

A Competency Framework for Rheumatology Nurses

CLINICAL PROFESSIONAL RESOURCE

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Acknowledgements

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Publication

This is an RCN knowledge and skills competence framework to support personal and professional development and career progression.

Description

This framework defines the standards of care expected for a nurse competent in rheumatological nursing.

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Evaluation

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Foreword

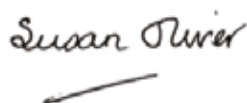
I am delighted that the Royal College of Nursing Rheumatology Nurses Forum has developed this much needed competency framework for nurses who provide care to children and adults with rheumatological conditions.

Although rheumatology nursing was acknowledged to have developed in the late 1980s and early 1990s with significant work from key nurse specialists in the field such as Jackie Hill, Sarah Ryan, Sarah Hewlett and Candy McCabe, in many cases, it evolved from the research nurse roles. This meant that initially, rheumatology training was chiefly acquired 'on the job' in an experiential way. The rheumatology nurses' role grew organically, based upon service needs, with different roles and responsibilities, job titles, grades and importantly job descriptions. However, much has changed since those early days. Nurses are now rightly, recognised as an essential member of every rheumatology team and undertake many more advanced practice roles. Yet if we are to provide a safe, cost effective health care system for the future, it is imperative that there is clarity about the competency of those delivering care and their ability to deliver advanced levels of nursing in a range of care settings.

In the last twenty years rheumatology has seen immense and exciting developments with a greater understanding of the pathophysiology, treatment approaches and patient outcomes.

There are now a wide range of training opportunities, including Master level courses, conferences and specific chronic disease modules that potentially offer routes into rheumatology nursing. This also means, potentially greater opportunities to entice more nurses into the field of rheumatology. This competency framework enables employers, employees and most importantly the patients to have clarity about the role of the rheumatology nurse and their ability to deliver high quality evidence-based care.

I think we can all acknowledge that there are many challenges for health care professionals in the rapidly evolving and demanding health care system, but I see the future is bright for rheumatology nursing, it is a challenging and yet an exciting field of practice. This pivotal competency framework offers a key element in acknowledging the vital role that rheumatology nurses hold and importantly their ongoing training and development needs.



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Introduction

This document provides a competency and role development framework for rheumatology practitioners in clinical practice most commonly termed as rheumatology nurse specialists (RNS). The role of the RNS is highly complex and may include roles in paediatric nursing, research, advanced level skills in clinical assessment, prescribing and providing intra-articular injections amongst others. The importance of the RNS was highlighted by a survey by the National Rheumatoid Arthritis Society (NRAS, 2017). This particularly highlighted the skills of rheumatology nurses and that they are valued by patients. A recent Freedom of Information request of NHS providers conducted by the All-Party Group for Axial Spondyloarthritis and NASS also highlighted the central role that rheumatology nurses play in providing patient education.

The British Society for Rheumatology in its recent State of Play document (BSR, 2019) outlined the need for education, training supervision and work force development. There is concern that rheumatology nurses are in short supply and that succession planning is

lacking. An insufficient number of consultant rheumatologists by comparison to BSR recommendations per head of population has also been an issue. This has resulted in problems of access to services and delays in patient care (BSR, 2019).

In all four UK nations the titles and proficiency relating to rheumatology nurses' roles vary greatly. The varying experience and absence of nationally accredited training is a key issue, which is likely to have an impact on patient experience and treatment outcomes (Martin, 2017).

Education for rheumatology nurses is not currently centralised but is key to continually improving skills and developing our workforce for the future and improving the service we provide to our patients. We also recognise that the descriptors used to identify levels of practice are part of a fast moving and contentious professional landscape and amendments to this document are likely to occur over the coming years.

Aims of the framework

This document provides an opportunity to support the development of roles in rheumatology nursing, improve access for patients and reduce variability in care. It is intended to strengthen rheumatology nursing and support all four UK nation's issues regarding recruitment, retention,

sustainability, benchmarking and succession planning. Dissemination is key and we will be working hard with all stakeholders to ensure centralisation of a nationally adopted framework (see Table 1).

Table 1: Aims of the framework

- To support individual personal development plans (PDP) and continuous professional development (CPD).
- To support robust career progression for rheumatology nurses.
- To provide a framework to support succession planning and service development.
- To support the development of a standard nationwide curriculum for academic and in-house training programmes.
- To provide a benchmarking tool for all rheumatology nurses.
- To define specific rheumatology nursing qualities and outcomes.
- To define pathways to enable career development eg, clinical specialities, management, leadership, teaching, education and research.
- To be used alongside other competency frameworks and guidelines, eg, prescribing, assessing and monitoring biologic therapies and subcutaneous methotrexate.

The European League Against Rheumatism (EULAR) developed recommendations for the role of the RNS in the management of chronic inflammatory arthritis (CIA) (van Eijk Hustings et al., 2012): these have recently been updated using the most current and a better level of evidence (Bech et al., 2019). They outline three key overarching principles and eight key recommendations. Further work has been done by EULAR to define recommendations for the generic core competences of health professionals

in rheumatology (Edelaar et al., 2020). This framework maps all of these requirements (see table of EULAR recommendations (see Table 2 opposite). In addition, it provides for the broader roles rheumatology nurses hold caring for patients with other conditions found within the rheumatology spectrum, and complex conditions supported by more senior nurses.

Table 2: EULAR recommendations for rheumatology nursing in CIA (Bech et al., 2019)

Overarching principles

- Rheumatology nurses are part of a health care team.
- Rheumatology nurses provide evidence-based care.
- Rheumatology nursing is based on shared decision making with the patient.

Recommendations

- Patients should have access to a nurse for needs-based education to improve knowledge of CIA and its management throughout the course of their disease.
- Patients should have access to nurse consultations in order to enhance satisfaction with care.
- Patients should have the opportunity of timely access to a nurse for needs-based support; this includes tele-health.
- Nurses should participate in comprehensive disease management to control disease activity, reduce symptoms and improve patient-preferred outcomes; this leads to cost effective care.
- Nurses should address psychosocial issues to reduce patients' symptoms of anxiety and depression.
- Nurses should support self-management skills to increase patients' self-efficacy.
- Nurses should have access to and undertake continuous education in the specialty of rheumatology to improve and maintain knowledge and skills.
- Nurses should be encouraged to undertake extended roles after specialised training and according to national regulations.

How to use the framework

Nurses using the framework will need to produce evidence for each competency in order to demonstrate that they have achieved the competence at the identified or desired level. Various approaches should be combined, rather than selecting one approach. This evidence will also help with NMC revalidation (NMC, 2019) in meeting requirements for this process. The journey from novice to expert is a stepwise approach, this is reflected in the NMC approach. Moving from one domain to another builds on skills and knowledge with specific evidence provided to demonstrate outcomes.

You should initially self-assess your level of competence, formulating a personal development plan for the skills and knowledge of rheumatology nursing. Ensure that you understand what the competence statement is asking for and take responsibility for producing the supporting evidence for the achievement of each competence. As part of professional development, you should keep a professional portfolio of personal evidence of competence and ensure that knowledge, skills and practice are updated regularly. The table of competencies in this document is a guide for users. The competency document templates that you need to use have been designed separately and the link to these are in the useful websites and resources section on page 33.

Completion of a learning contract can form an integral part of your professional portfolio. Self-assessment helps to direct learning, support development and provides a baseline for subsequent assessment. Objective formal assessment of competence should also be undertaken for quality assurance purposes and should include individual professional feedback.

Benefits of the framework

This framework will provide clarity for rheumatology nurses supporting career development. For organisations it will support staff recruitment, development and appraisal and performance management. It provides assurance to organisations, patients and the public that competence is validated and that standards are set, and confidence for rheumatology nurses that they are providing appropriate care. (See the aims of the framework on page 6).

Framework development

Online data resources were reviewed for the best available and most relevant, current evidence. There has been a considerable amount of work undertaken in recent years to support this framework, however where research evidence was not available, existing and new knowledge has been utilised from a consensus of expert opinion. The working group met to agree the structure of the competency framework and to provide a consensus for the range and content of the individual competencies. The RCN Rheumatology Nurse Forum workshop in June 2019 was a pivotal event in raising awareness of the development of the competency framework with a wider audience of rheumatology nurses. They included representatives from all of the rheumatology nurse role levels. They were introduced to the structure of the framework and its stated aims and answered a questionnaire to elicit views of the competency and seek suggestions about the final document. This feedback was used to inform development of the framework. (The comments made can be found in Appendix 1 on page 32).

There are key elements relevant to specific competencies in rheumatology nursing, these are advanced level practice, paediatric rheumatology nursing, transition of young people into adult services, extended roles in rheumatology nursing, research and self-management approaches. We have summarised key issues within this document and have added current useful links for signposting to support users of this framework in finding relevant information for career development documents (see Appendix 2 on page 33).

Advanced level practice

Advanced practice is a recognised and acknowledged level of practice. Advanced nurse practitioners are recognised by the following criteria:

- educated to Master's level
- assessed as competent in using expert knowledge and skills
- have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.

Advanced level practice is delivered by experienced, registered nurses and health care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award that encompasses the four pillars of advanced practice:

- clinical practice
- leadership and management
- education
- research.

Advanced level practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes (RCN, 2019). Credentialing is a way of recognising an individual nurse's ability to practice at an advanced level (RCN, 2018). This is especially useful for those working at an advanced level but without a Masters degree, who may have carried out specific training to support their role.

Whilst every effort has been made to reflect contemporary rheumatology practice nationally, we acknowledge that there will be variances in practice within different organisations and across the UK. Therefore, organisations themselves must determine the scope of practice of staff employed across the range of rheumatology nurse roles and set outcomes individually (Royal College of Nursing, 2018). There are several resources which describe this in more detail (see links to these resources in Appendix 2 on page 33).

Paediatric rheumatology nursing

There are a variety of roles within paediatric rheumatology nursing. In recognition of this, the BSPAR Section Council Nurses Group of BSR developed a competency framework relating to the care of children and young people (CYP) with rheumatological conditions which compliments this document (BSR, 2018) (see links to resources in Appendix 2 on page 33).

As for paediatric nursing those caring for children must have the appropriate qualifications to perform their role. To support education for paediatric nurses, from novice to expert a free resource *Paediatric Musculoskeletal Matters* (www.pmmonline.org) has been developed and endorsed by the RCN. This provides specific information about the assessment and treatment of CYP with rheumatological conditions.

Transition

As a child matures into a young person, they need to be encouraged to be involved in shared decision making and eventually self-management of their condition, having access to developmentally appropriate health care during adolescence and young adulthood (10-24 years of age). Health transition is an integral part of such care and is defined as purposeful planned movement of young adults with long-term conditions from child centred to adult-orientated health care systems. The National Institute for Health and Care Excellence (NICE) in 2016 outlined recommendations for effective transition and rheumatology nurses will be involved in the process before and after transfer into adult care. Parents and carers need to be part of this process to allow the young person to gradually take over responsibility for their own condition (NICE, 2016).

The overarching principles include provision of joint children's and adult services, with collaboration between the two even after transfer, as well as providing developmentally appropriate support (Foster et al., 2017). This should focus on the abilities and possibilities of the individual, treating the young person as a partner in the process, rather than determining options beforehand. The person's goals should be paramount. All services involved are responsible for sharing information, confidentiality and safeguarding. A profile should be compiled to include a range of preferences about health care, parent involvement, future goals and hopes. Recognition is needed that skill acquisition for a young person is a process occurring over time and may change during the course of adolescence. There should be no rigid age threshold as chronological age is a poor indicator of adolescent and young adult development.

There should be a named worker to co-ordinate transition, and the timing should be appropriate, avoiding jarring changes in timings of reviews or approaches. This should be aimed at building independence and supporting confidence building to take more control in self-management over time. Services should have a robust policy and a review process in place ensuring that a gap analysis is carried out when services are put in place. There is specific guidance for nurses, (NICE, 2016). With respect to the third phase of transition ie, that following transfer into adult care, adult teams need to have an understanding of the adolescent and young adult development (including brain), the different types of childhood rheumatological conditions, the different treatment regimens and comprehension of the journey the child or young person may have had through the health care system. Documentation should reflect this and the use of tools eg, HEADS(SS) (Cohen et al., 1991, NICE guidance NG43, 2016).

Throughout the competency framework the word patients will be used for readability of the document, this includes children and young people. The term 'carer' or 'family' is used to include patient advocates or people who provide significant unpaid care to the patient.

Long-term conditions

The competencies in this document can be applied across the lifespan of patients with a rheumatological condition as they transition and transfer through the health care system.

For children and young people, working with families and carers is particularly important. Parents and carers need to demonstrate the ability to deliver treatments to their child at home safely and effectively. It is essential that children and young people are included in consultations and decisions on their care where appropriate throughout their management.

All patients, across their lifespan and those with additional needs, must be cared for by competent practitioners who must have a sound knowledge of child anatomy, physiology, and child development. Children and young people's practitioners will understand and appreciate the different physical and psychological aspects of caring for children with rheumatological

conditions, the employment of distraction therapy and play, the use of age appropriate pain assessment tools, pharmacological and non-pharmacological pain management strategies, provision of a family and child friendly environment, the promotion of successful interaction with the child, using correctly sized equipment and implementing appropriate care plans (RCN, 2012a; RCN, 2012b; RCN, 2012c).

The practitioner caring for the older adult requires knowledge of the ageing process and its impact on patients' physical, psychological, social and care needs. Across the population of all patients safeguarding is a key responsibility. (See Appendix 2 on page 33 for links to the relevant documents).

Medicines management

The range of treatments available to modulate the immune system has expanded greatly over the last 20 years. This includes many treatments, which were once considered the preserve of oncology, but are now used to treat a wide variety of non-oncology diseases as well as more conventional immunosuppressant medications and the large range of monoclonal antibody-based therapies and the newer Janus Kinase (JAK) inhibitors commonly referred to as biologics and targeted advanced therapies. This terminology is becoming outdated as the emergence of newer therapies are developed. For clarity this document will use the term immunomodulatory to describe all forms of medication having an impact upon the immune system. In this evolving treatment landscape, the RNS needs to keep updated with all aspects of medication development, administration, screening and monitoring requirements.

Extended roles in rheumatology

Extended roles in rheumatology include nurse-led caseloads, monitoring of a patient's condition, joint injections, musculoskeletal (MSK) ultrasound, providing patient education, giving psychosocial support and referring appropriately. Rheumatology nurses may be involved in research to help improve outcomes for patients. Extended roles involve working at a higher level with more freedom to act than registered

nurses, demonstrating higher levels of autonomy, decision making skills and accountability. (Ndosi et al., 2014, revised 2019). Medication management may also include non-medical prescribing. Requirements for this training and specific competency can be found in Appendix 2 on page 33.

Self-management

Supporting patients to be actively involved in their own care, treatment and support can improve outcomes and experience for patients, and potentially yield efficiency savings for the system (NHS England, 2017). NHS England has made a commitment to enhance patient (and their carers) involvement in managing their own health and make informed decisions about their care and treatment. This commitment is supported by the *Five-Year Forward View* (2019). This outlines the need for a change in the relationship between people and the NHS. *Making Every Contact Count* is part of this programme making us all more conscious of looking at being alert for wider lifestyle and health issues and signposting people to improve their own health wherever possible. Signposting patients, families and carers to relevant patient organisations is also helpful in enabling patients to access supported self-management resources, education about their disease, peer support and much more.

The Marmot review (2010) raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes and that wider determinants have a greater influence on health than health care, behaviours or genetics. Addressing the wider determinants of health has a key role to play in reducing health inequalities, one of Public Health England's core functions.

Structure of the framework

The Nursing and Midwifery Council (NMC) provide regulation of nursing proficiency. The NMC's *Future Nurse: Standards of proficiency for registered nurses* (2018) provides a framework for the education and development of a registered nurse's career. The development of

non-registered roles is outside the scope of this document. We have used the domains within this document to provide a structure supporting rheumatology nurse career progression. The seven rheumatology competency domains illustrate the complexity of rheumatology nursing. The first domain 'specialism knowledge' underpins the specialism clinical practice in the domains that follow.

The framework can be used alongside the Simplified Knowledge and Skills Framework (KSF) (DoH, 2004) for practitioner appraisal and contribute to individuals' continuing professional development (CPD). It can also be used in conjunction with learning contracts to maintain and improve competence and support the NMC revalidation process. This framework describes levels 5-8 which map across the Agenda for Change (AFC) bands and across Skills for Health levels 1-4 and is used to define the level of practice. It also defines the evidence-based rheumatology specific nursing outcomes at registered practitioner, specialism specific practitioner, advanced level practitioner and consultant level practitioner levels. Thus, the framework is designed to be inclusive for all

practitioners (working in the NHS, independent or voluntary sector), caring for patients with rheumatological conditions in acute, primary and community settings in the UK. There may be local and regional differences in the roles of rheumatology nurses at different band levels which may reflect organisational variation in service set up. Some areas, for example paediatric knowledge, would not be an essential requirement to prevent an individual progressing from specialism specific practitioner to advanced level practitioner, if you do not care for children and young people in your daily work. Similarly, if you are a paediatric nurse, you are not expected to know the care for an adult with rheumatoid arthritis to progress.

The table illustrates levels of competency by level or band where competencies are cumulative across the banding levels. Each level builds on the earlier competencies and nurses would be expected to be competent in the previous levels of skills and knowledge. AFC dimensions, banding and associated key skills levels table can be found in Appendix 4 on page 36.

Competency framework

Competency 1: Specialism knowledge				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	<p>+ Develops underpinning knowledge of rheumatological conditions, associated comorbidities and differential diagnoses.</p> <p>Develops awareness of complex conditions such as autoimmune connective tissue diseases, vasculitis, rare metabolic bone disease or inherited connective tissue disease and treatment pathways.</p> <p>Develops knowledge of evidence-based treatment pathways such as Treating to Target, self-management strategies and national standards.</p> <p>Develops understanding of the main classifications of drug therapy including analgesia, non-steroidal anti-inflammatory drugs (NSAIDs), disease modifying anti-rheumatic drugs (DMARDs), immune modulatory drugs and corticosteroids.</p> <p>Develops an understanding of the impact of combination therapies, increases in dosage and the risks related to immunosuppression (especially in CYP).</p> <p>Develops understanding of bone health, including the importance of diet, vitamin D, micronutrients, exercise and associated risk factors and their importance within the rheumatology context including child development (where appropriate).</p> <p>Develops awareness of falls and fracture risk in rheumatology patients and can explain these to patients and carers.</p> <p>Develops an understanding of the role of the multidisciplinary team (MDT).</p>	<p>+ Understands aetiology biology and pathophysiology of MSK and rheumatological conditions, including complex autoimmune connective tissue diseases, vasculitis, rare metabolic bone disease or inherited connective tissue disease and treatment pathways.</p> <p>Understands treatment pathways and explains these to other colleagues and people with rheumatological conditions and their carers.</p> <p>Understands the risk factors for prolonged corticosteroid use and impact upon children and young people's growth, weight, skin and pubertal development.</p> <p>Understands the difference between paediatric and adult onset disease and what happens to their disease through a lifetime course.</p> <p>Understands the importance of screening and regular review for evidence of uveitis in children.</p> <p>Understand red flags indicating uveitis in a young child.</p> <p>Understands normal, osteopenia and osteoporosis dual energy-ray absorptiometry (DXA) results, and resulting treatment options.</p>	<p>+ Has undertaken specialist qualification at advanced level.</p> <p>Understands the diagnostic criteria for rheumatological and musculoskeletal conditions, differential diagnoses and risk factors.</p> <p>Understands the individual and national health burden of rheumatological conditions and how this impacts patients and services.</p> <p>Understands the differences between delivery of care in a paediatric, adolescent, young person and adult care setting.</p>	<p>+ Advanced knowledge of national and international innovations that contribute to rheumatology care in adults and children.</p>

<p>Skills and behaviours</p>	<p>Provides person-centred care in relation to the specific health care needs of patients with rheumatological conditions. Able to describe multifactorial issues in the development of rheumatological conditions and can explain these to patients and carers.</p>	<p>+ Applies specialist knowledge to evaluate new clinical ideas that are emerging in rheumatology. Discusses the principles of rheumatology nursing practice and explains how care is organised throughout the patient journey to colleagues and people with rheumatological conditions and their carers. Provides dietary advice to those receiving corticosteroid therapies, including avoidance of foods contributing to weight gain, and how to avoid poor bone health.</p>	<p>+ Uses specialist knowledge to evaluate new and complex clinical ideas that are emerging in the most advanced arenas in rheumatology. Can apply appropriate management pathways for complex autoimmune connective tissue diseases, vasculitis, rare metabolic bone disease and inherited connective tissue disease with guidance where needed. Drives person-centred care in relation to the specific health care needs of the local population of patients with rheumatological conditions served by the organisation. Actively develops the practice of others on all aspects of rheumatological conditions and associated co-morbidities. Contributes to development of effective treatment pathways and teaching programmes on all aspects of Rheumatological treatment pathways, and national standards. Is able to discuss the individual and national health burden of rheumatological conditions and how this impacts services. Identifies and acts on DXA results and requests other relevant tests to exclude diseases that can present with osteoporosis and vertebral fracture. Offers advice and educates colleagues and patients with rheumatological conditions and carers about the significance of bone health, vertebral fractures and approaches to fracture risk reduction in at risk rheumatology patients and monitors the effectiveness of treatments.</p>	<p>+ Can autonomously co-ordinate care of patients with complex autoimmune connective tissue diseases. Promotes rheumatology nursing practice as part of local health service delivery, utilising strategies for influencing national and local policy. Acts as national resource, expert, adviser, researcher and author. Leads education strategy in rheumatology for the organisation ensuring there is provision of education for those encountering children, young people and adults with symptoms of rheumatological conditions.</p>
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Competency 2: Clinical assessment, planning, implementation and evaluation				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	<p>Develops understanding of the importance of carrying out disease activity scoring and other outcome measures relevant to patient or condition.</p> <p>Develops understanding of normal body movements and factors which might alter these; including child development, delayed diagnosis and access to care.</p> <p>Understands the importance of correctly identifying and managing pain and develops an understanding of pharmacological and non-pharmacological approaches.</p> <p>Knowledge of appropriate investigations according to agreed protocols.</p> <p>Develops awareness of the importance of potentially serious pathology (red flags) and reports to appropriate clinician.</p> <p>Understands risk assessment principles and care planning processes using a shared decision making approach.</p> <p>Understands the specific risks from infections and takes appropriate action.</p> <p>Develops an understanding of the potential psychological and social implications of living with a rheumatological conditions.</p> <p>Understands the Health and Safety at Work Act, public health issues, services policies, procedures and protocols, local cytotoxic policy for administration of methotrexate and cyclophosphamide – including risk factors to mothers giving treatment to their children while pregnant.</p> <p>Develops knowledge of falls risk.</p>	<p>+</p> <p>Understands the reasons for appropriate requesting of investigations such as blood tests, radiological investigations, X-rays, US, CT, and MRI.</p> <p>Accurately interprets a range of investigations using the results to derive a management plan.</p> <p>Holds IR(ME)R certification in order to carry out baseline screening for patients starting drug therapy according to relevant national guidelines.</p> <p>Knowledge of the non-MSK manifestations of rheumatological pathologies.</p> <p>Knowledge of the potential psychological and social implications of living with a rheumatological condition.</p> <p>Understands falls risk implications and the importance of assessment.</p>	<p>+</p> <p>Has indepth knowledge of all aspects of MSK and clinical assessment in rheumatological conditions incorporating latest clinical guidance and research into practice.</p> <p>Holds IR(ME)R certification for investigation of more comprehensive clinical findings where appropriate according to local policy.</p>	<p>+</p> <p>Advanced knowledge of national and international innovations and guidelines that contribute to rheumatology nursing.</p> <p>Has undertaken specific accredited training and has indepth knowledge of the use of ultrasound scanning and advanced investigation techniques.</p>

<p>Skills and behaviours</p>	<p>Complies with infection prevention procedures and is specifically aware of infection risks for rheumatology patients, especially those on immune modulating therapies. Can describe infection presentations specifically related to rheumatology.</p> <p>Identifies and supports patients to manage acute and chronic pain, referring to appropriate services.</p> <p>Ability to carry out venepuncture or cannulation if appropriate.</p> <p>Recognises unexpected findings from investigations and reports these appropriately.</p> <p>Proactively identifies adult and child safeguarding issues and reports appropriately.</p>	<p>+</p> <p>Can interpret infection risks and implications for patient treatment and escalates to appropriate clinician.</p> <p>Carries out physical MSK objective examination (where appropriate) interpreting and acting on findings.</p> <p>Undertakes accurate disease activity scoring, incorporating knowledge of wider factors, including co-morbidities influencing this. Documenting and monitoring progress towards agreed targets and explaining these to patients and carers.</p> <p>Applies knowledge of normal body mechanics and Includes additional physical examination to further understand the impact of the patient's diagnosis.</p> <p>Consistently initiates shared decision making in partnership with the patient based on experience and expertise to achieve the best outcome. <i>Making Every Contact Count</i>.</p> <p>Develops clinical assessment skills of other systems and understanding of why these are required. Able to define red flags and act on findings. Support progression through age appropriate care from paediatric to adult care.</p> <p>Develops effective use of selective questioning and gauging responses (consultation skills) to achieve accurate assessment. Using age appropriate language and includes parent/carer where appropriate.</p> <p>Uses age appropriate scoring and measurement tools relevant to disease monitoring.</p> <p>Initiates falls and fracture risk assessment referral.</p>	<p>+</p> <p>Monitors specialist infection control compliance and adheres to policies national guidelines.</p> <p>Carries out comprehensive MSK and rheumatology assessments.</p> <p>Identify and acts on complex issues where outcomes are not met.</p> <p>Uses expert knowledge and critical thinking to explain and advise management options, including more complex cases.</p> <p>Uses specialist knowledge to define other manifestations of rheumatological diseases and screening processes monitoring individual and service performance.</p> <p>Uses expert skills to reach positive outcomes where patient deviates from agreed person-centred care plan.</p> <p>Collaborates with MDT to ensure red flag processes are effective, safe, responsive and well-led through audit and risk management processes.</p> <p>Ensures relevant specialism training is in place and monitors effectiveness of consultations.</p> <p>Audits effectiveness of referral pathways and works with MDT where changes in practice are required.</p> <p>Proactively identifies adult and child safeguarding issues and liaises appropriately with relevant agencies.</p> <p>Contributes to Child in Need plans, team around the family and child protection conferences.</p>	<p>+</p> <p>Educates staff on all aspects of rheumatological conditions, current guidance and the effects of long-term conditions on patients and families.</p> <p>Uses expert knowledge to define complex manifestations of rheumatological diseases and acts autonomously on findings.</p> <p>Has the ability to perform advanced procedures to aid clinical assessment decisions.</p> <p>Leads on person centred care planning and intervenes where needed.</p> <p>Ensures consistent shared decision making behaviours across the service.</p> <p>Applies expert knowledge and critical thinking to support team members.</p> <p>Ensures compliance with national standards and registry data.</p> <p>Ensures accurate collection, collation and analysis of data and feed back to appropriate team or organisation.</p> <p>Leads audits of effectiveness of referral pathways and works with colleagues where changes are made or required.</p> <p>Liaises with safeguarding team lead to demonstrate safeguarding practice, share learning and updates MDT.</p>
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Competency 3: Disease management				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	<p>Knowledge of the implications of long-term conditions, their ongoing management and effects on patients and families.</p> <p>Develops an understanding of the mode of action and aims of use of therapies, screening, side effects, monitoring requirements, pre-treatment safety checks and reporting side effects complying with local policy.</p> <p>Knowledge and understanding of other therapies and services that may be suitable.</p> <p>Knowledge of the use of over the counter (OTC) medication.</p> <p>Knowledge of non-pharmacological interventions.</p>	<p>+ Understands public health issues regarding the potential for the misuse of drugs.</p> <p>Knowledge of side effects of treatment and complies with local policy on reporting side effects.</p> <p>Understands the implications of the use of patient group directions (PGDs) and non-medical prescribing.</p> <p>Knowledge of the use of over the counter (OTC) medication and non-pharmacological interventions including complementary therapy and supplements.</p>	<p>+ Holds appropriate non-medical prescribing qualification.</p> <p>Holds appropriate joint injection qualification.</p> <p>Knowledge of strategic evidence-based management approaches to improve patient outcomes including insight into cost efficiency of service.</p>	<p>+ Advanced knowledge of disease management, innovations treatments, patient care standards and development of risk management strategies at local and national level.</p>

<p>Skills and behaviours</p>	<p>Undertakes risk assessment and capacity of patient and carers. Able to support patient and family to select most appropriate administration of medication and provides support for ongoing self-management and assesses treatment concordance. Effectively counsels patients and carers, and offers supporting information in relevant format. Competent to administer specialist prescribed treatments. Recognises and implements strategies to help with needle phobia, eg, distraction techniques, rewards. Safe administration of entonox for procedures as per local policies.</p>	<p>+ Educates staff about risk assessment and capacity of patient and carers. Advises patients and carers on the appropriate use of OTC medications and supplements and the potential interactions with prescribed medications. Understands the use of 'off licence' prescribing. Counsels and supports patient and carer in safe administration of medication at home with knowledge of risk factors including use of off licence treatments. Undertakes safe use of PGDs within agreed local protocols. Evaluates reported side effects of treatments and actively manages these, seeking advice where needed. Co-ordinates multidisciplinary patient management and follow up. Identifies patients at risk or in need of advice or referral regarding misuse of drugs or over prescription. Identifies and refers patients to other therapies and services working collaboratively to enhance service delivery and patient outcomes.</p>	<p>+ Advises where further assessment of capacity is necessary and seeks advice when needed. Educates staff, patients and carers regarding symptoms and side effects of treatments used and importance of concordance to treatment. Aware of changes and new developments in this area. Undertakes safe non-medical prescribing within agreed local protocols and recommends next steps in disease management, referring to other specialists as required. Advises on management of common and rare side effects and explores other treatment options where appropriate. Ensures processes are in place to manage and report side effects and contribute to active registers. Audits prescribing practice against national guidance. Demonstrates safe and accurate joint aspiration and joint injection. Develops effective treatment pathways to support patients who are corticosteroid dependant. Develops strategies which could be implemented to improve concordance. Provision of information to other agencies where appropriate to ensure reasonable adjustments to support the patient. Develop collaborative working practices and education with nurses and MDT. Supports the prescribing and monitoring of medication when delivered in another health care setting or within a clinical network.</p>	<p>+ Influences local and national policy identifying areas requiring further research. Disseminate and escalate risk assessment findings where needed in line with the organisation's clinical governance framework and risk register maintenance. Ensures consistency across service of information provision about OTC and complementary therapies. High level of autonomy and freedom to act to manage rheumatological conditions according to the latest research-based evidence. Supervises and supports team members to prescribe and monitor treatment plans and regular reviews. Uses expert knowledge and critical thinking skills to offer advice on referrals to other therapies and services. Critically review evidence for effectiveness of advanced therapies for rheumatological condition. Instigates further evaluation of effectiveness of advanced therapy provision. Supports the development of commissioning pathways for new biologic agents as evidence of effectiveness emerges. Ensures evidence-based consultation theory underpins MDT practice. Leads audit of clinical practice and addresses learning needs or professional development requirements arising from this. Leads the development and review of policies to ensure that rare side effects are acted upon.</p>
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Competency 4: Communication				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	<p>Understands factors affecting self-management and evidence-based approaches to patient education.</p> <p>Develops an understanding of national guidance documents within the scope of rheumatology to support safe practice.</p>	<p>+</p> <p>Has the knowledge to access specific tools to aid rheumatological assessment.</p>	<p>+</p> <p>Considers appropriate alternative ways that care can be delivered to improve patient experience with a rheumatological condition ensuring communication needs are enhanced.</p>	<p>+</p> <p>Has high level of knowledge and understanding of various communication theories, methods and models.</p>

<p>Skills and behaviours</p>	<p>Provides accurate information to patients, carers and families when starting treatment and importance of safe medication administration, in a developmentally appropriate manner.</p> <p>Describes approaches to diagnosis, treatments and ongoing monitoring to patients and their carers.</p> <p>Develops understanding of specific risk factors relating to rheumatology and <i>Making Every Contact Count</i>.</p> <p>Provides written contact information regarding rheumatology and home care delivery services and out-of-hours procedures and access.</p> <p>Ensures adequate provision of medication liaising with prescribers as needed.</p> <p>Participates in patient and carer teaching sessions.</p>	<p>+ Shows capability in communicating with patients about treatments and can tailor specific approaches eg, goal setting and motivational interviewing.</p> <p>Counsels individuals commencing drug treatments and recognise where behaviours are deviating from agreed care plan. Acts to collaborate and promote drug persistence and adherence. Able to problem solve and escalate where issues arise.</p> <p>Identifies specific potential risk factors. Ability to signpost for health promotional concerns, making every contact count.</p> <p>Contributes to the development and evaluation of specialist local patient information resources and seeks patient feedback.</p> <p>Ensures clear communication routes are used by patients having home care delivery.</p> <p>Promotes e-health approaches, telemedicine, care planning and documentation in line with local policies and national guidelines.</p> <p>Demonstrates specific skills to undertake telephone consultations.</p> <p>Contributes to evidence-based patient education sessions co-ordinating with the MDT for delivery, taking into account the individual needs of patients and carers.</p> <p>Supports the delivery of care across a clinical network.</p> <p>Communicates and shares relevant information with other agencies interacting with the child, young person or young adults including schools and colleges.</p>	<p>+ Utilises shared decision making and obtains patient's lay beliefs to enhance concordance.</p> <p>Ensures staff are aware of prerequisite information before starting immune modulating medications such as pretesting and discussions around patient choice.</p> <p>Supports staff to make every contact count in rheumatology where patients have specific risk factors.</p> <p>Liaises with and maintains professional working relationships with key stakeholders and agencies involved in the care pathway.</p> <p>Develops information in partnership with patient representatives, stakeholders and senior managers to ensure information needs are met.</p> <p>Monitors delivery of home care supplies of medication and ensures staff are familiar with processes.</p>	<p>+ Lead as role model to MDT and staff demonstrating professional expertise and skill in resolving conflict management.</p> <p>Liaises with external or internal providers of homecare and delivery and raises alerts issues relating to medication or supply.</p> <p>Provides expert advice to colleagues.</p> <p>Leads teaching and training strategies about age appropriate holistic care, health promotion and safe guarding.</p> <p>Leads on ensuring expected standards are adhered to, undertaking audit.</p> <p>Critically analyses emerging IT solutions to improve patient care ensuring effective communication is maintained in response to local population needs.</p> <p>Ensures secure systems are in place to provide resources and training to support evidence-based approaches to telemedicine.</p> <p>Is able to convey to wider clinical and non-clinical audiences the individual and national health burden of rheumatological conditions and how this impacts services.</p> <p>Ensures the development of information and programmes and monitors the effectiveness of these, revising them in accordance with patient feedback, outcome measures and the latest clinical evidence and national guidance. Shares outcomes within the organisation regionally and nationally.</p> <p>Monitor effectiveness of programmes and collates evaluation and satisfaction data and shares within the organisation and regionally and nationally.</p> <p>Drives person-centred care within MDT and aware of local population needs accessing appropriate resources and services in the locality.</p>
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Competency 5: Service delivery				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	<p>Is aware of pathways used in rheumatology and follows them for patient care.</p> <p>Is aware of patient feedback mechanisms.</p> <p>Understands the importance of planned smooth transfer of care between primary, community and secondary care settings.</p>	<p>+</p> <p>Has knowledge of skills and expertise of others and appropriate referral pathways.</p> <p>Utilises patient feedback, compliments and complaints to advance service development and improvement.</p>	<p>+</p> <p>Financial awareness of budget setting needs.</p> <p>Has undertaken management and service-related training.</p> <p>Understands the implications for funding of biologic therapy.</p> <p>Ability to complete service-specific training needs analysis for nursing team.</p>	<p>+</p> <p>Understands business planning and able to contribute to rheumatology business cases.</p> <p>Has undertaken senior management training modules.</p> <p>Has knowledge and understanding of report writing.</p>

<p>Skills and behaviour</p>	<p>Supports patients and carers to self-manage care as appropriate, and able to describe support systems in place accurately to patients and carers.</p> <p>Ability to manage clinical caseload safely, effectively and efficiently.</p> <p>Able to carry out clinical annual review using local protocol.</p> <p>Demonstrates excellent time keeping skills.</p>	<p>+ Ensures systems are in place to support patients and carers where necessary.</p> <p>Supports team members to ensure core service delivery.</p> <p>Collects and reports service user feedback.</p> <p>Ensures robust data collection and adherence to commissioning requirements for high cost drugs.</p> <p>Provides teaching to young people at an age appropriate level to encourage self-administration and self-management.</p> <p>Management of transitional care plans and engaging with young people and carers early in preparation for transfer to adult rheumatology teams.</p> <p>Regular liaison with follow on care services, ensuring ongoing support of young person and carer after transfer.</p>	<p>+ Undertakes evaluation of patient experience to improve service delivery.</p> <p>Uses quantitative outcome measures to review clinical effectiveness of service provided and performance against contractual requirements.</p> <p>Manages service skill mix requirements.</p> <p>Manages job planning to ensure appropriate time is allocated to core components of roles.</p> <p>Involved in the development of referral pathways into rheumatology service; understands the wider political environment and how this influences service redesign.</p> <p>Ability to recognise referrals that are inappropriate and use pathways to take action, and when to discuss this with referrer. Ability to recognise when to seek guidance when making triage decisions.</p> <p>Ability to complete relevant funding applications for biologic therapy for adults and CYP.</p>	<p>+ Ensures consistency or care within the service.</p> <p>Leads reviews of pathways with the MDT and user groups.</p> <p>Monitors local trends and identifies gaps in care pathways and implements strategies to address these working across primary and secondary care boundaries to meet requirements of service commissioned.</p> <p>Ensures methodology and referral pathways underpinning the rheumatology service are reliable and valid. Ensures effective uptake and monitoring of rheumatology service and adherence to key performance indicators for service commissioned.</p> <p>Sound knowledge of patient pathways and the available expertise to support the triage processes to ensure appropriate referrals, and clinic, recognising those that are a priority and take action.</p> <p>Escalates where appropriate if service pressure is impacting upon the team.</p> <p>Identifies need for change in service delivery, assessing risk and mitigation for it.</p> <p>Uses financial acumen to support decision making when promoting strategies to enhance quality, productivity and value.</p> <p>Writes department policies regarding safe self-administration of medications.</p> <p>Ensures team offers transitional care to all young people where required. With transfer options clearly defined.</p> <p>Regular audit of transition process to ensure children and young people's needs are met. Presents teams outcomes at senior level.</p>
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Competency 6: Governance and accountability				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	<p>Understands the principles of duty of care and the importance of reporting near misses and errors.</p> <p>Develops understanding of quality improvement strategies.</p> <p>Understands the processes use of audit in demonstrating effectiveness of own clinical interventions through the use of outcome measures.</p> <p>Knowledge and understanding of research approaches and their relevance practice.</p>	<p>+ Contributes to research projects and audit and understands application of these to practice.</p> <p>Undertaken quality improvement module.</p>	<p>+</p>	<p>+ High level of knowledge of the research and audit process, and methods to develop and lead projects for practice and service development for rheumatology nursing.</p> <p>Identifying and initiating audit and research projects.</p> <p>Contributes to finding solutions to any rheumatology risk register entries.</p>
Skills and behaviour	<p>Is able to use DATIX or equivalent system for reporting near misses and/or errors.</p>	<p>+ Recognises specific gaps and issues and problem solves or escalates issues related to the principle of duty of care.</p> <p>Takes part in audits and demonstrates understanding of the use of audits, putting recommendations into practice.</p> <p>Able to identify and develop learning opportunities for others based on their needs.</p> <p>Participates in quality improvement processes and audit and can present data to colleagues.</p>	<p>+ Ensures duty of care principle embedded within the service policies and protocols and collaborates with the organisations clinical governance framework.</p> <p>Ensures evidence-based practice and research embedded within the services policies and protocols and collaborates with the organisations clinical governance framework.</p> <p>Applies quality improvement outcomes.</p> <p>Shares best practice and attends journal clubs or wider research meetings.</p> <p>Is able to support learners and develop programmes to aid learning.</p> <p>Can recognise the needs of others in the team and make appropriate referral to occupational health, etc.</p>	<p>+ Drives quality improvement by leading on designing and undertaking audit and disseminating findings at local, regional and national meetings.</p> <p>Lead by example sharing case studies and promoting best practise.</p> <p>Responsibility for team members compliance with local policies and procedures.</p> <p>Undertakes fitness to work meetings as appropriate.</p> <p>Writes publications and practice documents.</p>

Competency 7: Leadership and development				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	Knows the vision, values, principles and policies of the organisation and how to access them.	+ Accesses a foundation level leadership training. Understands the nature of projects and deadlines and how these can impact the service.	+ Knowledge of organisational change and leadership models including the characteristics of effective leadership styles, development and succession planning, and concepts associated with vision, strategy, goals and objectives. Participates in local and regional or national meetings, contributing to rheumatology development.	+ Has completed good clinical practice training to enable participation and support of team in research at local level to improve health care outcomes and/or the service. Leads by example as an expert and advisor in specialist field. Collaborates with colleagues ensuring research project standards are maintained where patients are involved and benchmarked against national standards. Develops and contributes to local, regional, national or international meetings, contributing to rheumatology development.
Skills and behaviour	Awareness of importance of organisation goals. Able to undertake literature search and take part in research. Can undertake relevant literature search to access current evidence for clinical practice. Regularly attends professional forums, local teaching, regional network updates on treatments and maintains own knowledge and competence to meet professional standards, CPD and revalidation requirements.	+ Promotes organisational goals. Understands service and organisation's policies and practices. Discusses strategies which might be used to facilitate their own and others learning in practice. Actively participates in meetings. Can mentor staff and appraise as appropriate. Can lead small groups in project work and to meet deadlines.	+ Promotes a positive working environment developing a learning culture which promotes reflective practice. Provides clinical supervision. Provides leadership in the implementation of national standards. Demonstrates resilience in the workplace and is able to share strategies with team members. Uses expert clinical knowledge and leadership skills to operationally influence service change. Manages and oversees delivery of specialist rheumatology services. Contributes to specialism education, professional development of students and colleagues in the work place. Can lead a meeting. Clearly defines expectations of contributions from the team adapting leadership style to the specific situation. Carries out regular appraisals of staff members.	+ Leads in a manner to inspire respect and confidence from others and models expert care. Supports learning and ensures learning needs are met for all staff. Demonstrates forward planning of nursing workforce by being aware of succession planning. Leads strategic planning, direction policy and protocol development to improve patient outcomes and represents team at wider national and international meetings. Leads or participates in consultation on national or international publications and guidelines.

Assessing competence

Understandably at the introduction of this framework there may be nurses who have not yet attained or recorded competencies. Whilst these competencies are being obtained a pragmatic approach should be applied and senior nurses should be allowed to supervise others commensurate with their current role.

Those performing the assessments should have adequate expertise and training experience, and hold the competencies which they are assessing. For example, a new rheumatology nurse at band 5 should be assessed by an experienced rheumatology nurse who is competent to a band 6 level and should have undergone specific training in supervision and assessment of others, and so on for more senior roles. In this situation use of local networks may be required.

Regular reviews give the opportunity to discuss any difficulties and resolve any issues in achieving or maintaining competence. Reviews also provide support for individuals, helping them to reach their potential without being restricted by traditional time-bound progression limits. Realistic goals should be set at each review with an expected achievement date for those competencies which need to be prioritised, leaving blank those competencies

which will be done at a future date. Frequencies of meetings should be set by individuals. During the first year a monthly to three monthly time scale should provide progression towards goals. Following this it would be realistic to meet at six-monthly intervals, with annual appraisals providing onward development at the end of the second year. At each meeting, there should be an agreement on which specific competencies have been achieved or maintained and which need to be progressed before the next meeting.

Some competencies may be non-applicable and should be marked accordingly. This will allow the individual to use their competency to continue their development. See Appendix 3 on page 35 for level of attainment guidance based on Benner (1984).

This competency framework lends itself to local level assessment, but this may also take place through university courses and formal examinations, eg, MSc in rheumatology, non-medical prescribing or joint injection courses. The competency framework provides guidance for assessment, but alternative assessments may be appropriate in different settings.

Producing evidence

Practitioners will need to produce evidence for each competency in order to demonstrate that they have achieved the competency at the identified or desired level. Various approaches should be combined, rather than selecting one approach. This evidence will also help with NMC revalidation in meeting requirements for this process.

Assessment should be based on objective evidence. Due to the diverse nature of the competencies, no one type of evidence can meet all the statements. It is important that a variety of evidence types are used to demonstrate the knowledge, skills and behaviours required.

The following examples of evidence are not exhaustive and alternative assessments may be appropriate in different settings.

- Audit of records of 10 patients per year as outlined in the competency framework.
- Observed clinic practice with verbal questioning.
- Evidence of training and development, and CPD in a personal CPD portfolio eg, e-learning, study days (certificates).
- Clinical evaluation exercise (MiniCEX) and case-based discussion (CbD).
- Objective structures clinical examination (OSCE).
- Academic courses eg, BN or BSc, MSc, NMP or PhD, BSc, MSc or Diploma or equivalent level Rheumatology Programme.
- Research and evidence-based reviews.
- Writing papers for publication in professional journals which may include audits, case studies, literature reviews and primary research.
- Membership of advisory bodies contributing to national best practice guidance for publication.
- Delivering case studies or education sessions (eg, local, national and international seminars workshops and conferences).
- Developing learning and teaching resources for patients, families or colleagues.
- Case correlation exercise with peers.
- Critical incident analysis.
- Prescribing audit.
- IR(ME)R training/imaging training and completion of at least one radiology interpretation sheet (10 examples per year).
- Audit minimum of five referrals from the triage session.
- Observed practice of a minimum of two telephone helpline sessions with verbal questioning.
- Reflection and audit of five records from telephone calls.
- Statutory and mandatory training evidence.
- Self-directed study.
- Recorded activity on electronic system eg, Systemone.
- Observed delivery of clinical practice in a minimum of one clinic.
- Audit of five letters of timely signing and dispatch.
- Questioning on policies procedures and protocols.
- Production of at least one clinical audit with evidence of application of outcomes.
- Audit of supervision and PDP documentation.
- Portfolio, reflective diary and ePortfolio.
- Audit of appraisal and PDP documentation respecting confidentiality if pertaining to supervision of others.
- Observation feedback of at least one teaching session or presentation.

Job planning and showing your worth

Showing your worth is important. A career framework ensures that in today's financial climate there is ongoing support and sustainability for your service, and in the long run support for your own development.

The quickest and easiest way to start this process is to write a detailed job plan which clearly articulates the complexities of your role. This should not only show where you are but also what you are doing. Service managers can then identify what deficits there would be if you weren't there.

Below is a link to the Apollo nursing resource which is free to access and provides a simple tool to help you do this. Within this link there is further advice to help you to demonstrate compliance with standards, write a service report and produce evidence for your role and how to share your good news stories.

www.apollonursingresource.com/showing-how-i-spend-my-time/job-planning

Development roles

Organisations may employ people in development roles. This framework is intended to support such a role and be used for the individual development requirement to ensure safe, structured progression and career development.

Evaluating the framework

We are aiming to design a structured evaluation plan. This plan is dependent on a full and thorough process of dissemination across the breadth of stakeholders in addition to publication online.

We will carry out quantitative evaluation of digital data of downloads at six months. We then plan to measure the dissemination success using a variety of methods at one year. Our qualitative evaluation will use a variety of methods including a questionnaire using a representative sample of nurses of different grades from all four nations at one year and year two. Patient perspective will be sought throughout this process.

Currently agreed criterion for success will be:

- Who, where and how the framework is being used: aiming at 60% of rheumatology nurses at all levels having documented competencies at year one from the launch of the document and 75% at year two, with CPD linked to competencies at 90% of these.

We plan to work with an academic researcher to develop this evaluation proposal. We will publicise evaluation results and continue to develop the framework as needed.

Next steps

This competency framework should be embedded into formal educational curriculum going forward. We will continue to promote the document in the wider rheumatology community to help achieve this. Providers of education will be encouraged to map their

provision against the framework due to delegates requiring specific provision. This document will act as a resource to support academic institutions to develop an appropriate curriculum.

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Glossary

Advanced therapy refers to medications which may include biologic drugs and newly developed drugs

AFC Agenda for Change

ARMA Arthritis and Musculoskeletal Alliance

Biologics – immune modulatory therapies

Biosimilars – a biological medicine which has been shown not to have any clinically meaningful differences from the reference medicine in terms of quality, biological activity, safety, efficacy and immunogenicity

BSPAR Paediatric and adolescent membership group of BSR

BSR British Society for Rheumatology

Chronic pain persisting beyond three months

CIA chronic inflammatory arthritis

CPD Continuous professional development

CQC Care Quality Commission

CYP Children and young people

DAS28 Disease activity score 28 joints – for Rheumatoid arthritis

Differential diagnoses the process of differentiating between two or more conditions which share similar signs or symptoms.

DMARD Disease modifying anti rheumatic drug

DH Department of Health

DXA Dual energy x-ray absorptiometry

EIA Early inflammatory arthritis (Pathway)

EULAR European League Against Rheumatism

HWB Health and wellbeing dimensions in key skills framework

IK Information and knowledge dimensions in key skills framework

Immune modulatory drugs often termed biologics these drugs effect the immune system

IR(ME)R Ionising Radiation (Medical Exposure) Regulations

IT Information technology

KSF Knowledge and Skills Framework

MSc Master of Science

MDT Multidisciplinary team

Montgomery Principles Informed consent is a fundamental principle of health care: anyone receiving medical treatment must agree to undergo that treatment.

MSK Musculoskeletal

NASS National Axial Spondyloarthritis Society

NHS National Health Service

NICE National Institute for Clinical Health and Care Excellence

NMC Nursing and Midwifery Council

NSAIDs Non-steroidal anti-inflammatory drugs

NRAS National Rheumatoid Arthritis Society

NSF National Service Framework for long-term conditions

OSCE Observed structured clinical examination

OTC Over the counter

PDP Personal development plan

Person centred – focusing on individual service users

PGD Patient Group Directions – legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber.

RA rheumatoid arthritis

RCN Royal College of Nursing

RNF Rheumatology Nursing Forum

RNS Rheumatology Nurse Specialist

Transition Process of moving from one service to another often referring to children into adult services

Appendix 1: Comments from 2019 RCN Rheumatology Forum annual workshop survey

Please comment what the main benefits of having a competency framework for you would be	What would you like to see included?
Information for the managers who don't understand what we do and will help with banding changes	Career pathways
To be able to reflect on the progress within the role and identify strengths and weaknesses	Provide guidance on my own role and my junior colleagues development to ensure nurse development continues in a constructive manner
I am in a development post so this would be very helpful and a tool to demonstrate my progress	Clear achievement of competence and specialism skills
Useful to have a clearer structure for the future	To broaden knowledge in clinical settings and provide a framework for developing in professionalism
To practice with a standardised framework	National competencies being the same across the board
Good for training and assessment of new staff	Support career development and progression and standardise practice to improve patient care
[benefits will be] in the future	Must have shared decision making and self-management in it
Safer guidelines for managing patients	Assessment forms would be useful
Better recognition of the role confidence to do my job, provision of evidence	Provide more education courses for Rheumatology Nurse specialism ie, qualifications
Identify a route by which support staff development	Wellbeing and emotional support for staff, legal issues - remote prescribing IT support - blood monitoring
Get support to staff	What you think band 6 would do and band 7, etc.
Supporting new CNS -career framework appropriate banding for skills/knowledge	Up to date information that is nationally agreed and evidence based
It's really helpful to support new nurses expressing an interest in rheumatology and link nurses	
Need to be able to demonstrate knowledge and skills for revalidation help to improve patient care	

Appendix 2: Useful websites and resources

Clinical practice resources

Agenda for Change and handbook
www.nhsemployers.org/employershandbook/afc_tc_of_service_handbook_fb.pdf

Putting NICE Guidelines into practice

This resource focusses on helping clinicians to put National Institute for Health and Clinical Excellence (NICE) Guidelines into practice.

National Early Warning Scores

National Early Warning Scores focus on early detection of patient deterioration

Royal College of Nursing
www.rcn.org.uk/clinical-topics/public-health/self-care

NHS England involving people in their care
www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf

Health Foundation New Approaches to Value in Health and Care
www.health.org.uk/publication/new-approaches-value-health-and-care

NHS Scotland's education and training body ensuring that patients and their families get the best health care possible from well trained and educated staff www.nes.scot.nhs.uk

Primary care service framework – management of long terms conditions in primary care 2005
www.pcc-cic.org.uk

Competency framework for working with long terms conditions www.kcl.ac.uk

Frailty core capability framework skills for health
www.skillsforhealth.org.uk

Long-term conditions skills for care
www.skillsforcare.org.uk

Multiple long-term conditions www.nice.org.uk

Long-term conditions health in Wales
www.wales.nhs.uk

Delivering person centred care in long-term conditions www.bmj.com.seaton

Involving people in their care www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf

Value in health care www.health.org.uk/publication/new-approaches-value-health-and-care

Self care www.rcn.org.uk/clinical-topics/public-health/self-care

Role development resources

RCN credentialing information is available at:
www.rcn.org.uk/professional-development/professional-services/credentialing

Job planning resource for nurses
www.apollonursingresource.com/showing-how-i-spend-my-time/job-planning

Greater Glasgow and Clyde (NHSGC) 2015 Associate nurse training post. The person appointed to this post is supernumerary and rotates round three different sites over one year, learning all aspects of rheumatology, including joint injection and aspiration. For information please contact Liz McIvor Elizabeth.McIvor@ggc.scot.nhs.uk

Advanced Practitioner Competency Framework (2014 updated 2019) Sussex MSK Partnership

Revalidation resources

Revalidation NMC (2019): <http://revalidation.nmc.org.uk/welcome-to-revalidation.1.html> and www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf

NMC Future nurse: Standards of proficiency for registered nurses. Published 17 May 2018.
www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf

Royal College of Nursing
 Advanced nursing practice
www.rcn.org.uk/library/subject-guides/advanced-nursing-practice

Professional organisations

Nursing and Midwifery Council
www.nmc.org.uk

British Society of Rheumatology
www.rheumatology.org.uk

EULAR www.eular.org/index.cfm

Royal College of Nursing
www.rcn.org.uk/about-us

Arthritis and Musculoskeletal Alliance (ARMA)
www.arma.uk.net

NHS Employers www.nhsemployers.org

Third sector resources

Arthritis Action
www.arthritisaction.org.uk

NRAS
www.nras.org.uk

NASS
nass.co.uk

National Osteoporosis Foundation
www.NOF.org

British Orthopaedic Association
www.boa.ac.uk

Royal College of Physicians
www.rcplondon.ac.uk

Versus Arthritis – charity formally known as
Arthritis Research UK
www.versusarthritis.org

Advanced clinical practice

RCN Advanced Level Practice Credentialing.
Information on this process is available at:
www.rcn.org.uk/professional-development/professional-services/credentialing

Health Education England Advanced Clinical
Practice
www.hee.nhs.uk/our-work/advanced-clinical-practice

Northern Ireland Supporting Advanced Practice
in Health and Social care
www.health-ni.gov.uk/publications/advanced-nursing-practice-framework

NMC prescribing resources
www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers

Royal Pharmaceutical Society's Competency
Framework for All Prescribers
www.rpharms.com/resources/frameworks/prescribers-competency-framework

Musculoskeletal ultrasound
www.eular.org/myUploadData/files/EULAR_Point_to_Consider_HP_US_Submitted_EULAR_100716.pdf

NHS Wales Advanced clinical practice
framework
www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf

Paediatric rheumatology nursing

Core competencies for paediatric rheumatology
nursing
www.rheumatology.org.uk/Portals/0/Documents/Guidelines/Paediatric%20guidelines/Core_competencies_Paediatric_Rheumatology_Clinical_Nurse_Specialists_Advanced_Nurse_Practitioners.pdf

Paediatric Musculoskeletal Matters (PMM) free
educational resource available at:
www.pmmonline.org

Intercollegiate adult safeguarding competencies
RCN CYP Safeguarding Competencies www.rcn.org.uk/clinical-topics/children-and-young-people/safeguarding-children-and-young-people

Government recommendations for Safeguarding
Children and Young People https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

Adult safeguarding roles and competencies for
health care staff www.rcn.org.uk/professional-development/publications/pub-007069

Government recommendations for Safeguarding
Children and Young People
www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults

RCN CYP safeguarding competencies
www.rcn.org.uk/professional-development/publications/pub-007069

Research

Good clinical practice training www.hra.nhs.uk/about-us/news-updates/updated-guidance-good-clinical-practice-gcp-training

Appendix 3: Level of competency attainment guidance

Level of competency attainment guidance	Level
Cannot perform/demonstrate this activity satisfactorily or participate in the clinical environment	1
Can perform/demonstrate this activity but not without constant supervision and assistance	2
Can perform/demonstrate this activity with some supervision or assistance - and in clinical settings discussing cases as needed	3
Can perform without supervision or assistance demonstrating more than acceptable speed and quality showing initiative and adaptability to special problem situations - and in clinical settings discussing only difficult cases	4
Can perform without supervision or assistance demonstrating more than acceptable speed and quality showing initiative and adaptability to special problem situations and can lead others in undertaking this activity - and in clinical settings bringing pertinent cases to MDT meetings or appropriate clinician as required	5

Adapted from Benner (1984).

Appendix 4: AFC dimensions, banding and associated key skills levels

AFC Indicative dimensions and banding	Registered practitioner AFC Band 5 Key Skills Level 1	Specialism specific practitioner AFC Band 6 Key Skills Level 2	Advanced level practitioner AFC Band 7 Key Skills Level 3	Consultant level practitioner AFC Band 8 Key Skills Level 4
Competency 1: Specialism knowledge	Core 1 & 2 level 3, Core 5 level 2, IK level 2	Core 1 & 2 & 5 level 3, Core 4 level 2, IK 2 level 3	Core 1, 2, 3, 4, 5 Level 3, IK 2 level 3, HWB 2, 4, 5 level 4, GI level 3	Core 1, 2, 4, 5 Level 4, IK 2 level 4, HWB 2, 4, 5 level 4, GI level 3
Competency 2: Clinical assessment, planning, implementation and evaluation	Core 1 & 2 level 3, Core 5 level 2, IK level 2, HWB 2, 5 level 3, HWB 2 level 2	Core 1 & 2 & 5 level 3, Core 5 level 3, IK 2 level 2, HWB 2, 4, 5 level 3, HWB 3 level 2 G5 level 3	Core 1, 2, 4, 5 level 3, IK 2 level 3, HWB 2, 3, 5 level 4, GI 2, 5, 6 level 3	Core 1, 2, 4, 5 level 4, IK 2 level 4, HWB 2, 3, 5 Level 4, GI, 2, 5, level 3, G6 level 4
Competency 3: Disease management	Core 1 & 2 level 3, Core 3 & 4 level 2, HWB 2 level 3, HWB 3 level 1	Core 1 & 5 level 3, Core 3 level 2, IK 2 level 2, HWB 2, 4, 5 level 3, HWB 3 level 2	Core 1, 2, 3, 4 Level 3, HWB 2, 4, 5 Level 4, HWB 3 level 3	Core 1, 2, 3, 4 level 4, HWB 2, 3, 4, 5 level 4
Competency 4: Communication	Core 1 & 2 level 3, Core 3 & 6 level 2, IK level 2, HWB 2 level 1, IK1 level 1	Core 1, 2, 5, 6 level 3, Core 4 level 2, HWB 2 level 2, IK 2 level 2	Core 1, 2, 4, level 4, HWB 2 level 3, IK 2 level 3,	Core 1, 2, 4, level 4, IK 2 level 4, HWB 2 level 4
Competency 5: Service delivery	Core 5 level 3, HWB 6 & 7 level 1, IK 1 level 1	Core 5 level 3, Core 4 level 2, HWB 2 level 2 IK 1 level 2	Core 5, level 4, HWB 6 & 7 level 3 IK 1 level 3	Core 5 level 4, IK 1 level 4, HWB 6 & 7 level 4
Competency 6: Governance and accountability	Core 1 & 2 level 3, Core 4,5 level 2, HWB all dimensions and levels	Core 1, 2,5 level 3, Core 4 level 2, HWB all dimensions and levels, IK3 level 3, G5 level 3	Core 1, 2,4 level 4, Core 5 level 3, HWB all dimensions and levels IK 3 level 4, G5 level 4	Core 1, 2,4,5 level 4, HWB all dimensions and levels, IK 3 level 4, G5 level 4, G6 level 4
Competency 7: Leadership and development	Core 1 & 2 level 2	Core 1 & 2 level 3	Core 1 & 2, level 4	Core 1 & 2, level 4

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