

# Developing and Supporting Advanced Practice Roles

NHIVNA Workshop Consultation  
at  
BHIVA Spring Conference 2013

# Definition: RCN

- Makes professionally autonomous decisions, for which he or she is accountable
- Receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- Screens patients for disease risk factors and early signs of illness
- Makes differential diagnosis using decision-making and problem-solving skills
- Develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures
- Orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies
- Has a supportive role in helping people to manage and live with illness
- Provides counselling and health education
- Has the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- Works collaboratively with other health care professionals and disciplines
- Provides a leadership and consultancy function as required.

# Nursing and Midwifery Council definition of Advanced Nurse Practitioners (NMC, 2005)

- Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat your healthcare needs or refer you to an appropriate specialist if needed.
- Advanced nurse practitioners are highly skilled nurses who can:
  - take a comprehensive patient history
  - carry out physical examinations
  - use their expert knowledge and clinical judgment to identify the potential diagnosis
  - refer patients for investigations where appropriate
  - make a final diagnosis
  - decide on and carry out treatment, including the prescribing of medicines, or refer patients to an appropriate specialist
  - use their extensive practice experience to plan and provide skilled and competent care to meet patient's health and social care needs, involving other members of the health care team as appropriate
  - ensure the provision of continuity of care including follow-up visits
  - assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed
  - work independently, although often as part of a health care team
  - provide leadership
  - make sure that each patient's treatment and care is based on best practice.

# Modernising Nursing Careers: NHS London Scoping Document (Mar 2011)

## ■ Summary of workshop findings

- Broad base nursing experience is required to underpin advanced practice roles (suggested minimum of 5 years)
- Masters level qualification should be the minimum education requirement
- Advanced practice needs a standardised set of competencies that can be applied to all advanced practice roles.
- Supervision is essential to monitor delivery of advanced practice
- Advanced practice roles need to be planned, not just evolve
- The scope of the advanced practitioner needs to be defined in collaboration with and supported by the wider multi professional health team
- There is a need to define what is advanced and what is specialist practice
- A strategy for advanced practice is required
- Funding needs to support the development of new advanced practitioner roles
- Research is an integral part of advanced level nursing
- Assessments of new advanced practitioners should include patient feedback
- Understanding the public health profile of a population is important to support service development (the why and how do you provide a service).

# Key Areas to Consider

- Advanced Practice Roles and the MDT
- Educational Attainment and Competencies
- Outputs including research and audit
- Essential Support for the Role

# Advanced Practice Roles and the MDT

- How does an ANP role fit within the wider MDT?
- What are reasonable expectations of the role? What responsibilities would an ANP role have?
- To whom should they report?
- What sort of patients are within the skill set of an ANP?
- What are the relevant competency requirements?
- How do we ensure safe practice?
- How much time should be spent in clinical practice? (100%, 80%, 50%, How many PA sessions per week?)

# Educational Attainments and Competencies

- What are the minimum experience requirements/qualifications?
- Would the BASHH/BHIVA Dip HIV be an appropriate course? If so, how would an ANP access this? If not, what would be the appropriate knowledge be?
- How do we ensure maintenance of required level of knowledge?
- What are the key competency requirements?
- Should ANPs be teaching others? Who? What grades? What disciplines (just nursing or others too?)

# Essential Support

- What do you see as the key networks and support an ANP might need/develop?
- What about locally? Is admin support essential?
- Does an ANP role need protected time to complete all aspects of their role? If so what aspects of the role would this protected time cover?
- Is clinical supervision necessary? If so by whom? To whom would an ANP role report clinically?
- Describe the lines of reporting and responsibility/accountability an ANP might need above and below the role.
- Who should be involved in performance review of ANP roles?



# Outputs

- Are there, and if so, what would be the minimum required outputs of an ANP role in relation to the following?
  - Audit/Research
  - Publication
  - Conference presentation
  - Education
  - Service development and service strategy
- Are there any other outputs?

# Next Steps

- Please discuss the appropriate area assigned to your relevant ROUND TABLE.
- You can include other aspects of the area that have not been raised here
- A NHIVNA Committee member will be available on each table to answer questions and guide discussion.
- After the conference NHIVNA will use the discussion outcomes to inform a further discussion document related to defining ANP roles within HIV.
- This initial consultation document will be released at the NHIVNA Conference in June 2013. Full consultation process to last 1 year with launch of final document in June 2014.