



ADVANCED NURSE PRACTITIONER STRATEGY

2016-2020

Lead Manager:	Chair, GG&C Advanced Practice Group
Responsible Director:	Board Nurse Director
Approved by:	NMAHP Group
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Advanced Nursing Practice Strategy 2016-2020

Executive Summary

1. The Scottish Government Guidance for NHS Boards on Advanced Nursing Practice Roles was issued by the Scottish Government in 2010 (SGHD 2010) and followed up with further recommendations from Transforming Nursing Roles: Developing Advanced Practice in NHSScotland (SG 2016). The recommendations from both are detailed within this strategy document.

The Advanced Nurse Practitioner (ANP) role is a unique integration of nursing and medical knowledge and skills, which has facilitated new ways of working and fostered greater collaborative working. 90 ANPs working within 13 different clinical specialities.

This strategy is to support the increasing demand for ANPs, by describing a consistent approach to the education/training and preparation of ANP staff in the Board, in line with national policy. It describes the role of an ANP.

It further describes the governance arrangements for ANPs to ensure that they practice safely, effectively, and efficiently meeting the requirement of the NMC Code, Professional Standards of Practice and Behaviour.

Workforce plans for ANPs must include continuing professional development, clinical/professional supervision and succession planning.

2. The Underpinning Principles of Advanced Practice are:^[1]

Autonomous practice

ANPs practice autonomously; have the freedom to exercise judgement about actions, in turn accepting responsibility and being held accountable for them.

Critical thinking

Practising autonomously requires 'self-regulatory judgement that results in demonstrating the ability to interpret, analyse, evaluate and infer' (Mantzoukas and Wilkinson, 2007, p33). Critical thinking allows ANPs to explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgement and decision-making.

^[1] Adapted from NES (2007)

High levels of decision-making and problem-solving

ANPs must demonstrate expertise in complex decision making in relation to their current role. This includes determining what to include in the decision-making process, and making a decision based on judgement, critical thinking and problem solving.

Values-based care

ANPs are individuals who have a high level of awareness of their own values and beliefs, and care is negotiated with patient (and carer, as appropriate) as an equal partner.

3. Aim

The aim of this strategy is to guide the development of Advanced Nursing Practice across the Board and to improve governance arrangements.

The implementation of the strategy will help to:

- Ensure that there is a robust governance framework around ANP practice
- Improve the education of ANPs by ensuring that ANP trainee posts are connected to appropriate Postgraduate Diplomas in Advanced Practice, with robust clinical supervision and with clinical placements in variety of specialist areas
- Improve Continuing Professional Development and supervision for ANPs
- Promote supporting professional activities to enhance and provide added value to ANP activities
- Evidence the contribution that ANPs make to safe, effective and person centred care

The strategy is for use across NHS Greater Glasgow and Clyde managed services and relates exclusively to **clinical** Advanced Nurse Practitioners

Advanced Practice Strategy

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1. Introduction

The Nurse Practitioner role began to evolve in the UK in the mid 1980s. First in emergency care and primary care, then in various other specialities. The concept of an Advanced Nurse Practitioner followed in the 1990s. At first the terms were used interchangeably, however with the Scottish Government's Advanced Practice Toolkit (NHSScotland 2009) and the recent Transforming Nursing Roles work (Scottish Government 2016) have clarified the Advanced Nurse Practitioner role.

1.1 Definition

"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)

1.2 Core Competencies

In 2016 the Scottish Government identified the following as core clinical competencies for the ANP role:

a) Comprehensive history taking

b) Clinical assessment

- Carries out comprehensive clinical examination of the patient in their entirety, inclusive of:
 - Physical examination of all systems
 - Mental health assessment

c) Differential diagnosis

- Applies high level decision-making and assessment skills to formulate appropriate differential diagnoses based on synthesis of clinical findings. This takes account of managing clinical risk in dealing with undifferentiated client groups across the age spectrum.

d) Investigations

- Has the freedom and authority to request, where indicated using judgement and clinical reasoning, appropriate diagnostic tests / investigations based on differential diagnoses.
- Interprets and analyses previously ordered results of tests/investigations and work collaboratively with other healthcare professionals when needed.
- Acts on the results to confirm diagnosis and thereby optimise treatment and management outcomes.

e) Treatment

- Formulates an action plan for the treatment of the patient, synthesising clinical information based on the patient's presentation, history, clinical assessment and findings from relevant investigations, using appropriate evidence based practice.
- Is an independent non medical prescriber
- Implements non-pharmacological related interventions/therapies, dependent on situation and technical requirements of care

f) Admission, discharge and referral

- Has the freedom and authority to admit and discharge from identified clinical areas, dependent on patient need at time of review. This includes the freedom and authority to refer to all appropriate health care professional groups and agencies, working collaboratively with them.

However whilst the ANP role has a particular clinical focus, Advanced Nursing Practice has four pillars of practice and the ANP must include all as part of their core role and function.

The four pillars of advanced practice are:

- Clinical practice
- Leadership
- Facilitation of Learning
- Evidence, research and development

For competencies within the other three pillars, reference should be made to the NES Advanced Practice Toolkit (NHSScotland 2009), and RCN advanced nursing practice documents (RCN 2012).

This document, builds on the previous Advanced Practice Strategy (2010-2015) (NHSGGC 2010) and sets out the direction of Advanced Nursing Practice within NHSGGC for the next five years. The strategy has been developed to ensure it is

aligned with national policy and takes cognisance of Advanced Practice developments in neighbouring Health Boards.

2. Advanced Nurse Practitioners in NHSGGC

Across NHSGGC there are currently 90 Advanced Nurse Practitioners recorded on SWISS¹. ANPs are practising in a wide variety of roles including:

- Advanced Emergency Nurse Practitioners
- Paediatric Advanced Nurse Practitioners (various specialities)
- Hospital at Night - Advanced Nurse Practitioners (Clyde, Acute Services)
- Advanced Nurse Practitioners (Out-of-hours, Acute Services)
- Advanced Nurse Practitioner in Heart failure
- Advanced Nurse Practitioners (Orthopaedics)
- Advanced Neonatal Nurse Practitioners (NICU and Transport)
- Advanced Medical Nurse Practitioners
- Advanced Nurse Practitioner (Acute Oncology)
- Advanced Clinical Nurse Specialists (Oncology)
- Advanced Nurse Practitioners in Community (East Ren)
- Advanced Cardiology Nurse Practitioner
- Advanced Critical Care Practitioner (EMRS)
- Advanced Nurse Practitioners (Medicine for the Elderly)

3. Key aim

The aim of this strategy is to guide the development of Advanced Nursing Practice across the Board and to improve governance arrangements.

4. Leading Principles

The NHSGGC vision for Advanced Practice builds on a number of leading principles and recommendations from the NHSScotland Advanced Practice Toolkit, The Scottish Government Guidance for Health Boards on Advanced Nursing Practice Roles and the Scottish Government work on Transforming Nursing Roles.

4.1 Advanced Practice Toolkit

4.1.1 Advanced Practice Themes

The Advanced Practice Toolkit outlines the different themes and underpinning principle of Advanced Practice. Each Advanced Practitioner should be able to demonstrate how their role encompasses the four themes² of advanced practice:

- Advanced Clinical practice
- Clinical / Professional Leadership

¹ At August 2016

² Adapted from NES (2007)

- Facilitating Learning
- Research and Development

It is recognised that different Advanced Practice roles may be composed of different proportions of each of these themes, but all should be present. In addition, each Advanced Practice role must be able to demonstrate each of the underpinning principles of advanced practice.

4.1.2 Underpinning Principles of Advanced Practice³

Autonomous practice

Advanced Practitioners practice autonomously; have the freedom to exercise judgement about actions, in turn accepting responsibility and being held accountable for them.

Critical thinking

Practising autonomously requires 'self-regulatory judgement that results in demonstrating the ability to interpret, analyse, evaluate and infer' (Mantzoukas and Wilkinson, 2007, p33). Critical thinking allows Advanced Practitioners to explore and analyse evidence, cases and situations in clinical practice, enabling a high level of judgement and decision-making.

High levels of decision-making and problem-solving

It would be expected that an Advanced Practitioner can demonstrate expertise in complex decision making in relation to their current role. This includes determining what to include in the decision-making process, and making a decision based on judgement, critical thinking and problem solving. This in turn affects the ability to practice autonomously.

Values-based care

At this level of practice, individuals require a high level of awareness of their own values and beliefs, and care is negotiated with patient (or carer) as an equal partner.

Improving practice

It is important that Advanced Practitioners deliver advanced practice which is evidence based within service, whilst acting as a positive role model that enables change regardless of 'job title'.

The specific activities of any Advanced Practitioner role will differ from one area to another. However, each role should demonstrate:

- How specific Advanced Practitioners activities impact on patient care and service delivery
- How the role benefits/improves the patient's experience
- How the role aligns with other Advanced Practitioner roles across Scotland

³ Adapted from NES (2007)

It is recognised that roles will evolve over time. It is therefore important and appropriate that the specific activities of Advanced Practice roles are constantly reviewed to ensure they continue to have a positive impact on patient care and service delivery as well as remaining in broad alignment with similar roles elsewhere in the country.

4.2 Scottish Government Guidance for NHS Boards on Advanced Nursing Practice Roles

The current Guidance for NHS Boards on Advanced Nursing Practice Roles was issued by the Scottish Government in 2010 (Scottish Government 2010). The recommendations from the guidance are summarised below:

- Health Boards should maintain appropriate records of ANPs and these should be linked to the Scottish Workforce Information Standard System (SWISS).
- Boards should determine which posts are 'Advanced Practice' by reviewing a Service Needs Analysis, Job Description and outcome of Agenda for Change (AfC) matching, KSF Outline, and (if an ANP training post) an Education or Development plan.
- An ANP post is one which is "recognised as matching the 'Advanced Practice' criteria" as described in the guidance and the Advanced Practice Toolkit.
- No posts below Band 7 should be permitted to use 'Advanced Nursing Practice' in their title, however there may be Advanced Practice posts where particular additional responsibilities included in the job description mean AfC matching may be to a higher banding.
- The "Advanced Nurse Practitioner" title should only be used by those in roles which the Board considers, on the basis of the guidance, are at an Advanced Level of practice (educational or clinical leadership posts⁴ which may be matched to AfC level 7, but are not focused on advanced clinical practice should not be titled 'Advanced Practice').
- An ANP should be able to show evidence of Master's level learning.
- An ANP is an individual who has been appropriately educated, able to demonstrate the level of competency required for the role and is in an Advanced Practice post.

⁴ For example the Senior Charge Nurse or Practice Educator

4.3 Transforming Nursing Roles – Advanced Practice Recommendations

Nursing Governance Structures

- 1) NHS Boards should ensure that ANPs are embedded into nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line.
- 2) NHS Boards should ensure that an advanced nurse practitioner can demonstrate competence within all four pillars of advanced practice.

Career Framework

- 3) NHS Boards should ensure that an ANP post is aligned to Level 7 of the Career Framework (Scottish Government, 2009), and reviewed against a minimum of Agenda for Change Band 7.

Qualifications

- 4) NHS Boards should ensure that ANPs have a Masters level qualification with core educational focus on the development of competence.

Specific areas of clinical competence:

- Clinical Assessment (inc history taking, physical examination of all systems and mental health assessment)
- Differential Diagnosis
- Investigations
- Treatment (inc non-medical prescribing V300)
- Admission, discharge and referral

Clinical Supervision

- 5) NHS Boards should ensure that ANPs have effective clinical supervision and support, through the use of competence frameworks and locally agreed supervision models.

Competence, capability & CPD

- 6) NHS Boards should ensure, for established ANPs, that they are mapped across against current recommendations and local arrangements are agreed to meet any gaps against competence and capability.
- 7) NHS Boards should ensure that on-going continuous professional development of ANPs is demonstrable and evidence is available.

8) NHS Boards should ensure that the identification of the requirements for ANPs should be carried out during periods of service change or development with the use of an accepted Service Needs Analysis Tool recommended.

Education

9) The Postgraduate Education & Development (Setting the Direction) Sub Group must ensure the alignment of appropriate Higher Education courses, to allow the “fast tracking” of ANPs academically to meet the service needs of the Health Boards. and ensure appropriate educational content within ANP speciality areas as required.

Evaluation of impact

10) Scottish Government and NHS Boards should consider the evaluation of the impact of advanced practice within any given environment.

Service level Impact

11) NHS Boards should collect baseline data prior to implementation of the new model, or initial test phases, with follow up and review post service change

Quality assurance

12) NHS Boards should ensure that quality of care is evaluated. This should be done as part of the supervision model, with patient record review and direct supervision being used to evaluate the competence and effectiveness of each individual, then reviewed thematically across the service.

Review and recording of existing workforce

13) NHS Boards should review their existing nursing workforce at AfC band 7 and above comparing to the definition, competence, and requirements highlighted within this document. For those who match directly, they should be logged as Advanced Nurse Practitioners on SWISS.

ANP Job Description

14) NHS Boards should use the definition, education and supervision requirements, core clinical competencies and the four pillars. Any local variance should be on the form of addendum to these points and match across to AfC. Every health board should then have a core job description for ANPs.

5. Vision

- Consultant Nurse-Advanced Practice working together with the other Consultant Nurses will provide leadership and consultancy on all aspects of the Advanced Nurse Practitioner role to nurses, other clinicians, managers, commissioners of service and policy makers
- Advanced Nurse Practitioner roles are first and foremost nursing roles, and there is greater clarity around where ANPs fit within the nursing career structure and reporting lines
- ANPs are embedded into the nursing governance structure and there are clear lines of professional accountability leading through the nursing line to the Board Nurse Director.
- Work towards teams of ANPs, where practical, being managed by a Lead ANP
- ANPs work in partnership with other professional groups. Each ANP team will have a clearly defined work pattern which articulates and complements ANP off-duty with the rotas of other professional groups.
- All ANPs will be logged on SWISS as Advanced Nurse Practitioners.
- The job description for new ANPs is based on a core NHSGGC ANP Job Description
- Nurses who are preparing to be ANPs will be employed in a trainee ANP role and will undertake an appropriate Master's level ANP programme. This will normally be a Postgraduate Diploma in Advanced Practice.
- NHSGGC will work with NES and other Boards to commission appropriate ANP programmes
- NHSGGC will only fund Advanced Practice programmes which meet the core competencies for ANPs.
- ANP training will be more generic than it has been previously. ANPs will train along broader pathways which will allow them to work across a wider variety of clinical settings.
- ANP trainees will undertake supervised placements in a variety of different areas to ensure they meet all the core ANP competencies and to gain a broader experience.
- ANPs will be paid at minimum of Agenda for Change Band 7
- A smaller number of ANP posts may be Senior ANPs paid at Band 8a. Senior ANPs will take on a higher level of responsibility and complexity of care compared to most ANPs and meet additional competencies.
- ANP trainees will usually be paid at a trainee rate (either via Annex U of Agenda for Change or Band 6).

- Every trainee post will have a clearly articulated exit strategy for trainees who fail to complete training.
- ANP trainees will have a named clinical supervisor for the duration of their training. This could be a suitably experienced senior doctor or ANP. Where ANP trainees are supervised by a non-nursing supervisor, they will also have a named senior nurse to support them.
- There is an expectation that ANPs trained by the service will continue to consolidate their clinical skills within the Board following completion of training
- Each ANP team will ensure that an appropriate clinical supervision model is in place to monitor the quality of care provided by individual ANPs.
- Nurses who may have completed part of the ANP training as a component of another post e.g. a Nurse Practitioner or Clinical Nurse Specialist post may be able to fast-track their training and may only need to complete a Postgraduate Certificate in Advanced Practice.
- All ANPs will undertake an annual Training Needs Analysis to inform their Continuing Professional Development.
- ANPs will have CPD written into their Job Plan
- All ANPs will be expected to contribute to activities that support professional practice. This may include teaching, clinical supervision, mentorship, audit, research, guideline development, policy development and their own continuing professional development etc.
- Every ANP will have, as a minimum, the equivalent of 1 Supporting Professional Activity (SPA) session per week (pro rata).
- Each ANP team will submit an annual report, to the Consultant Nurse for Advanced Practice, detailing the service they have provided and the 'added value' they have contributed.
- All new ANP roles will be approved prior to implementation by the Board Nurse Director or by individual(s)/group(s) within the Acute Division or Health and Social Care Partnerships delegated this function by the Board Nurse Director
- All new ANP roles will be developed in line with this Strategy.
- Sectors, Directorates and Health and Social Care Partnerships are responsible for ensuring that they have robust professional governance processes in places around all ANP roles.
- New ANP services must be evaluated to assess impact on service. The expected outcomes and a plan to evaluate should be included in the business case.

- ANP teams will estimate the number of trainees they will need on an annual basis these will be based on retirement and attrition rates, and anticipated service change. The estimates will be submitted to local service managers and the Consultant Nurse for Advanced Practice. Collated information will be shared with NES and local Higher Education Institutions to facilitate education planning.
- There will be more opportunities for ANPs to move between clinical services as an ANP, and there will be more opportunities for joint appointments for example in other clinical services, education and research, and more Consultant Nurse roles in the future. This will allow ANPs to broaden their knowledge and skills and retain their expertise at the bedside. This will be important to ensure the ANP role isn't restricted and is part of the nursing career framework

6. Scope

The strategy is aimed for use across NHS Greater Glasgow and Clyde managed services and relates exclusively to **clinical** Advanced Nursing Practice posts.

7. Roles and Responsibilities

Board Nurse Director

- Overall responsibility for Advanced Nursing Practice strategy

Chief Nurses and Nurse Director for Partnerships

- Ensures membership of Advanced Practice Group (APG) is representative of all fields of nursing and areas of practice
- Ensures implementation of strategy within their areas of responsibility
- Ensures Advanced Nursing Practice posts comply with the Strategy

Chair, Consultant Nurse for Advanced Practice

- Author and lead for the Advanced Nursing Practice Strategy
- Chairs the Advanced Practice Group (APG)
- Provides advice on Advanced Nursing Practice processes
- Presents the recommendations of the APG to Board Nurse Director, the Nurse Director for Partnerships and the Chief Nurses
- Ongoing review of the processes associated with the Strategy to ensure they remain fit for purpose

Members of the APG

- Advise on issues relating to Advanced Practice
- Review and make recommendations on whether proposed Programmes of Preparation are broadly consistent and in alignment with guidance contained in the Advanced Practice Toolkit

- Formally review potential Advanced Practice Posts and make recommendations on whether a post meets the provisions of the *Guidance on Advanced Practice Roles*

Senior Operational Managers

- Ensure new and existing ANP roles are developed to align with the vision set out in this Strategy

Lead Nurses/Professional Nurse Advisors/Lead ANPs

- Responsible for proposing Advanced Practice roles and submitting evidence to the APG
- Ensures new Advanced Nursing Practice posts are developed in alignment with this Strategy
- Ensures that existing Advanced Nursing Practice posts are aligned to this Strategy
- Ensure that ANP teams produce an annual report on their activities for the Consultant Nurse – Advanced Practice

Advanced Nurse Practitioners

- Ensure their role and practice are in line with the NMC code of conduct and with current policies, strategies and procedures relevant to their area of work

8. Conclusion

The Advanced Nurse Practitioner role is a unique integration of nursing and medical knowledge and skills, which has facilitated new ways of working and fostered greater collaborative working.

ANPs are a sustainable solution to help meet the changing demands on the health service. They are part of the permanent team, are well-received by patients, and have been shown to deliver safe, effective and person-centred care (Laurant et al. 2005).

The vision over the next five years is to build on the existing cohort of ANPs and to continue to develop ANP roles where there is a service need and the role can benefit patients; and to enhance the support and governance around the roles by:

- Ensuring that there is a robust Governance framework around ANP practice

- The establishment of ANP trainee posts connected to appropriate Postgraduate Diplomas in Advanced Practice, robust clinical supervision and with clinical placements in variety of specialist areas
- Continuing Professional Development and supervision for ANPs
- Promotion of supporting professional activities to enhance and provide added value to ANP activities
- Evidencing the contribution ANPs make to the service

References

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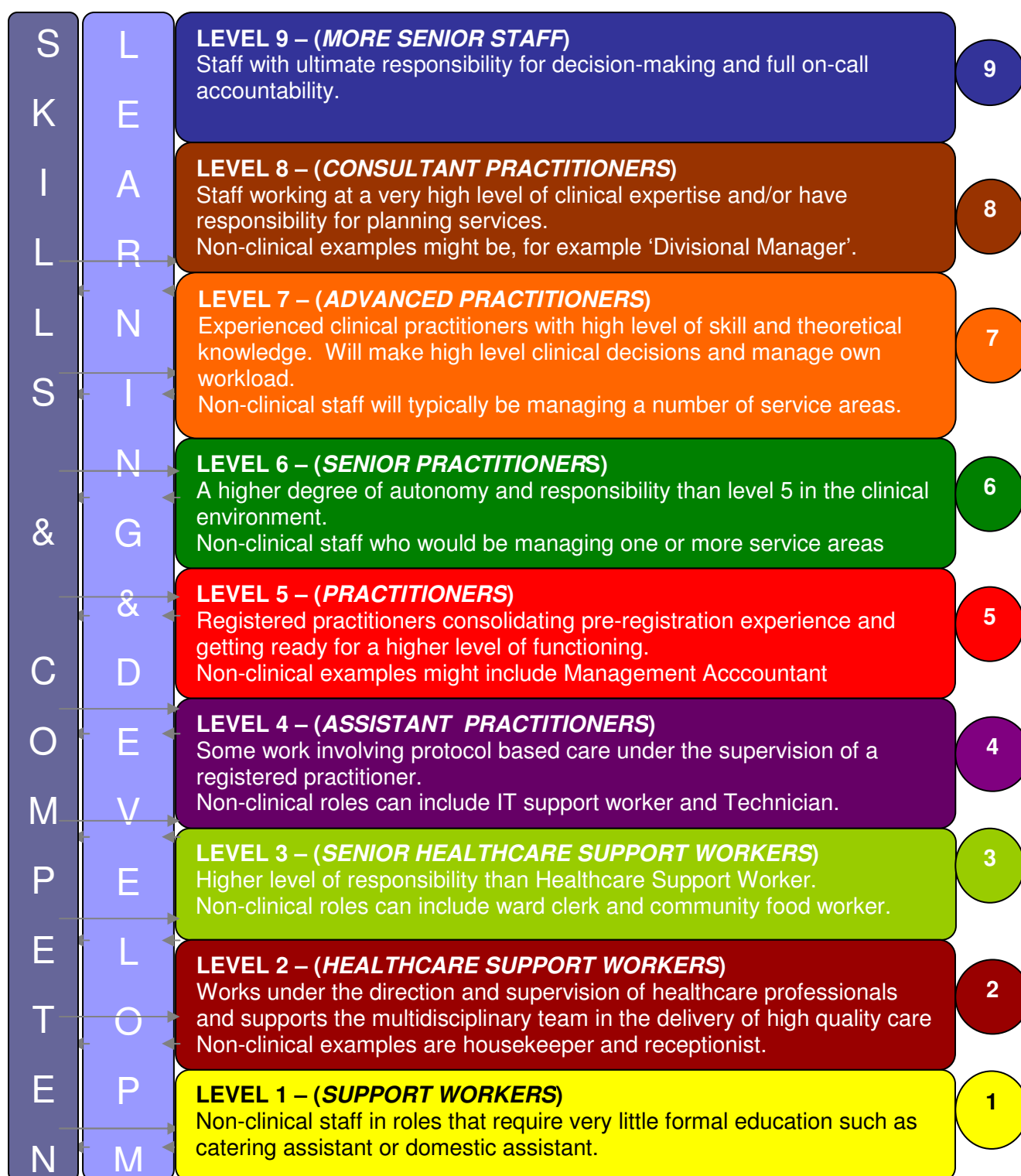
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Appendix 1: Career Framework Model



Appendix 2: Communication Plan

Who	What	Why	How	When
Chief Nurses	Strategy and implementation status	Inform and update	CN Meeting	On Approval and quarterly
Lead Nurses	Strategy and implementation status	Inform and update	LN Meetings	On Approval and as required
Partnership	Strategy	Inform and update	Nurse Director Partnerships	On Approval
Advanced Practitioners and Potential Advanced Practitioners	Strategy	Inform	Meetings, Email and StaffNet	On Approval
All stakeholders	Strategy	Inform	Publish on StaffNet	On Approval
	Implementation status	Update	Publish on StaffNet and Email	Half-yearly

Appendix 3: Monitoring

The Chief Nurses and Nurse Director for Partnerships will monitor the implementation of the Strategy and identify whether the aims have been achieved.

Appendix 4: Impact Assessment

The Strategy has been reviewed using the Equalities Impact Assessment - Initial Screening Tool. EQIA is not required as, it is not expected that this strategy will now, or in the future, impact differently on different groups of people on the basis of gender, disability, race, faith, sexual orientation, age or against any particular marginalised group.

The group of people who will be affected by the strategy are a relatively small group of nursing staff who will gain greater clarity around their role and recognition of their Advanced Practice status.