Advanced Nursing Practice

Service & Education Needs Analysis Tool

This service and education needs analysis tool is divided in to 2 parts

Part 1

Service Needs Analysis tool

This will assist in identifying a need for advanced nurse practitioner roles within your service. **There is no requirement for the completed service needs analysis to be returned** but you may wish to discuss the results with the Lead for Advanced Nursing Practice in your area.

Part 2

Education Needs Analysis tool

This will enable the education required for the advanced nurse practitioner role development identified in Part 1 to be recorded. **The results from Part 2 will be returned to NHS Education for Scotland**, either as part of a collated NHS Board response or from individual independent contractors*.

The allocation of funding for the education and training of additional advanced nurse practitioners as part of the Scottish Governments '*Plan for Scotland: the Government's Programme for Scotland 2016-17*' will be based on the results from the education needs analysis.

*Independent contractors

(Including independent care home sector and general practitioners)

In the absence of arrangements for the results of the education needs analysis to be collated locally within NHS Boards, **independent contractors will return the Education Needs Analysis directly to NHS Education for Scotland in the following online format**.

https://response.questback.com/nhseducationforscotland/educationneedsanalysis2017

Introduction

Advanced Nurse Practitioners are seen as playing a key part in developing and sustaining the capacity and capability of the health and care workforce of the future (Primary Care Out of Hours Review, Sustainability and Seven Day Services, Primary Care Transformation and the National Clinical Strategy). The successful introduction of this type of role requires careful planning and attention to organisational support (Bryant-Lukosius et al, 2004; NHS North West, 2006; Acton Shapiro, 2009). This Service and Education Needs Analysis Tool was developed to support consistency and effectiveness in planning advanced nursing practice roles and aims to increase sustainability.

Role Definition

Under the auspices of the Chief Nursing Officer's Transforming Nursing Roles programme, the Advanced Practice Group was tasked to provide strategic oversight to the development and transformation of advanced nursing roles. Central to this is the nationally agreed definition of the Advanced Nurse Practitioner (ANP). The definition & competencies are detailed at Appendix 1, (Report of the Transforming Nursing Roles Advanced Practice Group, 2016).

An ANP is an experienced and highly educated Registered Nurse who manages the complete care for the person in their care, not solely any specific condition. Advanced practice is a level of practice, rather than a type or speciality of practice. It has four pillars of practice as part of the core role and function:

• Clinical practice
• Leadership
• Facilitation of learning
• Evidence, research and development.

ANPs are educated in advanced practice at Masters Level and are assessed as competent in advanced level 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 autonomous decision making that includes assessment, diagnosis, and treatment including prescribing, for people with complex multi-dimensional needs. Decisions are made using high level expert, knowledge and skills with 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, dependent on their area of expertise.

Advanced practice is not recognised by The Nursing & Midwifery Council (NMC) as a recordable qualification but responsibility for competence in practice at any level remains

rooted within the NMC Code (2015). ANPs must be embedded into nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line to the Executive Nurse Director.

Purpose of the Advanced Nursing Practice Service Needs Analysis Tool

It is important to ensure that advanced practice roles are planned and implemented effectively and that a consistent approach is taken to the introduction of advanced nursing practice roles across NHS Scotland. The use of a standard Advanced Nursing Practice Service Needs Analysis Tool in conjunction with guidance on Advanced Nursing Practice roles (SGHD, 2010), direct reference to the role and competencies of the advanced nurse practitioner as defined within the report of the Transforming Nursing Roles Advanced Practice group (2016), (Appendix 1) and use of existing workforce planning tools will facilitate this.

The purpose of this Advanced Nursing Practice Service and Education Needs Analysis Tool is to support health and social care teams to plan, support and evaluate the implementation of advanced nursing practice roles in a systematic way. Use of the tool will enable teams to prepare strong, evidence based business cases for any new advanced nurse practitioner roles and the education required to support these. The tool could also be adapted to assess the need for a range of other emerging healthcare roles.

Guide to Completion of the Service Needs Analysis

The Service and Education Needs Analysis Tool can be used by Health Boards to help strategically plan future workforce solutions or, at a more local level, to plan staffing for a single unit or specific field of clinical practice. It can be used alone or in conjunction with other strategic and workforce planning tools for example The Six Steps Methodology to Integrated Workforce Planning (Skills for Health)
http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning
The tool is designed in two parts. Part 1, the Service Needs Analysis tool, will assist in identifying a service need for advanced nurse practitioner roles and Part 2, the Education Needs Analysis tool focuses on the education required for ANP role development. The

results from Part 2 will be collated locally and submitted to NHS Education for Scotland. The results of the service needs analysis will be retained by NHS Boards/employers.

At first sight the amount of data to be collected may seem daunting. However, the successful introduction of advanced nursing practice roles requires careful exploration of the questions raised in all main themes. Selection of an appropriate team will allow completion of the tool to be undertaken by relevant individuals and sharing of responsibilities will make data collection more manageable. It is recommended that the team includes individuals with experience of applying workforce planning and service needs tools and who are in a position to take a strategic view of the process. In order to ensure an holistic assessment, with patient health needs as the focus, a range of perspectives need to be considered. Members of the team should include;

• service users

• nursing staff

• multidisciplinary team members - medical and AHPs

• workforce planners

• service managers and professional leads

• human resource personnel

• staff side representatives.

The following process is suggested as a guideline for using the tool:

1. **Appoint a lead person** to take overall responsibility for completion of the Tool.
2. Appoint an appropriate project team to contribute to completion of the Tool.
3. Devise an action plan outlining actions to be taken and realistic deadlines.
4. Apportion workload according to experience and expertise of the team and appoint lead person for each work area.
5. Decide on target date for meeting to integrate and collate findings.
6. Agree target date for completion and production of findings.

The Advanced Nursing Practice Service and Education Needs Analysis Tool was designed and adapted from the a number of frameworks for the introduction of advanced nursing practice or other nursing roles including Bryant-Lukosius & DiCenso (2004), SEHD (2005), National Council for the Professional Development of Nursing and Midwifery (NCPDNM), (2009). It was revised in December 2016 to reflect developments in advanced practice in Scotland.

References and Useful Resources

Acton Shapiro, 2009. *Evaluating the Implementation and Impact of Advanced Practitioners across Greater Manchester - Summary of Findings.* Available online at http://www.actonshapiro.co.uk/Assets/19728/summary%20of%20findings%20final%20report%20jan%2009.pdf

Bryant-Lukosius, D. & DiCenso, A. 2004. A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing* 48(5), 530-540

Health and Community Care Statistics. http://www.scotland.gov.uk/Topics/Statistics/Browse/Health

ISD Scotland. http://www.isd.scotland.org

National Council for the Professional Development of Nursing and Midwifery 2009. *Service Needs Analysis: Informing Business and Development Plans.* National Council for the Professional Development of Nursing and Midwifery: Dublin

NHS Education for Scotland *Advanced Nursing Practice Toolkit.* http://www.advancedpractice.scot.nhs.uk

Scottish Executive Health Department, 2005. *Framework for Developing Nursing Roles.* SEHD: Edinburgh

Scottish Health on the Web. http://www.show.scot.nhs.uk

Scottish Health Survey. http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey

Scottish Public Health Observatory. http://www.scotpho.org.uk

Scottish Government (2010) Advanced Nursing Practice Roles: Guidance for Health Boards. SGHD: Edinburgh. http://www.advancedpractice.scot.nhs.uk/media/614/sg-advanced-practice-guidance-mar10.pdf

Scottish Government (2015) Pulling together: Transforming urgent care for the people of Scotland. The Report of the Independent Review of Primary Care Out of Hours Services. SG Edinburgh http://www.gov.scot/Resource/0048/00489938.pdf

Scottish Government (2015) Sustainability and Seven Day Services Taskforce. SG Edinburgh http://www.gov.scot/Resource/0047/00472724.pdf

Scottish Government (2016) A National Clinical Strategy for Scotland. SG Edinburgh. http://www.gov.scot/Resource/0049/00494144.pdf

Transforming GP and mental health services http://news.gov.scot/news/transforming-gp-and-mental-health-services

PART 1 SERVICE NEEDS ANALYSIS TOOL

Section A – Patient /Client Needs

Changes in demography and patterns of health and illness, reducing inequality, meeting the needs of those living in remote and rural areas and an ageing skilled and experienced workforce are only some of the factors that impact on future service needs and delivery. This information is therefore important in assessing the need for advanced nursing practice role(s) and building a robust business case in support of your proposals. Information to complete this section can be found in various Scottish Government and local strategic planning and policy documents. Information may also be obtained from Information Services Division. http://www.isdscotland.org/isd/CCC_FirstPage.jsp

1. What are the challenges that currently exist in meeting patient needs?

2. How would you propose to meet these using an ANP service?

Section B – Service Needs

3. What does the current model of care look like? How is delivered and by whom? What are the gaps in the current model of care?

4. What are the gaps in the current model of care?

5. Identify the gaps you expect an ANP service to meet.

6. What are the intended outcomes this change(s) will deliver e.g. decreased waiting times, fewer inappropriate admissions, improved health outcomes?

Communication with Stakeholders

7. Who are the stakeholders who need to be involved in considering these options?

8. How will you engage and involve key stakeholder i.e. patients/carers, staff, service planners, to ensure ownership and support for the new role?

Workforce Planning

9. Has the new role been considered in the funding of the wider context of workforce planning, service planning and business planning?

10. How does the role contribute to the priorities of the organisation in terms of service delivery?

11. Have workforce demographics and workforce plans been reviewed to envisage the future workforce, identify gaps and consider whether new or enhanced roles would fill such gaps?

12. Could service gaps be addressed by using existing roles or staff? Please give a rationale?

13. What other role design options have been considered and why have they been discounted in favour of an ANP role? (For example, give consideration to the AHP context).

14. How will funding implications be addressed?

15. Who will be responsible for developing the business case for sustaining the new role?

Section C – Advanced Nurse Practitioner Role

Reference should be made to TNR Phase 1 paper and the nationally agreed definition and competencies for ANP (Appendix 1). This section will help to determine the type of role that is required, what the practitioner needs to be able to do, the parameters of the role, skills, knowledge and education required and levels of accountability and responsibility.

Define New Model of Care and ANP role

16. What new care practices and care delivery strategies can be employed to achieve identified goals? What evidence based data supports these changes?

17. Are changes to current roles and responsibilities required to implement new care practices and care delivery strategies?

18. Which professionals already have the required knowledge/skills?

19. Who has the core skills to deliver this change e.g. experience, capacity, location?

20. Would an ANP role enhance ability to achieve goals for meeting patient health care needs? How do you know this?

21. How well does an ANP role fit within this new model of care?

Parameters of accountability

22. Have you defined specific areas of accountability for the individual taking on this role?

23. Do you have team roles and systems that support the individual's accountability e.g. scheme of delegation?

24. How will audit of individual practice be conducted?

25. Do you have mechanisms in place for support and supervision?

26. Have the scope of practice and the limitations of the new role been clearly identified, in line with the organisation's risk management policy and procedures and vicarious liability?

27. Have the activities of the new post holder been identified and a job plan constructed?

28. Who will cover the role in case of absence/sickness?

29. Who will the practitioner be accountable and responsible to on a daily basis?

30. Has professional, criminal, civil and employer accountability been agreed with the whole team so that it is clear to whom the new role is accountable and responsible?

Governance arrangements

31. How can patient safety be assured within this role e.g. risk assessment, clinical decision making, treatment delivery, agreed standards/guidelines, protocols?

32. Have clinical, managerial and professional accountability and supervision been agreed?

33. Have all aspects of good employment practice been followed?

34. Has the new role been endorsed through appropriate employer governance processes?

35. How will clinical governance and audit departments be involved in monitoring and evaluating the effectiveness of the new role?

36. What are the regulatory and prescribing issues in relation to the new practitioner role?

37. What arrangements have been made to support the new role in terms of clinical supervision, prevention of professional isolation, prescribing?

38. What mechanisms are in place to ensure individuals maintain their skills and competence?

39. Have the skills and competences required for the new or enhanced role been identified? Have they been mapped to any existing national standards?

40. Has the new role been aligned with the KSF?

41. What are the arrangements for succession planning?

PART 2 EDUCATION NEEDS ANALYSIS TOOL

*This Part of the tool, once completed must be returned to the ANP lead in your Health Board area. Independent contractors please refer to the guidance on page 2.

*Please refer to Appendix 1 and the nationally agreed definition and competencies for ANP.

Name and designation of lead person completing the SNA/ENA tool	
Contact Details (email and telephone)	
Name of organisation	
Service area and address	
How many ANP roles are already established in your service?	
Describe definite plans you have (if any) for the introduction of an ANP service in the next 4 years.	
Please summarise how far advanced are any plans for ANP roles in your area.	

The professional development of an Advanced Nurse Practitioner requires significant educational commitment and investment to ensure high quality, safe and effective practice. **This section will help to estimate the education needs of staff to enable them to meet the ANP service requirements that have been identified by the Service Needs Analysis.**

In order to demonstrate the full role definition, education requirements and core competencies of an ANP described in Appendix 1, some highly experienced practitioners may require consolidation of learning through clinical supervision and support whist others may require additional educational input such as modules in non-medical prescribing or clinical examination and assessment. In addition, some staff may need to undertake a complete ANP education programme which is likely to take 2-3 years. This is based on a combination of Master's level academic preparation (minimum Postgraduate Diploma), clinical competence development through advanced professional clinical work-based learning modules tailored to clinical speciality and effective supervision and practice based assessment.

1. How many staff do you estimate would be required to complete the ANP programme in its entirety (minimum Postgraduate Diploma) to fulfil the service needs you have identified?

2. When would you expect staff members to commence the ANP programme?

Commencement	Estimated number of staff
Year 1 (From Autumn 2017/ Spring 2018)	
Year 2 (From Autumn 2018/ Spring 2019)	
Year 3 (From Autumn 2019/Spring 2020)	
Year 4 (From Autumn 2020/ Spring 2021)	

3. Please estimate how many staff would be required to undertake education in the following areas (rather than an entire ANP programme) to develop an ANP role based on the needs that you have identified for your service?

Area of competence	Year 1	Year 2	Year 3	Year 4
Comprehensive history taking				
Clinical assessment				
Differential diagnosis				
Clinical reasoning, judgement and diagnostic decision making				
Anatomy and pathophysiology				
Non-medical prescribing - V300				
Leading, delivering and evaluating care				
Evidence, Research and Development (Evidence into Practice)				
Facilitation of Learning (Learning, teaching and assessment)				

4. Please identify any specific areas of continuing professional development that would be required by existing advanced nurse practitioners

5. How many practitioners require education in the following clinical settings to enable the service needs you have identified to be met?

Mental Health	
Paediatrics	
Neonatal	
Acute care	
Primary care	
Community nursing	

Advanced professional clinical work-based learning modules require a robust competence assessment framework, good supervisory support and sign-off against specific competencies. At this stage in the development of ANP roles this supervisory and assessment role is likely to come from medical colleagues and a limited number of ANPs who have the requisite skills and experience.

6. Who is currently in post that could provide this supervisory and assessment support?

7. What challenges, if any, do you envisage in achieving the capacity and capability of practitioners who could undertake supervision and assessment in practice for those preparing to become ANPs?

8. What plans do you have for increasing the capacity and capability for individuals to undertake this supervisory and assessment role?

**THE ROLE OF THE ADVANCED NURSE PRACTITIONER ACROSS ALL
SCOTTISH HEALTH AND CARE SETTINGS
REPORT OF THE TRANSFORMING NURSING ROLES (ADVANCED PRACTICE)
GROUP**

Definition

1. 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.

2. 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.

3. Working as part of the multidisciplinary team ANPs can work in or across all clinical settings, dependant on their area of expertise.

Accountability and responsibility
4. It should be noted in relation to competence that advanced practice is not a recordable title by the NMC however responsibility for competence remains embedded within the NMC code. ANPs must be embedded into nursing governance structures, with clear lines of responsibility and accountability leading through the professional nursing line, up to the Executive Nurse Director. This may be delegated as appropriate. The clinical supervision structure must include a competent senior clinician (medical/nursing) to give "sign off" and regular review of competence.

The Advanced Nurse Practitioner
5. Advanced nursing practice has four pillars of practice, which the advanced nurse practitioner must have as part of their core role and function. These four pillars are:-

• Clinical practice
• Leadership
• Facilitation of learning
• Evidence research and development.

7.   An ANP may have a particular focus on any of these areas; however, for the purposes of this paper the focus will be on the advanced nurse practitioner with a primarily clinical remit. For other non-clinical aspects of the ANP role please review the NES advanced practice tool kit[1].

[1] www.advancedpractice.scot.nhs.uk/

Advanced and specialist practice

7. Much discussion and debate has taken place on the differences between advanced and specialist practice. As both spheres of nursing have developed, differences and similarities have come to the fore. Whilst, it is beyond the remit of this document to outline all aspects of specialist practice it is felt worthwhile to clarify some specific points.

8. Advanced and specialist practice should not be seen as a directly hierarchical relationship, i.e. that advanced is more senior than specialist or the reverse. Both practitioners may be functioning at an extremely high level of practice, but with a different clinical focus. For further discussion on this point please refer to the NES Advanced Practice Toolkit.

Specific areas of clinical competence

9. The advanced nurse practitioner must demonstrate competence within all four pillars of advanced practice, however given the focus on clinical practice, it is those competencies that are explicitly stated here. For competencies within the other three pillars, reference should be made to the NES Advanced Practice Toolkit, and RCN advanced nursing practice documents (2010[2], 2012[3]).

Identified competencies: -

Comprehensive history taking

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

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.

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.

[2] Royal College of Nursing (2010) Advanced nurse practitioners – an RCN guide to the advanced nurse practitioner role, competencies and programme accreditation
[3] Royal College of Nursing (2012) Advanced nurse practitioners An RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation.

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

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.

Other key points for Advanced Practice

Banding
10. The advanced nurse post should be should be aligned to Level 7 of the Career Framework (Scottish Government, 2009), and reviewed against a minimum of AfC band 7'. In certain circumstances, dependent on role and function, types and levels of responsibility, it will be appropriate for some specific posts to be banded at a higher band.

Education
11. The professional development of an ANP requires significant educational commitment and investment to underpin the provision of high quality safe and effective practice. Key to this is a Masters level qualification, with core educational focus on the development of competence:-
- Clinical assessment
- Clinical reasoning, judgement and diagnostic decision making
- Anatomy and pathophysiology
- Non-medical prescribing- V300
- Leading, delivering and evaluating care
- Practice learning/transferable work based learning processes. Linked to the processes highlighted below

12. Advanced nurse practitioners require effective clinical supervision and support, through the use of competence frameworks and locally agreed supervision models. This combination of academic preparation, clinical competence development and effective supervision is the tripartite approach to the training and education of the ANP. Completion of this "triangle of capability" will vary from individual to individual, based on training needs analysis, however in principle 2-3 years is a common time line for completion of all aspects of development, including educational preparation which involves theory and practice, and it is suggested that any implementation strategy for an advanced practice service is inclusive of that. At key points along this timeline, such as competence in clinical examination and full prescribing significant clinical impact can be seen, however full development may take 2-3 years from the point at which they start this career pathway.

13. For those established practitioners within health boards, it is recommended that they are mapped across against current recommendations and local arrangements are agreed to meet any gaps against competence and capability.

Continuous Professional Development (CPD)
14. During the development of the ANP, and following the completion of academic and clinical requirements, ongoing continuous professional development must be demonstrable and evidenced, in a similar function to initial training and development. The use of regular, agreed training needs analysis to inform the ongoing CPD needs for the individual, particularly linking back to the maintenance and improvement of competence levels and professional roles, is a key aspect of this. This should be included as part of the individual's job plan. This CPD should also be informed by continuous feedback loops from the clinical supervision process, and balanced by clear, demonstrable reflective practice. This links directly with ongoing requirements for NMC revalidation.

Workforce planning and the development of the individual
15. Long-term wider workforce planning is essential across all professional groups. 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 being recommended.

16. As part of this planning process, there needs to be a link between the workforce needs identified by health boards and integration authorities and the commissioning of education of ANPs with HEIs.

17. It is understood that many individuals applying for advanced practice posts can clearly evidence a multitude of skills, knowledge and academic qualifications. As stated earlier, appropriate training needs analysis will highlight knowledge and skills deficits that need to be addressed for an individual to develop to an ANP. This approach may also be applied to an entire system, if role development for a cohort of staff is indicated.

18. All standing issues of competence, educational requirements and supervision should be considered as part of this analysis. Any individual would still have to demonstrate they meet the core competencies and educational requirements of an ANP. They will still require sufficient time to allow consolidation of learning through clinical supervision and support. The transition to ANP is considerable and cannot be under estimated in relation to clinical exposure.

19. One challenge noted across a number of health boards related to the potential fast tracking of these highly experienced staff members towards advanced practitioner and is that of timeous access to appropriate Higher Education programmes, particularly non-medical prescribing. As part of the ongoing national review of Higher Education provision, it may be worth taking forward the aligning of appropriate Higher Education courses, to allow the "fast tracking" of ANPs academically to meet the service needs of the Health Boards.

Evaluation

20. Evaluation of the impact of advanced practice within any given environment should be considered on two distinct levels:- *Service level impact Quality assurance*

Service level impact

21. In many cases, ANP services are generated to deliver multi professional models of service delivery, with multiprofessional working emphasised. This would include the use of ANPs to work in parallel with medical staffing to generate sustainable solutions to workforce planning challenges.

22. As these models develop the key areas of evaluation are that services remain safe and effective. Baseline data should be collected prior to implementation of the new model, or initial test phases, with follow up and review post service change. As a minimum this should include:-

• Activity analysis-case load and case type
• Adverse events
• Stability of service
• Patient satisfaction
• Performance against national targets/outcomes

Quality assurance

23. Whether at a service level or by the development of a single practitioner, quality of care should be 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. This should be embedded into any nursing assurance framework that is in place.

Recording ANP workforce data

24. It is suggested that all health boards 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 eESS or SWISS.

ANP job description

25. Given the variation from board to board with core aspects of the job description formats, each health board should use the points within this document to populate the job description, specifically 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.

26. Every health board should then have a core job description for ANPs within that health board.

Further recommendations

27. Given the timeframe for this review, it is suggested that it be viewed as Phase 1 of a fuller programme of review of Advanced Nursing Practice, with further consideration being made with regard to:-

• Full development of the complete competence structure, reflecting all pillars of advanced practice.

• The development of linked networks of advanced practice to support the development and support of advanced practice and practitioners.

• Further engagement should be sought - currently all group members have been tasked to link with ANPs within their health board, however full linkage with a number of national events should be considered.

• Linking with HEIs re further development of the research base for ANP service impact.

• Succession planning.

• Career development and career pathway for ANPs.

• Further consideration of how to embed professional accountability infrastructures for ANPs across all settings and employers.

EDDIE DOCHERTY, CHAIR

TRANSFORMING NURSING ROLES: ADVANCED PRACTICE GROUP JUNE 2016