

Advanced Practice (Nursing) Standards and Requirements



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board of Ireland

Acknowledgement

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Contents

Foreword	
Preface	5
Introduction	11
Section 1: Background	14
Section 2	
Competences for Advanced Practice (Nursing)	15
Domain 1: Professional Values and Conduct of the Registered Advanced Nurse Practitioner	16
Domain 2: Clinical-Decision Making	17
Domain 3: Knowledge and Cognitive Competences	17
Domain 4: Communication and Interpersonal Competences	18
Domain 5: Management and Team Competences	18
Domain 6: Leadership and Professional Scholarship Competences	19
Section 3	
Standards for the Approval of Higher Educational Institutions, Associated Healthcare Provider(s) and Educational Programmes leading to registration as Advanced Nurse Practitioner	20
3.1 Approval of the Higher Education Institution	20
3.2 Criteria for approval of education programmes for purpose of registration as an Advanced Nurse Practitioner	21
3.2.1 Curriculum Design and Development	21
3.2.2 Learner Entry, Admission, Transfer, Discontinuation, Completion	22
3.2.3 Programme Governance	23
3.2.4 Clinical Supervision and Learning Resources	24
3.2.5 Assessment Strategies	24
3.2.6 Development of Clinical Competence for Advanced Practice Nursing	25
3.2.7 Clinical Supervision and Competence Assessment	26
3.2.8 Quality Assurance and Enhancement Mechanisms	27
3.3 Indicative Content	28
References	31

Abbreviations

AANP:	American Academy of Nurse Practitioners
AHP:	Associated Healthcare Provider
ANA:	American Nursing Association
ACNP:	Acute Care Nurse Practitioner
ABA:	An Bord Altranais
ANMAC:	Australian Nursing and Midwifery Accreditation Council
ANMC:	Australian Nursing and Midwifery Council
ANP:	Advanced Nurse Practice
ANPc:	Advanced Nurse Practitioner Candidate
APN:	Advanced Practice Nurse
APRN:	Advanced Practice Registered Nurse
CAHS:	Canadian Academy of Health Sciences
CNA:	Canadian Nursing Association
CNS:	Clinical Nurse Specialist
HIQA:	Health Information and Quality Authority
AHP:	Associated Healthcare Provider
HEI:	Higher Education Institution
HSE:	Health Service Executive
ICN:	International Council of Nurses
MOU:	Memorandum of Understanding
NCEC:	National Clinical Effectiveness Committee (Department of Health, Ireland)
NCSBN:	National Council of State Boards of Nursing

NCNM:	National Council for the Professional Development of Nursing and Midwifery
NCNZ:	Nursing Council of New Zealand
NMBI:	Nursing and Midwifery Board of Ireland (the Board)
NMBA:	Nursing and Midwifery Board of Australia
NMC:	Nursing and Midwifery Council
NMPDU:	Nursing and Midwifery Planning and Development Unit
NP:	Nurse Practitioner
NPAO:	Nurse Practitioners' Association of Ontario
NPCC:	Nurse Practitioner Core Competencies
ONMSD:	Office of Nursing and Midwifery Services Director
PPPG:	Policies Procedures Protocols Guidelines
QQI:	Quality and Qualifications Ireland
RAMP:	Registered Advanced Midwife Practitioner
RANP:	Registered Advanced Nurse Practitioner
SCA:	State Claims Agency
SLAs:	Service Level Agreements
WGAP:	Working Group Advanced Practice

Figures

Figure 1	Code of Professional Conduct for Registered Nurses and Registered Midwives
Figure 2	Advanced Practice Nursing Model

Foreword

The Nursing and Midwifery Board of Ireland is delighted to publish the Standards and Requirements for Advanced Practice Nursing. Building on the competences achieved for nurse registration, the standards and requirements specify the competences required to register as an Advanced Nurse Practitioner (ANP), thus facilitating a career pathway for nurses who commit to the challenges and opportunities of achieving higher levels of capability.

Furthermore, this document outlines the standards and requirements for the approval of Higher Education Institutions, associated Health Care Providers and education programmes that lead to registration as an Advanced Nurse Practitioner.

The Nursing and Midwifery Board of Ireland acknowledge the level of knowledge, skill and expertise required of Registered Advanced Nurse Practitioners to care for people with complex health needs in all health care settings, and throughout the life span. The standards and requirements provide flexibility to Higher Education Institutions and associated Health Care Providers to be responsive and adaptable in the provision of evidence based education programmes that prepare nurses with the necessary competences to register as Advanced Nurse Practitioners.



Essene Cassidy

Essene Cassidy
President



Mary Griffin

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Preface

Extensive consultations and information sharing informed the development of the Standards and Requirements for Advanced Practice (Nursing). Some countries regulate advanced practice but others do not (Scottish Government 2009; Morgan 2010; Roche et al., 2013; Gardner and Duffield 2014; Nursing and Midwifery Board of Australia's (NMBA) 2015; Gardner et al. 2016). The lack of conformity and consistency relating to the level of regulation of advanced practice worldwide creates confusion for the public, regulators, professional nursing and health care providers (Styles and Affara 1997; Gardner et al. 2010; Australian Government 2012; Gardner and Duffield 2014; Kleinpell et al. 2014; East et al. 2015). Consequently an emerging body of literature calling for regulation and delineation of the nurse practitioner role exists (Cashin et al. 2015; Carney 2015) and countries are developing regulations pertaining to advanced practice nursing (Scottish Report 2009, DiCenso et al. 2009; Advanced Practice Registered Nurse (APRN) 2008, 2012). Regulators in many jurisdictions, including North America, Australia and New Zealand, have made attempts to differentiate between the role of the advanced practice nurse practitioner and the role of other nurses including registered nurses (Ryan 2007; Gardner et al. 2016). In the United States, the LACE Consensus Model clarifies the roles of advanced practice nurses (APNs) and standardises their education, licensure and certification (APRN 2008, 2012; Summers 2016). The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for these professions in Australia and ensures that programmes leading to registration meet NMBA (2015) approved standards for accreditation under the National Registration and Accreditation Scheme, introduced in 2010.

Titles and Role for advanced practice vary and cause confusion (Gardner and Duffield 2014; Carney 2014, updated 2016; Carney 2015; Gardner et al. 2016). Ambiguity surrounding the title is often perceived as a barrier to the introduction of APN roles (Chang et al. 2010; Pulcini et al. 2010), role definition (Christiansen et al. 2013; Hutchinson et al. 2014; Cashin et al. 2015; Gardner et al. 2016) and scope of practice where many countries have developed advanced practice domains, models and characteristics documents (National Council for the Professional Development of Nursing and Midwifery (NCNM) 2008 a, b; Jacobs and Boddy 2008; Canadian Nursing Association (CNA) 2008,2010; DiCenso et al. 2009, 2010; Delamaire and Lafortune 2010; Nursing Council of New Zealand (NCNZ) 2012; Roche et al. 2013; Mueller and Vogelsmeier 2013; Krautscheid 2014; Canadian Academy of Health Sciences (CAHS) 2014; NMBA 2014 a, b; Nursing and Midwifery Board of Ireland (NMBI) 2015 a, b; Carney 2015). Extension of the role is evident worldwide due mainly to overlap of the role with that of doctors (CNA 2005, 2008; APRN 2008; Nurse Practitioners' Association of Ontario (NPAO) 2010; American Nursing Association (ANA) 2010; Institute of Medicine 2010; Ellerbe and Regen 2012; Zwijnenberg and Bours 2012; Christiansen et al. 2013; Carney 2014, 2015; Aruda et al. 2016). West (2016) presents process improvement in trauma care using an innovative application of the Strong Model. Concerns regarding cost of care, governance for quality and access to care exists (Furlong and Smith 2005; Australian Nursing and Midwifery Council (ANMC) 2009; CNA 2010; Delamaire and Lafortune 2010; Altersved et al. 2011; Boiler 2014; Gardner et al. 2016). Lafortune (2016), in an OECD study, explored the development of advanced nursing roles in 12 European and non-European countries and identified the need to re-define doctors

and nurses roles (OECD 2016). Carney 2014/16 researched the role in 12 countries. RANPs in Ireland are now working in acute, chronic, emergency, midwifery and primary care settings due mainly to recommendations in the Report on the Commission on Nursing (1998) to expand the nurse's role. The midwifery role has also expanded (ANMC 2009; Nurse Practitioner Core Competencies Content 2014; Bryant-Lukosius 2016). Gray (2016) in exploring the future of advanced nurse practice suggests that advanced nursing practice in many cases has not developed the potential of nursing practice to any significant degree and that roles that express the clinical leadership dimension of advanced nursing practice is essential for fostering effective nursing practice. A proposed enhanced framework for evaluating advanced practice in nursing and APN roles, called PEPPA PLUS, outlines an evaluation framework to promote evidence-informed decision-making about the introduction, implementation and long-term sustainability of Advanced Nursing Practice (ANP) roles in Switzerland is published in American Nurse and available on: <http://oapn.mcmaster.ca/index.php/component/content/article/177-peppa-plus-an-enhanced-framework-for-evaluating-advanced-practice-nursing-apn-roles>

Scope of practice The scope for individual practitioners is mainly influenced by the settings in which they practice (ICN 2008; ANA 2008 b, 2010; Roche et al. 2013; NMBA 2015; NCNZ 2015), the requirements of the employer and the needs of their patients (ANMC 2006 a, b; DOHC, 2011; Fealy et al. 2014; CNA 2010; CAHS 2014; NMBI 2014 b; NMBA 2015). A National Review of the Scope of Nursing and Midwifery Practice Framework, undertaken for the NMBI by Fealy et al. (2014) informed scope of practice in Ireland. A new scope of practice and prescribed qualification for nurse practitioners in New Zealand is coming into effect on 6th April 2017 following the required publication of a replacement notice in the New Zealand Gazette (Nursing Council of New Zealand 2017. Information available at: www.nursingcouncil.org.nz).

The Health Service Executive (HSE) recommends that nurses and midwives should be proactive in identifying areas where expansion in their scope may lead to improved outcomes for patients (HSE 2012 a, b). Variations also exist in the level of knowledge, educational qualifications, competences, role outcomes and job and organisational specification required for practice. The main points of role differentiation are legislative title protection. This is viewed as an essential step in differentiating between roles and demonstrates that the ANP/APN/NP meet the extended standards required by the regulatory authority: thus operating within the scope of the registered nurse with the APN title protected (Irish Medicines Board 2006, 2007; Nurse Practitioner Core Competencies Workgroup (ACNP) 2009, 2015, An Bord Altranais (ABA) 2010 a, b; ABA 2010/2015; 2007a; Adams et al. 2010), requesting of diagnostic tests, prescribing of medication and referral of patients: three well differentiated legislative parameters for advanced practice roles (Gardner et al. 2010; Delamaire and Lafortune 2010; NCNZ 2012 a, b; CNA 2008, 2010; Bergman et al. 2013; CAHS 2014; Gardner and Duffield 2014; Gardner et al 2016; Gardner and Duffield 2014; Nursing and Midwifery Council (NMC) 2014; NMBA 2015). More recent innovative roles relate to administration of Intravenous medication for chemotherapy (Harrold & Martin 2017), e-prescribing (Villasefior & Piscotty 2016) and integrating Advanced Practice Nurses into nursing homes: the Missouri Quality Initiative experience (Vogelsmeier et al. 2015). Shilling & Hodnicki (2015) in a survey of advanced practice undertaken in Georgia, to identify the current practice environment and barriers to medication prescribing, found that 40% of Georgia APRNs are still not writing prescriptions, even though it is legally permitted to

do so, figures common to APRNs nationwide. Spoelstra et al (2016) reported on an American study protocol that examined feasibility, preliminary efficacy and satisfaction of ADHERE: an educational intervention using motivational interviewing and brief cognitive behavioural therapy to promote symptom management and adherence among cancer patients prescribed oral anti-cancer agents. Results indicate that this intervention has the potential to standardise the start-of-care training for patients to self-manage.

Criteria: for advanced practice incorporate broadly similar concepts, standards and scope across countries where roles are established. The basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making (Kleinpell 2005; ANMC 2006 a, 2009, ANMCA 2015). Specific standards related to description of the core role, education standards, generic competencies and authorisation exist in Australia, Ireland and New Zealand (Carrier et al. 2007; Gardner and Duffield 2014; NMBI 2015 a; NMBA 2015; NCNZ 2015). The outer limits to advanced practice are set by legislation, policy and guidelines within which individuals make decisions about their own level of competence and take personal responsibility and accountability for their practice (NMBI 2015). Professional principles and values form the basis of ethical behaviour, which guide each RANP's professional interactions (NMBI 2014 a). The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014 b) is based on five principles (refer to Figure 1).

Competences for advanced practice are a central component of the role (ABA 2010; Tuning Project (Nursing Subject Area Group) 2009, 2011; Canadian Nurse Practitioner Competency Framework 2010; Sastre-Fullana et al. 2014; QQI 2014; ABA 2010/NMBI 2015) and are often defined across diverse jurisdictions by reference to domains of professional practice and in the provision of diverse health care services (Butler et al. 2011; Fung et al. 2014; NCNZ 2012 a, b, 2015). It is recognised that the education, expertise and experience of advanced practitioners can result in differing patient outcomes, mainly positive (Rhodes et al. 2010; Yeo et al. 2011; Brooten et al. 2012; Bergman et al. 2013; Begley et al. 2013; Carney 2015; Carney 2014/2016). Rodger & Hussey (2017), in an Irish study, explored the progression of competences and how they assist in the delivery of a programme for health ageing introduced through e- technology. In Magnet hospitals positive patient outcomes, nurse autonomy and good working relationships between nurses and doctors exist (Aiken et al. 2008; Brook and Rushforth 2011; Dreher et al. 2014) with comparable care being provided (Begley et al. 2011; Potera 2011, 2015; Begley et al. 2014). Creation of safe and trustful relationship with patients and enhanced collaboration with colleagues are reported (Nieminen et al. 2011; Farrelly 2014). Outcomes in some clinical areas are not always positive (Loescher et al. 2011; Drennan and Goodman 2011; Willens et al. 2011; Duangbubpha et al. 2013). Competency assessment methods-tools and processes differ across countries and domains (Butler et al. 2011; Stasa 2014; Casey et al, 2016; Wilson et al. 2016). Competences required by the advanced practitioner in Ireland, Canada and New Zealand are similar in structure incorporating multiple advanced assessment and intervention strategies; using research when making clinical decisions; analysing complex interactions; guiding decision-making and developing client focused care and education programmes in health domains, patient relations, professional, teaching and governance for quality and

culture (CNA 2008; Chang et al. 2010; CNA 2010; ABA 2010/NMBI 2015; Lee 2014; ACNP 2015). Work is also continuing in the area of capability in advanced practice. O'Connell et al. (2014) identify capability as the combination of skills, knowledge, values and self-esteem which enables individuals to manage change and move beyond competency. The introduction of the Professional Competency Scheme by NMBI will standardise the re-validation process for RANPs/RAMPs in Ireland. Currently re-validation for advanced practice in Ireland takes place every 5 years post registration. Respondents to NMBI Survey (2014 a) indicate that candidates should maintain a clinical log book and a Portfolio of Practice that incorporate all competences. ANP credentialing in the United States is by examination or evidence of professional development (Nurse Practitioner Core Competencies Content 2015; American Academy of Nurse Practitioners (AANP) 2015). Lappen & Bishop (2017) discuss the United States Nephrology Nursing Commission Certification for advanced practice in Nephrology Nursing with reference to the major components of the APRN Consensus Model. Mentorship or clinical supervision is an important component of competence development in advanced practice (Parrish et al. 2013; Scott and Lindsey 2014). Currently ANP candidates in Ireland are usually mentored by a medical mentor. Flexibility in utilising models other than the medical model are recommended to promote interdisciplinary, collaborative relationships between health care disciplines including mental health and community care (Kilpatrick et al. 2012, 2014; Singapore Nursing Board 2012; Fung et al. 2014; Scott and Lindsey 2014), in mentoring student nurses (Institute of Medicine 2010; Gardner et al. 2016) and in enhanced effectiveness and professional and personal development (Taylor 2014, 2015). Kostas-Polston et al (2015) recommend that more strategic leadership and support from organisations is needed in order to realistically prepare future advanced practice nurses for the challenges they will face, through mentorship programmes and continuous further training. Findings from a longitudinal intervention study, undertaken in Australia by Leggat et al. (2015), indicate that a structured mentoring programme, based on principles of action learning, was successful in assisting advanced practice nurses enhance their clinical leadership skills in preparation for formal endorsement as a nurse practitioner.

Growth in education and practice is occurring in tandem with a confused scope of practice, the need for health care cost containment, fragmented educational and training criteria, and qualifications leading to challenging health care delivery (Schober and Affara 2006a, b). The Department of Health's (2017) draft policy will present a framework for graduate, specialist and advanced nursing and midwifery practice capable of developing a critical mass of nurses and midwives to address emerging and future service needs, including driving integration between services. The overarching principle underpinning this policy is to develop the nursing and midwifery resource in Ireland in response to patient and service need. A consultation paper has been produced. In most countries, including Ireland, a master's degree in nursing is now recommended or required for qualification as an advanced nurse practitioner (CNA 2010; NCNZ 2012 c, 2015). Preparation for advanced nursing practice in the United States is at doctoral level since 1979 (ANA 2010, Koskinen et al. 2012) and at post-graduate level in Australia (ANMAC 2015). Inter-professional healthcare education programmes are offered by some universities. Advanced practice in medical, surgical and emergency nursing (Small 1999; Gibbons 2014) has been introduced in many countries but advanced practice remains underdeveloped in mental health/psychiatry (Dreher et al. 2014; Maas and Ezeobebe 2014), intellectual disability, midwifery and specialised mother and child education (AANP 2009; RCN 2012, 2014; Hornor and

Herendeen 2014; NMC 2014) community (Levin et al. 2008; Aranda and Jones 2008; Lindblad 2010; Altersved et al. 2011) and care of the older person (DOH 2010; Australian Commission on Safety and Quality in Healthcare 2010; Health Information and Quality Authority HIQA 2012, 2016; RCN 2008, 2012, 2014; Bush 2014; NMC 2014), resulting in sub-optimum care outcomes (Bakerjian 2012). Models are a useful method of characterising advanced practice (Gonzalez and Wagenaar 2005; APRN 2008; Chang et al. 2010; NCSBN 2012; NCNZ 2012 a, b; HIQA 2012, 2016; Quality and Qualifications Ireland (QQI) 2014; NMBA 2015; ABA 2010/2015; HSE 2016). Frameworks for advanced practice are presented in Carney 2014/2016 and available at: <http://www.nmbi.ie/Standards-Guidance/Current-Projects/Advanced-Practice>. Educational quality is achieved through partnership and collaboration between the key stakeholders based on the principles of governance and self-assessment and in informing the development, delivery and evaluation of flexible and innovative educational programmes for advanced nurse practitioners (APRN 2008; Delamaire et al. 2010; HIQA 2012; RCN 2012; WHO 2013; Taylor 2015; NMBI 2015a, b; Casey et al. 2016; HSE 2016). Refer to Indicative Content presented in this document and in Carney (2014/2016) for examples of relevant educational programmes offered worldwide.

Organisational structures: The value of the nursing contribution as a distinct profession must be safeguarded and articulated in the development of new services led by advanced nurse practitioners, complementing rather than replacing current services delivered by doctors (Dunn and Nicklin 1995). Organisational structures and environments influence the development of advanced practice services (ABA 2010/NMBI 2015). Advanced practice has been curtailed in some countries including Australia and Holland (Middleton et al. 2011; Kilpatrick et al. 2012, Zwijnenberg and Bours 2012). Similar curtailment has been reduced in Ireland due to relevant site preparation and development of advanced practice services that meet population needs, including collaborative, systematic evidence-based strategies to provide sufficient data to support the need for the service; thus, enhancing role clarity (Government of Ireland 2000, 2011; CNA 2010; Gardner et al. 2008, 2016; Begley et al. 2013; CAHS 2014; HSE 2012 a, b, 2014; Carney 2016; Parker et al 2016). In most countries, including the United Kingdom, the governance structure for nurse practitioners dwells with the health care system and with individual health care organisations, rather than with regulatory bodies (DOH 2004, 2007; RCN 2014). The National Council of State Boards of Nursing (NCBSN) in the United States (NCBSN 2016 a, b) have published national guidelines for nursing regulation and delegation stating that the delegation process begins with decisions made by managers at the administrative level of the organisation and extending to the staff responsible for delegating, overseeing the process, and performing the responsibilities. The components of a quality service that healthcare organisations in Ireland are required to meet (HSE 2016) and the National Standards for Safer Better Healthcare, including establishing service parameters for advanced practice in differentiating operationally between advanced practice and practitioner nursing roles, are provided by HIQA (2012). New governance structures are being implemented in Ireland. Directorate Systems will identify areas of priority and the responsible Directors will lead service provision. The Minister of Health will determine the functions of the Directors and HSE service providers are accountable for governance for quality (HSE 2016). HIQA supports best practice by ensuring that care is provided through a model of service that will drive high quality, safe and

reliable healthcare (HIQA 2012, 2016; HSE 2008, 2012a, b) and the Health Service Executive has introduced the Framework for Improving Quality in our Health Services (HSE 2016). The Health Service Executive and The State Claims Agency have undertaken an evaluation of the National Open Disclosure Project Pilot (HSE & State Claims Agency 2016). The roles of clinical nurse specialists (CNSs) and registered advanced nurse practitioner (RANPs) are separate and distinct. Each must be articulated within the scope of practice for each role (Ingram 2014) and be defined within a framework of nursing and midwifery practice (ICN 2002; Carryer et al. 2007; NCNM 2008, 2009; ANMC 2006 a, b; CNA 2008; AANP 2009; Fagerström 2009; ANA 2010; Mayo et al. 2010; Pearson 2011; APRN 2012; Bakerjian 2012; Singapore Nursing Board 2012; Begley et al. 2010, 2013, 2014; NMBA 2015). Lalor et al. (2013) evaluated the impact of specialist and advanced practice roles on clinical outcomes using the SCAPE Study (Lalor et al. 2013; Begley et al. 2013). Findings indicate that the roles are complex due to diversity in how the roles are operationalised across health settings and within multidisciplinary teams. In studies undertaken in Ireland, Australia and New Zealand, comparing outcomes from RANPs and CNSs, RANPs were perceived as providing improved service delivery, greater clinical and professional leadership and having clearer governance and accreditation structures, than CNSs (Kleinpell and Gawlinski 2005; Carryer et al. 2007; Fagerström 2009; Delamaire and Lafortune 2010; Begley et al. 2013; Roche et al. 2013; Ingram 2014; Metzger and Rivers 2014). Research also indicates that CNSs are continuing to further develop their clinical leadership roles in teaching and practice development (NCNM 2005; Elliott et al 2012; Cashin et al. 2015).

The Higher Education Institute (HEI) and the Associated Healthcare Provider (AHCP) facilitates the student to achieve the competences for advanced practice nursing through the provision of an evidence based programme of education, which includes a substantive clinical practicum component and which incorporates general and specific education and clinical criteria for the role, as indicated in this document. The *Advanced Practice (Nursing) Standards and Requirements* will provide comprehensive guidance to support the development of registered advanced nurse practitioners and contribute to public trust and confidence, quality patient care, patient safety and public protection.

Prof Marie Carney

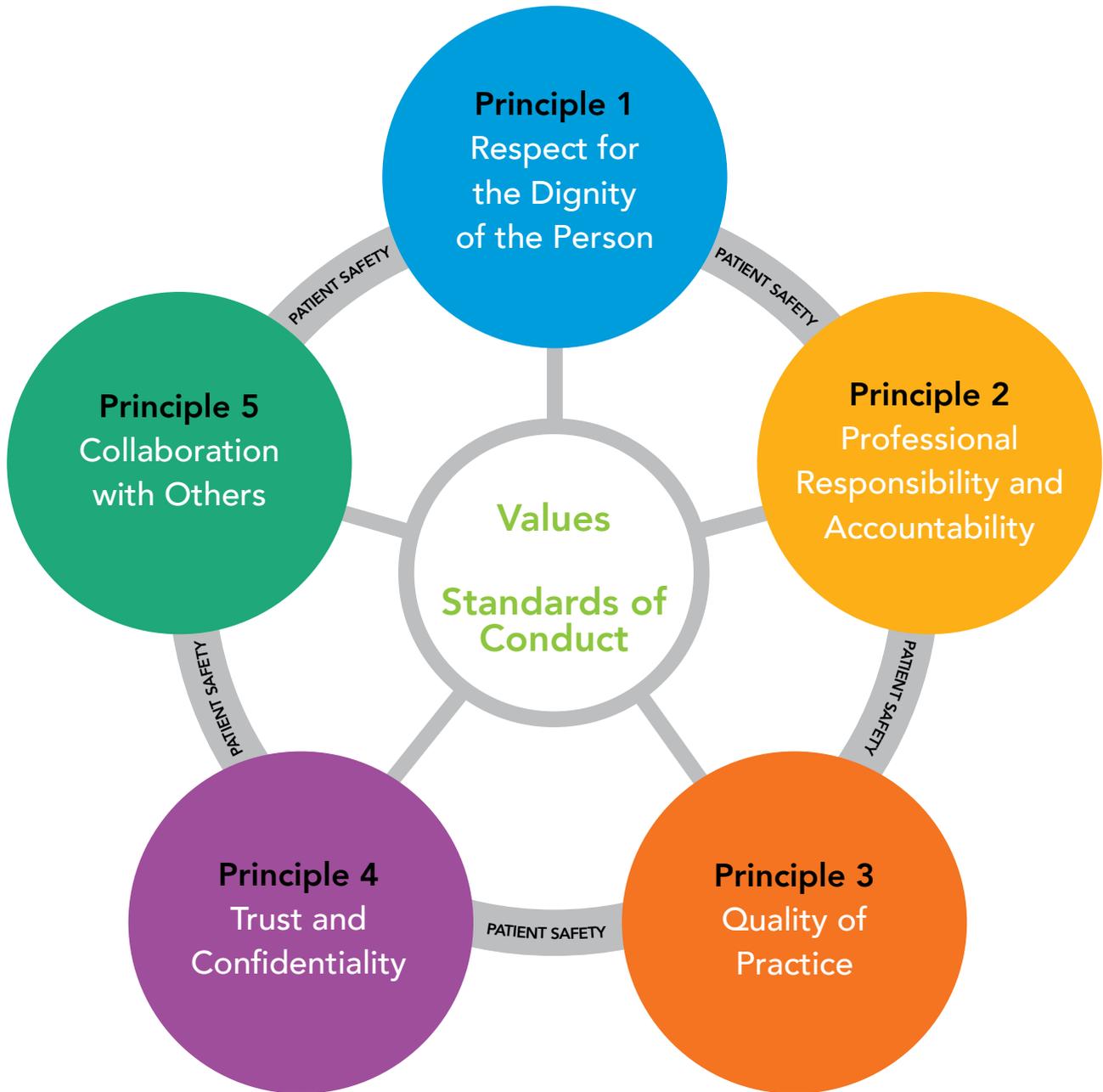
April 5th 2017

Introduction

The Nursing and Midwifery Board of Ireland (NMBI) (the Board) is the statutory regulatory body for nursing and midwifery in Ireland. The object of the Board shall be the protection of the public in its dealing with nurses and midwives and the integrity of the practice of nursing and midwifery through the promotion of high standards of professional education, training and practice and professional conduct among nurses and midwives (Part 2 (8) of the Nurses and Midwives Act 2011). The duties of the Board in relation to education and training of nurses and midwives are defined by the provisions of Part 10 (85) of the Nurses and Midwives Act, 2011. The academic standard and terminal award for advanced practice nursing programmes are at Level 9 on the National Framework of Qualifications (Quality and Qualifications Ireland (QQI) 2014), which was developed in partnership with national stakeholders and evolved from the Qualifications (Education and Training) Act 1999.

The purpose of this document, *Advanced Practice (Nursing) Standards and Requirements*, is to guide the development of innovative, flexible and practice-orientated programmes that lead to registration as advanced nurse practitioners. The *Advanced Practice (Nursing) Standards and Requirements* apply to Higher Education Institutions and their associated Healthcare Provider(s) to inform the development, delivery, and evaluation of educational programmes for Advanced Practice (Nursing). Professional principles and values form the basis of ethical behaviour, which guide each Registered Advanced Nurse Practitioner's (RANP's) interaction with patients, colleagues and society. **The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014)** is based on five principles that govern advanced practice (nursing) (Figure 1).

Figure 1 Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives



Principle 1:

Respect for the Dignity of the Person (NMBI 2014) under the care of the RANP includes demonstrating leadership in the promotion of safety and respect of individual autonomy and each person's right to self-determination.

Principle 2:

Professional Responsibility and Accountability (NMBI 2014) underpins the practice of the RANP who demonstrates high standards of professional behaviour and is professionally responsible and accountable for his/her attitudes and actions including inactions and omissions. The RANP recognises the relationship between professional responsibility and accountability and professional integrity whilst advocating for patients' rights.

Principle 3:

Quality of Practice (NMBI 2014) for RANPs is demonstration of leadership in the delivery of autonomous nursing practice based on expert knowledge, competence, kindness and compassion. RANPs promote the provision of quality care that ensures effective patient outcomes in safe environments.

Principle 4:

Trust and Confidentiality (NMBI 2014) are core professional values underpinning RANPs' relationships with patients and colleagues, exercised through professional judgement and responsibility.

Principle 5:

Collaboration with Others (NMBI 2014) is integral to advanced practice (nursing) as RANPs demonstrate leadership in collaborating and communicating with various members of the multidisciplinary team in their quest for optimal patient outcomes.

Section 1

Background

The Report of the Commission on Nursing: A Blueprint for the Future (Government of Ireland 1998) recommended the establishment of the National Council for the Professional Development of Nursing & Midwifery (NCNM) with one of its functions being the development of advanced nursing and midwifery persons and posts. In 2010, the Department of Health & Children assigned additional functions to An Bord Altranais to determine, in accordance with criteria set by the NCNM, applications for accreditation of posts as advanced nurse/midwife practitioners and applications for the registration of nurses as advanced nurse practitioners and midwives as advanced midwife practitioners (Statutory Instrument (S.I.) 3 of 2010), which was operationalised through the Nurses Rules 2010 (S.I. 689 of 2010).

The Nurses and Midwives Act (2011) states that the Board shall publish the Standards required for registration in any division, which includes registration as an Advanced Nurse Practitioner. In accordance with the Nurses and Midwives Act (2011) the development of *Advanced Practice (Nursing) Standards and Requirements* necessitated a review of established National Council for the Professional Development of Nursing and Midwifery (NCNM) criteria (NCNM 2008a NCNM 2008b); therefore, a Working Group for Advanced Practice (WGAP) was established on February 11th 2014. The methodology employed to develop the *Advanced Practice (Nursing) Standards and Requirements* included an extensive review of the literature (Carney 2014, Updated April 2016). The WGAP devised a Survey for Advanced Practice, comprising 32 questions, which was distributed to nurses and midwives in May 2014 (n=250). The response rate was 92% (n=193). Survey findings were further explored at focus groups in September 2014. Eight venues in Cork, Dublin North and Dublin South, Limerick, Louth, Offaly, Sligo, Waterford, were organised, in collaboration with the Nursing and Midwifery Planning and Development Units (NMPDU's). Extensive consultations and information sharing informed the development of the *Standards and Requirements for Advanced Practice (Nursing)*. Principles to support advanced nurse practitioners and advanced practice were also developed (Carney 2014).

Section 2

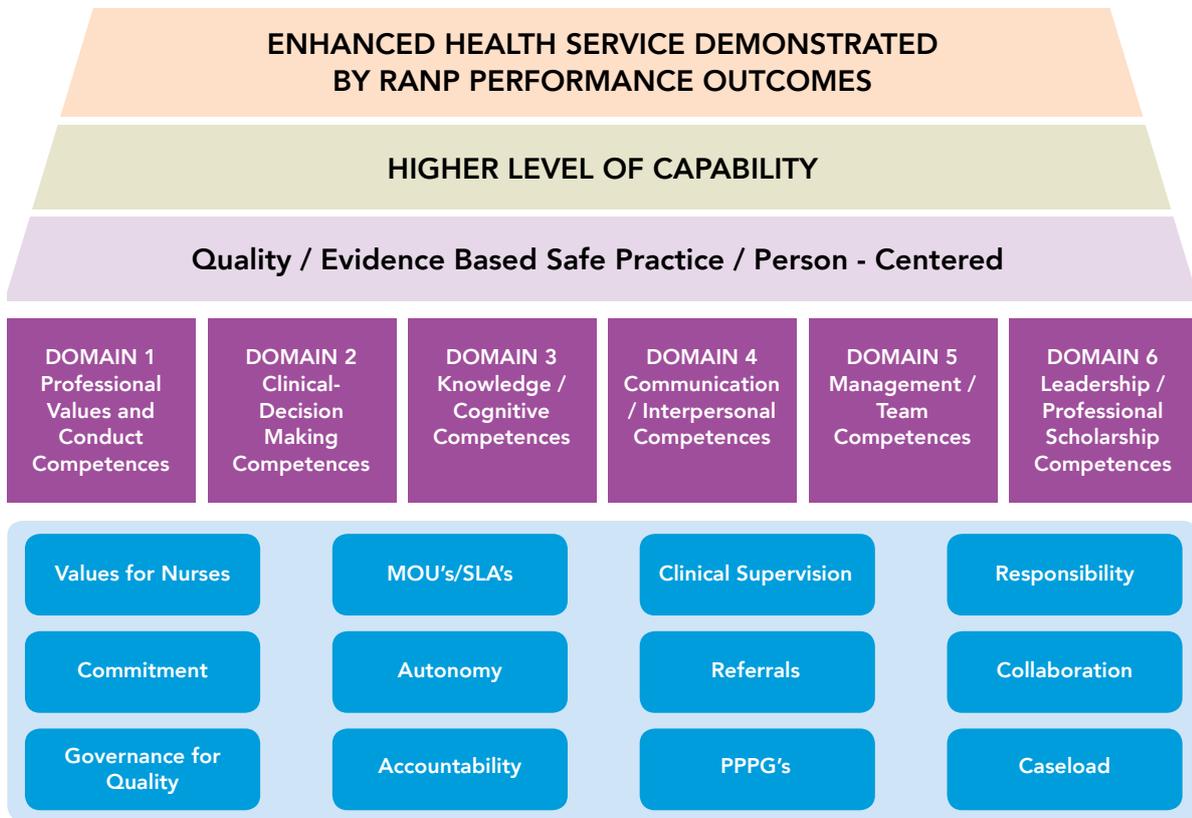
Competences for Advanced Practice (Nursing)

Advanced practice nursing is defined as a career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent, autonomous, and expert practitioners. Registered Advanced Nurse Practitioners (RANPs) have met the Board's **Criteria for Registration** to enter the Advanced Practice Division of the Register.

Competence is the effective and creative demonstration and deployment of advanced knowledge and skill in human situations, based on professional attitudes, emotions, values, and sense of self-efficacy of each RANP, as well as advanced knowledge of procedures. Moral principles, as set out in the **Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives**, underpin professional advanced nursing practice (NMBI 2014). Competences for advanced practice nursing continually evolve in response to changing healthcare needs; hence, it is imperative that competences are clearly articulated, with indicators, specific to each area of clinical practice. Consequently, established local governance for quality arrangements for the assessment and management of clinical risk, focusing on patient safety must support the maintenance of competence for RANPs. A critical element of competence development is clinical supervision. The domains of competence leading to registration as an Advanced Nurse Practitioner are adapted from NMBI 2015, QQI 2014, Tuning Project (Nursing Subject Area Group (2011) and An Bord Altranais 2010/NMBI 2015.

The Competences for Advanced Practice Nursing build on the competences achieved/acquired to register as a nurse with the Nursing and Midwifery Board of Ireland, and are presented in Figure 2.

Figure 2 Advanced Practice Nursing Model



Domain 1: Professional Values and Conduct of the Registered Advanced Nurse Practitioner (RANP) Competences

Standard 1

The Registered Advanced Nurse Practitioner will apply ethically sound solutions to complex issues related to individuals and populations

Cues¹

- 1.1 Demonstrate accountability and responsibility for professional practice as a lead healthcare professional
- 1.2 Articulate safe boundaries and engage in timely referral and collaboration for those areas outside his/her scope of practice, experience and competence
- 1.3 Demonstrate leadership by practising compassionately to facilitate, optimise, promote and support the health, comfort, quality of life and wellbeing of persons whose lives are affected by altered health, chronic disorders, disability, distress or life-limiting conditions
- 1.4 Articulate and promote the RANP role in clinical, political and professional contexts.

Domain 2: Clinical-Decision Making Competences

Standard 2

The Registered Advanced Nurse Practitioner will utilise advanced knowledge, skills, and abilities to engage in senior clinical decision making

Cues

- 2.1 Conduct a comprehensive holistic health assessment using evidenced based frameworks to determine diagnoses and inform autonomous advanced nursing care
- 2.2 Synthesise and interpret assessment information particularly history including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and subnormal states of health
- 2.3 Demonstrate timely use of diagnostic investigations to inform clinical-decision making
- 2.4 Exhibit comprehensive knowledge of therapeutic interventions including pharmacological and non-pharmacological advanced nursing interventions

Domain 3: Knowledge and Cognitive Competences

Standard 3

The Registered Advanced Nurse Practitioner will actively contribute to the professional body of knowledge related to his/her area of advanced practice

Cues

- 3.1 Provide leadership in the translation of new knowledge to clinical practice
- 3.2 Educate others using an advanced expert knowledge base derived from clinical experience, on-going reflection, clinical supervision and engagement in continuous professional development
- 3.3 Demonstrate a vision for advanced practice nursing based on a competent expert knowledge base that is developed through research, critical thinking and experiential learning
- 3.4 Demonstrate accountability in considering access, cost and clinical effectiveness when planning, delivering and evaluating care

¹ Cues: Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development (Nursing and Midwifery Board of Australia 2014) Available at: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/nurse-practitioner-standards-of-practice.aspx> {accessed 9th March 2017}

Domain 4: Communication and Interpersonal Competences

Standard 4

The Registered Advanced Nurse Practitioner will negotiate and advocate with other health professionals to ensure the beliefs, rights and wishes of the person are respected

Cues

- 4.1 Communicate effectively with the healthcare team through sharing of information in accordance with legal, professional and regulatory requirements
- 4.2 Demonstrate leadership in professional practice by using professional language (verbally and in writing) that represents the plan of care, which is shared with the person and other members of the inter-professional team
- 4.3 Facilitate clinical supervision and mentorship through utilising one's expert knowledge and clinical competences
- 4.4 Utilise information technology, in accordance with legislation and organisational policies and procedures, to record all aspects of advanced nursing care.

Domain 5: Management and Team Competences

Standard 5

The Registered Advanced Nurse Practitioner will manage risk to those who access the service through collaborative risk assessments and promotion of a safe environment

Cues

- 5.1 Promote a culture of quality care
- 5.2 Proactively seek feedback from persons receiving care, families and staff on their experiences and suggestions for improvement
- 5.3 Implement practice changes using negotiation and consensus building, in collaboration with the multidisciplinary team and persons receiving care.

Domain 6: Leadership and Professional Scholarship Competences

Standard 6

The Registered Advanced Nurse Practitioner will lead in multidisciplinary team planning for transitions across the continuum of care

Cues

- 6.1 Demonstrate clinical leadership in the design and evaluation of services
- 6.2 Engage in health policy development, implementation, and evaluation
- 6.3 Identify gaps in the provision of care and services pertaining to his/her area of advanced practice and apply the best available evidence
- 6.4 Lead in managing and implementing change².

² Australian Nursing and Midwifery Council (2009), APRN Consensus Work Group (2012), Nursing Council of New Zealand (2015)

Section 3

Standards for the Approval of Higher Education Institutions, Associated Healthcare Providers and Educational Programmes leading to Registration as Advanced Nurse Practitioners

The Board has statutory responsibility to approve educational providers in respect of education programmes for advanced practice nursing. The role of the Board in relation to approval of professional education is distinct from academic accreditation of programmes by awarding bodies, which are governed by Quality and Qualifications Ireland (QQI). Professional accreditation and approval is a judgment as to whether a programme meets the standards and requirements to prepare a registered nurse to work as a Registered Advanced Nurse Practitioner. Educational quality will be achieved through partnership and collaboration between the key stakeholders based on the principles of governance and self-assessment. Higher Educational Institutions (HEI's) and Associated Healthcare Providers (AHPs) must meet the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements** in addition to these specifics for advanced practice nursing.

3.1 Approval of the Higher Education Institution

- The Higher Education Institution must submit to the Board a detailed curriculum document including evidence of compliance with the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements** and these **Advanced Practice Nursing Standards and Requirements**. Supporting documentation such as competence assessment tool(s) that incorporate evidence of achievement of clinical competences relevant to the context of practice should be included
- Submissions must adhere to the submission criteria as specified in the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements**
- The Higher Education Institution (HEI) must make a written submission to the Board in the form of a self-assessment audit of compliance with the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements** in addition to these **Advanced Practice Nursing Standards and Requirements**
- Site visits by the Board for advanced practice nursing will be composite, and from publication of these **Advanced Practice Nursing Standards and Requirements** may be incorporated into five yearly visits undertaken for undergraduate nursing education registration programmes. Separate site visits may be undertaken for advanced practice nursing, if deemed necessary by the Board. The site visit team may include a Board member(s) and officer(s) of the Board. An external expert in advanced practice nursing and/or health service user may form part of the site visit team.

3.2 Additional Criteria for Education Programmes for the purpose of Registration as an Advanced Nurse Practitioner

3.2.1 Curriculum Design, Content and Development

Criterion

Curriculum design and development should reflect current evidence-based educational theory, healthcare policy and advanced practice nursing. The curriculum chosen should be dynamic and flexible to allow for changes in advanced practice nursing and healthcare delivery and the development of evidence based professional advanced practice in response to educational, health, social, cultural and economic change.

Standard

The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, in order to achieve the learning outcomes, proficiency and competences for advanced practice nursing.

Indicators

- The programme of study is designed at Level 9 on the National Framework of Qualifications (QQI 2014)
- Curriculum design and development ensures the programme meets all legislative and statutory requirements and is guided by the **Criteria for Registration as an Advanced Nurse Practitioner** established educational theory, professional knowledge, advanced practice nursing science, and contemporary healthcare practice and policy. The curriculum may offer opportunities for shared international, interdisciplinary learning that is designed to enhance collaborative advanced practice nursing with other healthcare professionals
- The programme demonstrates consistency with the Board's **Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives** and the **Scope of Nursing and Midwifery Practice Framework**
- The programme focuses on safety of the person and protection of the public which are integral, explicit and continuing components within the curriculum
- The programme of study reflects collaboration, consultation, engagement and participation with people who access the service and/or advocate for the person receiving advanced practice nursing care
- The programme of study demonstrates the delivery of person-focused advanced nursing practice that respects the autonomy, dignity and rights of the person receiving care to make health and life choices, as integral, explicit and continuing components within the curriculum

- The curriculum development team is led by academic staff who are Registered Nurse Tutors, or hold academic and teaching qualifications and experience deemed equivalent and approved by the NMBI. The curriculum development team comprises representative members of key academic and clinical stakeholders in advanced nursing practice, and should include all disciplines relevant to the specialist area of advanced practice
- The curriculum describes the range of knowledge, competences, skills and professional attributes designed to assist the development of competent, knowledgeable and reflective advanced practitioners capable of accepting personal and professional accountability for delivering evidence-based advanced practice nursing
- Module descriptors identify aims, learning outcomes, syllabus content, learner contract hours, learner effort/self-directed learning hours and assessment strategy(s). The curriculum articulates how the student is expected to achieve the expected learning outcomes of the programme.

3.2.2 Learner Entry, Admission, Transfer, Discontinuation and Completion

Criterion

The Higher Education Institution should provide explicit information to applicants and potential students as to the minimum entry requirements for admission to, transfer, discontinuation from, and completion of the programme of study. At the outset of the programme, the HEI should provide students with information on academic support, personal guidance, learner services and academic facilities.

Standard

The Higher Education Institution demonstrates a commitment to fair and transparent processes for student admission, entry, transfer, discontinuation and completion as per the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements** in addition to these additional indicators for Advanced Practice Nursing programmes of education.

Indicators

- Information specifies entry and programme requirements in relation to the Higher Education Institution and Associated Healthcare Provider(s) requirements in terms of signed declarations relating to arrangements for clinical supervision, clinical governance, and the Board's **Scope of Nursing and Midwifery Practice Framework**

3.2.3 Programme Governance

Criterion

This programme is governed by a Local Joint Working Group/Strategic Group for Advanced Practice Nursing with membership drawn from key stakeholders from the Higher Education Institution, Associated Healthcare Providers and patient representative/patient advocacy groups. The programme should be well organised with clear governance, managerial, operational and reporting structures. Systems for programme evaluation should be robust and transparent.

Standard

Delivery and development of the programme of education must be co-ordinated through joint Higher Education Institution and Associated Healthcare Provider(s) governance with mechanisms in place to ensure compliance with the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements**, in addition to these additional indicators for Advanced Practice Nursing programmes of education.

Indicators

- The relationship between the HEI and each Associated Healthcare Provider(s), in relation to students' clinical supervision and competence assessment, is specified in a formal Memorandum of Understanding that is subject to review on a five-yearly basis, or earlier, if deemed necessary by the HEI, AHCP, NMBI or other relevant authority
- The programme of study adheres to all statutory and regulatory requirements, including a policy for dignity and respect
- The Local Joint Working Group/Strategic Group is responsive to programme change in line with the Department of Health Reform Agenda and population focus
- A governance agreement is in place within the Higher Education Institution in respect of financial and staffing resources to support the delivery of the educational programme for the five year approval period
- Confirmation of institutional support for the long-term security of the programme is explicit with appropriate and adequate resources and facilities being made available to meet the teaching and learning needs of students
- Structures are in place to facilitate the participation of academic and clinical staff, including registered advanced nurse practitioners and students in the relevant deliberation, decision-making and evaluation processes
- A mechanism for staff development, including academic staff and clinicians involved in delivery and assessment of teaching and learning, is declared.

3.2.4 Clinical Supervision and Learning Resources

Criterion

The Higher Education Institute and its Associated Health Service Provider(s) should provide adequate guidance and support for students' learning throughout the programme of study to foster an effective learning climate as per the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements**. Both the HEI and its AHCP(s) should provide adequate financial and human resources in terms of academic, administrative, supervisory and clinical personnel to ensure the effective delivery of teaching, learning and assessment. Such resources should support programme administration, research activity and professional development of the staff involved in programme delivery.

Standard

There is evidence of the commitment of adequate resources by the HEI and its Associated Health Service Provider(s) for effective support, guidance and supervision of students. The HEI and its Associated Health Service Provider(s) routinely monitor and review the effectiveness of support services available to students and implement necessary improvements.

Indicator

- Processes for monitoring of learner achievement, including demonstration of competence relevant to context of practice, completion and progression are accurate, available, fair, and transparent.

3.2.5 Assessment Strategies

Criterion

Assessment of learning is a continuous process. Assessment should be balanced and integrated throughout the advanced practice nursing education programme as per the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements**. Assessment of academic achievement, progression, and completion must be effective, fair and transparent. Learners should be assessed using published criteria, procedures and regulations that are applied consistently and are subject to internal and external verification.

Standard

The assessment of learning is a continuous process that demonstrates a balanced and integrated distribution throughout the educational programme for advanced practice nursing that is verified through the external examination process.

Indicators

- Curriculum design includes the assessment strategy in relation to the measurement of clinical and theoretical learning outcomes for advanced practice nursing relevant to context of practice
- The assessment strategy ensures that students meet the programme's intended learning outcomes and competences for advanced practice nursing to facilitate progression to registration in the Advanced Nurse Practitioner Division of the Register maintained by the Board.

3.2.6 Development of Clinical Competence for Advanced Practice Nursing

Criterion

Students must develop expert practice and competence in hospitals, community, health services, social care settings or other sites deemed relevant to the profession. Selection of sites is dependent on service needs in terms of advanced practice nursing. Preparation of clinical placement sites/service occurs in partnership between the HEI and its Associated Healthcare Provider(s), to ensure that the student gains adequate learning opportunities to facilitate the development of competences in advanced practice nursing.

Standard

The Higher Education Institution and its Associated Healthcare Provider(s) ensure that the student gains adequate learning opportunities to facilitate the development of competences for advanced practice nursing. Advanced practice nursing practice areas are subject to audit. The area(s) of advanced nursing practice, whether in a hospital setting, community/primary healthcare service, social care, or other healthcare setting, is subject to audit of the clinical learning environment in accordance with the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements** in addition to these additional indicators.

Indicators

- The number of theoretical and supervised clinical hours must be consistent with the acquisition of competence in compliance with the **Criteria for Registration as an Advanced Nurse Practitioner**
- Students who apply to complete the programme of education for advanced practice nursing must consider the **Criteria for Registration as an Advanced Nurse Practitioner**
- The area of specialist practice provides an effective learning environment to support the achievement of advanced practice nursing competences
- Named academic staff in collaboration with named clinical supervisors monitor the quality of learning environment and guide and support the students, ensuring that practice placements provide an optimum learning environment for advanced practice nursing
- Link lecturer support for students and clinical supervisor(s) is explicit.

3.2.7 Clinical Supervision and Competence Assessment

Criterion

Practice-based learning forms a mandatory and essential component of the advanced practice nursing education programme to enable learners to develop the domains of competence to become safe, caring, competent autonomous decision-makers who are willing to accept personal and professional accountability for evidence-based expert nursing care at advanced practice level.

Standard

Clinical supervisors (medical practitioners/registered advanced nurse practitioners/and others deemed suitable by the Nursing and Midwifery Board of Ireland) as assessors of advanced practice nursing are appropriately qualified, prepared for, and supported, in the role of clinical supervisor and assessor of competence in accordance with the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements** in addition to these additional indicators.

Indicators

- Clearly written up-to-date learning outcomes/objectives appropriate to agreed practice specific competences are available and accessible to guide each students learning and achievement of competence at advanced practice level
- Students, and all those involved in meeting their learning needs, are fully acquainted with the expected learning outcomes relating to agreed practice specific competences
- Students are assigned to a named appropriate clinical supervisor for the duration of the programme to provide support and supervision and assist them to develop evidence-based knowledge, competence, know-how and skills to assess learning. Protected time is agreed for clinical supervision and assessment of competence
- Evaluation of learning in clinical practice and the development of practice specific competences incorporate feedback from students, clinical supervisors, link lecturers, persons who access the service, and other members of the multidisciplinary team.

3.2.8 Quality Assurance and Enhancement Mechanisms

Criterion

The strategy, policy and procedures for quality monitoring, assurance and enhancement of education and training for Advanced Practice nursing should have formal status within the Higher Education Institution and its Associated Healthcare Provider(s), are publicly accessible and include a role for students, lecturers, clinical experts, people who access the service, clinical supervisors and others involved in the programme.

Standard

The Higher Education Institution and its Associated Healthcare Provider(s) demonstrate a commitment to the fostering of a culture for continuous quality improvement with written evidence outlining the systems and outcomes of quality monitoring and enhancement in accordance with the Board's **Post Registration Nursing and Midwifery Programmes Standards and Requirements** in addition to these additional indicators.

Indicators

- The HEI and its Associated Healthcare Provider(s) ensure quality assurance indicators are identified and measured in relation to the availability of reports, quality reviewing, resources, needs analysis, clinical supervision/mentoring, clinical accountability and responsibility and governance for quality
- Evidence of competence assessment process and related documentation
- Evidence of research awareness and the application of research findings among relevant clinical practitioners
- Clearly written clinical learning outcomes and associated clinical competence assessment documents to support learners achieve advanced practice and clinical competence, which are specifically adapted to practice specific competences relevant to the particular specialist area of advanced practice nursing
- Students, clinical supervisors, link lecturers, clinical nurse managers, RANPs, allied professionals who facilitate learning, and all those engaged in the programme of education are familiar with the clinical learning outcomes and requirements for clinical competence assessment
- Evidence of current evidence-based policies, procedures, guidelines, and processes to support practice specific competence attainment
- Mechanisms to evaluate practice specific competence attainment for advanced practice nursing are established.

3.3 Indicative Content

The Higher Education Institute (HEI) and the Associated Healthcare Provider facilitate the student to achieve the competences for advanced practice nursing through the provision of an evidence based programme of education that meets the **Criteria for Registration as an Advanced Nurse Practitioner**. Acknowledging current changes in the provision of healthcare in Ireland and the evolution of scientific knowledge, curriculum design and development needs to be flexible to reflect current evidence based practice. The HEI and the healthcare provider must remain responsive to changing healthcare needs; hence, a broad guide to indicative content is provided that allows flexibility in meeting the **Criteria for Registration as an Advanced Nurse Practitioner**, which is responsive to the evolving healthcare needs of the State, whilst retaining the philosophy of nursing.

Broad Guide to Indicative Content

Professional Values

Frameworks for management of ethical dilemmas

Clinical-Decision Making

Senior decision-making processes

Evidence based frameworks/models to guide holistic assessments at advanced practice level

Advanced assessment skills, including advanced health assessment

Requesting and interpreting diagnostics to inform senior decision-making

Advanced nursing practice interventions based on current evidence as relevant to area of expertise, with emphasis on health education and health promotion

Evaluation of advanced practice care

Multidisciplinary care planning and therapeutic regimes

Case management principles and techniques

Expansion of nursing practice

Governance for Quality

Nurses and midwives with prescriptive authority – Practice Standards and Guidelines (NMBI latest version) {<http://www.nmbi.ie/Education/Standards-and-Requirements/Prescriptive-authority>}

Nurses and Midwives with prescriptive authority - Standards and Requirements (NMBI, latest version) {<http://www.nmbi.ie/Education/Standards-and-Requirements/Prescriptive-authority>}

Authority to prescribe ionising radiation (X-ray) – Standards and Requirements (NMBI, latest version) {[http://www.nmbi.ie/Education/Standards-and-Requirements/Ionising-Radiation-\(Nurse-Prescribing\)](http://www.nmbi.ie/Education/Standards-and-Requirements/Ionising-Radiation-(Nurse-Prescribing))}

Knowledge and Cognitive

Sourcing, appraising and synthesising relevant published literature

Critical analysis skills

Development of knowledge through scientific inquiry

Clinical audit and advanced measurement for quality interventions, improvements, and outcomes

Solutions oriented approaches to evolving public/health policies including demographic shifts and changing social structures within context of available resources

Technological advances

Communication and Interpersonal Skills

Effective intra professional team communication

Data analysis as relevant to advanced practice nursing

Principles of emotional intelligence and evaluative processes

Management

Models defining outcomes of organisational performance

Benchmarking of key performance

Principles of collaborative practice and conflict resolution

Effective inter-professional approaches to care delivery through evaluative processes

Logistical models for advanced practice delivery

Critical analysis of change processes and change management principles and theories

Analysis of risk assessment and management through evaluative processes

Clinical scholarship

Clinical supervision

Principles of effective mentorship and coaching models

Leadership

Advanced professional leadership and professional accountability through critical appraisal

Capacity for critical and independent learning

Vision for the future in terms of enhancing service

Identification of challenges and opportunities to enhance the service

Quality Improvement Science including improvement methods

Consensus management

Capability frameworks

Principles of health economics and effective use of resources

Resource allocation

Dissemination of audit and research findings.

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