Developing a Policy for
Graduate, Specialist and Advanced Nursing & Midwifery Practice
Consultation Paper

Office of the Chief Nurse, Department of Health

March 2017
## Contents

Forward by the Minister of Health Simon Harris TD ................................................................. 3

Message from the Chief Nursing Officer .................................................................................. 4

Background – What is the objective of new graduate, specialist and advanced practice policy? ...................... 5

Rationale – Why do we need a new policy? .................................................................................. 6

Analysis – What does the evidence tell us? ................................................................................ 7

Overview – What changes will the framework enable? ................................................................... 9

Area 1 – Developing a Critical Mass .............................................................................................. 11

Area 2 – Introducing a Credentialing Pathway ............................................................................ 12

Area 3 – Streamlining the Education Pathway .............................................................................. 15

Area 4 – Facilitating Inter-professional Education ....................................................................... 19

Governance and Change Management - Operationalisation of the Model in Practice ................. 21

Evaluation – How will we measure success? ............................................................................... 24

Implementation - Next Steps ....................................................................................................... 26

Implementation – What are the proposed actions to implement the framework? ............................ 27

Consultation Questions – What are your views? ......................................................................... 30

Conclusion .................................................................................................................................. 31

References ................................................................................................................................. 32
Forward by the Minister of Health Simon Harris TD

The Irish health service has seen many challenges in recent years. Our population demographics and the health problems we face as a society are changing. As more people live longer and manage several conditions affecting their health, we need services that support them to remain as well as possible for as long as possible within their own homes and communities. With the increasing complexities and acuity impacting greatly on an already stretched service, we need to be innovative in maximising the potential of the nursing and midwifery workforce to meet the population need and choice.

Our well-educated, highly skilled and experienced nurses and midwives are a valuable resource to our health service. We must ensure that this resource is fully utilised and appropriately applied to optimise patient outcomes and impact. We must create an environment that enables nurses and midwives to provide comprehensive care to individuals, families and communities. Our ambition is to create health services that are responsive to people’s choices delivering a positive experience and outcomes for patients and their carers. Our intention is to improve hospital avoidance, early discharge, patient flow and timely access to health services. One of our challenges lies in building the confidence of each nurse and midwife to develop additional competencies as well as embracing new ways of working and innovative methods of service delivery. This includes exploring the delivery of care in settings away from the hospital and utilising the skills of the appropriately prepared nurse and midwife. Nurses and midwives are uniquely placed to work closely with patients and their carers during all stages of their lives. It is important that their point of view is fully reflected in the development of future health policy. This consultation paper has been produced based upon national and international evidence including contributions from professionals in the acute health services, community, academic institutions, policy and senior management. It proposes a framework to:

- Create a critical mass of Registered Advanced Nurse Practitioners /Registered Advanced Midwife Practitioner’s (RANP/RAMP’s) through a developmental pathway for graduate and specialist nurses and midwives;
- Change the way we educate and train nurses and midwives from graduate level;
- Change how we utilise and deploy the nursing and midwifery resource;
- Measure impact and effectiveness of the new framework.

It is one of a suite of policy papers under development within the Chief Nursing Office of the Department of Health. I am confident that by implementing this policy, we will be able to fully utilise and benefit from the nursing and midwifery contribution to the health service. Following extensive development of the draft policy I am delighted to launch the consultation paper for national consultation and invite all stakeholders and service users to engage in the national process and to contribute to the development of world class future nursing and midwifery services.

Simon Harris TD
Minister for Health
Message from the Chief Nursing Officer

Our world has changed. We live longer, with complexities of health across our lifespan. This adds increasing pressure to the health services. We need to constantly plan for the future and adapt our services to meet the needs of the Irish population. We also need to invest in proactive care, with an emphasis on health rather than illness.

Internationally the scope of nursing and midwifery practice has evolved to meet service need. The Commission on Nursing Report (Government of Ireland, 1998) created the foundation for an educated, problem-solving and responsive nursing and midwifery workforce. This Draft Policy on the Development of Graduate, Specialist and Advanced Nursing and Midwifery Practice proposes a framework for graduate, specialist and advanced nursing and midwifery practice capable of developing a critical mass of nurses and midwives (target to produce 700 by 2021) to address emerging and future service needs including driving integration between services. The framework proposes a two-year timeframe from graduate level through to advanced practice, which is reflective of current international trends in this area. The process involves a progressive credentialing framework involving the Nursing and Midwifery Board of Ireland (NMBI), who would annotate a nurse or midwife's registration to recognise continuing achievements in terms of education and skills development, up to Masters level education. This would then permit the nurse or midwife to commence an advanced practice role. A patient centred focus is inherent to this framework.

I am grateful to the HSE Senior Management Team, the Integrated Care Programme teams for their support and in particular the Office of the Nursing and Midwifery Services Director (ONMSD) of the HSE for their enthusiastic support in identifying the current practices and opportunities for further development. In addition I thank the Nursing and Midwifery Board of Ireland who provided inputs and data as required. Our work also benefited from international experience such as that of the International Council of Nurses (ICN), the Chief Nurses from the UK, Australia, New Zealand, Finland; and a number of academics in the UK, Australia, New Zealand and the US. These consultations and the lessons learnt from the international experiences highlighted the need for us to review the service contribution of an educated nursing and midwifery workforce, the regulations under which they can expand their practice and how we prepare nurses and midwives for new roles that meet patient and service need. We spoke with many nurses and midwives, doctors and healthcare professionals in practice who kindly shared their experiences and methods of working with us. It is our hope that this consultation process will, through contributions from all interested in the topic, create a vision for meeting service users’ needs as close to home as possible, avoid unnecessary hospitalisations, reduce the waiting lists, ensure easy access to services and support earlier discharge where appropriate by using and maximising the skills and knowledge of the most appropriate healthcare professional.

I would like in particular to pay tribute to the sterling work of Dr Anne Marie Ryan in creating the vision for this framework. I wish to thank you in advance for your contribution that we will acknowledge, unless you specify otherwise, in the final document.

Siobhan O’Halloran
Chief Nursing Officer
Background – What is the objective of new graduate, specialist and advanced practice policy?

The Irish health service, like health services across the world, faces many challenges operating within economic constraints while responding to changing demographics that are increasing demands for services.

Each professional has a unique contribution to make to the health services and the health of the population. This includes nurses and midwives who currently provide a large proportion of direct care to service users across the country. This paper proposes a new model to better support and better utilise the skills of graduate, specialist and advanced practice nurses and midwives.

Although the benefits of specialist and advanced nursing and midwifery services are extensively evidenced in both national and international literature, the numbers of Registered Advanced Nurse Practitioners (RANPs) and Registered Advanced Midwife Practitioners (RAMPs) in Ireland is low with only 193 advanced nurse and midwife practitioners registered with NMBI (August 2016) from a register of 65,117 nurses and midwives – less than 0.2% of the workforce.

This policy aims to develop a critical mass of graduate, specialist and advanced practice nurses and midwives. This is a critical step in enabling the health service address emerging and future service needs including driving integration between services.

The availability of graduate, specialist and advanced practitioners in the appropriate location, at the appropriate time will improve patient flow, facilitate earlier discharge from hospitals, and facilitate appropriate access to the health services at the earliest possible time and as near to the patients home as possible. By providing these advanced services we can:

- Maintain the health of the population,
- Improve the integration of services and specialities within the health sector, and
- Reduce waiting lists

This policy paper proposes an evidence-based, patient-centered policy framework for graduate, specialist and advanced nursing and midwifery workforce that is flexible, enabling and adaptive. The paper explores the relevant scope of practice issues and barriers that nurses and midwives encounter in developing their practice roles and recommends solutions that can be addressed through service, regulatory, legislative and educational interventions.

This policy has been informed by an evidence review commissioned by the Department of Health in September 2015, as well as input from national and international experts, educationalists, regulators, managers, policymakers and chief nurses. Data was also analysed from national sources, including from practitioners themselves, the NMHI, the Health Service Executive (HSE) and the Office of Nursing and Midwifery Services Director (ONMSD) within the HSE.
A number of principles underpin the recommendations:

- Driving changes that can contribute to the integration of services;
- Relating advanced nursing and midwifery practice development to waiting list needs, service needs, hospital avoidance and patient flow objectives;
- Ensuring a broad-based availability of service providers to meet current, emerging and future service needs – including availability of senior decision makers; and
- Ensuring the appropriately qualified and skilled nurses and midwives provide services.

**Rationale – Why do we need a new policy?**

Since the creation of the role of advanced nurse/midwife practitioner in 2001, 193 advanced nurse practitioners in 53 specialities and 8 advanced midwife practitioners (6 specialities) are now registered with the NMBI. Evidence suggests that increasing this number in order to create a critical mass of nurses and midwives as specialist and advanced practitioners would have major benefits for service provision, such as improved timely access to services, hospital avoidance, reduced waiting lists and integration of services. Within Ireland, the move to degree level nursing education in 2002 and subsequent investment in nurse education has provided opportunities for nurses and midwives has demonstrated the added benefits of extended practices, for example, through prescribing of medicinal products and x-ray, to service provision and patient care.

There are three main challenges to extending advanced practice currently:

- A small number of advanced practice roles
- An uneven geographic spread
- Perceived cultural-institutional barriers and impediments
- A perception that advanced practice roles are unattainable due to a unduly cumbersome professional pathway

To address these issues will require a paradigm shift in the recognition and recording of knowledge, skills, competency and capability attainment that can facilitate timely recognition of advances in practice.
Analysis – What does the evidence tell us?

Casey et al (2015) suggest from a review of the literature that competency achievement is a stable if somewhat static outcome because there are pre-designed skills to be achieved. In comparison, achieving capacity is more process orientated and an individual’s capability can increase or decrease depending on multiple factors.

From ‘competence to capability’ was explored by Gardner, Hase et al. (2007) using a capability framework in an effort to determine the level and scope of practice of the nurse practitioner in **Australia and New Zealand**. They identified that competencies described many of the characteristics of the nurse practitioner but not the complete scope, therefore the concept of capability appeared to provide a useful construct to describe the attributes of the nurse practitioner (Gardner, Hase, Gardner et al. 2007).

A secondary analysis of data obtained from interviews with 15 nurse practitioners working in Australia and New Zealand was undertaken (O’Connell et al 2014) that investigated whether or not the components of capability would adequately explain the characteristics of the nurse practitioner. Findings indicate that capability and its dimensions is a useful model for describing the advanced level attributes of nurse practitioners. Nurse practitioners described elements of their practice that involved:

- using their competences;
- being creative and innovative;
- knowing how to learn;
- having a high level of self-efficacy and
- working well in teams.

This study suggests that both competence and capability need to be considered in understanding the complex role of the nurse practitioner (Gardner, Hase, Gardner et al. 2007; 2008).

O’Connell, Gardner and Coyer (2014) describe competencies as being appropriate for practice in advanced nurse practice where stable environments exist and identify capability as the combination of skills, knowledge, values and self-esteem which enables individuals to manage change and move beyond competency. In presenting a discussion paper exploring ‘capability’ as a framework for advanced nursing practice standards they note that leading researchers into ‘capability’ in health care state that traditional education and training in health disciplines concentrates mainly on developing competence and that there is a need to embrace ‘capability’ as a framework for advanced practice and education.

Capability frameworks focus on realising an individual’s full potential, developing the ability to adapt and apply knowledge and skills, learning from experience, envisaging the future and helping to make it happen. This set of skills generally arises from achievement of a specialist practice qualification, experience or through transitional education (NHS Scotland 2007). Advanced practice is viewed as a particular stage on a developmental continuum between ‘novice’ and ‘expert’ practice.
Scotland recently introduced a capability framework aimed at nurses working in or towards an ‘advanced practitioner’ role in community health nursing teams to build on the capabilities, practice learning achievements and key content in the capability framework for community health nursing (NHS Scotland 2014; NHS, 2004). This framework focuses on the level of practice and generic knowledge, skills and approaches needed by the advanced nursing practitioner in the community. This framework is underpinned by the idea of capability, which goes beyond the idea of competence. Capability is based on the theory of how adults learn and develop, and includes the notion of complexity. Capability differs from competence, in that competence describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time while capability includes the ability to meet future demands by developing further competencies (NHS Scotland 2014). According to Carney (2014) the capability approach fits well with the NHS Knowledge and Skills Framework (NHS KSF) (DH, 2004), the overarching framework for reviewing the development of most staff groups in the NHS.

Following on from this notion of capability, the NHS Scotland Nursing Practice Competence and Capability Toolkit was updated in 2012 with the aim of moving towards the position where capability at advanced practice level may be evident through a portfolio of learning and competence assessment. The portfolio needs to reflect the key elements of advanced practice and the breath of clinical settings within which they can be demonstrated (NHS Scotland 2012). Not every Advanced Nurse Practitioner, for example Scotland, the United Kingdom and Australia will have undertaken a Masters level course. For individuals currently working in advanced practice posts and not having a formal Masters level qualification, compiling a portfolio of learning and competence assessment can help them to demonstrate their competence and capability. Education programmes support the development and recognition of advanced practice ‘capability’ and prepares a practitioner to be able to fulfill the requirements and expectations of an advanced practice role, but does not grant the practitioner advanced practitioner 'status'. This requires them to achieve and demonstrate competence, confidence and expertise in practice and the required level of knowledge (NHS Scotland 2012).

An example of where this has been recently introduced is in nurses obtaining the skill for endoscopy and colonoscopy in Australia in advance of obtaining certification for advanced practice (Queensland Health 2014). This is a useful model that might be applicable in Ireland whereby a skill is obtained, credentialed, and the nurse is permitted to practice the skill prior to final certification as an advanced practitioner.
Overview – What changes will the framework enable?

The policy set out four practical changes within a framework for graduate, specialist and advanced practitioners that is linked to service needs and integrated care pathways by:

1. Developing a critical mass of RANP/RAMP’s in a flexible, timely fashion that can provide a full episode of care;
2. Introducing a credentialing pathway for nurses and midwives to equip them with the capability to deliver safe and responsive care in a variety of service settings;
3. Streamlining the educational pathway from 7 years to 2 years;
4. Facilitating inter-professional education to promote integrated delivery of care, and the most efficient delivery of education and practice development;
5. Focus on ensuring a broad-based availability of service providers to meet current, emerging and future service needs.

Figure 1  Interconnected Framework for Graduate, Specialist and Advanced Practice to meet Service Need

(Service need includes: Reduced waiting lists; early discharge; access; & Hospital avoidance)
The framework for graduate, specialist and advanced practice highlights the interconnected nature of meeting service need while providing a developmental pathway for preparing the nursing and midwifery workforce from graduate preparation to specialist practice through to advanced practice or directly to advanced practice. It aims to be enabling, flexible and responsive to patient and service need while embracing quality and safety requirements that will improve current services and expedite the development of appropriate skilled staff to provide that service.

There are a number of important dimensions to the framework (Figure 1):

- It places the patient at the heart of service delivery with the nurse/midwife supporting the patient journey in health and illness and enabling patient choice;
- It envisages all role development occurring within the framework so that new skill and practice acquisition is supported from competence through to capability;
- It respects the current status of interprofessional collaboration;
- It identifies the mechanisms that shape successful skill acquisition and role development;
- The pathway is built on capability to learn while supporting services through a credentialed education pathway;
- It supports collaborative team working at all stages from protocol driven, stable management of disease through to complex disease management;
- It outlines a process for directors of service and policy-makers to ensure the development of flexible multi-tasked professionals that support the health system and service requirements;
- It supports the nurse/midwife to develop their capability in decision-making moving towards more effective independent practice;
- It is underpinned by a robust regulatory framework.
Area 1 – Developing a Critical Mass

Since the creation of the role of advanced nurse/midwife practitioner in 2001, 193 advanced nurse practitioners in 53 specialities and 8 advanced midwife practitioners (6 specialities) are now registered with the NMBI (September 2016). Evidence suggests that creating a critical mass of nurses and midwives as specialist and advanced practitioners has benefits for service provision, such as improved timely access to services, hospital avoidance, reduced waiting lists and integration of services. The move to degree level nursing education in 2002 and subsequent investment in nurse education has provided opportunities for nurses and midwives to demonstrate the added benefit of extended practices e.g. prescribing of medicinal products and x-ray, to service provision and patient care.

Internationally the number of nurses in advanced practice roles still represents a small proportion of all nurses even in those countries that have the longest experience in using them. In the United States, Nurse Practitioners (NPs) and CNSs represented respectively 6.5% and 2.5% of the total number of registered nurses in 2008. In Canada, they accounted for a much smaller share, NPs only representing 0.6% and CNSs 0.9% of all registered nurses in 2008 (Delamaire and Lafortune 2010).

The numbers of NP’s increased to 1.3% of all RN’s in 2013 in Canada (CIHI 2013 cited in OECD 2016). A report compiled at the end of 2015 table from the OECD (Aiken et al in OECD 2016) compared the ratios of advanced practice nurses to registered nurses in six countries that is illustrated in Table 1 below:

<table>
<thead>
<tr>
<th>Nurse Practitioners, years of existence, total number and % of registered nurses in selected OECD Countries, 2015*</th>
<th>Year introduced</th>
<th>Total number of NPs</th>
<th>Activity status of NPs</th>
<th>NP % of all RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States (NP)</td>
<td>1965</td>
<td>174,943</td>
<td>Professionally Active</td>
<td>5.6%</td>
</tr>
<tr>
<td>Canada (NP)</td>
<td>1967</td>
<td>4,090</td>
<td>Practising/ employed</td>
<td>1.4%</td>
</tr>
<tr>
<td>United Kingdom (England, N. Ireland, Scotland, Wales) (Advanced NP, NP)</td>
<td>1983</td>
<td>n/a</td>
<td>n/a</td>
<td>-</td>
</tr>
<tr>
<td>Netherlands (Nurse specialist)</td>
<td>1997</td>
<td>2,749</td>
<td>Registered</td>
<td>1.5%</td>
</tr>
<tr>
<td>Australia (NP)</td>
<td>2000</td>
<td>1,214</td>
<td>Registered</td>
<td>0.5%</td>
</tr>
<tr>
<td>New Zealand (NP)</td>
<td>2001</td>
<td>142</td>
<td>Practising</td>
<td>0.3%</td>
</tr>
<tr>
<td>Ireland (Advanced NP)</td>
<td>2001</td>
<td>141</td>
<td>Professionally Active</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Table 1: Advanced Practice in selected OECD countries (OECD 2016)

It could therefore be reasonable that a workforce plan could incorporate a target for specialist and advanced practice nurses and midwives. Based on the current workforce setting a target for 2% of the nursing/midwifery workforce at RANP/RAMP level by 2021 would yield approximately 700 nurses/midwives registered with the NMBI providing full episodes of care across services based on service need and requirements.
Area 2 – Introducing a Credentialing Pathway

Nursing and midwifery practice at graduate level prepares nurses and midwives to acquire the skills of problem-solving, decision-making, critical analysis and reflection essential to the profession. The development of practice internationally has been based on credentialing options for generalist through to specialist practice and in the U.S. to advanced practice.

The evidence review (Casey et al 2015) defined the word ‘credential’ as ‘a document proving a person’s identity or qualifications’ and is distinguished from an academic award that denotes a status level of achievement, namely the Master of Science (MSc) in Nursing (Advanced Practice). The evidence review (Casey et al 2015) considered three credentialing options based on ANP credentialing frameworks from the United States, Australia and New Zealand. The similarity in approach was that all ANPs must have a Bachelor of Science in Nursing prior to completing their MSc in Nursing (Advanced Practice) degree. The Australian national nurse credentialing framework (2011) identified that the option of credentialing should be voluntary and is distinct from recognising a speciality areas of practice (CoNNO 2011).

The knowledge areas outlined below were suggested for inclusion as part of the credentialing process in the U.S. The credentialing process is based on the premise that ANPs will practice to the full extent of their education and training (IOM, The Future of Nursing: Focus on Scope of Practice, 2011) and not restricted to a specific area of practice (American Academy of Nurse Practitioners 2015):

- health promotion and disease prevention
- anatomy, physiology and pathophysiology
- interviewing concepts and techniques
- health history
- signs and symptoms
- physical examination
- laboratory/diagnostic tests
- clinical decision-making
- differential diagnosis
- pharmacological therapies
- non-pharmacological/complementary/alternative therapies
- diagnostic and therapeutic procedures
- bio-psycho-social theories
- patient and family education and counselling
- community resources

This model is quite different to Ireland because an independent credentialing organisation oversees the practice issues in the U.S.
Assessment of basic knowledge and competencies must be held to a high standard to protect the individual and the public. The U.S. example identifies an examination as part of the credentialing framework with clinical experience across the lifespan to include specified hours of supervised practice at advanced level and the completion of an MSc.

In **Australia** ANPs are eligible to apply for credentialing on successful completion of the MSc in Nursing (Advanced Practice) and the successful submission of a portfolio to demonstrate meeting the credentialing knowledge area criteria. The regulatory/accreditation body must approve the portfolio which includes evidence of education, a curriculum vitae and letters of support one of which is from a supervisor of practice in order for credentialing to be granted.

In **New Zealand** ANPs must successfully complete the MSc in Nursing (Advanced Practice). The ANP is supervised for the first year of practice. This mentoring process supports the transition from the role of the nurse to the role of the practitioner. During that year, ANPs must be accountable for the four domains of practice that describe the knowledge, skills and attitudes of advanced nursing practice which include:

- Advances practice and improves health care outcomes
- Assesses using diagnostic capacity
- Plans care and engages others
- Prescribes, implements and evaluates therapeutic interventions

This model requires a supervisor (physician or ANP) to mentor the new ANP through daily communication, providing guidance, advice and support when necessary. The ANP keeps a portfolio that includes such items as case reviews, reflections and procedures that were carried out by him/her. The portfolio is submitted at the end of the year for credentialing approval. The new ANP role requires structure and organization to function in this new capacity (Dillon and Hoyson, 2013). The advantage of having a mentor for this difficult transition is reported as being invaluable in New Zealand.

Needleman (2014) in a study to elicit the perceptions of different stakeholders of credentialing found that nurses and organisations perceive credentialing as a mechanism to advance safety, improve quality, improve processes of care, clarify and define the roles of nurses and other team members, provide professional support and improve job satisfaction. Additionally, he found that organisations reported that it improved the culture and it improved recruitment and retention.

In **Ireland**, a recent paper published by the QQI (Coles, 2016), relates higher education levels of learning to expanding the breadth of learning that be recognised. In this they suggest that “digital badges are a kind of mini-qualification that testifies to achievement in a small but significant area of learning.” These can therefore be tailored to specific areas of competence and experience and are more flexible to operationalise, cheaper and easier to set up and easier to access by learners.

Romano (2014) developed a simple conceptual model of the causal pathway leading from individual nurse credentialing to better patient outcomes. The main variables of such a model are the individual
nurse performance, the organisation of nursing work/tasks and the organisation leadership and culture.

Figure 2 Simplified Conceptual Model of Credentialing Pathway Romano 2014.

In Ireland the regulation of practice is managed by the NMBI. Additionally, other areas where credentialing can be found relate to specific skill/knowledge development that may be obtained outside the jurisdiction of Ireland that NMBI would recognise in a clinical career pathway and annotate against the name of a registrant as provided for in the Nurses and Midwives Act 2011 Section 48 (3). The current model of Category I and Category II approval with the inherent recognition of supplemental, special purpose, minor and major awards (QQI framework) provides the basis of reconsidering recognition of achievement by nurses and midwives through an annotation process to a name on the register. The current approval recognition frameworks of education and training provided by the NMBI may need review to embrace new ways of working.
Area 3 – Streamlining the Education Pathway

The Nurses and Midwives Act 2011 makes provision for the NMBI to approve programmes and bodies delivering post-registration education leading to registration or annotation and specialist nursing and midwifery education and training (NMA 2011 85 (2)). Universities in Ireland provide education for registration programmes as graduate certificate programmes (1-year), post-graduate diplomas (1 or 2 year) to masters’ education programmes (1-2 years). Additionally, tailored programmes in defined practice areas are provided, such as emergency nursing, neonatology, epilepsy and colorectal screening thus defining advanced practice in each university rather than each offering the same programme/subject content. Educational preparation for both specialist and advanced practice includes a substantial clinical modular component(s) pertaining to the relevant area of specialist practice.

Nurses and midwives can be opportunistic regarding their professional development, rather than judiciously seeking advancement and therefore developing a pathway that outlines the expectations of practice, supported by educational pathways that embrace experiential learning, reflective learning, and credentialing opportunities allow a nurse and midwife develop from a generalist to a specialist to an advanced role.

The education, expertise and experience of ANP’s can result in differing patient outcomes and costs particularly where standardisation in educational programmes does not exist (Christiansen et al. 2013; Schober and Affara 2006). Educational requirements for advanced practice vary (Cronenwett et al. 2011). There is a clear bias toward practicing in some areas of nursing such as medical, surgical and emergency nursing or in a sub-set of these areas of practice, particularly disease specific programmes. Clinical areas of mental health/psychiatry, intellectual disability, midwifery, primary care, community care and care of the older person remain underdeveloped (Perraud et al. 2006).

This bias may be due to individual preferences for areas of advanced practice or to lack of educational programmes in place to develop these areas further. Different approaches to programme title and content occur with focus on the added-value a university programme in advanced practice can offer. Twelve educational programmes for advanced practice developed by universities in Australia (2), Canada (1), Ireland (4), United Kingdom (2) and the United States (3) were reviewed by Carney (2014) who provides examples of best practice, innovation, choice, flexibility, pathways to entry and progression. She suggests that curricula for advanced practice would benefit from broadening the content taught to include content that is specific to the advanced practice programme.
Examples of content not being universally taught relate to:

- comprehensive physical assessment;
- current health issues and solutions;
- community outreach initiatives;
- coaching;
- diagnostic tests relevant to the programme;
- disease management solutions;
- developing interventions to improve patient/client outcomes;
- healthcare developments, logistical models for practice delivery;
- inter-professional approaches;
- incorporation of medicinal prescribing and ionising radiation (x-rays);
- mentorship models;
- nursing specific programmes based on a bio-psycho-social-spiritual model;
- public policy;
- technology advances and outcome measurements.

These topics include some of the high-level content that reflects the broad based knowledge required for ANP/AMP preparation.

The key feature of a broad based education system is that it supports standards based on sectoral occupational profiles while incorporating relevant transversal skills (QQI 2017). Additionally having a unified and coherent system connects further with higher education and training in respect of awards. Specifying learning outcomes as meaningful work-based learning components facilitates understanding and comparability across the systems while facilitating mobility in clear progression pathways (QQI 2017).

Consideration of the current population focus of the health services should therefore underpin a national education policy to develop the careers of nurses and midwives to respond to the emerging health care needs in areas of acute care/ patient flow, chronic disease management, older person care, children’s, midwifery and women’s health required for Ireland.

The education pathway now proposed for a nurse or midwife supports the five national integrated pathways (HSE 2016) of care. The initial registration of a nurse underpins the integration focus and is based on a developmental model that embraces credentialed education that can be annotated by the NMBI. The new timeline for education development of an RANP/RAMP is two-years from initial registration. In this model it is also possible for specialist practice education preparation to develop to meet service need in a one year period. An outline is presented in Figure 2 below.
Creating a pathway for skill development from graduation in a meaningful purposive manner ensures the capability of the nurse/midwife to respond and meet service need. In contrast to the RANP/RAMP, the CNS/CMS is not a grade regulated by the NMBI. There is however minimum educational requirements specified at service level to be employed as a CNS/CMS. The current minimum educational requirements to be met are set at postgraduate diploma level in the specialist area. The proposed credentialing model takes account of these minimum educational requirements in addition to specific skill acquisition qualifying for annotation against a registration. Recognition as a CNS/CMS to meet service needs, therefore, requires completion of a postgraduate qualification together with a minimum of 1-years’ experience working in the specialist area. This is in addition to meeting the requirements set by the HSE to ensure the delivery of safe, effective practice to meet service demands. The flexibility that is offered in this approach to the development and recognition of the CNS/CMS offers employers and practitioners an enabling method to address the changing need of population demand. Tight regulation of the role of CNS/CMS had the potential to inhibit innovation and development. The role of CNS/CMS offers practitioners a career pathway incorporating professional development within an interprofessional team structure. The following pathway is therefore proposed for the development of graduate, specialist and advanced practice nurses and midwives.
The above pathway outlines a two-year education timeframe from graduate through to advanced practice that is reflective of current international trends of meeting educational requirements. This pathway additionally includes a credentialing framework that the NMBI should consider to support skill acquisition and competency within a capability continuum. Following recognition by annotation of a registration with the NMBI a nurse or midwife can safely commence this practice whilst undertaking further education to achieve a status of specialist or advanced practitioner. This will ensure that the nurse/midwife keeps their skills fresh while also providing valuable service to patients who require the service. The educational pathways require a minimum of two years in the specialty area of practice to gain the required two years of experience. This may occur in conjunction with a master’s education programme. The minimum timeframe to achieve registration as an RANP/RAMP within this framework is now 2-years. This pathway assists nurses/midwives to identify the gaps for service need and population health needs. The education decision-making for career development by nurses/midwives can then support succession planning for service need. In embracing a capability continuum through a credentialled education pathway the nurse/midwife can then apply to the NMBI to have their registration annotated on the register to reflect the additional achievement of skill/credential and they can then practice that skill/competency safely.
Area 4 – Facilitating Inter-professional Education

The World Health Organisation (WHO) (2010) explored the contribution of interprofessional collaboration to achieving better health. One method they identified was interprofessional education. They further contend (WHO 2010 p.36) that in the current global climate, health workers also need to be interprofessional. They give examples of overlapping competencies between primary care physicians and advanced nurse practitioner versus complementary competencies between team members versus collaborative competencies. It is further suggested that interprofessional collaborative competencies developed through interprofessional education provide a collaborative practice ready graduate (AACN 2011).

Advanced practice is not the sole preserve of nurses and midwives within the multi-disciplinary team but also evident in a number of the health and social care professionals. Central to the development of advanced roles by the other health professionals, is improved access to appropriate healthcare delivered by the healthcare professional most suited to deliver the care. The core characteristics for expansion into advanced roles are identified in a recent report (HSCP & HSE 2014) and include autonomy, expert clinical practice, clinical leadership and research. The exemplars identified in the document “Progressing Advanced Practice in the health and social care professions” (HSCP & HSE 2014) identify improvements to the patient experience, reduced waiting times and increased efficiency over the patient journey and value for money as outcomes for advanced practice which are similar to advanced nursing practice outcomes. The MacCraith Report (2014), a strategic review of medical training and career structure undertaken on behalf of the Department of Health, recommends the further development and expansion, in line with, emerging models of care and service requirements, of specialist and advancing nursing/midwifery and other clinical roles which can contribute to an appropriate skill mix and enable clinicians to practice to the optimum of their educational preparation (p.36).

Most interprofessional education examples are for undergraduate education. One case study in Malawi (WHO 2014) explored an MSc programme in reproductive Health for doctors and nurses and midwives. All learning occurred together and included advanced biosciences, conceptualism and theoretical frameworks, leadership and management, bioethics, education for learning professionals, research methods and statistics and then the specific issues of the programme associated with reproductive health including elective modules and a clinical practicum before the final dissertation. Of note is that the University of Canterbury delivers the MSc Advanced Practice (Nursing, Midwifery and Occupational Therapy) through an inter-professional healthcare education approach to an occupation outside nursing, that of Occupational Therapy. (http://www.canterbury.ac.uk/courses/prospectus/programmes/courses/advanced-practice-nursing-midwifery.asp). There are no interdisciplinary advanced programmes in Ireland. This is an area that could be explored with other health professionals working in the community team to advance integrated care especially in the community.
An example of a possible curriculum is set out below:

<table>
<thead>
<tr>
<th>Concept</th>
<th>Examples of possible curriculum topic areas and subjects. The level is determined by the learning needs identified by the practitioner (specialist or advanced) in consultation with peers and related to role function and evaluation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centred care</td>
<td>Core concepts related to nursing and midwifery such as nursing and midwifery knowledge, philosophy and practice including topics such as individualised care, practice models, holistic care</td>
</tr>
<tr>
<td>Autonomy and empowerment</td>
<td>Code of ethics and professional practice, scope of professional practice, clinical governance, legislation power and empowerment</td>
</tr>
<tr>
<td>Professional ethics</td>
<td>Frameworks for ethical development, frameworks for the management of ethical dilemmas, ethical decision-making</td>
</tr>
<tr>
<td>Consultation and collaboration</td>
<td>Frameworks for partnership, team building and development, presentation skills and public speaking</td>
</tr>
<tr>
<td>Professional leadership</td>
<td>Leadership theories, managing change at individual and organisational level, mentorship, inter level dynamics, performance management and motivation skills</td>
</tr>
<tr>
<td>Clinical scholarship</td>
<td>Research methods applied to practice, critiquing published research, developing implementation plans for research utilisation in practice, developing practice guidelines, developing educational programmes for other nurses/midwives, developing patient education programmes, writing research proposals in consultation with an academic partner publishing research outcomes</td>
</tr>
</tbody>
</table>

Table 2: The Core areas of learning for the framework of specialist and advanced practice determine the educational preparation (Casey et al 2015)

Opportunities to explore the content of these core modules with other health professionals would lead to collaborative interprofessional service provision.
Governance and Change Management - Operationalisation of the Model in Practice

A report conducted by Kings College in March 2015 reviewed available international research including 68 studies which identified three categories of factors that can act as nurse turnover determinants: organisational, individual and career advancement and pay/benefits (Hayes et al. 2012). They found (Rafferty et al 2015) that organisational and individual factors have been explored in the literature and career-related factors have not been extensively researched (National Nursing Research Unit 2008). This is despite research showing that effective career management policies are associated with cost savings, in terms of workforce recruitment and retention and increases in job and career satisfaction among employees, which in turn result in greater organisational commitment (Carter and Tourangeau 2012, Philippou 2015). Through a survey of 871 nurses and nurse employers, Philippou (2015) found that the desire to establish a satisfactory career was the second most commonly reported reason for nurses wanting to leave the profession, after the desire for a better-paid occupation. That study concluded that responsibility for nurses’ career management should be shared between nurse employers and employees yet the two parties currently hold differing views.

The development of nursing and midwifery roles along the pathway from graduate to specialist and in particular advanced roles places new responsibilities upon the practitioner. There is therefore a need for organisations to ensure that robust governance arrangements are in place to encourage, enable and support the safe and consistent development of these roles for patient benefit. The benefit of advanced and specialist roles are well established. Therefore, putting in place structures such as local governance assists in good employment practices to provide consistency in both the development and implementation of these roles to gain maximum impact.

In a recent paper published by The Health Foundation (Hudson 2016), on integrated accountability for integrated care, the issues of determining priorities, allocating resources, monitoring progress, ensuring delivery and learning lessons are key outputs from an accountability framework. Whilst the paper discusses key principles for effective accountability, it notes the substantial implications of poor governance structures not least poor quality care and poor value for money. Notwithstanding that the key principles outlined in this paper are targeted at national level, the principles are no less transferable to the local context. The principles include:

- Comprehensive and joined up, spanning quality and finance;
- Economical of time and money;
- Clear and transparent;
- Rigorous where it matters but encouraging towards innovation;
- Stable over time and consistently applied;
- Robust to the real world.
Taking advanced practice roles as an example relevant to this policy into consideration, they represent a senior resource with the potential to provide a substantial impact on patient care. The level of investment through education and development is substantial on behalf of both the employer and the individual nurse/midwife. Therefore it is critical that this investment is optimised whereby these roles are enabled to practice to the full extent of their scope of practice so that maximum impact is harnessed.

As previously highlighted throughout this policy, these roles should not function in isolation, but rather within a service of other graduate/specialist/advanced roles and within the interdisciplinary team. They are dependent upon the availability of other functions and roles within the organisations as a whole, to maximise their impact, and gain a return on their investment. In order to enable, support and develop these roles, robust governance of these roles within organisations is necessary. It is notable that the Framework for Advanced Nursing, Midwifery and Allied Health Practice published by NHS Wales (2009) and the Scotland Career Framework Guidance (2009) reflected many of the principles outlined above by the Health Foundation (Hudson 2016) report, albeit specific to these roles that include:

- Clarity regarding the service they work within;
- Clear objectives to be achieved; Roles should be based upon demonstrable patient outcomes and service user needs and should promote good governance structures that are underpinned by consistent benchmarking of advanced practice roles at recognised levels of practice (NHS Scotland Career Framework Guidance (2009));
- Strong organisational value on these roles; roles are accepted and understood amongst all key stakeholders both internally and externally to the organisation; Evidence of support from key stakeholders; governance and service and individual accountability arrangements should be identified and put in place (Scotland Career Framework Guidance 2009);
- Well thought out process/structures for the development, implementation and evaluation of these roles at local level;
  (Adapted from NHS Wales, Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice 2009).

The proven benefit and impact of these roles for patients and services is dependent upon genuine commitment by organisations, to actively support, enable and engage participation by key stakeholders across the organisation in the development and implementation of these roles. To do this effectively and efficiently, good governance is required by all organisations seeking to gain maximum benefit from investment in these roles. This necessitates consideration of current governance arrangements for these roles, with a view to examining whether the current arrangements meet all of the requirements considered necessary for effective accountability/integrated accountability (as we move toward integrated care) as outlined above.
Corporate, financial and clinical governance are interconnected. Clinical Governance systems which HSE service providers are accountable for include creating environments where continuous improvements in the quality of clinical practice and high standards of care flourish along within accountability and governance structures. The advanced nurse practitioner has a major role in delivering these high standards of care. The meaning of governance in advanced practice from an organisational perspective requires that some institutions examine the risk aspects of the roles and put in proportionate systems that achieve the desired goal of patient safety without impeding service delivery or service enhancement. The exploration of governance structures across organisational boundaries and roles of other team members e.g. the consultant doctor require new ways of working. Orchard et al (2005) favour of a more interdisciplinary approach that recognizes and values the expertise and perspectives of a variety of different health care providers and this requires a transformation from the traditional multidisciplinary approach to health care delivery. They further recommend interdisciplinary working as a client-centered collaborative professional practice model and a means for fostering and facilitating the culture to operationalise this change when introducing it into primary care. This will prevent potential conflict between different grades of nursing and the multi-professional team in relation to role content and outcomes.
Evaluation – How will we measure success?

In recent years, there has been increasing interest in quantifying nursing and midwifery’s contribution or value in economic terms and while there are strong reasons for identifying and demonstrating such value, the true value of such services is difficult to quantify in definitive economic terms given the often team based nature of the work and the holistic nature of service provision (DOH RSU 2016).

While difficulties do emerge in quantifying impact in economic terms, efforts have been made, including those of the Research Services Unit of the Department of Health (2016) who, when considering the contribution of the effective utilisation of nurses and midwives in delivering health care services, considered a framework for the measurement of the effectiveness of the nursing contribution in its wider sense to health care provision, and proffered a number of metrics. These metrics are associated with; patients and families, providers and teams, health service organisations, and the overall health system. These metrics provide guiding principles which should shape an evaluative framework to assess the effectiveness in a changed model representative of a greater number of specialist and advanced practitioners seeking to meet the needs of changing population.

These principles are capable of comprehension within the *PEPPA Plus Framework* which is the proposed evaluative model to assess the effectiveness and ongoing cost efficiency of the revised model. This model is currently in use in Switzerland and Canada. This framework emanates from the work of Bryant-Lukosius et al (2016) who developed a framework for the evaluation of the impact of advanced practice nursing roles. This framework tacks the metrics proposed by the Department of Health and seeks to identify APN-sensitive outcomes from systematic reviews, and requires that it must be broad and flexible enough to accommodate the evolving nature of APN roles from development and implementation to long-term sustainability.

Figure 5 Evaluation framework matrix—key concepts for evaluating advanced practice nursing roles (Bryant-Lukosius Dicenso 2004)
PEPPA (Bryant-Lukosius and Dicenso 2004) outlines steps for introducing and evaluating APN roles and embraces role specific issues in a Donabedian structure, process and outcome frame. The role, goals and outcomes as they affect patients and families, providers and teams, the organisation and the healthcare system are also measured for impact. The steps for planning and implementation are designed to create environments to support APN role development and long-term integration within health care systems. The goal-directed and outcome-based process also provides the basis for prospective ongoing evaluation and improvement of both the role and delivery of health care services (Bryant-Lukosius and Dicenso 2004). An example of an evaluation in cancer care was found by Donald et al (2014) where patients experienced improvements in care, lower rates of depression, urinary incontinence, pressure ulcers, restraint use and aggressive behaviour with an increase in patient and family satisfaction with services.

Performance measurement is important as a way of ensuring that the delivery of care is achieving what it is set out to do. An evidence review commissioned by the Department of Health in 2015 found that Key Performance Indicators (KPI’s) are being collected on a significant scale throughout a range of organisational types and locations throughout Ireland. The KPI’s collected span structural, process and outcomes types. The main KPI’s utilised that embrace structural, process and outcomes metrics are around nursing and midwifery workforce which include the CNS/CMS and ANP/AMP; quality of nursing/midwifery care; client experience; case management including coordination; diagnosis and intervention; organisation activities to include leadership, education and research. Additional metrics that should be considered for metrics within a structure, process and outcome framework include health status, quality of life, quality of care, patient satisfaction, length of stay and costs. As such, the goal of KPI’s is to contribute to the provision of high quality, safe and effective service that meets the needs of service user. The development and roll out of a changed model in relation to advancing practice must be accompanied by the HSEs development of a set of KPI’s that can be used to capture the output activity of the CNS/CMS’s and RANP/RAMP’s including numbers of patients seen; numbers of Healthcare Associated Infections (HCAI’s) reduced; numbers of patients accommodated from the waiting list; research activities of the RANP/RAMP and data relating to clinical care outcomes, including cost effectiveness to achieve an on-going economic evaluation of the CNS/CMS and the RANP/RAMP roles.

This can be achieved with a clear and structured career pathway with a more generic approach to the education of advanced practitioners. Reference points in the form of benchmarks and KPI’s were suggested as useful additions to such a career pathway to enable nurses and midwives to view their progress and develop an individual career pathway to take client and patient needs into account.

Performance measurement is important as a way of ensuring that the delivery of care is achieving what it is set out to do. The goal of KPI’s is to contribute to the provision of high quality, safe and effective service that meets the needs of service users (HIQA, 2010, updated 2013).
Implementation - Next Steps

As this framework describes a new method for preparing advanced practitioners to meet service need it is important to test the service, educational, regulatory and financial resources required for successful implementation. Testing the components of the framework will assure the capability of the elements to deliver on its intended outcomes. This demands careful consideration of the key elements of the framework to create a critical mass and target the development of advanced practitioners to meet service need in the areas of hospital avoidance, reduced waiting lists, and to support access to services.

A project to test the recommendations and to demonstrate efficiencies related to service challenges will be developed. This project will require a planning and an action phase to assure the capability of the framework to deliver the intended outcomes.

The planning stage will require the establishment of a steering group to oversee the planning and development of demonstrator projects to deliver the intended outcomes. The steering group will be supported by sub-committees and will act as a resource to local pilot implementation teams and comprise of representatives from HSE Acute Hospital Division, HSE HR, HSE Finance, Office of the Nursing and Midwifery Services Director (ONMSD), Hospital/Hospital Group level Director of Nursing, HR, CEO, Finance, academic partners and the staff associations, CNO Office Department of Health (DOH), and Clinical Effectiveness DOH.

The steering group will identify the demonstrator projects for the development of advanced practitioners to meet service need in the areas of hospital avoidance, reducing waiting lists, and supporting access to services in areas where integration of services can be achieved based on HSE data. Local implementation teams with the appropriate membership will oversee the project development, implementation and evaluation. The local teams will operationalize the recommendations as set out in the policy for the identified service. The team will also monitor the implementation processes and ensure robust evaluation criteria are utilised to capture clinical impact and cost-effectiveness.

An important outcome of this project will be to identify appropriate and relevant specialist and advanced nursing and midwifery Key Performance Indicator’s which are meaningful for quality improvement and measuring the outcome and impact of the nursing and midwifery contribution to service.

The demonstrator project will monitor and report on interventions using criteria which may be developed into specific KPI’s at local service level. Examples of the service criteria include:

- Time from referral to the first point of contact with that service
- Patient experience times
- Adherence to pre-set KPI’s in the specific clinical care programmes relevant to that service
- Patient and staff satisfaction survey data
Examples of the KPI’s at regulatory level include:

- the length of time it takes to become an RANP/RAMP
- the amount of education currently on offer that can be credentialed in a portfolio
- the number of nurses and midwives who obtain registration.

Examples of the KPI’s at an education level include:

- the provision of interprofessional education offered
- the variety of programmes to support service need
- the broad based education provision
- the collaborative mentorship/preceptorship offered

These will be further developed in a planning and action phase which will examine and test the concepts as applied to specific practical examples.

Implementation – What are the proposed actions to implement the framework?

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Create a Critical Mass of RANP/RAMP’s through a developmental pathway for graduate and specialist nurses and midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>Details</td>
</tr>
<tr>
<td>a</td>
<td>Align the development of specialist and advanced practice positions for nurses and midwives to the integrated models of care across services to ensure consistent provision of service across geographic areas</td>
</tr>
<tr>
<td>b</td>
<td>Develop specialist and advanced practitioners to meet service need, based on HSE data, to include areas such as reduction of waiting lists, hospital avoidance, and supporting access to services in areas where integration of services can be achieved</td>
</tr>
<tr>
<td>c</td>
<td>Set a target of 2% (n=700) of RANP/RAMP’s in the nursing/midwifery workforce to create an initial critical mass</td>
</tr>
<tr>
<td>d</td>
<td>Undertake a mid-point review of progress to ensure achievement of the target for RANP/RAMP development and the appropriateness of the target</td>
</tr>
<tr>
<td>e</td>
<td>Develop a national career advisory service, based on service need that includes succession planning for population health, which supports nurses and midwives in deciding on their individual career pathway</td>
</tr>
<tr>
<td>f</td>
<td>Facilitate the current cohort of candidate RANP/RAMP’s to achieve registration where business cases have been agreed, service need has been identified and a vacancy exists.</td>
</tr>
<tr>
<td>g</td>
<td>Determine the minimum dataset required for workforce planning and reporting purposes, including areas of work and specialisations.</td>
</tr>
<tr>
<td>h</td>
<td>Explore the capacity of the Register of Nurses and Midwives to capture and maintain the data required in action 1 g above as provided in the NMA 2011 46 (9).</td>
</tr>
<tr>
<td>Action</td>
<td>Details</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>a</td>
<td>Introduce a system of credentialing to meet service need based on the interconnected framework for graduate, specialist and advanced practice.</td>
</tr>
<tr>
<td>b</td>
<td>Implement under Section 48 (3) of the NMA 2011 a process to annotate the name of a nurse or midwife who successfully completes credentialled education particularly related to skills acquisition.</td>
</tr>
<tr>
<td>c</td>
<td>Change the registration for nurse/midwife prescribing to become a component of credentialled education in a career pathway for graduate, CNS/CMS and RANP/RAMP’s to support integrated and community care.</td>
</tr>
<tr>
<td>d</td>
<td>Recognise accredited education obtained in other jurisdictions in a clinical career pathway for a nurse/midwife joining the workforce in Ireland.</td>
</tr>
<tr>
<td>e</td>
<td>Reduce the minimum regulatory timeline for undertaking an RANP/RAMP pathway to 2-years within the next 2-years.</td>
</tr>
<tr>
<td>f</td>
<td>Develop a 1-year graduate certificate type programme as a shortened educational pathway for experienced nurses and midwives to obtain outstanding educational requirements for RANP/RAMP.</td>
</tr>
<tr>
<td>g</td>
<td>Provide for broader based education preparation of both specialist and advanced practitioners to avoid the development of micro-specialisation within a service specialty.</td>
</tr>
<tr>
<td>h</td>
<td>Recognition as a CNS/CMS to meet service needs requires a combination of a post-graduate qualification together with a minimum of 1-years’ experience in the specialist area.</td>
</tr>
<tr>
<td>i</td>
<td>Establish interprofessional education standards and requirements with other members of the interdisciplinary team that support the concept of capability for role share/exchange between professions.</td>
</tr>
<tr>
<td>j</td>
<td>Enhance collaborative interprofessional mentoring supports and systems across training programmes within the interdisciplinary clinical teams.</td>
</tr>
<tr>
<td>k</td>
<td>Develop a pathway that allows for RANP/RAMP’s to continue their career journey in research and teaching to Doctoral level.</td>
</tr>
<tr>
<td>l</td>
<td>Develop governance and managerial structures that support collaborative interdisciplinary team working that enable the skills of nurses and midwives at graduate, specialist and advanced practice be maximised for patient-centred care.</td>
</tr>
</tbody>
</table>
### Goal 3  
**Change how we utilise and deploy the nursing and midwifery resource**

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Create governance and accountability structures that enable the RANP/RAMP to provide a full episode of care and a service supporting other members of the care team.</td>
<td>HSE</td>
</tr>
<tr>
<td>b</td>
<td>Provide CNS/CMS and RANP/RAMP’s with access to diagnostics, referral pathways and appropriate treatments that are required to facilitate the provision of full episodes of care both in acute and in the community sectors.</td>
<td>HSE</td>
</tr>
<tr>
<td>c</td>
<td>Support graduate nurses/midwives to meet patient-centred service need and the expansion of scope of practice within the credentialing framework.</td>
<td>HSE</td>
</tr>
<tr>
<td>d</td>
<td>Review patient/client presentation times to ensure the service provided by graduate, specialist and advanced practitioners matches the demand within the normal 24/7 patterns of nurse/midwife provision of care.</td>
<td>HSE</td>
</tr>
</tbody>
</table>

### Goal 4  
**Measure impact and effectiveness of the new framework**

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Develop a set of KPI’s that captures the output activity of the CNS/CMS and the RANP/RAMP to include numbers of patients seen; numbers of patients accommodated from the waiting list; and data relating to clinical care outcomes, including cost effectiveness to achieve an on-going economic evaluation of the CNS/CMS and the RANP/RAMP roles.</td>
<td>HSE</td>
</tr>
<tr>
<td>b</td>
<td>Explore the feasibility of developing an evidence-based evaluation framework for advanced and specialist roles underpinned by research, similar to the PEPPA model.</td>
<td>HRB</td>
</tr>
</tbody>
</table>
Consultation Questions – What are your views?

The Department of Health is interested in your views about the proposed actions set out above and have key questions for you to consider.

1. **What are the main benefits of moving to this model of supporting graduate, specialist and advanced practice? Are there potential benefits to the patient or the service which have not been identified?**

2. **Are there any risks not identified associated with moving to this model?**

3. **In what ways would the competence to capability framework support you in your role as a graduate, specialist, or advanced practitioner?**

4. **Is the system of credentialing envisaged practical? Are there any barriers which should be explored further?**

5. **What are your views on the revised educational model? What benefits and advantages might this create? Are there any challenges not identified in changing to this model?**

6. **What service changes or implications are required to achieve the policy? Are there things which would need to change in how your service is managed to enable a model like this to be successful? How should these be addressed?**

Please provide feedback on these and any other issues to chiefnurseIRE@health.gov.ie
Conclusion
This proposed framework sets out a mechanism to create a critical mass of RANP/RAMP’s in a developmental pathway for graduates and specialist nurses/midwives.

- It proposes a change to the way we educate and train nurses and midwives from graduate level by moving to an enabling credentialing system that facilities nurses/midwives to practice once the capability to practice has been achieved. Nurses and midwives will have recognition of the achievement of new capabilities through annotation on the register.
- The minimum timeframe to achieve registration as an RANP/RAMP within this framework is now reduced to 2-years. This also proposes changes to how we utilise and deploy the nursing and midwifery resource by moving to providing a national service based on current needs and priorities e.g. integrated care, patient flow, hospital avoidance, waiting list reduction and access.
- Measuring the impact and effectiveness (cost and clinical) of the new framework is proposed through evaluating the impacts on service, regulatory and education.
- The paper includes an implementation stage through demonstrator projects that target the development of advanced practitioners to meet service need.
References


Elliot, N., Begley, C., Sheaf, G., Higgins, A. (2016). Barriers and enablers to advanced practitioners ability to enact their leadership role: A scoping review. *International Journal of Nursing studies.*


Nursing and Midwifery Board of Ireland (2014) International perspectives in relation to Advanced Nurse and Midwife Practice, regarding criteria for posts and persons and requirements for regulation of Advanced Nurse/Midwife Practice. *Nursing and Midwifery Board of Ireland: Dublin.*


Nursing and Midwifery Board of Ireland (2014). Scope of Nursing and Midwifery practice framework. Dublin.


