



Royal College
of Nursing

Competencies in nursing

Nurse practitioners

*– an RCN guide to the nurse
practitioner role, competencies
and programme approval*

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Introduction

It is over a decade since the first nurses graduated from the Royal College of Nursing Nurse Practitioner programme in 1992. These 15 students led the way for the thousands who now practice throughout the United Kingdom. With a sound base in primary care, nurse practitioners have now moved into most health care settings, including general practice, walk-in centres, accident and emergency, minor injury units, and a range of acute and chronic care specialties and facilities. Wherever patients would benefit from nurses with exemplary skills practiced at an advanced level, the nurse practitioner role is being developed.

This document is designed to be of use to:

- ◆ potential employers of nurse practitioners
- ◆ those wanting to become nurse practitioners or develop their existing practice
- ◆ policy makers working to develop optimum solutions to health care delivery, protect the interests of the public and ensure delivery of high quality nursing care
- ◆ higher education institutions offering or developing nurse practitioner programmes.

Section 1 defines the role of nurse practitioner, and sets out the answers to key questions being asked by nurse practitioners, doctors, potential employers, purchasers of educational programmes, and others interested in the development of the role. It is not an exhaustive description, but it will set a challenge to policy makers and to nurse practitioners themselves to develop further an essential part of the health care service of tomorrow – and to educators looking to shape new nurse practitioner programmes.

Section 2 sets out the RCN's domains and core competencies for nurse practitioners in the UK, adapted in 2002 from the influential nurse practitioner competencies developed in the USA. The RCN believes that by building a consensus among health care providers about what constitutes the professional practice of nurse practitioners, a standard of practice can be agreed and ultimately the use of the title can be regulated.

Section 3 sets out the standards which collaborating higher education institutions must meet for their nurse practitioner educational programmes to receive RCN approval.

Section 1:

The role of the nurse practitioner

Introduction

In 1996, RCN Council agreed a definition of nurse practitioner practice and appropriate educational preparation for the role. We now expand that definition and bring it up-to-date to reflect the evolution of the nurse practitioner in the UK.

The revision draws on the experience of nurse practitioner members of the RCN, educators, researchers, and policy makers, and offers a summary of the RCN's position on the nurse practitioner as a key twenty-first century health care provider.

Defining the role

What is a nurse practitioner?

The RCN defines a nurse practitioner as:

a registered nurse who has undertaken a specific course of study of at least first degree (Honours) level and who:

- ◆ makes professionally autonomous decisions, for which he or she is accountable
- ◆ receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- ◆ screens patients for disease risk factors and early signs of illness
- ◆ makes differential diagnosis using decision-making and problem-solving skills
- ◆ develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures
- ◆ orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies
- ◆ has a supportive role in helping people to manage and live with illness

- ◆ provides counselling and health education
- ◆ has the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- ◆ works collaboratively with other health care professionals
- ◆ provides a leadership and consultancy function as required.

How do you become a nurse practitioner?

The RCN recommends that would-be nurse practitioners should undertake a specific course of study **to at least honours degree level**. Such a course **should include core areas** which build on nursing skills already acquired, and cover the following subject areas:

- ◆ therapeutic nursing care
- ◆ comprehensive physical assessment of all body systems across the life-span
- ◆ history-taking and clinical decision-making skills
- ◆ health and disease, including physical, sociological, psychological, and cultural aspects
- ◆ applied pharmacology and evidence-based prescribing
- ◆ management of patient care
- ◆ public health and health promotion
- ◆ research
- ◆ organisational, interpersonal, and communication skills
- ◆ accountability – including legal and ethical issues
- ◆ quality assurance
- ◆ political, social and economic influences on health care
- ◆ leadership and teaching skills.

The RCN's recommendations for the content of a nurse practitioner educational programme meet the core nurse practitioner competencies published by the United States National Organization of Nurse Practitioner Faculties (NONPF). These competencies have been adopted by UK nurse practitioner programme providers working in partnership with the RCN.

Until the NMC takes this step, any nurse is free to use the title 'nurse practitioner', and it is difficult for some employers, colleagues, and patients to identify what a nurse practitioner actually is. In lieu of other means of public protection, to reassure the general public, and give guidance to the nursing, medical, and other professions, the RCN believes that only those individuals who have completed a specific nurse practitioner programme should use the title of nurse practitioner (as discussed on page 2).

As a means of identifying good practice, the RCN confirms that individuals graduating from RCN-approved educational programmes are properly prepared and competent, and recognises them as nurse practitioners. For nurses who already possess a wide range of academic and practical experience, the RCN approved nurse practitioner programme providers will consider AP(E)L claims to enter their courses according to the rules of the higher education institution concerned. In this way they would gain exemption from having to study formally for the entire nurse practitioner programme.

Frequently asked questions

Nurse practitioners are sometimes referred to as 'autonomous' and 'independent' practitioners. What do these terms really mean?

Autonomy needs to be considered in relation to professional accountability, the power to make decisions and act upon them, and taking responsibility for those actions (Jones 1996). Young points out that a nurse cannot be accountable without that authority (1991). Batey and Lewis (1982) agree that a nurse must have the authority needed to carry out activities in such a way as to accept accountability – the nurse must have the right expertise and power to make decisions about the proper course of action in any given circumstance. Johns (1989) also identifies the necessity of being given the power to act, as a prerequisite to accountability.

All registered nurses are personally and professionally accountable for their actions. For nurse practitioners to be accountable for their actions, they must be given the authority to make decisions in the best interests of patients. This might include the decision not to undertake care in a particular way, or to divert resources

from one area of care, or patient, to another in greater need. Such behaviour is represented in the term 'autonomy'.

Autonomy is often used to describe a practitioner, nurse or otherwise, who has the ability to make independent decisions about their actions. However, a more measured and accurate use of the term is to describe a state where the individual is free to exercise judgement about their actions in such a way that they can truly accept responsibility for them, and consequently be held to account for those actions (Jones 1996).

The authority, and consequent autonomy, of the nurse practitioner is derived from a sound educational base to practice, and the ability to apply theoretical concepts to the provision of high quality care.

The link between accountability, authority, and autonomy is an important one. For nurse practitioners, the right to self-govern and make decisions about their practice is an essential part of being accountable. Copp (1988) sees freedom to practice according to self-determination as directly related to the principle of accountability, and Singleton and Nail (1984) reiterate that the freedom to control practice is directly correlated with the responsibility taken in initiating nursing action.

Nurse practitioners do not use independence as an elitist or a separatist statement, or to describe their work situation. They acknowledge that independent practice is undesirable and unattainable, because all health care professionals should be working collectively as a team for the patient's best interests. The only sensible use of the term 'independence' is in a business sense to describe a nurse practitioner who is self-employed. If a nurse practitioner is self-employed they are independent, if a nurse practitioner is employed they are not independent. Independence does not define the limit of professional practice and should not be used to distinguish nurse practitioners from other members of the nursing profession.

Are nurse practitioners more vulnerable or liable for their actions than other nurses?

Nurse practitioners are expanding their nursing role to incorporate some of the skills of medical colleagues, offering people direct access to NP services, making clinical diagnoses and referring people for care and treatment based on their own decisions as practitioners. These attributes, combined with a generally heightened

interest in the role, have caused nurse practitioners to consider their vulnerability.

Nurse practitioners can feel particularly vulnerable because they are constantly managing clinical uncertainty and undertaking innovative practice. In legal terms, this vulnerability is associated with the perception that nurse practitioners might be sued in their own right. However, the principle of vicarious liability determines that it is generally the employer who is sued if things do go wrong. Nurse practitioners are therefore no more vulnerable to claims of negligence than other nurses, particularly if their practice is underpinned by a comprehensive educational programme which enhances self-awareness and the ability to acknowledge and remedy their limitations.

That the RCN believes nurse practitioners to be no more vulnerable to legal action than other nurses is demonstrated by the fact that the RCN offers nurse practitioners who are full RCN members indemnity insurance with no extra premium or membership fee.

The reference points for the professional and ethical practice of nurse practitioners is the *Code of Professional Conduct* (NMC, 2002). Key principles in determining the vulnerability of nurse practitioners are the extent of their self-governance (autonomy), the ability to take responsibility for their own actions (accountability), and their knowledge of the boundaries of their own practice.

NP practice is not bound by any conventional definition of the difference between 'nursing' and perceptions of 'medical' practice. Such parameters are spurious and even where people do perceive them to exist, subject to constant change as the nurse practitioner role develops to incorporate a wider scope of activity.

The vulnerability of the nurse practitioner, therefore, is dictated by the extent to which any practitioner is able to acknowledge his or her own limitations and set limits to his or her own practice. Meticulous practice, good record-keeping, a thorough educational preparation, ongoing self-assessment, and critical appraisal with colleagues, is essential in alleviating nurse practitioners of the burden of vulnerability.

One factor which has both professional and legal ramifications is the lack of an agreed definition of the role. Even though current NP practice is founded on sound research and educational principles, there has been insufficient comparison of the diversity of roles to establish an average standard of practice. This makes it difficult to compare levels of competency.

Accepted legal advice is that a practitioner would always be judged by the standard for the post, not the standard of the person filling the post. So, for example, if nurses were carrying out a role that in the past might have been considered a medical role, such as taking a medical history and carrying out a physical examination to arrive at a provisional diagnosis in a patient presenting with an unknown condition, they would be judged by the standard of a reasonably competent doctor. Nurse practitioners in primary care need to look for comparison to the standard of a GP, whilst hospital-based colleagues need to look to the equivalent medical standard for the role they are now taking on (such as an senior house officer in an A&E department). This underlines the importance of educational preparation for the role, if negligence is to be avoided.

Nurse practitioners believe that they and other colleagues, including doctors, should be able to practice in an employment situation which gives equal rights – and responsibilities – to everyone operating at the same standard.

How should nurse practitioners be employed?

Given the emphasis on the autonomous nature of nurse practitioner practice, and the benefits of offering direct access to nurse practitioners as well as doctors, a number of employment options are available to nurse practitioners. These range from self-employment to independently contracting nursing teams, and nurse partnerships. These once radical ideas are now becoming accepted ways of delivering care, in which nurse practitioners excel. No area of the health care system is closed to the nurse practitioner, and many innovative posts are now on offer, not just in primary care but throughout acute care services.

A note of caution should be sounded when looking for an appropriate post. For reasons borne out of ignorance or false economy, some prospective employers persist in offering so-called nurse practitioner posts for which no specific education is required and for which the remuneration on offer is not suitable for a nurse as competent and highly qualified as a nurse practitioner. The RCN advises potential applicants to make sure the employer understands what they are asking for and is willing to offer a salary worthy of their potential.

How do nurse practitioners work in A&E units, minor injury treatment centres and NHS walk-in centres?

Nurse practitioners are now well established in hospital A&E units, and in minor injury centres which may or may not be part of a hospital.

In these situations, nurse practitioners meet a large proportion of the patients' care requirements, using their specific skills in assessment of the injured and traumatised patient to initiate an appropriate care plan. They draw on the skills of colleagues, such as radiographers, to support their assessments, and will refer to medical colleagues if their specific expertise is required.

RCN nurse practitioner members working in A&E units can join a specialist forum to share learning and ideas with other nurse practitioners working in similar units.

The growing number of NHS walk-in centres need to use nurse practitioner skills if they are to offer a safe and effective service to the public.

What about the 'out of hours cover' debate?

One option being considered to help deal with the increasing volume of requests for GP night visits to patients' homes is for nurse practitioners to begin making initial house calls so they decide whether they can give the care required or whether a doctor does actually need to visit.

The RCN **does not recommend** that nurse practitioners work in this way. Nurse practitioners are not doctor substitutes, and it is preferable that an individual requiring care at night is invited into an intermediate primary care centre where they may see a doctor or nurse. If the patient is too ill to attend the centre, the likelihood is that the severity of their condition will be outside the scope of a nurse practitioner and they will require the services of a doctor.

How to expand nurse practitioners' role in health care

To make the innovative practice we've described a reality on a wider scale, many health professionals, policy makers, and even some nurses themselves will need to change their thinking.

To achieve change, the RCN believes that several key points must be addressed immediately:

❖ Additional rights

Nurse practitioners are highly educated and demonstrate high level clinical and cognitive ability, yet they are often thwarted by lack of formal recognition of their ability to practice safely and competently, and they are denied certain rights which other health professionals hold.

The RCN wants to see nurse practitioners:

- ❖ permitted to authorise sick leave and to certify death
- ❖ allowed to prescribe any prescription-only medicine relevant to the care and treatment being provided to their patients.

❖ Clarity of role definition

The lack of an explicit description of nurse practitioner practice is currently limiting the development of the role. Whilst the RCN accepts that nurse practitioner roles will be many and varied, it recommends:

- ❖ an acknowledgement of the role of nurse practitioner by the Nursing and Midwifery Council
- ❖ standards for nurse practitioner practice and education set out by the NMC
- ❖ national agreement on a common education programme in preparation for nurse practitioner practice
- ❖ the provision for nurse practitioners to record a nationally recognised qualification on the professional nursing register.

❖ Professional security

An agreement on what nurse practitioners are and how they might practice will go a long way toward minimising feelings of insecurity. Additional measures required are:

- ❖ employment opportunities in which nurse practitioners can be held professionally and legally responsible for their own actions, whilst working in partnership with colleagues from other professional disciplines

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Section 2: Domains and competencies for UK nurse practitioner practice

Introduction

These domains and competencies for nurse practitioner practice have been developed for use in the UK from those published by the National Organization of Nurse Practitioner Faculties (NONPF) in the USA.

It is with great gratitude to the NONPF that nurse educators in the UK have adapted these domains and competencies for use here. The RCN believes that by building a consensus among health care providers about what constitutes the professional practice of nurse practitioners, a standard of practice can be agreed and ultimately the use of the title can be regulated.

Background: the development of nurse practitioner core competencies in the USA

The core competencies for nurse practitioners in the USA were defined in the seminal work *Advanced Nursing Practice: Curriculum Guidelines and Program Standards for Nurse Practitioner Education* published by the National Organization of Nurse Practitioner Faculties (NONPF) in 1995. In 2001 the US competencies were further revised by the NONPF to reflect changes in current nurse practitioner behaviours.

The 1995 US curriculum guidelines contain a set of core competencies describing the generic practice of nurse practitioners on entry into practice. These were based on research by Patricia Benner PhD and Karen Bryckzynski PhD.

The six core competencies developed for each of these domains were used as national guidelines in the US for curriculum development among nurse practitioner programmes, and remain the basis for evaluating NP practice, and comparing and evaluating educational programmes.

The US domains are:

1. management of client health status
2. the nurse-client relationship
3. the teaching-coaching function
4. professional role
5. managing and negotiating the health care delivery system
6. monitoring and ensuring the quality of health care practice
7. cultural competencies.

Competencies have been revised and extended to reflect changes in several areas, including the impact of community health issues such as violence and poverty, the mapping of the human genome and the need for sound business and IT skills.

It is these 2001 revised US domains and competencies which have been adapted here to reflect the nature of practice in the UK, and provide a detailed picture of the competencies which should now define professional nurse practitioner practice in the UK.

Domains and competencies of nurse practitioner practice

Terminology: 'patient' is used to mean patient or client, depending on health care setting. The nurse practitioner demonstrates competence in each of the following domains when s/he performs the following behaviours.

Domain 1: Management of patient health/illness status

Competencies

Health promotion/health protection and disease prevention

1. Differentiates between normal, variations of normal and abnormal findings.

2. Provides health promotion and disease prevention services to patients who are healthy or who have acute and/or chronic conditions.
 3. Provides anticipatory guidance and counselling to promote health, reduce risk factors, and prevent disease and disability.
 4. Develops or uses a follow-up system within the practice workplace to ensure that patients receive appropriate services.
 5. Recognises environmental health problems affecting patients and provides health protection interventions that promote healthy environments for individuals, families and communities.
- c Plans and implements diagnostic strategies and therapeutic interventions to help patients with unstable and complex health care problems regain stability and restore health, in collaboration with the patient and multi-professional health care team.
 - d Rapidly and continuously evaluates the patient's changing condition and response to therapeutic interventions and modifies the plan of care for optimal patient outcomes.

Management of patient illness

1. Analyses and interprets history, presenting symptoms, physical findings, and diagnostic information to develop appropriate differential diagnoses.
2. Diagnoses and manages acute and chronic conditions while attending to the patient's response to the illness experience.
3. Prioritises health problems and intervenes appropriately, including initiation of effective emergency care.
4. Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.
5. Formulates an action-plan based on scientific rationale, evidence-based standards of care, and practice guidelines.
6. Provides guidance and counselling regarding management of the health/illness condition.
7. Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioner's scope of practice and/or expertise.
8. Adequately assesses and intervenes to assist the patient in complex, urgent or emergency situations:
 - a Rapidly assesses the patient's unstable and complex health care problems through synthesis and prioritisation of historical and immediately-derived data.
 - b Diagnoses unstable and complex health care problems using collaboration and consultation

with the multi-professional health care team as indicated by setting, specialty, and individual knowledge and experience.

For both health promotion/health protection and disease prevention, and management of patient illness

1. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.
2. Obtains a comprehensive and/or problem-focused health history from the patient.
3. Performs a comprehensive and/or problem-focused physical examination.
4. Analyses the data collected to determine health status.
5. Formulates a problem list.
6. Assesses, diagnoses, monitors, co-ordinates, and manages the health/illness status of patients over time and supports the patient through the process of dying.
7. Demonstrates knowledge of the patho-physiology of acute and chronic diseases or conditions commonly seen in practice.
8. Communicates the patient's health status using appropriate terminology, format, and technology.
9. Applies principles of epidemiology and demography in clinical practice by recognising populations at risk, patterns of disease, and effectiveness of prevention and intervention.
10. Uses community/public health assessment information in evaluating patient needs, initiating referrals, coordinating care and programme planning.
11. Applies theories to guide practice.

12. Applies/conducts research pertinent to area of practice.
13. Counsels concerning drug regimens, side-effects and interactions and – if legally authorised – prescribes medications based on efficacy, safety, and cost from the appropriate formulary.
14. Evaluates the use of complementary/alternative therapies used by patients for safety and potential interactions.
15. Integrates appropriate non-drug-based treatment methods into a plan of management.
16. Orders, may perform, and interprets common screening and diagnostic tests.
17. Evaluates results of interventions using accepted outcome criteria, revises the plan accordingly, and consults/refers when needed.
18. Collaborates with other health professionals and agencies as appropriate.
19. Schedules follow-up visits appropriately to monitor patients and evaluate health/illness care.
8. Maintains confidentiality, while communicating data, plans, and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care.
9. Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction.
10. Considers the patient's needs when termination of the nurse-patient relationship is necessary and provides for a safe transition to another care provider.

Domain 2: The nurse-patient relationship

Competencies

1. Creates a climate of mutual trust and establishes partnerships with patients.
2. Validates and verifies findings with patients.
3. Creates a relationship with patients that acknowledges their strengths and assists them in addressing their needs.
4. Communicates a sense of 'being there' for the patient and provides comfort and emotional support.
5. Evaluates the impact of life transitions on the health/illness status of patients, and the impact of health/illness on patients' lives (individuals, families, and communities).
6. Applies principles of empowerment in promoting behaviour change.
7. Preserves the patient's control over decision-making, assesses the patient's commitment to the jointly determined, mutually acceptable plan of care, and fosters personal responsibility for health.

Domain 3: The teaching-coaching function

Competencies

Timing

1. Assesses the patient's on-going and changing needs for teaching based on:
 - a. needs for anticipatory guidance associated with growth and the developmental stage
 - b. care management that requires specific information or skills
 - c. the patient's understanding of his/her health condition.
2. Assesses the patient's motivation for learning and maintenance of health-related activities using principles of change and stages of behaviour change.
3. Creates an environment in which effective learning can take place.

Eliciting

1. Elicits information about the patient's interpretation of health conditions as a part of the routine health assessment.
2. Elicits information about the patient's perceived barriers, supports, and modifiers to learning when preparing for patient's education.
3. Elicits from the patient the characteristics of his/her learning style from which to plan and implement the teaching.
4. Elicits information about cultural influences that may affect the patient's learning experience.

Assisting

1. Incorporates psycho-social principles into teaching that reflect a sensitivity to the effort and emotions associated with learning about how to care for one's health conditions.
2. Assists patients in learning specific information or skills by designing a learning plan that is comprised of sequential, cumulative steps, and that acknowledges relapse and the need for practice, reinforcement, support, and re-teaching when necessary.
3. Assists patients to use community resources when needed.

Providing

Communicates health advice, instruction and counselling appropriately, using an evidence-based rationale.

Negotiating

1. Negotiates a mutually acceptable plan of care, based on continual assessment of the patient's readiness and motivation, re-setting of goals, and optimal outcomes.
2. Monitors the patient's behaviours and specific outcomes as a useful guide to evaluating the effectiveness and need to change or maintain teaching strategies.

Coaching

Coaches the patient throughout the teaching processes by reminding, supporting and encouraging, using empathy.

**Domain 4:
Professional role**
Competencies**Develops and implements the nurse practitioner role**

1. Uses scientific theories and research to implement the nurse practitioner role.
2. Functions in a variety of role dimensions: health care provider, co-ordinator, consultant, educator, coach, advocate, administrator, researcher, and leader.
3. Interprets and markets the nurse practitioner role to the public, legislators, policy-makers, and other health care professions.

Directs care

1. Prioritises, co-ordinates, and meets multiple needs for culturally diverse patients.
2. Uses sound judgment in assessing conflicting priorities and needs.
3. Builds and maintains a therapeutic team to provide optimum therapy.
4. Obtains specialist and referral care for patients while remaining the primary care provider.
5. Acts as advocate for the patient to ensure health needs are met.
6. Consults with other health care providers and public/independent agencies.
7. Incorporates current technology appropriately in care delivery.
8. Uses information systems to support decision-making and to improve care.

Provides leadership

1. Is actively involved in a professional organisation.
2. Evaluates implications of contemporary health policy on health care providers and consumers.
3. Participates in legislative and policy-making activities that influence advanced nursing practice and the health of communities.
4. Advocates for access to quality, cost-effective health care.

- Evaluates the relationship between community/public health issues and social problems as they impact the health care of patients (poverty, literacy, violence, etc.)

Domain 5:

Managing and negotiating health care delivery systems

Competencies

Managing

- Demonstrates knowledge about the role of the nurse practitioner.
- Provides care for individuals, families, and communities within integrated health care services.
- Considers access, cost, efficacy, and quality when making care decisions
- Maintains current knowledge of their employing organisation and the financing of the health care system as it affects delivery of care.
- Participates in organisational decision-making, interprets variations in outcomes, and uses data from information systems to improve practice.
- Manages organisational functions and resources within the scope of responsibilities as defined in a position description.
- Uses business and management strategies for the provision of quality care and efficient use of resources.
- Demonstrates knowledge of business principles that affect long-term financial viability of a practice, the efficient use of resources, and quality of care.
- Demonstrates knowledge of relevant regulations for nurse practitioner practice including the revised NMC Code of Professional Conduct.

Negotiating

- Collaboratively assesses, plans, implements, and evaluates care with other health care professionals, using approaches that recognise each one's expertise to meet the comprehensive needs of patients.
- Participates as a key member of a multi-professional team through the development of collaborative and innovative practices.

- Participates in the planning, development, and implementation of public and community health programmes.
- Participates in legislative and policy-making activities that influence health services/practice.
- Advocates for policies that reduce environmental health risks.
- Advocates for policies that are culturally sensitive.
- Advocates for increasing access to health care for all.

Domain 6:

Monitoring and ensuring the quality of health care practice

Competencies

Ensuring quality

- Interprets own professional strengths, role, and scope of ability to peers, patients, and colleagues.
- Incorporates professional/legal standards into practice.
- Acts ethically to meet the needs of patients.
- Assumes accountability for practice and strives to attain the highest standards of practice.
- Engages in clinical supervision and self-evaluation and uses this to improve care and practice.
- Collaborates and/or consults with members of the health care team about variations in health outcomes.
- Uses an evidence-based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.
- Evaluates the patient's response to the health care provided and the effectiveness of the care.
- Uses the outcomes of care to revise care delivery strategies and improve the quality of care.
- Accepts personal responsibility for professional development and the maintenance of professional competence and credentials.

Monitoring quality

- Monitors quality of own practice and participates in

continuous quality improvement.

2. Evaluates patient follow-up and outcomes, including consultation and referral.
3. Monitors research in order to improve quality care.

Domain 7: Cultural competence

Competencies

1. Shows respect for the inherent dignity of every human being, whatever their age, gender, religion, socio-economic class, sexual orientation, and ethnic or cultural group.
2. Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.
3. Acknowledges their own personal biases and prevents these from interfering with the delivery of quality care to persons from other cultures.
4. Recognises cultural issues and interacts with patients from other cultures in culturally sensitive ways.
5. Incorporates cultural preferences, health beliefs and behaviours and traditional practices into management plans.
6. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
7. Accesses culturally appropriate resources to deliver care to patients from other cultures.
8. Assists patients to access quality care within a dominant culture.

Spiritual competencies

1. Respects the inherent worth and dignity of each person and the right to express spiritual beliefs.
2. Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.
3. Assesses the influence of patients' spirituality on their health care behaviours and practices.
4. Incorporates patients' spiritual beliefs in the care plan.
5. Provides appropriate information and opportunity

for patients and families to discuss their wishes for end-of-life decision-making and care.

6. Respects wishes of patients and families regarding expression of spiritual beliefs.

Section 3: Standards for RCN approval of educational programmes

This section sets out the standards and criteria which collaborating higher education institutions must meet in order for RCN accreditation to be awarded to their nurse practitioner education programmes.

The RCN Accreditation Unit

The RCN Accreditation Unit (RCN AU) was set up to assure the quality of a number of initiatives that impact on nursing practice. Its mission is: *assuring best practice*.

The Unit's vision is to assure best practice for nurses, nursing and the environment of care in the UK, by:

- ◆ the approval of educational initiatives
- ◆ developing practice through accrediting expertise, competencies, leadership and work-based learning
- ◆ working collaboratively with other accrediting or higher education agencies.

Its purpose ultimately is to improve care for patients/clients. Academic accreditation (validation) focuses purely on the student and his or her learning experience – but RCN AU offers professional accreditation, which examines what nurses do in practice, using practice methodologies. Currently, the RCN AU is unique in the UK in offering this kind of accreditation.

In the past, the RCN Institute has used a franchise model to validate a number of nurse practitioner programmes across the UK. Graduates from these programmes were awarded the RCN Nurse Practitioner Diploma. However, the setting up of the RCN Accreditation Unit meant that these links could be replaced with an accreditation model. The opportunity of achieving RCN approval is being made available to higher education institutions providing nurse practitioner education, and under this model, their students will be graduates of an RCN approved nurse practitioner programme.

Developing standards and criteria

The RCN Accreditation Unit has developed standards and criteria for NP education through consultation with internal and external experts, including representatives of the current RCN-recognised nurse practitioner programmes and other NP course providers.

The standards and criteria have also been informed by the following documents:

- ◆ RCN statement on the Role of Nurse Practitioner Practice in section one of this publication
- ◆ English National Board (ENB) *Standards for the Approval of Higher Education Institutions and Programmes* (1997)
- ◆ A North American report of the National Task Force on Quality Nurse Practitioner Education (1997), *Criteria for Evaluation of Nurse Practitioner Programs*
- ◆ Quality Assurance Agency revised Subject Review and Programme Specification Guidance (2001/2)

Standards and criteria

The RCN has set 15 standards and associated criteria which must be met for a nurse practitioner educational programme to receive RCN approval.

The standards relate to:

- ◆ the higher education institution
- ◆ research and development
- ◆ meeting workforce requirements
- ◆ curriculum
- ◆ physical and learning resources
- ◆ recruitment and admission
- ◆ programme management
- ◆ leadership of the nurse practitioner programme
- ◆ staff resources

- ◆ staff development
- ◆ student support
- ◆ practice experience
- ◆ assessment
- ◆ external examiners
- ◆ fitness for award.

Under each standard listed below, criteria for meeting the standard are set out, along with suggestions for the nature and content of evidence that higher education institutions (HEIs) applying for RCN approval must provide, to show they meet the standard.

Standard 1: **The higher education institution**

The policies and practices of the higher education institution meet the RCN's requirement for the preparation of nurse practitioners.

Criteria	Evidence
1. The HEI has a vision for nursing compatible with the RCN mission statement	HEI mission statement and/or philosophy
2. The HEI is committed to equal opportunities for NP students	HEI equal opportunities statement related to NP and other programmes offered
3. The HEI is committed to providing programmes that enable NP students to meet health care needs	Programme documentation reflects nature of practice as described in the RCN's position statement on NPs
4. The HEI has an organisation-wide quality assurance framework that is open to scrutiny	<ul style="list-style-type: none"> ◆ Quality assurance framework documentation ◆ Outcomes of quality audit
5. Mechanisms are in place to enable the HEI to exercise accountability for the quality of any satellite NP programmes	<ul style="list-style-type: none"> ◆ Annual monitoring reports covering satellite programmes ◆ Outcomes of evaluation of satellite programmes
6. The HEI is responsive to changes that affect the preparation of NPs	Evidence in programme documents and annual monitoring reports
7. The philosophy, policies and procedures of the HEI protect the clients of NPs	Procedures for the supervision of practice for NP students which include ethical aspects
8. The HEI recognises the rights and obligations of NP students and has mechanisms to ensure they are upheld	<ul style="list-style-type: none"> ◆ Written statement on rights and obligations of NP students ◆ Overview of mechanisms to ensure that they are upheld ◆ Examples of student feedback

Terminology

Facilitator is used here to describe any individual who, as part of the NP programme, has been designated to support/supervise the NP student in their work-based learning – some programmes will use terms like mentor, preceptor, or practice teacher

NP course team describes the group of lecturing staff who have a direct input into the delivery of the programme

NP specialist lecturer describes any qualified NP lecturers who deliver the programme.

Standard 2: **Research and development**

The research and development of the higher education institution includes the development of professional knowledge, education and practice of nurse practitioners.

Criteria	Evidence
1. The HEI has a research and development (R&D) strategy which reflects local and national health care priorities, and relates to NP or advanced nursing practice	Reflected in R&D strategy
2. The HEI's R&D strategy is indicative of an inter-professional and an inter-disciplinary approach	Reflected in R&D strategy
3. The HEI's R&D activity informs curriculum development and staff contributions to NP programmes	Research and practice development activity of NP course team informs NP programmes
4. Resources support NP research and scholarly activity. This includes locally-determined, specially allocated time	<ul style="list-style-type: none"> ◆ Overview of faculty/department resources ◆ Overview of NP course team's research and scholarly activity (e.g. including research for higher degrees, projects, published articles)

Standard 3: **Meeting workforce requirements**

The higher education institution works pro-actively with education purchasers, workforce planners and employers to develop programmes to meet workforce requirements.

Criteria	Evidence
1. Collaboration and partnership support practice-focused NP education	Summary of collaborative and partnership arrangements with health care organisations and individuals in practice settings (formal and informal)
2. Mechanisms in place to ensure that workforce demands are met	<ul style="list-style-type: none"> ◆ Overview of liaison with stakeholders ◆ Employer representation on appropriate committees

Standard 4: Curriculum

Curriculum design and development reflect contemporary educational approaches and health care practices.

Criteria	Evidence
1. The NP course team includes lecturers who are qualified NPs	CVs of nurse practitioners in NP course team
2. The NP programme is based on a ratio of 50% theory and 50% practice	Reflected in programme documentation
3. Educational level is at the minimum of a bachelor's degree and a student is a graduate on exit or entry	Reflected in programme documentation
4. Undergraduate NP programmes should comprise a minimum of 120 level 3 CAT or SCOTCAT points	Reflected in programme documentation
5. All NP programmes have a system of credit accumulation and transfer	Overview of AP(E)L systems which operate for NP programmes
6. NP programme is modularised	Reflected in course structure
7. Curriculum aims, learning outcomes, and content are consistent with the RCN position statement on NPs	Programme documentation with additional commentary makes these links explicit
8. NP programme content includes: <ul style="list-style-type: none"> ◆ Therapeutic nursing care ◆ Comprehensive physical assessment of all body systems across the life-span ◆ Health and disease, including physical, sociological, psychological, cultural aspects ◆ History-taking and clinical decision-making skills ◆ Applied pharmacology and evidence-based prescribing ◆ Management of patient care ◆ Public health and health promotion ◆ Research ◆ Organisational, interpersonal and communication skills ◆ Accountability – including legal and ethical issues ◆ Quality assurance ◆ Political, social and economic influences on health care ◆ Leadership and teaching skills 	Reflected in programme documentation
9. Systems/structures are in place to ensure NP programme team responds to evaluation findings	<ul style="list-style-type: none"> ◆ Overview of quality assurance systems for the programme ◆ Examples of annual monitoring reports and action plans

Standard 5: **Physical and learning resources**

Physical and learning resources support teaching and learning activities in the higher education institution setting for the achievement of nurse practitioner educational programme outcomes.

Criteria	Evidence
<p>1. Physical and learning resources are secured for each NP programme including:</p> <ul style="list-style-type: none"> ◆ Library with sufficient literature and computer facilities appropriate for NP education and practice ◆ Skills laboratory (or equivalent) with appropriate equipment for health assessment and development of other skills (e.g. recording equipment for consultation analysis) 	<p>Overview of physical and learning resources that support the NP programme</p>
<p>2. All those who contribute to the NP programme (including part-time staff) are provided with information about, and can access, the resources available to support the programme</p>	<ul style="list-style-type: none"> ◆ NP course team has access to these resources ◆ New staff orientation programme

Standard 6: **Recruitment and admission**

Nurse practitioner course team is involved in recruitment and admission of nurse practitioner students, and ensures that entry requirements to the programme are met.

Criteria	Evidence
<p>1. NP staff are involved in the recruitment and admissions of students</p>	<p>Reflected in programme recruitment policy and arrangements</p>
<p>2. Mechanisms exist to ensure that NP applicants meet the entry requirements (which include specification that the student NP should have been a first level nurse (or equivalent) for a minimum of five years at point of graduation)</p>	<ul style="list-style-type: none"> ◆ HEI's admission criteria ◆ Programme-specific entry criteria and admission process

Standard 7: Programme management

Nurse practitioner programme management ensures that educational opportunities are provided for students to enable them to meet the intended learning outcomes.

Criteria	Evidence
1. Teaching/learning approaches reflect a patient-focused and student-centred approach	Reflected in programme documentation
2. Learning opportunities reflect the principles of adult learning and contemporary health care provision	Reflected in programme documentation
3. The HEI maintains a computerised system of student progression and achievement	HEI has a computerised management and information system
4. Within the HEI regulations, student transfers in and out of the programme can be accommodated	Description of systems to accommodate this, including processes to ensure all the programme outcomes are met

Standard 8: Leadership of nurse practitioner programme

The programme director responsible for providing nurse practitioner education in the higher education institution participates in decision-making concerning strategic planning and organisational policy for nurse practitioner programmes.

Criteria	Evidence
1. The NP programme director contributes to strategic decision-making regarding NP programmes	NP programme director advises on strategic planning and this is reflected in strategic plans and outcomes of their implementation
2. The NP programme director advises on national or international policies and any initiatives affecting NP practice/education	<ul style="list-style-type: none"> ◆ Roles and responsibilities of NP programme director reflect this criterion ◆ Overview of NP programme director activities undertaken to keep informed on national and international issues affecting NP practice/education ◆ Overview of advice provided and outcomes
3. The NP programme director meets the person specification of the RCN: <ul style="list-style-type: none"> ◆ First level nurse on the NMC Professional Register (or equivalent) ◆ Prepared to, or working towards, masters degree level in a relevant field ◆ Holds, or working towards, a recognised teaching qualification ◆ Ideally, a qualified NP 	CV and staff development plan of programme director

Standard 9: Staff resource

The staff resource supports the delivery of the higher education institution's nurse practitioner programme, which is at the minimum of a bachelor's (honours) degree level.

Criteria	Evidence
<p>1. Lecturers and associate lecturers to NP programmes are all suitably qualified:</p> <ul style="list-style-type: none"> ◆ All NP lecturers must have a NP qualification at the minimum of a bachelor's degree or equivalent ◆ Other lecturers must be qualified in their specialist area of teaching ◆ All NP faculty should have recognised teaching qualifications (or be enrolled on a recognised teaching preparation programme) 	NP course team CVs and staff development plans
<p>2. The whole-time equivalent (WTE) staff resource allocated to the programme is sufficient for the numbers of NP students recruited</p>	Evidence in the programme documentation that the provision of academic and administrative staff at the HEI is sufficient for the number of NP students (new and continuing)

Standard 10: Staff development

The staff development strategy of the higher education institution promotes the development of all staff concerned with nurse practitioner programmes.

Criteria	Evidence
<p>1. The HEI has a staff development strategy, which is monitored and reviewed annually</p>	Report on staff development strategy for NP course team and administrative support
<p>2. An education needs analysis informs the NP staff development programme</p>	Report on analysis and implementation of NP staff development, based on need and equity of opportunity
<p>3. NP specialist lecturers work regularly in clinical practice as nurse practitioners</p>	Details of NP specialist lecturers' clinical practice over past academic year

Standard 11: **Student support**

Nurse practitioner students are supported in the achievement of the learning outcomes of the programme.

Criteria	Evidence
1. Nurse practitioner students are provided with information on: <ul style="list-style-type: none"> ◆ the programme ◆ resources available to support them ◆ assessment methods and regulations 	Examples of information given to students on the NP programme
2. NP students have a designated personal tutor to provide support as appropriate	Information on personal tutor scheme for NP students
3. NP students are provided with feedback on their progress (academic and clinical) throughout the programme	<ul style="list-style-type: none"> ◆ Overview of feedback systems ◆ Examples of academic and clinical feedback

Standard 12: **Practice experience**

Practice experience provides learning opportunities that enable nurse practitioner students to achieve the programme learning outcomes.

Criteria	Evidence
1. The arrangements for practice experience enable students to meet the NP programme learning outcomes	<ul style="list-style-type: none"> ◆ Strategy for selection, operation and monitoring of practice experience ◆ Results of evaluation of these arrangements
2. NP students have access to patient populations specific to their area of practice, and sufficient in number and variety to ensure that the programme learning outcomes are met	<ul style="list-style-type: none"> ◆ Entry criteria for programme ◆ Methods for monitoring students' practice experiences, with examples
3. The NP programme has explicit arrangements for supporting students' clinical development, and monitoring the effectiveness of these arrangements	<ul style="list-style-type: none"> ◆ Details of arrangements for supporting students' clinical development ◆ Example of written guidance provided for students on these arrangements ◆ Details of quality assurance systems for monitoring the effectiveness of these arrangements, with examples of the outcomes of such evaluations
4. A designated facilitator supervises, supports and assesses the NP student in the practice setting. This facilitator must have appropriate professional and academic qualifications (for example, doctor or qualified NP) and experience commensurate with the context of care delivery	<ul style="list-style-type: none"> ◆ NP faculty record of facilitators includes appropriate information ◆ Information on the operation and monitoring of this aspect of the programme ◆ Information on practice-based assessment, with examples
5. Facilitators are adequately prepared for, and supported by, the HEI in their role	<ul style="list-style-type: none"> ◆ Information on selection, preparation and on-going support for facilitators ◆ Example of documentation given to facilitators ◆ Evidence of on-going support and dialogue

Standard 13: **Assessment strategy**

The nurse practitioner assessment strategy incorporates the requirements of the RCN and the regulations of the higher education institution.

Criteria	Evidence
1. Summative assessment scheme covers all the NP learning outcomes (There are two types of assessment – formative which does not count towards the award and summative, which does.)	Scheme of assessment, with evidence that all NP-related programme outcomes are assessed
2. Summative assessment scheme includes a rigorous, objective assessment of clinical competence using a variety of methods. The assessment should address in particular: <ul style="list-style-type: none"> ◆ history-taking ◆ physical examination ◆ differential diagnosis ◆ clinical decision-making communication skills 	Reflected in scheme of assessment
3. Summative clinical examination – arrangements should include external oversight by a person associated with an RCN accredited course	Programme assessment arrangements specify this; example of external examiners' reports
4. Students must pass all NP and all designated modules and clinical assessment to qualify	Stipulated in assessment regulations governing the programme
5. Formative processes guide student learning	Scheme of assessment includes formative assessment
6. Assessment is based on a range of evidence to determine whether the NP programme's learning outcomes have been met	Reflected in scheme of assessment
7. The development of a portfolio is included in the NP programme scheme of assessment	Scheme of assessment includes use of portfolio
8. NP students cannot compensate for any referrals in any specialist NP modules	Stipulated in assessment regulations governing the programme
9. All assessors for NP programmes are suitably qualified, both academically and professionally, and prepared for their role	<ul style="list-style-type: none"> ◆ CVs of NP course team ◆ Criteria for selection of additional assessors ◆ Arrangements for preparation of assessors

Standard 14: External examiners

External examiners monitor the assessment process to ensure that professional and academic standards for nurse practitioner programmes are maintained.

Criteria	Evidence
1. External examiners are approved by the HEI with no reciprocal arrangements	Details of approved external examiners
2. External examiners have orientation and preparation for their role	<ul style="list-style-type: none"> ◆ External examiners' orientation information/handbook ◆ Overview of preparation for the role
3. External examiners provide annual reports in respect of each NP programme	Examples of external examiners' reports

Standard 15: Fitness for award

Educational provision leads to fitness for purpose, practice and award, commensurate with the role of a nurse practitioner.

Criteria	Evidence
1. The HEI's and RCN's requirements for the conferment of the award of NP are met	<ul style="list-style-type: none"> ◆ Regulations and procedures for conferment of award ◆ Examples of graduating students' profiles
2. NP students who complete the programme successfully meet service requirements	<ul style="list-style-type: none"> ◆ Samples of employer/managers' feedback ◆ Feedback from graduates of the programme

Applying for accreditation

To discuss full details of the process of application for RCN approval, please contact the RCN Accreditation Unit, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN, telephone 020 7647 3824/3647 and email accreditation@rcn.org.uk

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