice. An appropriate programme must promote the development of competence in:

- i. Clinical Assessment (inc history taking, physical examination of all systems and mental health assessment)
- ii. Differential diagnosis
- iii. Investigations
- iv. Treatment (inc. Non-medical Prescribing V300)
- v. Admission, discharge and referral plus additional competencies specific to the role the ANP will be practising within

#### **4. Programme Availability**

Ensure places available on programme and determine potential programme start date. Getting places on popular programmes can be difficult. Contact the Programme Leader of the university programme you plan to use as early as possible.

- i. The Programme Leader may be able to reserve a space for ANP trainees who are appropriately supported by their workplace.
- ii. Entry onto a programme may be limited to one or two points (usually September and February). The order modules can be taken may depend on the date the programme is started.

#### **5. Length of traineeship**

The length of the traineeship will depend on whether the trainee has already completed components of the training programme (e.g. Clinical Assessment or Non-Medical Prescribing) or is starting at the beginning.

For trainees who are starting at the beginning and will be completing a Postgraduate Diploma in Advanced Practice the normal length of time would be two years. Trainees who have come from a Nurse Practitioner or Clinical Nurse Specialist or other post may be able to shorten the training significantly.

The Consultant Nurse – Advanced Practice will be able to advise.

It should be noted that if a trainee fails a component module then they will be given an automatic second diet. Second diets may extend the length of training.

#### **6. Funding**

Funding for course fees. Corporate funding is available to support ANP trainee education. Discuss requirements with Consultant Nurse – Advanced Practice at an early stage.

- i. For programmes at UWS funding - a UWS SLA forms needs to be completed – a specific one for Advanced Practice funding can be obtained from the Consultant Nurse – Advanced Practice.
- ii. For programmes at GCU or elsewhere, ANP trainees employed within the acute sector can apply for funding from the CPD budget. A study leave form (SL2) must be completed and forwarded to the Consultant Nurse – Advanced Practice.

#### **7. Trainee Agreement**

Trainee ANPs should sign an ANP trainee agreement on accepting the post. This agreement will set out their Commitment and Responsibilities. This will include a requirement to remain employed in NHSGGC whilst training otherwise university fees will be recovered from the trainee on a sliding scale and an agreement by the trainee that the university can provide NHSGGC with information on attendance, progress and marks awarded.

## **8. Study Time**

Trainee ANPs are trainees and there predominately for learning. Sufficient study time must be built into their Job Plans to allow them to complete the required training and become competent. The balance between study time, supervised practice and service contribution may vary from one ANP role to another. Approximately, 1,200 hours of notional student effort are required to complete the academic component (a Postgraduate Diploma) and more will be required to develop all the competencies required. A full-time ANP trainee working to obtain a PgD in Advanced Practice should have a minimum of 15hrs of study time per week. This will include time for study days, master classes, university based classroom teaching, on-line distance learning, teaching time in the clinical areas as well as directed and self-directed study. The remaining time should be made up of supervised practice and service contribution as a **nurse practitioner**. How study time is allocated will depend on the trainee's stage of development and the module they are undertaking. Clinical areas will be responsible for allocating the time as appropriate. Where trainees are part-time study leave can be calculated on a pro-rata basis, and the length of training extended.

## **9. Clinical experience in other specialist areas**

During their training ANP trainees will be expected to have visits and placements to other clinical areas. This will be done on a 'Hub and Spoke' model basis, With their usual place of practice being the hub and relevant 'spoke' placements identified.

## **10. Clinical Supervision**

A supervisor should be identified for each trainee. The contribution of the Clinical Supervisor in relation to providing supervision, support and opportunities to develop mastery and competence in a specialist area of advanced practice is crucial.

The supervisor will need to meet with the trainee ANPs on a regular basis and agree how the work-based teaching, supervision and assessment will be conducted. The supervisor will help facilitate the trainee ANPs access to learning opportunities.

The supervisor does not need to personally supervise the trainee all the time, but must be available to the trainee throughout their entire training period. The supervisor must also ensure that the trainee is appropriately clinically supervised throughout their training.

Where ANP trainees are supervised by a non-nursing supervisor, they will also have a named senior nurse to support them.

It is difficult to specify the amount of time required, but it will be in the order of 1-2 hours per week. This will include time for meetings, case based discussion, formal teaching and assessment.

## **11. Exit Strategy**

Ensure an exit plan is clearly articulated in the trainees contract.

- i. Trainees ANPs will not progress into an ANP post unless they successfully complete the required training and meet the required competencies. The contract needs to clearly articulate that the trainees contract would be terminated if they don't fulfil the training requirements. The contract should also clearly articulate the timescale and number of examination diets (re-sits) the trainee would be permitted and the maximum length of the trainee post. [Please note the maximum number of diets normally permitted on a masters programme is two]
- ii. It is strongly recommended that midway milestones are also written into the contract. This would usually be at the end of the first year. Trainees who don't hold a first degree may not be permitted by a university to directly enter their master's programme. In these circumstances the trainee may be permitted to undertake one master's level module and if they successfully complete this then they may be entered onto the programme. Under these circumstances, an exit point after the first module should be written into the contract.
- iii. It should be made clear to Trainees that they can only progress into an ANP post at the completion of training if one is available.

## **Section 2 - ANP Post**

### **1. Job description**

An Advanced Nurse Practitioner job description and Person Specification. The NHSGGC generic Advanced Nurse Practitioner job description should be used. This job description has been banded at Band 7 through the NHS Job Evaluation Scheme and the NHSGGC Advanced Practice Group has determined that it meets the definition of an Advanced Nurse Practitioner.

The Job description will make it clear how the ANP post fits within the nursing governance structure and shows clear lines of professional accountability through the nursing reporting lines.

### **2. Scope of practice**

The ANP's Scope of Practice should be clearly defined. What patient's will they see? What investigations will they be expected to request and interpret? What referral pathways will be available to them? What treatments and medications would they usually be expected to prescribe?

### **3. Clinical Supervision**

Each ANP team should have an appropriate clinical supervision model in place to monitor the quality of care provided by individual ANPs.

### **4. Impact Evaluation**

Measurable outcomes should be determined and based line data collected prior to implementation of the role, so that the impact of the role can later be determined.

## **5. Job Plan**

ANPs will have a job plan and it will include at least 1 supporting Professional Activity (SPA) session per week (pro rata) for CPD and other supporting professional activities such as education, audit and research, and guideline/policy development.

## **6. Continuing Professional Development**

Each ANP will complete an annual Training Needs Analysis which will be used to inform their Continuing Professional Development. CPD will be written into the ANP's Job Plan.

## **7. Quality Assurance**

A process for evaluating the quality of care delivered by trainee ANPs needs to be put in place. This should be part of the supervision model and will include patient record review and evaluation of the competence and effectiveness of each individual ANP through direct supervision. A similar model should remain in place for ANPs on completion of training.

## **8. Annual Report**

An annual report will be prepared for each ANP team and this will be submitted to the Consultant Nurse for Advanced Practice. This report will detail the service provided and the 'added value' the team has contributed. The annual report would normally be completed by the lead ANP or another ANP as designated by the Lead Nurse, Senior Nurse or Professional Nurse Advisor

## **9. Workforce Planning**

On an annual basis ANP teams must estimate the number of trainees they will require over the coming year based on retirement, attrition rates and anticipated service change. Estimates will be submitted to local service managers and the Consultant Nurse for Advanced Practice, so that information can be shared with NES, Medical and Nursing Workforce Planning and local Higher Education Institutions..