

Advanced Practice

South Yorkshire Advanced Practice Forum
January 2013

South Yorkshire Advanced Nurse Practitioner Network

Introduction

The changes in Healthcare and the reduction in availability of junior doctors along with the introduction of the EWTD have led to further evolution in the roles that other Healthcare Professionals undertake. This progression in healthcare has contributed to advancing nursing roles which cross traditional professional boundaries. This has led to opportunities for role development and service innovation (NHS Wales and the National Institute for Leadership and Innovation Agency for Healthcare 2010).

Introducing new and advanced roles for healthcare professionals has posed many questions and concerns. These concerns predominantly focus around role expectation, competence and standardisation. In order to reduce these concerns good governance regarding such role development and implementation must be based on consistent expectations of the level of practice required of Advanced Practitioners (NES 2008). Achieving standards of practice through benchmarking of these roles will result in a safe and competent advanced practitioner workforce.

This Yorkshire wide forum of Advanced Practitioners has come together to identify the expectations, competencies and skills that regionally will be required of Advanced Practitioners from all Healthcare Professional backgrounds. In order to achieve standardisation of such roles this forum has produced a framework for advanced practitioners to identify core skills. Standards are presented within this document for the expectations of Advanced Level practice. This Forum supports the concept Advanced Practice is a level of practice and not a specific role in accordance with the guidance produced by NHS Education for Scotland (NES) 2008 and NHS Wales and the National Institute for Leadership and Innovation Agency for Healthcare 2010.

This competency framework will outline a working definition of advanced practice and detail competencies for Advanced Practitioners working in a variety of settings. The framework will provide the standards against which ANPs will be assessed as competent to undertake and perform an advanced nursing practice role. Additionally the framework will provide guidance on how ongoing assessment of competence should be undertaken after initial attainment of the identified standards. It is important to identify that when this document refers to competency this is not in reference to a specific skill or task but rather characteristics required in order to work effectively within Advanced Practice Settings (Dunn et al 2000)

The working group who have developed these competencies have come from a variety of advanced nursing roles and backgrounds. These competencies aim to encompass Advanced Practice roles within both primary and secondary care settings.

Nurses working at an advanced level use complex reasoning, critical thinking, reflection and analysis to inform their assessments, clinical judgements and decisions. They are

able to apply knowledge and skills to a broad range of clinically and professionally challenging and complex situations (DH 2010).

Although this framework has been written by nurses for nurses, the Forum members believe that by taking the stance that Advanced Practice is a Level of practice and not a specific role, then the framework could be adopted for Advanced Practitioners in other Allied Health Professions.

Within this document the Royal College of Nursing (RCN) Advanced Practice Competencies (2010) will provide the basis to support much of the content while the National Education for Scotland (NES) (2008); the Department of Health's (DH) (2010) Position Statement on Advanced Practice; the NHS Wales and the National Institute for Leadership and Innovation Agency for Healthcare (2010); and the Foundation Year 1 and Foundation Year 2 Competency Portfolios (2012) will be heavily referred to.

Aim

To standardise the competencies requirements of Advanced Practitioners throughout Yorkshire.

Objectives

- To develop a working definition of Advanced Practice for Advanced Practitioners in Yorkshire.
- Outline the underlying principles of Advanced Practice.
- To identify core competencies for Advanced Practitioners working in a variety of settings.
- Identify and Standardise assessment of competencies of Advanced Practitioners.
- Outline the education requirement for Advanced Practitioners attainment.
- To identify how competence is maintained and ongoing competence assessed.

Definition of Advanced Practice

As a Nurse Led group the Forum members have decided to utilise the Nursing and Midwifery Council's (2005) definition of Advanced Practice. As our professional regulatory body, it is the NMC's definition and standards that we must achieve and comply with; therefore, we must acknowledge and work within this to maintain credibility.

“Advanced nurse practitioners are 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.”

Whilst definitions are helpful they do have their limitations therefore it was decided it would be helpful to expand the definition to provide patients, their carers and other

health care professionals with more detailed information about what they can expect of an Advanced Nurse Practitioner.

“Advanced nurse practitioners 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’ health and social care needs, involving other members of the health care team as appropriate;*
- ensure the provision of continuity of care including follow-up visits;*
- assess and evaluate, with patients, the effectiveness of the treatment and care provided and make changes as needed;*
- work independently, although often as part of a health care team;*
- provide leadership; and*
- make sure that each patient’s treatment and care is based on best practice.*

(NMC 2005)

Elements of Advanced Practice can be segregated into four main themes, these being:

Clinical/Direct Care Practice (DH 2010)

- Demonstrates autonomous practice by accepting responsibility and accountability for their actions or omissions
- Practice autonomously and assess patients using their advanced assessment skills and diverse knowledge to influence their clinical decision making.
- A high level of judgement, decision making and use of critical thinking to explore and analyse evidence, cases and situations in clinical practice.
- Plan and manage complete episodes of care and utilise inter-professional partnerships to optimise the health outcomes of patients.

Leaderships and Collaborative Practice (DH 2010)

- Are able to effectively negotiate and influence stakeholders, professionals, and their organisation to develop and improve practice and healthcare delivery systems.
- Can identify need for change and lead new practices and service design solutions to meet needs of patients and services.
- Has a high level of awareness of their own values and beliefs. They put the values, views and understanding of individual service users and carers at the centre of their practice.

Improving Quality and Developing Practice (DH 2010)

- Monitor and improve the quality of healthcare and the effectiveness of their own and others practice through evaluation and audit.
- Initiate, facilitate and lead change at individual, team, organisational and system level to improve practice and health outcomes to meet at least national and international standards.
- Challenge inappropriate practice.

Developing Self and Others (DH 2010)

- Act as a role model and continually aim to improve their practice and service which they deliver.
- Collaborate with their own profession and other professionals to plan and deliver interventions to meet identified learning and developmental needs.
- Promote and implement evidence based practice within their profession and the organisation which they work for.

'Advanced' practice, it is argued, is a particular stage on a continuum between 'novice' and 'expert' practice.

The 'advanced' role profile is characterised by high levels of clinical skill, competence and autonomous decision-making and reflects a particular benchmark on the career development ladder, as exemplified in the Career Framework for Health (Skills for Health, 2006) and Scottish Government, 2009.

Junior-level specialist and/or the advanced generalist

While many 'specialist' nurses may function at an 'advanced' level, it is possible to identify roles that might characterise the 'junior-level specialist' and/or the 'advanced generalist' role (Fig. 1).

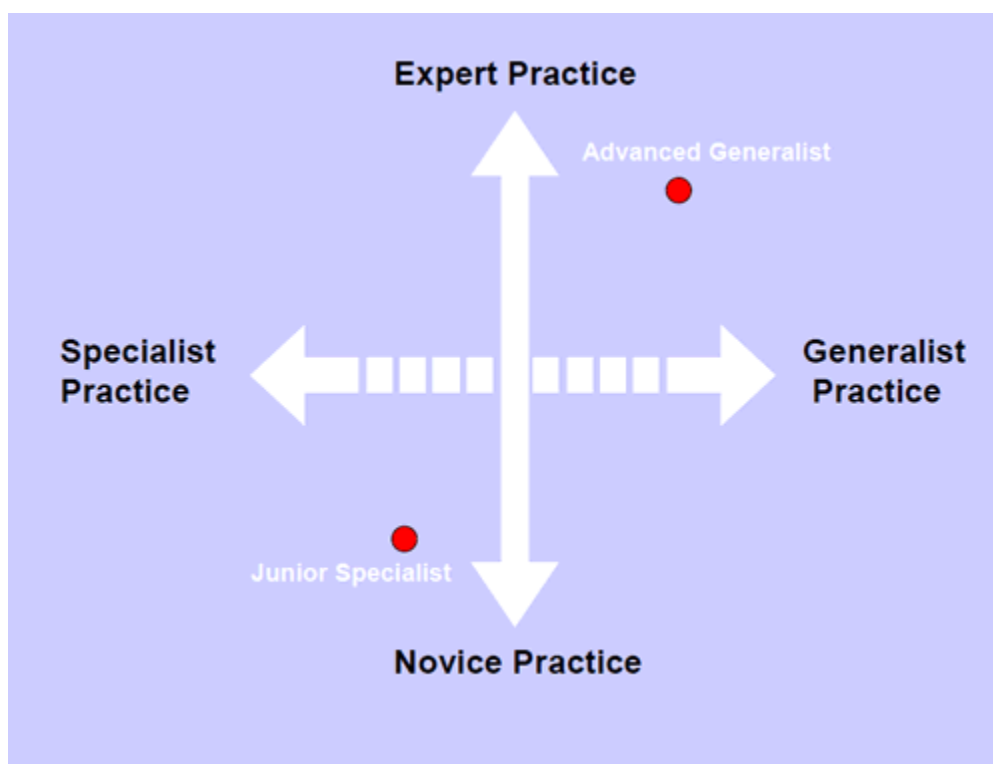


Fig. 1 Relationship between specialist and advanced practice.

Fig. 1 recognises that the developmental pathway towards advanced level practice in nursing may be different for individual practitioners, with some following a 'specialist nursing' route through focus on high-level skills and decision-making within a particular client group or clinical context, while others will develop a portfolio that reflects high-level assessment, decision making and autonomous practice across a greater breadth of practice.

The five components of Nurse, Midwife and AHP Consultant roles for NHS Wales are as follows

- Expert advanced practice
- Education, training and development
- Leadership and consultancy
- Research and evaluation
- Strategic service development.

(Healthcare Inspectorate Wales (HIW), 2007).

It is expected that the Consultant role reaches high/expert levels across all these components, compared with the Advanced Practitioner, where the requirement is fully realised expert advanced practice, with lower levels of expertise and practice in the other components/pillars. In particular, there

is not a general remit for strategic service development in the advanced practice role.

Titles

In order to maintain credibility for the Advanced Practitioner role and ensure professional integrity, appropriate titles must be utilised and service users must be able to identify Advanced Practitioners and expectations of the role should be standardised. Therefore it is the belief of the Forum that within Yorkshire the title of Advanced Nurse Practitioner should only be used for nurses who practise at an advanced level and have completed Masters Level Study of core Advanced Practice competencies to PG Cert (see Academic requirement section for identification of specific modules). All those in Advanced Practice training posts must have trainee within their role title until completion of an Advanced Practice PG Cert or equivalent.

The Forum acknowledges that there may be a number of practitioners practising at an advanced level without the ANP title and this is something these practitioners may wish to address locally. However individuals who are not practising at an advanced level and are not undertaking or completed the Advanced Practice Modules to PG Cert should not be utilising the title Advanced Practitioner.

The Forum recommends that Nurse Practitioners are appointed on a Band 7 and Trainee Nurse Practitioners are appointed on a Band 6 until either they have completed a PG Certificate or they have completed a module of academic education that allows them to assess, diagnose and discharge a patient independent of another Health Care Professional. On completion of a full Masters, the Advanced Practitioner will be eligible to apply for an 8a post.

Example of career progression

Trainee Nurse / Advanced Practitioner (Band 6)



Completion of appropriate Masters level module allowing assessment, diagnosis and discharge or PG Certificate (Band 7)



Completion of Masters – Advanced Practitioner (Band 8a)

Academic Requirements

All Advanced Practitioners should have developed their advanced clinical skills alongside theoretical knowledge of Advanced Practice. It is not sufficient to develop Advanced Clinical Skills in isolation. It is important to reiterate that Advanced Practice is a Level of Practice and not achievement of competencies alone. All Advanced Practitioners are expected to practice to the same standards, they should be able to critically analyse and synthesise clinical information and critically reflect on the evidence base to empower them to make high level, complex clinical decisions autonomously. At present Advanced Practice education is provided by Higher Education Institutes and studied at Level 7/M (Masters Level) and can be represented by a range of modules.

Key elements of the educational preparation of advanced nurse practitioners are formal assessment and achievement of the advanced clinical skills, in depth knowledge, advanced level competencies and professional attributes within practice. Within Yorkshire there are common academic modules which form the major components of what are recognisable qualifications required. For Advanced Practitioners in Yorkshire compulsory modules advocated by this Forum include Advanced Physical Assessment and Consultation Skills and Independent Non Medical Prescribing.

In addition to the PG Cert, the Forum would emphasise the need for theoretical knowledge and understanding of the theoretical constructs of Advanced Practice which could be interpreted as a need for the third module to address this rather than add further clinical skills alone.

Competence, Assessment, Assessment Tools and Supervision

Assurance of competence and fitness to practice is fundamental to all registered nurses but carries particular importance for those practicing at an Advanced Level. This is especially important where the practice of one professional group has crossed professional boundaries due to workforce needs and/or availability of other professionals. Although this presents genuine opportunities for role development and service innovation it can also generate professional anxiety about other professions performing new roles as Advanced Practitioners in their own field. This is relevant to all areas of Advanced Practice for Healthcare Professionals. In view of this, initial training of the Advanced Practitioners and demonstration of ongoing competence post qualification is very important. It is believed that this is best addressed by utilising a clear framework of assessment.

Assurance of the competence of Advanced Practitioners is crucial to liberating practitioners to use their advanced skills and expertise to their optimum. It is also

essential in supporting education commissioners and providers in developing and delivering Advanced Practice programmes (National Institute for Leadership and Innovation Agency for Healthcare 2010).

Assessment in practice during training is undertaken by academic and clinical staff working in partnership. Continued assessment when advanced practice qualification has been achieved will be performed by a range of identified clinicians/health professionals (see Assessors section).

Work based assessment and feedback are central to the philosophy of Advanced Practitioners' training and performance. Regular assessment ensures progression, provides documentary evidence of achievement and can easily identify any problems early in training. The goal is to help provide better care to patients, provide career development, ensure ongoing competence and improve individual's practice.

Method of Achievement

The RCN's Competence domains (RCN 2010) have been identified as the framework for assessing Advanced Nurse Practitioners; with additional locally agreed skills/procedural based competencies in accordance with local protocols and guidelines.

Advanced Practitioners will be assessed against a framework of competence annually. The assessments are designed to measure progress through a 2 year cycle and to ensure competence is achieved. The Advanced Practitioner is expected to demonstrate that they are achieving and maintaining a relevant level of competence year on year in line with the competency framework.

It is anticipated that this will be demonstrated by using the assessment tools listed:

- Mini Clinical Evaluation Exercise (Mini-CEX) 2-4 (Appendix 2)

This is a structured assessment of an observed clinical encounter. The Advanced Practitioner should complete a minimum of 2 with the option of completing a further 2 if considered beneficial. They should be spaced out over the year. It is recommended that a different assessor for each mini-CEX be used. Each Mini-CEX will represent a different clinical situation.

- 2 Yearly Team Assessment of Behaviour (TAB) 360 assessment from a range of Health Care Practitioners. The Advanced Practitioner will nominate a range of raters (between 5 and 8 assessors in total) which may comprise:

2 senior nurses

2 doctors senior than F2

2 allied health professionals

2 other team members

- Case-Based Discussion x 4

This is structured discussion of clinical cases that you have managed as an Advanced Practitioner. It is expected you will demonstrate clinical assessment and reasoning. It is recommended that different assessors should be used for each CBD. The assessors should be a Healthcare Professionals with experience in this field. Each CBD must represent a different area of practice/clinical experience.

- Direct Observation of Procedural Skills (DOPS) min x 4

This is a structured assessment of performance of a practical procedure. The purpose is to assess performance of a skill with demonstration of sufficient knowledge and professional attitude. It is recommended that different assessors should be used for each DOPS. The assessors should be a Healthcare Professionals with experience in this field. Each DOPS must represent different skills/procedures.

- Develop and maintain teaching and assessing skills

Each Advanced Practitioner should continue to develop and build on existing teaching and assessing skills by undertaking formal and informal educational activities. Whilst there is no requirement of a formal assessment during the Advanced Practitioner's training a teaching and assessing qualification is a prerequisite of the role. Teaching and assessing experiences should be included in an individual's portfolio of practice.

- Maintain a Professional Development a portfolio of Advanced Practice

The portfolio is designed to help Advanced Practitioners collate knowledge, skills, attitude and a range of clinical experiences together. The portfolio will guide personal and professional development, facilitating and recording completion of assessments and episodes of supervision. This will be referenced throughout the Advanced Practitioners year of practice and be used at the annual appraisal. It is recommended that the Advanced Practitioner has an annual review of the portfolio with an identified supervisor. The portfolio review can be used to facilitate agreed educational activities; sign off achievements; ensure required yearly competence and assessments planned and/or completed and facilitate provision of support as required.

Assessors

It is anticipated that the Advanced Practitioner will be assessed by a range of assessors. Assessors may be medical practitioners and healthcare professionals who are competent within the specific skills being assessed and possess requisite knowledge and familiarity with the chosen assessment tools. This may range from medical practitioner at SHO level to consultant (nursing/medical) or GP and Senior sister/charge nurse/allied health care professional within a specialist field.

Appropriate assessors are considered to be professionals who are competent in the skill being assessed or had completed the same qualification and have been practicing that skill or at that level for two years previously. It is anticipated that because Advanced Practice roles may cover a variety of activities previously undertaken by other professionals, that there may need to be a number of occupationally competent assessors identified by the organisation. Assessors do not need to be of the same professional background as long as they possess comparable skills.

The role of the assessor will be crucial in achieving good governance. The assessors will be expected to utilise their own expertise and knowledge to confirm the competence of the Advanced Practitioner. The establishment of robust and appropriate practice assessment roles for Advanced Practitioner education programmes will be achieved by utilising assessment tools used in Medicine, in particular the F1 and F2 portfolios (UK Foundation Programme 2012). Inter-professional collaboration and working will contribute to learning and assessment in practice.

It is anticipated that each Advanced Practitioner will have an identified clinical supervisor who will be a consultant, GP, nurse consultant or senior practitioner. Depending on organisational arrangements the Advanced Practitioner may also have an identified Line Manager who will be responsible for the Advanced Practitioner's overall management. Individual organisations will identify such arrangements in job descriptions and job profiles.

Supervision

There appears to be general agreement that the essential aspects of supervision are that it should ensure patient/client safety and promote professional development (Kilminster and Jolly 2000). This can be achieved by providing support and education. A definition of supervision is the provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the practitioner's care of patients (Kilminster and Jolly 2000).

There is evidence that supervision has a positive effect on patient outcomes and that a lack of supervision is harmful for patients (Kilmister and Jolly 2000). The quality of the

relationship between supervisor and trainee is probably the single most important factor for effective supervision.

The learning environment is important. Supervision can occur 'on the job', usually while a practical task is being carried out, such as on ward rounds, patient reviews with seniors, handovers and collaboration with the MDT. Alternatively it may be semi structured in a one-to-one meeting; in peer supervision; in group supervision; or in networking. Feedback has been found to be very important for trainees. Most authors agree that supervision should be structured, learning contracts are a useful tool and should include detail about frequency, duration and content of supervision, appraisal, assessment and objectives. The content of supervision meetings should be agreed and learning objectives determined at the beginning of the supervisory relationship.

Accountability

A full exploration of accountability is beyond the scope of this competency document. Practitioners remain accountable to their patients, their employer, the public and to themselves. Due to the increased scope and remit of an Advanced Practice role the accountability is clearly greater. However as Advanced Practice is currently not regulated by the NMC the standards of accountability as set out in the NMC Code (2008) apply to those in Advanced Practice roles as they apply to all professions regulated by the NMC:

“As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions”. (NMC 2008)

Accountability is integral to professional practice. Nurses and midwives make judgements in a wide variety of circumstances. Nurses and midwives use their professional knowledge, judgement and skills to make a decision based on evidence for best practise and the person's best interests. Nurses and midwives need to be able to justify the decisions they make (NMC 2010).

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Appendices

Appendix One

The History of Advanced Practice (Waters 2011)

1990 The RCN launches a diploma course for nurse practitioners.

- 1994** Former nursing regulator, the UKCC, agrees arrangements for post-registration education and practice (PREP) and pinpoints two levels of post-registration practice – specialist and advanced.
- 1996** A UK taskforce is set up to look at regulation of new nursing roles.
- 1997** The UKCC decides not to set standards for advanced practice.
- 1998** The UKCC launches a consultation document on higher levels of practice and recommends applicants should be educated to degree level. Response to the document shows overwhelming support for the proposal.
- 1999** The UKCC agrees to pilot an assessment system for higher level of practice.
- 2002** The UKCC is replaced by the NMC.
- 2004** The NMC launches a new consultation on how nurses in advanced roles should be regulated. It proposes they should demonstrate ‘master’s-level thinking’.
- 2005** The NMC’s governing council agrees advanced practice should be registered and asks the Privy Council for permission to open a separate register for Advanced Nurse Practitioners (ANPs).
- 2007** In the wake of the Shipman Inquiry, the government publishes the White Paper, ‘Trust, Assurance and Safety- the Regulation of Health Professionals in the 21st Century’, which calls for the development of standards for Advanced Practice.
- 2008** Department of Health asks CHRE to examine the changing roles of healthcare workers.
- 2008** RCN develop standards and competencies for advanced practice, updated 2010. In the initial document they call for the NMC to set standards for ANPs and provision to be made for regulation of ANPs and their practice.
- 2009** CHRE, Advanced Practice: Report to the four UK Health Departments states that regulating Advanced Practice is a role for the NMC.
- 2009** NMC’s response to CHRE Report.
- 2010** CHRE Managing extended Practice.
- 2010** CHRE: Right Touch Regulation.
- 2010** Front Line Care: A Report by the Prime Minister’s Commission on the Future of Nursing and Midwifery in England.
- 2010** *The NMC sets up a project group to examine ANP competencies.*
- 2011** Government response to Recommendations in Front Line Care.

Appendix Two

Mini-Clinical Evaluation Exercise (CEX)

Please complete the questions using a cross: X Please use black ink and CAPITAL LETTERS

Students Surname:

Students Forename:

Speciality: Cardio Neuro General ENT Paed Plast TTO Other

Clinical Problem Category: Airway/breathing CVS/circulation Gastro Neuro Pain Other

New or FU: New FU Focus of Clinical Encounter: (choose 2 of 4) History Examination Diagnosis Management Explanation

Complexity of Case: Low Average High **Clinical Setting:**

Assessor's Position: Consultant GP ANP ST3 F2 Other

Number of Previous mini-CEX's Observed by assessor of any trainee: 0 1 2 3 4 5-9 >9

Please grade the following areas Using the scale below:	Below expectations for ENP completion	Borderline ENP completion	Meets expectations for completion	Above expectations for completion	U/C*
1. History taking					
2. Physical examination skills					
3. Communication skills					
4. Clinical judgement					
5. Professionalism					
6. Organisation/Efficiency					
7. Overall clinical care					

*U/C – Please mark this if you have not observed the behaviour and therefore felt unable to comment.

Anything especially good?

Suggestions for development

Agreed action:

Time taken for observation (minutes): Time taken for feedback (minutes):

Assessor's signature: Print Surname:
Date:

[Empty rectangular box]

Appendix Three

Multi-source Feedback: 360 Team assessment of behaviour (TAB)

Assessors position:

CT/ST1 or above	Consultant/GP	Nurse	Allied Health Professional	Other team member

Name of ANP: _____

NMC number: _____

Hospital/GP/Other: _____

Speciality: _____

Please use the comments box to commend good behaviour and to describe any behaviour which is causing you concern. Give specific examples. This form will be sent to the ANP's medical mentor. At least four other forms will be considered. The ANP will receive private feedback, but you will not be identified in person without advance discussion with you.

Attitude and/or behaviour	No concern	You have some concern	You have a major concern	Comments
Maintaining trust/professional relationship with patients <ul style="list-style-type: none">• Listens• Is polite and caring• Shows respect for patients' opinion ,privacy, dignity and is unprejudiced				
Verbal communication skills <ul style="list-style-type: none">• Gives understandable information• Speaks good English, at the appropriate level for the patient				
Team-working/ working with colleagues <ul style="list-style-type: none">• Respects others' roles and works constructively in the team• Hands over effectively• Is unprejudiced, supportive and fair				
Accessibility <ul style="list-style-type: none">• Accessible• Takes proper responsibility. Only delegates appropriately• Does not shirk duty• Responds when called.• Arranges cover for absence				

Appendix Four

**Advanced Nurse Practitioner (ANP)
Case-based Discussion (CbD)**

Assessor: have you been trained in assessment methodology and feedback? Yes No

ANP Surname: _____

Forename: _____

NMC Number: _____

Clinical setting:	A&E	OPD	In-patient	Acute Admissions	GP Surgery	Other (please specify)

Clinical problem category	Airway/ Breathing	CVS/ Circulation	Gastro	Neuro & visual	Pain	Psychiatric/ Psychological	Other (please specify)

Focus of clinical encounter	Medical record keeping	Clinical Assessment	Management	Professionalism

Assessor's rating of complexity of case: (ANP)	Low	Average	High	Assessor's position:	Consultant/GP	ST3 or above/ SpR	Specialty Doctor/SAS G

Please grade the following	Well below expectations for ANP completion	Below expectations for ANP completion	Borderline for ANP completion	Meets expectations for ANP completion	Above expectations for ANP completion	Well above expectations for ANP completion	U/C*
	1	2	3	4	5	6	
1. Medical record keeping							
2. Clinical assessment							
3. Investigation and Referrals							
4. Treatment							
5. Appropriate referral							
6. Follow-up and future planning							
7. Overall clinical judgement							

* U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?	Suggestions for development:

Agreed action:	
Assessor's signature:	Assessor's surname: Assessor's registration number*: *if appropriate

This document was developed by members of the Advanced Nurse Practitioner Forum for South Yorkshire

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