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The Scope of the Practice Teacher Role

Introduction

Having identified the rationales for this textbook, and its scope and structure, in the Introduction, Chapter 1 focuses on the reasons for, and the scope of, the practice teacher role. It therefore identifies developments in the educational preparation of healthcare professionals beyond the initial registration that led to the creation of this role, which is closely linked to developments in specialist and advanced practice. Its major focus is therefore on the facilitation of learning for qualified nurses on post-qualifying educational programmes at specialist and advanced practice levels, and thus also on the requirements of the NMC (2008a) in terms of standards and outcomes for practice teachers for supporting learning and assessment in practice.

Subsequent chapters explore establishing and managing inter-professional relationships, facilitating the learning of generic, specialist and advanced clinical practice skills, assessing specialist and advanced practice knowledge and competence, the practice teacher's role as evidence-based practitioner and practice developer, the practice teacher's accountability, practice teaching and leadership, and contemporary issues and further developments in practice teaching in nursing, and in healthcare and social care.

Chapter outcomes

On completion of this chapter you should be able to:

- 1 Enunciate a number of reasons for the practice teacher role, identify the scope, and the competence and outcomes for the role, distinguish between practice teacher and similar roles, and then identify the criteria for effective implementation of the role.
- 2 Identify the factors that are driving the development of specialist and advanced practice roles, including national policies and research on the effectiveness of these roles, and how these developments interface with post-qualifying career frameworks for healthcare practitioners.
- 3 Critically analyse the nature of contemporary specialist and advanced practice roles, taking into consideration the NMC's standpoint on specialist practice qualifications, and review the implementation of standards for advanced nursing practice.
- 4 Evaluate the educational preparation for specialist and advanced practice roles, and for the practice teacher role.

Why practice teaching?

The practice teacher role was identified by the NMC (2005a), and its scope depicted in detail in 2006 in the first edition of *Standards to Support Learning and Assessment in Practice*, as a role that is required to support practice-based learning for students on specialist and advanced practice programmes. The first section of this chapter explores the nature and requirements of the practice teacher role, the reasons for creating this new role, and the criteria and scope of this role.

What is this new role and why?

The NMC (2008a) indicates that a practice teacher is a registrant who is normally already a qualified, and therefore competent, mentor, and who has received further educational preparation to gain the knowledge and competence required to meet the NMC's outcomes for the practice teacher role. It indicates that a practice teacher is 'A registrant who has gained knowledge, skills and competence in both their specialist area of practice and in their teaching role, meeting the outcomes of stage 3, and who facilitates learning, supervises and assesses students in a practice setting' (NMC, 2008a: 45). The mentor course generally does not encompass preparation for supervision of students on SPQ and ANP programmes adequately, predominantly because it is completed in a relatively short period of time.

Practice teachers are therefore CNSs or ANPs who have successfully completed an additional programme of study in the facilitation of learning and assessment of the clinical competence of students on learning beyond initial registration courses, including in signing-off the proficiency of pre-registration students. They also have to fulfil other job requirements as determined by the employing healthcare trust.

Action point 1.1 – Why the practice teacher role?

Other than the NMC's requirement for the practice teacher role, think of other reasons from your own professional experience why this role might be required.

In community nursing, the predecessors to the practice teacher role were such roles as the CPT, and supervisors of trainee community psychiatric nurses. The educational preparation for the CPT role generally comprised a one-year-long part-time course based in HEIs. The role was overlooked in the United Kingdom Central Council for Nursing, Midwifery and Health Visiting's (UKCC) (2000) *Preparation of Teachers of Nursing and Midwifery* document. Educational preparation of both the CPT course and the predecessor of the mentor course were of longer duration than most of the current practice teacher and mentor courses.

Another reason for this role is that specialist and advanced practice roles and titles are currently diverse and ill defined, and employees and appointees can decide locally as to the precise nature of these roles. There is of course a fair amount of

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research on specialist and advanced practice roles already, as well as recent national guidelines that incorporate the competencies required for these roles.

The NMC (2008a) indicates that the purposes of the practice teacher role in supporting learning in practice are to:

- Provide support and guidance to the student when learning new skills, applying new knowledge and transferring existing knowledge and competence to a new context of practice.
- Act as a resource to the student to facilitate learning and professional growth for specialist practice.
- Manage the student's learning in practice in order to ensure public protection.
- Directly observe the student's practice, or use indirect observation where appropriate, to ensure that NMC defined outcomes and competencies are met.

Criteria for the practice teacher role

Nurses' professional activities can generally be categorised into four components, namely clinical practice, the organisation and management of care, educating and research. *The NHS Knowledge and Skills Framework (NHS KSF)* (Department of Health [DH], 2004a) identifies six groups of activities for NHS posts, which are referred to as core dimensions, 24 specific dimensions that apply to particular but not all groups of posts in the NHS, and for each dimension there are a number of 'level descriptors' and several 'indicators'. The core dimensions are: (i) communication, (ii) personal and people development, (iii) health, safety and security, (iv) service improvement, (v) quality, and (vi) equality and diversity. The core dimension personal and people development, and the specific dimension 'Learning and development', are the categories that detail the competencies required for supporting learning roles, such as that of practice teacher. As to who can be a practice teacher, the NMC (2008a) is quite clear about who can adopt this role and title, the criteria for which are identified in Box 1.1.

Box 1.1 Criteria for the practice teacher role

Nurses who intend to take on the role of practice teacher, and who will be assessing the student's fitness for practice, must fulfil the following criteria:

- Be registered in the same part of the register, i.e. SCPHN, and from the same field of practice, e.g. school nursing, health visiting or occupational-health nursing (or relevant SPQ where this is a local requirement), as the student they are to assess.
- Have developed their own knowledge, skills and competence beyond registration, i.e. registered and worked for at least two years, and gained additional qualifications that will support students in SCPHN, or SPQ where this is a local requirement.
- Have successfully completed an NMC approved practice teacher preparation programme or a comparable HEI programme that addresses the NMC practice teacher requirements. They will normally have previously met the NMC outcomes for mentors and gained experience in this role.

- Have the abilities to design, deliver and assess programmes of learning in clinical settings for a range of students and learners in their field of practice.
- Be able to support learning in an interprofessional environment by supporting a range of learning opportunities within their level of practice and specialist expertise.
- Be able to use agreed criteria for cross-professional assessment and supervise mentors and other healthcare professionals using such criteria.
- Be able to make judgements about the competence/proficiency of NMC students, for registration on the same part of the register, and be accountable for such decisions.
- Be able to provide leadership to all those involved in supporting learning and assessing in practice for NMC students – enabling effective learning environments to be developed.

Source: NMC, 2008a

The scope of practice teaching

The scope of the practice teacher role is firmly founded on the knowledge and competence required to fulfil this role effectively. However, learning for students on specialist and advanced practice educational preparation programmes is supported by a range of healthcare and social-care expert clinicians, often in more senior clinical roles, and experienced in the facilitation of learning for healthcare profession students, and other more junior qualified colleagues.

The practice teaching role was defined earlier, but there are various overlapping and related roles, and this section endeavours to disentangle the anticipated similarities, differences and overlaps between them. (Some of these roles are defined in the Glossary at the back of this book.) Such roles include (NMC-approved) teacher, mentor, learning supervisor, sign-off mentor, PEF and inter-professional learning facilitators; and also clinical nurse specialists, AHP consultants (e.g. consultant physiotherapist) and autonomous practitioners, such as nurses who run nurse-led clinics. Figure 1.1 identifies a number of learning facilitation roles, in an endeavour to distinguish the practice teacher role from these related roles.

Of course, these nursing and other healthcare profession learning facilitation titles need to be differentiated from a diverse range of titles in other health and social professions that comprise overlapping functions. Such titles include ‘coach’, which originates from sport, but has become a concept in its own right, as in ‘life coaching’ which tends to incorporate enabling physical fitness, exploring ways of achieving self-actualisation, and counselling. Rogers (2007: 176) suggests that the term coach refers to an individual who works with clients ‘to achieve speedy, increased and sustainable effectiveness in their lives and careers through focused learning’. She indicates that the coach’s sole aim is to guide the client to achieve his or her potential as defined by the client. The definition overlaps with education facilitation roles in healthcare, but can also be differentiated from them in that it directly addresses the whole person, and involves actions for personal change.

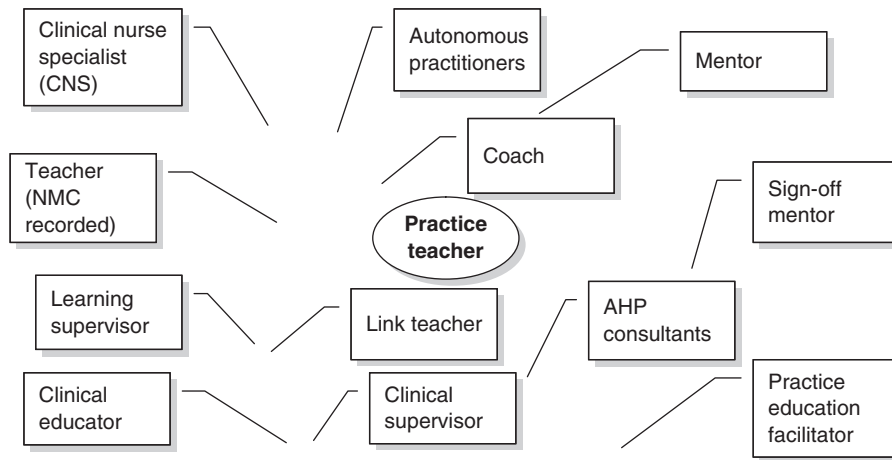


Figure 1.1 Practice teacher and related learning support roles

In addition to the practice-setting-based practice teacher, mentor, learning supervisor and other roles mentioned above for supporting learning and the assessment of competence in practice, other roles include personal tutor, PEF, lecturer-practitioners and link teachers. Depending on their job descriptions there is some overlap between these roles, but there are distinctions as well.

Brown (2006) explored the experiences of lecturer-practitioners in clinical practice for instance, and found that they tend to be in a position to work in partnership with practitioners to influence change and practice development in the clinical setting, as well as support continuing learning. Barrett (2007) explored developments in the clinical role of nurse lecturers, and concluded that this has been an ongoing debate that still needs resolving.

McArthur and Burns's (2008) report on an evaluation of PEF roles revealed that the role was welcomed by all groups of staff, although clinicians felt that PEFs should work mainly with students while PEFs themselves saw the main thrust of their roles as supporting mentors. Jowett and McMullan (2007) explored learning in practice through PEF roles, and found that PEFs are seen as supportive to both mentors and students and provide a vital link between the university and practice settings. The NMC (2009a) identifies a number of issues that PEFs address, such as the adequacy of resources to support the mentor role, and a lack of support for mentors when dealing with failing students and students with poor attitudes.

In an earlier study Brennan and Hutt (2001) examined the challenges and conflicts of facilitating learning in practice, and found that the role is problematic in various ways, as was the previous clinical teacher role. Clinical teaching in community nursing used to be provided by CPTs. Canham and Bennett (2002) argue that the healthcare professional with the relevant training for the CPT or equivalent role is crucial for supporting practice-based learning in all specialist areas of community practice, such as district nursing, health visiting, school nursing, community children's health nursing, community mental health nursing, community learning disabilities nursing, general practice nursing and occupational health nursing. Earlier on, Canham (1998)

researched the educational support requirements of student specialist community practitioners, in particular in light of the then likely demise of the CPT role, and identified the valuable learning support contribution that CPTs made during practice placements, and therefore the need for this role. She recommended the provision of structured clinical supervision for novice CPTs.

However, there is already a 'critical mass' of experienced mentors who are fulfilling the practice teacher role in professional practice, and assessing students on specialist and advanced practice courses. In addition to several nursing roles with a relatively similar level of specialist responsibility, there is another layer of specialist roles in professions allied to medicine, for example consultant occupational therapist, senior dietician and medical registrar.

Akin to the practice teacher role in nursing, in social work, the term practice teacher increasingly refers to social care professionals who support learning for students on both pre- and post-qualifying social work courses (Walker et al., 2008), which coincides with efforts to galvanise social care with healthcare into a seamless service (e.g. DH, 2001a).

The developmental framework and practice teacher competences

The NMC (2008a) clearly identifies the specific criteria (Box 1.1) and competences of practice teachers for supporting learning and assessment in practice. The practice teacher role is seen as part of the developmental framework for supporting learning and assessment – see Figure 1.2, which suggests that all nurses and midwives have a duty to teach others, that at some point they will gain a mentor qualification, and possibly later in their career a practice teacher qualification, and subsequently an NMC teacher qualification that is required for nurse lecturers and PEF roles.

Competence and specific outcomes for each of the four stages of learning-support roles are identified under eight domains (top part of Figure 1.2), and the framework is also underpinned by five principles (A to E), which include being registered on the same part of the register as the student that the healthcare professional is supporting, holding appropriate level qualifications, and engagement in CPD.

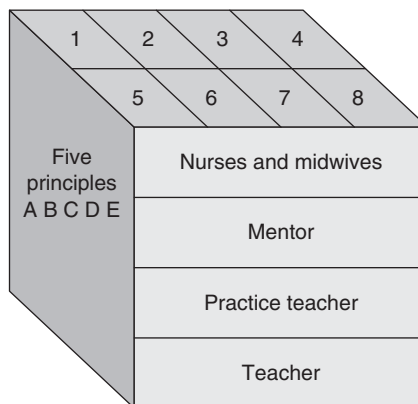


Figure 1.2 The NMC's developmental framework

Source: (NMC, 2008a)

It is mandatory for all SCPHN students to have a named qualified practice teacher for supporting learning and assessing nurses during their practice placement, and for students on SPQ and ANP courses. Qualified practice teachers may be part of the support for learning and assessment where this is a local requirement.

The NMC (2008a) identifies the outcomes that practice teachers must have developed on completion of an NMC approved practice teacher preparation programme, which will be cited when each domain is discussed in detail in subsequent chapters in this book. In addition to the criteria for practice teachers (Box 1.2), the NMC adds that qualified practice teachers are also responsible and accountable for:

- Organising and co-ordinating learning activities, primarily in practice learning environments for pre-registration students, and those intending to register as a SCPHN and SPQs where this is a local requirement.
- Supervising students and providing them with constructive feedback on their achievements.
- Setting and monitoring the achievement of realistic learning objectives in practice.
- Assessing total performance – including skills, attitudes and behaviours.
- Providing evidence as required by programme providers of a student's achievement or lack of achievement.
- Liaising with others (e.g. mentors, sign-off mentors, supervisors, personal tutors, the programme leader, other professionals) to provide feedback and identify any concerns about the student's performance and agree action as appropriate.
- Signing-off an achievement of proficiency at the end of the final period of practice learning or a period of supervised practice.

Practice teachers need allocated time for undertaking work with both pre-registration students, and with students on specialist or advanced practice programmes to enable them to facilitate students' learning and to assess the performance of relevant clinical skills. They normally work on a one-to-one basis with their student and use their professional judgement (e.g. Dowie and Elstein, 1988) and local/national policy to determine which activities may be safely delegated to students, as well as the level of supervision each one requires.

Factors driving specialist and advanced practice roles

Thus the practice teacher role incorporates supporting learning for students on SPQ and ANP programmes, as required locally by commissioners of healthcare-education programmes. Although definite policies and guidance are still awaited for specialist and advanced practice roles and associated titles, much has already been documented on how they are fulfilled in practice settings, and how they impact on patient care. For example, a jointly funded survey by the RCN (2005) and the Department of Health explored the ways in which nurses were working in advanced and extended roles, and also the ways in which they are proactive in developing roles and services. The survey findings highlighted the extensive range of services that contribute positively to service delivery and the quality of patient care, and the further potential for nurses carrying out these roles. However, it also revealed that time and funding constraints were holding some nurses back.

Why there are specialist and advanced-practice roles

There are various factors that have instigated the proliferation of specialist and advanced practice roles, and evidence of the effectiveness in terms of patient outcomes is available. Included in Figure 1.1 are other roles that are equivalent to, or require a similar high level of, professional expertise as specialist and advanced nurse practitioners. Other current specialist and advanced practice roles include ANP, SCPHN, community matron, diabetes specialist nurse, modern matron, nurse consultant, nurse practitioner and outreach nurse.

These job titles emerged from significant changes in the way that services were delivered to patients by nurses undertaking treatment and care, which were previously in the domain of other healthcare professionals, notably doctors.

Action point 1.2 – Reasons for specialist and advanced practitioner roles

Drawing on your experience of specialist and advanced practice that you have observed or engaged with, make notes on (1) the various specific titles for several specialist and advanced-practitioner roles that you have encountered, or read about; and then on (2) why these specific specialist and advanced practice roles have been generated over recent years.

Callaghan (2008: 205) notes that there is a growing 'body of evidence indicating that advanced nursing practice results in an improvement in patient outcomes'. The development of specialist and advanced practice roles is triggered by local demand for specific healthcare services, which are often supported by government policies, which lead to nurses self-upskilling to provide for the local healthcare needs, and subsequently becoming specialists, or engaging in entrepreneurial activities in those areas. The more prominent driving policies and guidance that indicate the need for and the nature of specialist and advanced practice roles include the following.

- *Towards a Framework for Post-registration Nursing Careers – consultation response report* (DH, 2008a) and *Modernising Nursing Careers* (DH, 2006a) identify career pathways for nurses from the point of being a lay person and aspiring healthcare professional, to the point when they can become advanced practitioners.
- *High Quality Care for All – NHS Next Stage Review Final Report* (Darzi Report) (DH, 2008b) identifies eight clinical pathways for meeting local populations' healthcare needs by healthcare professionals, which can also comprise career pathways, the clinical pathways being: staying healthy (preventive service), maternity and newborn care, children's health, acute care, planned care, mental health, long-term conditions and end of life care.
- *RCN Competencies: Advanced nurse practitioners – an RCN guide to advanced nurse practitioner role, competencies and programme accreditation* (Royal College of Nursing [RCN], 2008) – as the title suggests, this document identifies the roles and competencies of ANPs.

- *A Reference Guide for Postgraduate Specialty Training in the UK* (Modernising Medical Careers [MMC], 2009) explains the career pathways and ways in which doctors can specialise after qualifying as a doctor and then successfully completing a two-year foundation programme.
- The NMC's position, as the professional regulator of nurses and midwives, in seeking to record SPQ and ANP qualifications on its professional register (NMC, 2008b).
- *Key Elements of the Career Framework*, as defined by the Skills for Health (2009a), wherein, for awards and qualifications, advanced practice is identified at Level 7 (of 9) – see Box 1.2.
- The *NHS Knowledge and Skills Framework* (DH, 2004a) identifies career pathways for healthcare staff, from being a lay person to becoming a very senior health-care professional, through the acquisition of knowledge and competence in core and specific dimensions at various levels of learning.
- *European Working Time Directive* (EWTD) (DH, 2009a) is the policy on a staged reduction of junior doctors' working hours, which have been reduced to 48 hours a week from August 2009.
- The Department of Health's Chief Nursing Officer's ten key roles for nurses identified in *The NHS Plan* (DH, 2000) that nurses, midwives and therapists can develop their expertise in to provide prompter clinical services (see Box 1.3).
- *Care Closer to Home* (DH, 2008c) is a continuing project that has been set up to consider how care can be shifted and delivered in innovative ways to make it more locally accessible for patients and service users.

Box 1.2 Key elements of the career framework

More Senior Staff – Level 9

Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.

Consultant Practitioners – Level 8

Staff working at a very high level of clinical expertise and/or have responsibility for the planning of services.

Advanced Practitioners – Level 7

Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

Senior Practitioners/Specialist Practitioners – Level 6

Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

Practitioners – Level 5

Most frequently registered practitioners in their first and second post-registration/professional qualification jobs.

Assistant Practitioners/Associate Practitioners – Level 4

Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state-registered practitioner.

Senior Healthcare Assistants/Technicians – Level 3

Have a higher level of responsibility than support worker, probably studying for, or having attained, an NVQ level 3 or Assessment of Prior Experiential Learning (APEL).

Support Workers – Level 2

Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician' – probably studying for or have attained NVQ Level 2.

Initial Entry Level Jobs – Level 1

Such as 'Domestics' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering or supporting the delivery of healthcare.

Source: Skills for Health, 2009a

Box 1.3 Chief Nursing Officer's ten key roles for nurses

- To order diagnostic investigations such as pathology tests and X-rays
- To make and receive referrals direct, say, to a therapist or a pain consultant
- To admit and discharge patients for specified conditions and within agreed protocols
- To manage patient caseloads, say for diabetes or rheumatology
- To run clinics, say, for ophthalmology or dermatology
- To prescribe medicines and treatments
- To carry out a wide range of resuscitation procedures including defibrillation
- To perform minor surgery and outpatient procedures
- To triage patients using the latest IT to the most appropriate health professional
- To take a lead in the way local health services are organised and in the way that they are run.

Source: DH, 2000

Healthcare professionals' career framework

The career framework for nurses and other healthcare professionals is predominantly initiated by national consultation documents and policies, and continues to evolve. Box 1.2 details the career framework for healthcare professionals as currently perceived by Skills for Health (2009a).

The implementation of standards for advanced nursing practice (e.g. NMC 2006a; RCN, 2008) is also dependent upon the outcomes of deliberations on the government White Paper on the regulation of healthcare professions, *Trust, Assurance*

and Safety – The Regulation of Health Professionals in the 21st Century (DH, 2007a). It will also be influenced by the ‘dimensions’ of NHS posts identified in the *NHS KSF*, which the NMC (2006a) has mapped against advanced practice competencies; by the framework for post-registration qualifications when it is established by the four UK government health departments, as outlined by the DH (2006a); and the roles of specialist nurses with regard to the implementation of relevant National Service Frameworks (e.g. DH, 2001b).

Other key guidance publications include the MMC’s (2009) post-qualifying career pathways for doctors. The DH (2008a) outlines the career pathways for nurses in five pathways, namely in: (1) children, family and public health, (2) first contact, access and urgent care, (3) supporting long-term care, (4) acute and critical care, and (5) mental-health and psychosocial care, which are based on patient pathways from newly qualified nurses to advanced practitioners with corresponding levels of education. These pathways guide and influence the content of both pre-registration nurse education and post-qualifying education programmes for nurses.

Contemporary nature of specialist and advanced practice

Since a wide variety of specialist and advanced practice roles, and posts have been developed over recent times, it is naturally moot to examine if there is a common thread across all specialist roles and across all advanced practice roles. This section now explores the exact nature of current specialist and advanced practice roles, and endeavours to ascertain healthcare professionals’ and organisations’ definitions and parameters of these roles.

What is specialist and advanced clinical practice?

As intimated above there are a number of perspectives on specialist and advanced practice roles, which are presented by relevant authorities such as the RCN, the International Council of Nurses (ICN), the DH, the NMC, and by research into the nature of these roles, and on the impact of these roles on patients’ or service users’ health and wellbeing. The Skills for Health’s (2009a) nine levels of healthcare practitioners comprise one model of how these roles can be differentiated and developed during one’s career (see Box 1.2).

Benner (2001) notes that skills are generally learnt and mastered over a span of time, on a continuum which starts from being a novice in the skill, to eventually becoming an expert. The continuum is as follows:

Novice → Advanced beginner → Competent → Proficient → Expert

Benner notes that becoming proficient, and eventually an expert, in specific clinical fields requires an extensive period of practice and experience, and ultimately expert practice in the level of practice that advanced healthcare professionals exercise. Nursing expertise is defined by Manley et al. (2005: 25) as ‘the professional artistry and practice wisdom inherent in professional practice’. They add that the expert’s

professional artistry involves a blend of practitioner qualities, practice skills and creative-imagination processes. Concluding from a project that explored the nature of nursing expertise, they conclude that nursing expertise is prevalent in different roles, especially in those of CNSs, ANPs and consultant nurses.

CNSs are usually expert nurses for a specific client group, but ANPs' expertise is informed by skills in different disciplines, and their characteristics transcend clinical specialisms which can enable the seamless service associated with patient journeys. Manley (2008) describes nursing expertise as refined and integrated skills to a high level, which is nurtured and developed through not just on the length of time of practice, but also on predisposition, and the opportunities and support available.

Conway (1996) previously identified four types of experts, the first three of which she referred to as technologists, traditionalist and specialists who are all pragmatists, task orientated and medically dominated with little time for reflection, and the fourth type referred to as humanistic existentialists who rely on reflective practice to acquire their expertise.

The nature of specialist and advanced practice roles

The ICN (2001) recognises that advanced practice and CNS roles have been developing globally during the last two decades. Its definition of a nurse practitioner/advanced practice nurse is: 'A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which she is credentialed to practice' (p. 1).

The NMC's (2005b) consultation report on post-registration education shows that 70 per cent of respondents indicated that they preferred the title advanced nurse practitioner, 23 per cent the specialist nurse practitioner, while others suggested other titles. Many respondents commented that they preferred 'advanced' over 'specialist' as it better reflected higher-level practice, whilst specialist refers to the degree of specialisation within a particular field of practice, or sub-speciality.

The Association of Advanced Nursing Practice Educators (AANPE) (2009) is a UK organisation that supports specialist and advanced practitioners and plans relevant educational programmes. The AANPE indicates that it serves as a forum for various activities, including:

- Collaborative curriculum development and standard setting for ANP education across the four countries of the UK.
- Establishing the role and status of ANPs through an interface with other professions, professional and statutory bodies, commissioners, employers and relevant government bodies

Diverse specialist practice roles

Specialisation is prevalent in most healthcare and social-care professions. Doctors specialise, as do physiotherapists, occupational therapists and social workers, for instance. The Department of Health's (2001c) 'Advanced Letter' details the nature and requirements for nurse, midwife and allied health professions, consultant posts.

However, other than in medicine, registration of these senior level specialist posts on the profession's regulatory body's register is not standard practice at the moment.

In deciphering the areas of overlap and differences between specialist and ANP roles in different healthcare and social-care professions, it seems that there are also differences in the way nurses provide specialist and advanced practice care and treatment from the ways in which doctors do. Nurses take time and a more holistic approach to care and treatment, that is always taking into account the psychological, social, spiritual and cultural as well as physical factors that affect the individual's health. Generally nurses' salaries are also lower than those of doctors, which might comprise a more efficient use of health services' finances.

A number of instances of specific specialist and advanced practice activities that benefit patients and service users are discussed in Chapter 4 under practice development, as well as under evidence-based practice. As for SCPHNs, they work with both individuals and communities. In addition to their regular duties as nurses, they deal with issues related to the local population's health, and with new policies. The SCPHN Committee (NMC, 2009b: 1) defines the work of the SCPHN as follows:

Specialist community public health nursing aims to reduce health inequalities by working with individuals, families, and communities promoting health, preventing ill health and in the protection of health. The emphasis is on partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the determinants of health and promote the health of whole populations.

Educational preparation for the role is of one academic year's duration and awards a first degree and a NMC registerable qualification. However, there are ongoing issues related to SCPHNs in that there are too few health visitors, for instance, and also there is a lack of consensus about their role (McLellan, 2009).

Specialist and advanced practice roles and their specifications are still evolving, as healthcare trusts develop these roles to meet local patients' and service users' care and treatment needs in the form of local specialist services. It often requires nurses' upskilling into unprecedented roles, and in some of the roles previously occupied by doctors, for example non-medical prescribing. A case study based on an innovation cited in *Our Health, Our Care, Our Say: Making It Happen* (DH, 2006b) in relation to 'care closer to home' illustrates this.

Case study: Better services for people with long-term conditions in Dudley

In Rose-hill PCT the development of new roles has risen markedly, such as the 'Community Heart Failure Service' that involves nurses conducting community clinics and providing a home-treatment service to prevent patients having to travel to hospital. The nurse takes a holistic view of the patient, which includes assessing wider environmental factors alongside clinical symptoms. Strong links remain with hospital consultants, so that specialist opinions can be

obtained very quickly. With the growing expertise of these nurses and the fact that some members of the team can now prescribe many of the drugs necessary for fast, effective treatment this means that a deterioration in the patient's condition can be prevented very quickly. Patients feel that the home-treatment service helps them to stay safely at home with their family rather than having to attend the hospital.

A number of research studies have been conducted on the impact of CNSs' roles. Maughan and Clarke (2001), for instance, report on a randomised controlled trial (RCT) that found that sexual functioning and quality of life were improved in the group that received specialist psychosexual counselling following treatment for gynaecological cancer. However, a RCN survey (Mooney, 2008a) report on CNSs reveals that only half of all CNSs feel that the work they do are valued by their trusts, and more than 30 per cent feel that they are at risk of redundancy. This is despite research findings that CNSs' work is more cost-effective than that of doctors.

The clinical activities of CNSs are also captured by a computer program named 'Pandora' that comprises a record of all clinical activities that CNSs perform, and their outcomes (Waters, 2007). These activities are grouped under eight dimensions, and when three days of activities are inputted, the program can generate histograms and pie charts to demonstrate the impact of particular CNSs on patient outcomes. It is claimed that the program also captures the non-hands-on care activities that CNSs engage in such as preventive unscheduled care. The implications of this program are discussed further in Chapter 8.

Advanced nurse practitioners

In *The Proposed Framework for the Standard for Post-Registration Nursing*, the NMC (2008b: 1) defines advanced-nurse practitioners as '... highly experienced and educated members of the care team who are able to diagnose and treat your health care needs or refer you to an appropriate specialist if needed'. They expand on the definition and specify that ANPs are highly skilled nurses who can:

- take a comprehensive patient history;
- carry out physical examinations;
- use their expert knowledge and clinical judgement 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 patients' healthcare and social-care needs, involving other members of the healthcare 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 healthcare team;
- provide leadership; and
- ensure that each patient's treatment and care are based on best practice.

The NHS Scotland (Scottish Government, 2008) drew the key elements from several definitions of specialist and advanced practice roles together with the aim of facilitating a common understanding and guiding the further development of these roles, including those cited above, and it proposes its own definition of advanced nursing practice as:

- Advanced practice is a ‘level of practice’ rather than a role or title.
- The career framework for health articulates ‘advanced practitioners’ across professional boundaries.
- Advanced practice is shown across four key themes:
 - advanced clinical/professional practice
 - facilitating learning
 - leadership/management
 - research.
- These themes are underpinned by autonomous practice, critical thinking, high levels of decision making and problem solving, values-based care and improving practice.
- The skills and knowledge base for advanced practice are influenced by the context in which individuals practise.

The RCN (2008) also provides its own definition of ANP along similar lines with a number of bullet points, and states that educational preparation for the role must at minimum be first degree honours level.

Skills for Health (2009a: 1) defines Advanced Practitioners (level 7) as: ‘Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas’ – as noted in Box 1.3. It also identifies a number of specific competencies for each level for the different healthcare professions.

On the other hand, the NMC (2008c) suggests that there are nurses who hold job titles that imply an advanced level of knowledge and competence, but who do not actually possess such knowledge and competence. Furthermore, their practice may not be subject to scrutiny by another professional as they will often act as independent practitioners.

The NMC indicates that the ANP qualification should be recorded on the NMC’s professional register, and it is seeking approval from the Privy Council for doing so. However, the NMC needs to identify a mechanism for monitoring how practitioners demonstrate their continued fitness for practice after having their qualifications recorded on the NMC register. It recognises that the advanced-practice debate will also have to address the relationship of ANP qualifications to other parts of the register, should a ‘fitness to practice’ issue arise around a lack of competence.

Successful achievement of specialist and advanced practice standards of proficiency currently leads to qualifications being recorded on the nurses’ part of the register for specialist practice in the fields of adult, mental health, learning disabilities or children’s nursing, and the specialist community qualifications of district nursing, general practice nursing, community child nursing, community learning disabilities nursing and community mental health nursing as identified

in Box 1.5 later in this chapter. The NMC indicates that only nurses who have achieved the NMC's competencies for registered ANPs are permitted to use the title, which will therefore be protected through a registerable qualification in the NMC's register.

The competencies in which the ANP will have to demonstrate capability and expertise in order to be able to have their qualification recorded on the NMC register are identified in the learning beyond initial registration document (NMC, 2005b). They are identified under seven domains, which are very similar to those identified by the RCN (2008), both building on preceding work on the subject area – see Box 1.4.

Box 1.4 Areas of expertise for ANPs

NMC (2005b) domains for learning beyond initial registration

RCN (2008) domains for Advanced Nurse Practitioners

Domain 1:	The nurse–patient relationship	Assessment and management of patient health/illness status
Domain 2:	Respecting culture and diversity	The nurse–patient relationship
Domain 3:	Management of patient health/illness status	The education function
Domain 4:	The education function	Professional role
Domain 5:	Professional role	Managing and negotiating healthcare delivery systems
Domain 6:	Managing and negotiating healthcare delivery systems	Monitoring and ensuring the quality of advanced healthcare practice
Domain 7:	Monitoring and ensuring the quality of healthcare practice	Respecting culture and diversity

However, the decision to record ANP qualifications on the NMC's professional register suggests that this is a role beyond specialisation. Advanced practice is a career progression point when the healthcare professional has moved beyond generalist/generic clinical skills, and has gained specialist skills to a level of expertise that utilises broader problem-solving and critical thinking skills.

Research on the ANP role includes a study by Gardner et al. (2007) which concludes with the 'Strong Model of Advanced Practice' as an operational framework for the implementation and evaluation of these roles, with competencies under the headings:

- Direct comprehensive care.
- Support of systems.
- Education.
- Research.
- Publication and professional leadership.

An English National Board for Nursing, Midwifery and Health Visiting (ENB) sponsored study that evaluated the outcomes of an advanced neonatal nurse practitioner programme concluded that the role of advanced neonatal nurses was valued (Renshaw et al., 1999), but educational preparation programmes for this role were diverse across educational institutions, and standardisation was needed for a more universal definition of this role. The clinical conditions requiring specialist and advanced practice interventions are related to emergency care, long-term conditions, and so on, educational preparation for which leads to university awards as are identified shortly in this chapter.

Modern matrons and consultant nurses

Modern matrons and community matrons are other recent specialist roles developed for nurses with appropriate expertise in several areas, such as acute hospital wards, in mental health and in primary care. Clegg and Bee (2008) report on the findings of a survey of patients' and carers' views about a new community matron service, for instance, the strengths of which include the reliability of the service, the confidence it gave to patients and carers, the improved links with GP services and the likelihood of preventing admission to hospital. They recommend continued investment in the community matron service.

Beyond specialist and advanced practice roles are nurse consultant posts that emerged from research (e.g. Manley, 2000), and were then implemented through the Department of Health (2001c) directive. Nurse-consultant posts in many specialisms have been documented (e.g. Manley, 2000; Burton et al., 2009). More recent research on nurse consultants (e.g. Coster et al., 2006; Redwood et al., 2007) tends to indicate that they have a positive impact in improving the service provided to the clientele group, as well as in leadership and consultancy, education and training, practice development and research.

Healthcare consultant roles feature prominently in the Darzi report (DH, 2008b). It recommends the creation of community specialist consultant posts for healthcare professionals in order to see patients in GP surgeries and primary care centres to treat long-term conditions such as diabetes and heart disease earlier and faster, and thus prevent complications.

Educational preparation for specialist and advanced practice

Naturally, the effective fulfilment of CNS and ANP roles requires the relevant educational preparation. Until around 2002, specialist nurses were relatively easy to recognise in that they had a post-registration specialist qualification that had been approved by the ENB (1991) as part of a framework for continuing professional education for nurses and midwives, and the ENB issued certificates for these qualifications, and also held a record of nurses and midwives with specialist qualifications.

Since the ENB was dismantled following a management consultancy report that highlighted weaknesses in the way they operated, these records are no longer held centrally. Subsequently, when the NMC replaced the UKCC, whose policies were operationalised by the four national Boards in the UK, the recording of specialist and advanced practice qualifications has been dysfunctional. The post-qualifying qualifications that are recorded on the NMC register are cited in Box 1.5.

Box 1.5 Recorded/registered specialist qualifications

<i>Code</i>	<i>Specialist qualification</i>
RHV	Specialist Community Public Health Nursing – HV (Health visiting)
RSN	Specialist Community Public Health Nursing – SN (School nursing)
ROH	Specialist Community Public Health Nursing – OH (Occupational health)
RFHN	Specialist Community Public Health Nursing – FHN (Family Health Nurse)
V100	Mode 1 Prescribing
V200	Extended Nurse Prescribing
V300	Extended/Supplementary Nursing Prescribing
TCH	Teacher
SPAN	Specialist Practitioner – Adult Nursing
SPMH	Specialist Practitioner – Mental Health
SPCN	Specialist Practitioner – Children’s Nursing
SPLD	Specialist Practitioner – Learning Disability Nurse
SPGP	Specialist Practitioner – General Practice Nursing
SCMH	Specialist Practitioner – Community Mental Health Nursing
SCLD	Specialist Practitioner – Community Learning Disabilities Nursing
SPCC	Specialist Practitioner – Community Children’s Nursing
SPDN	Specialist Practitioner – District Nursing

Source: NMC, 2009c

Nonetheless, education programmes in healthcare specialisms have to continue, in order to meet service needs, and currently universities offer specialist courses either as multiple modules, or as a first or Master’s degree-awarding programme. The specialist or advanced practice qualification appears in the student’s transcript, usually together with details—the modules that were successfully completed by the student as the 120-credit-point final year of a degree programme, which are focused on the clinical skills and knowledge required for the specialist-or advanced practice role. The 120-point course is likely to incorporate modules on research and leadership as they are considered essential for those holding specialist and advanced-practitioner posts. At post-graduate level, for each specialist and advanced practice subject area, the qualifications generally awarded are:

- a post-graduate certificate (60 credit points at level 7)
- a post-graduate diploma (120 credit points at level 7)
- a Master’s degree (180 credit points at level 7).

For example, the specialist areas for registered children’s nurses include neonatal nursing, community children’s nursing and teenagers and young adults with cancer. They are normally studied at post-graduate certificate, post-graduate diploma or Master’s degree level, although programmes at a first degree level also continue to be offered. The programmes that are recorded on the NMC register require NMC approval. Awards for these specialist and advanced practice programmes include a Post-Graduate Certificate in:

- acute and critical care
- advanced skills in neonatal practice
- end of life care
- long-term conditions, e.g. diabetes
- mental health
- paediatric cardiothoracic care
- public health
- teenagers and young adults with cancer.

Research on the educational preparation for specialist or advanced practitioners includes a study by Girot and Rickaby (2008) who evaluated the educational preparation of community matrons who work with patients with complex long-term conditions, and can meet the specifications of *Modernising Nursing Careers* (DH, 2006a). They used a mixed methods approach to data collection, including documentary analysis, self-administered questionnaires, individual telephone interviews and focus groups undertaken with the education programme development team. The study revealed that the majority of students believed that the programme had met their expectations and had helped them to fulfil the functions of the community matron role as defined in national competence statements. However, a number of respondents indicated that they experienced difficulties with the level of organisational support available, such as lack of facilitation for their work-based learning, and therefore Girot and Rickaby highlight a need for organisations to develop their infrastructure to support new roles as well as offer protected time for learning in practice.

Educational preparation for practice teacher role

The NMC's (2008a) guidance and requirements for educational preparation programmes for practice teachers are as follows:

- Include at least 30 days' protected learning time – to include learning in both academic and practice settings.
- Include relevant work-based learning with the opportunity to reflect critically on such an experience, e.g. acting as a practice teacher to a student in specialist practice under the supervision of a qualified practice teacher.
- Meet the additional criteria for a sign-off mentor.
- Should normally be completed within six months.
- The content of a previous mentor programme, where appropriate, may be accredited, enabling the practice teacher programme to be completed in less time.

practice teacher programmes are developed in response to the need for practice teachers in local healthcare trusts, and they build on healthcare professionals' existing expertise in mentoring. They are normally at post-graduate level and delivered over a 26-week period, and should include at least 30 days' protected learning time in academic and practice settings. The latter constitute work-based learning, where students are supported by an overall learning supervisor, who provides the practice-teacher student the opportunity to reflect critically on practice experiences. The

teaching and learning strategy includes meeting the additional criteria for a sign-off mentor (as indicated by the NMC, 2008a), and provides a foundation for undertaking an NMC-approved teacher preparation programme. The course can be offered as a core or an optional component of an MSc advanced nursing practice programme, for instance, or as a more generic MSc in Health Studies.

Practice teacher courses recognise the practice teacher's responsibility in enabling students to achieve specialist or advanced healthcare competencies, and in assessing them to ascertain fitness to practise. Courses therefore address the knowledge and competence necessary to fulfil the practice teacher role, and on completion of the preparation programme qualified practice teachers are responsible and accountable for their teaching and assessing roles and for making decisions in relation to the competence of students on specialist or advanced practice programmes. During the course they are supported and assessed by a practice-based learning supervisor with the appropriate educational qualifications and motivation, and they also need to have access to pre-registration students who are at the sign-off proficiency stage of their course, and to post-qualifying students on specialist or advanced practice courses.

On successful completion of the NMC-approved practice teacher preparation programme, registrants taking the practice teacher role should have developed competence and been assessed by their learning supervisor on the achievement of all 26 outcomes for a practice teacher. They will also have developed such cognitive (thinking) skills as (NMC, 2008a):

- Evaluating research and a variety of types of information and evidence critically.
- Synthesising information from a number of sources in order to gain a coherent understanding of theory and practice.
- Analysing, evaluating and interpreting the evidence underpinning practice teaching and learning, and managing change in practice appropriately.
- Evaluating inter-professional learning in practice teaching and learning activities.
- Evaluating ways in which students develop specialist and advanced practice knowledge and competence.

Healthcare professionals who have previously successfully completed a similar programme (e.g. CPT) can use the healthcare trust's self-declaration form to indicate that they are up to date with their professional practice, as well as with the NMC's practice teacher outcomes, and then continue in the role of practice teacher. They can also use the university's AP(E)L mechanism to gain credit points towards a relevant university award.

Practice teacher students who successfully complete the course have their names recorded on the locally held register for mentors and practice teachers. They are thereafter required to update and develop their knowledge and competence, attend annual updates and undergo a triennial review, as required by the NMC (2008a).

Conclusion

Chapter 1 of this textbook began by exploring the rationales for the practice teacher role, the criteria that have to be met to hold the title legitimately and the scope of

the role. The latter included distinguishing the practice teacher role from related roles such as mentor, NMC-approved teacher and learning supervisor. Subsequently, the factors driving specialist and advanced practice were explored, and included career pathways for healthcare professionals. The contemporary nature of specialist and advanced practice was also examined, including the current debates and research on inherent components of these concepts; and finally the educational preparation for specialist and advanced practitioners, and for the practice teacher role.

It therefore focused on:

- The nature of, and rationales for, the practice teaching role, including the NMC's (2008a) developmental framework; the criteria and scope of practice teaching; distinctions between the practice teacher and similar roles; and the practice teacher's role in facilitating learning and assessing the competence of students- on specialist and advanced practice courses.
- An exploration of the factors driving specialist and advanced practice roles, and current developments leading to nurses' upskilling to provide a local needs-based health service, and subsequently becoming specialist in those areas; contemporary knowledge and evidence of the effectiveness of specialist and advanced practice roles in terms of patient outcomes; and modernising healthcare professionals' careers.
- Contemporary perspectives on specialist and advanced practice, including current definitions and characteristics, deliberations and reviews of competencies at levels beyond initial registration, and specialist practice and advanced nurse practitioners' qualifications; and the clinical contexts in which specialist and advanced practice are delivered.
- The educational preparation for specialist and advanced practice roles, and for the practice teacher role, taking into account the NMC's (2008a) practice teacher standards as the criteria for supporting the learning and assessment of specialist and advanced practice competence.

The practice teacher role is pretty much well identified. As for specialist and advanced practitioner roles, whilst so far there have been suggestions over various aspects, it seems that a consensus is imminent, with the primary beneficiary being patients and service users. How the practice teacher establishes, manages and maintains working relationships with students, colleagues, patients or service users, and with the members of medical and other non-medical professions, is the focus of Chapter 2.