

**Specialist Neurology Nurse Mapping Publication**

Mapping Specialist Competency Frameworks

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# Executive Summary

This document is a competency framework for condition specific Specialist Nurses working in Neurology based practice. Its development is part of Transforming Nursing, Midwifery and Health Professions’ Roles: Review of Clinical Nurse Specialist and Nurse Practitioner Roles within Scotland ([www.gov.scot](http://www.gov.scot)). This competency framework describes professional criteria in the form of competencies, which include the knowledge, education and skills required by Specialist Nurses looking after people with Neurological Conditions (pwNC). These represent core competencies for Specialist Nurses working in Neurology and can additionally be used by nurses wanting to identify and develop neurology specific knowledge and expertise. The Neurology Nurse Specialist competency framework is also expected to work in conjunction with validated condition specific competency frameworks, acting as a pre-cursor to these frameworks where they exist.

The competency mapping has been formulated using already existing competencies for Motor Neuron Disease, Epilepsy, Parkinson’s Disease and Multiple Sclerosis. All four disease specialities have established evidence based, peer reviewed and UK nationally approved specialist nursing competencies that address the requirements for Transforming Roles. The full methodology of this process can be seen in the methodology section. These Neurology Nurse Specialist competencies described in this document do not supersede these external competency frameworks.

This competency framework has the following objectives for Neurology Nurse Specialist working in Neurology and/or those caring for pwNC:

* Requirements for transition into the role of the Neurology Nurse Specialist
* Identifies the support and learning that are required of Neurology Nurse Specialist to develop the necessary skills and competencies.
* Ensures a nationally consistent, sustainable, standardised and progressive pathway into specialist nursing roles including any education and career pathways.
* Support the content of work-based training and development activities for all specialist nurses.
* Support the development of nationally standardised and consistent training programmes through NHS Education for Scotland including digital learning. These programmes may differ from disease specifics as it may relate to wider policy, supply, workforce planning, and sustainability.
* Support the development of neurology nurse specialists which have few or no formally identified competency frameworks (for example Acquired Brain Injury, Functional Neurological Disorder, ME/Chronic Fatigue Syndrome).
* Support the development of national consistency in terms of job role, definition and related competencies that aims to give Neurology Nurse Specialists more autonomy and confidence within their career.
* Support the consistency of banding and delineation of roles within the workforce.
* Support recruitment and retention within the speciality.
* Assist the appraisal process for NHS managers.
* Ensures the delivery of high-quality, safe, and accountable care in accordance with government guidelines.
* Support accurate classification of the nursing workforce to enable workforce planning aligned to the reporting of CNS roles within specialities.
  + For example, ‘neurology’ as an umbrella speciality with sub-codes to include condition specific specialisms.

The development group is aware that this competency framework may potentially need further specification and adjustment in the future. We acknowledge that there exists further work to be done in this area and that there are a number of potential options for further exploration.

# Abbreviations and Glossary

|  |  |
| --- | --- |
| **ARRNC** | Anne Rowling Regenerative Neurology Clinic |
| **CPD** | Continuing professional development |
| **ESNA** | Epilepsy Specialist Nurse Association |
| **GCP** | Good Clinical Practice |
| **GP** | General Practitioner |
| **HCP** | Health-Care Professional |
| **MDT** | Multi-Disciplinary Team |
| **MSSNA** | Multiple Sclerosis Specialist Nurse Association |
| **NES** | NHS Education for Scotland |
| **NHS** | National Health Service |
| **NICE** | National Institute for Health and Care Excellence |
| **NMC** | Nursing and Midwifery Council |
| **PDSNA** | Parkinson’s Disease Specialist Nurse Association |
| **pwNC** | Person/people With a Neurological Condition/Conditions |
| **Red flags** | Symptoms or presentations that can refer to potential deterioration or worsening of conditions |
| **TNR Paper 08** | Transforming Nursing Midwifery and Health Profession’s Roles: Review of Clinical Nurse Specialist Nurse and Practitioner Roles within Scotland |

# Introduction

Neurological conditions refer to a broad collection of disorders that represents 10% of the burden of disease in Scotland1. These conditions are an important health issue that has had an increase in relevance within the ageing population, with projections indicating that it will have the third highest impact in terms of burden of disease in Scotland by 20401-2.

To tackle the challenges present within services for pwNC, the Scottish Government developed the Neurological Care and Support in Scotland: A framework for action 2020-2025. This strategy has five distinct aims to empower pwNC and to improve service and care3:

* A: Ensure people with neurological conditions are partners in their care and support
* B: Improve the provision of co-ordinated health and social care and support for people with neurological conditions
* C: Ensure high standards of effective, person-centred, and safe care and support
* D: Ensure equitable and timely access to care and support across Scotland
* E: Build a sustainable neurological workforce fit for the future

Specialist nurses have been identified to be a key resource in improving patient care, changing services, and implementing specific Scottish Government initiatives4-7, however while specialist nurses have been identified as an essential service, they have also been poorly defined, with little standardisation8. The TNR Paper 08 was developed in response to this need to transform and standardise specialist nursing roles to meet current and future services needs while ensuring a nationally consistent, sustainable, and progressive career pathway8.

With this context, this competency mapping was developed from the TNR Paper 08 and the NES nursing, midwifery, and allied health professionals development framework (NMAHP Framework)9 in combination with data from the literature, key competencies, and publications from government and third sector bodies. This document will provide a framework for Neurology Nurse Specialist caring specifically for pwNC. This will be especially important and prominent where the role of the Specialist Nurse is poorly defined. The competencies will provide the Neurology Nurse Specialist (and ward level nurses working in Neurology) with more autonomy and control over their career development, clearly identifying areas to improve and strengthen their expertise and skills, while also providing the opportunity for the Neurology Nurse Specialist to develop a professional developmental plan with their employer. Managers and Neurology Nurse Specialists will be able to link the competencies with appraisal activities which will provide structure and support for the nurses and enhance workforce development.

The competency framework will empower individual nurses, provide greater organisational oversight, and ensure that pwNC will continue to receive gold standard care that is outlined by the Scottish Government.

# Key Conceptualisations

Within the Nursing profession, competence has been historically conceptualised as a combination of experience, knowledge, attitudes, and intuition developed at that specific point in time10. Contemporarily, the role of the nurse and the conceptualisation of competence has been defined by several key documents. The Agenda for Change11, developed in 2004, remains a key policy in nursing competencies. Primarily developed to set pay bands, the Agenda for Change considered the key competencies and skills involved within NHS job roles (under the NHS Job Evaluation Scheme) and used annual appraisal to assess competencies (outlined in the NHS Knowledge and Skills Framework) which was tied to pay and conditions for nurses11.

Another key publication, first released in 2015, is the Nursing and Midwifery Council (NMC) Code12, with emphasis on professional accountability and continuous learning that occurs within a statutory framework and code of ethics. The NMC code also highlighted a competency framework as a collection of competencies that are thought to be central for effective performance, and represents a central way in which nurses can identify and assess performance, skills, and abilities required for lawful, safe, and effective professional practice without supervision12.

This competency framework recognises the complexity in defining and differentiating different nursing roles. To provide a standardised definition across similar frameworks, this competency mapping will use levels of practice as described in the Career Framework for Health9, 13 which reflects role development and progression, and the use of levels will also reflect the educational and career development pathway model highlighted in TNR Paper 088. Furthermore, for this competency mapping, the use of the levels of practice was structured around the four pillars of practice14 (see Figure 1 below).

Figure 1- The Four Pillars of Practice14

Levels are not the same as bands as described in Agenda for Change11 (which relates to remuneration). It is expected that users of this competency mapping understand that nuances exist between and within the levels of practice and how this may differ with nursing banding and job titles with defined responsibilities.

# Levels of Practice

It is considered that moving through the levels is associated with increasing breadth and depth of knowledge and skills, increasing in complexity, experience, leadership15 (Figure 2), and associated educational attainment16 (Figure 3). Each level of practice builds on the level before, developing appropriate knowledge and skills. A reproduction and summary of the competency levels used in this competency mapping can be found in Figure 4 and further explanation of the levels can be seen in the NMAHP framework9. These levels of practice formulate three levels (level 5, level 6, and level 7) that the competencies for the framework have been categorised under with the assumption that Neurology Nurse Specialists will move through the levels as their career progresses and they obtain further expertise and knowledge.



Figure 2- Leadership Responsibility progression15

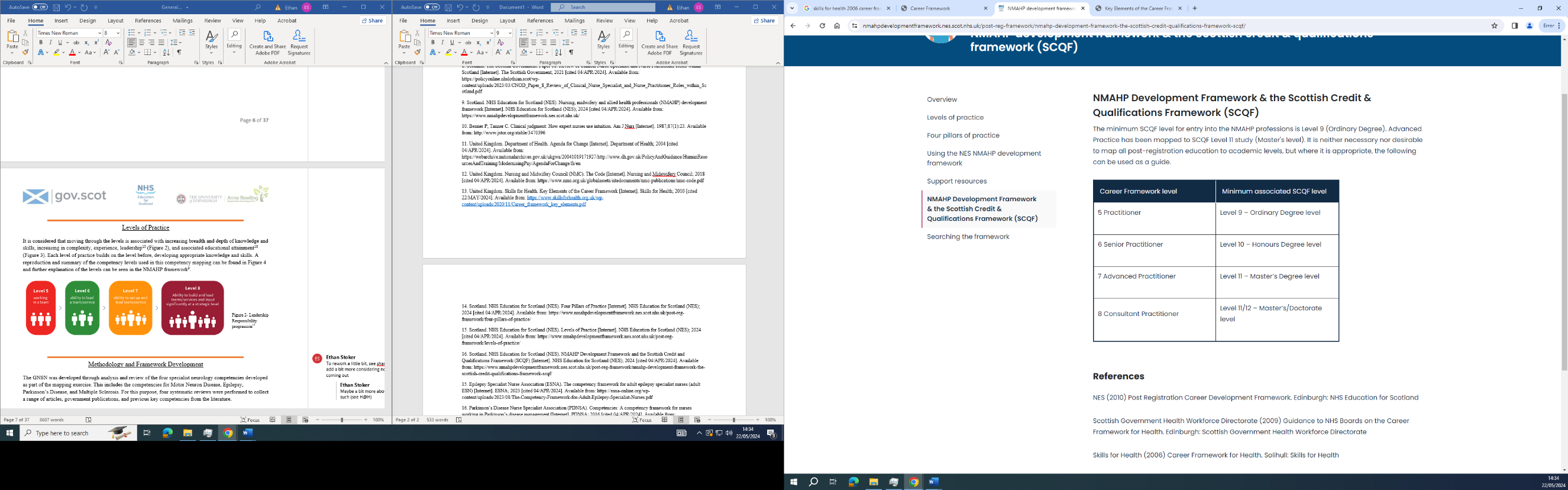


Figure 3- NMAHP Development Framework and SCQF framework16

|  |
| --- |
| **Level 5-** Practitioner |
| A registered nurse with at least two years of experience, they can use broad theoretical and specialised knowledge within a field and aim to consolidate this knowledge through experience and development of expertise. The nurse is aware of their own limitations and can develop strategic and creative responses through research and the application of theory to practice. They may engage in supervision and training of others and will have a level of individual autonomy and involvement over projects and service development. |
| **Level 6-** Senior Practitioner |
| A registered nurse who has some level of post-graduate education, they will have a critical understanding of detailed theoretical and practical knowledge in combination with a high level of skill and clinical experience. They demonstrate initiative and innovation within their field of practice and will have some responsibility for team performance and service development that may include the training of others. Will consistently engage in self-supervision. |
| **Level 7-** Advanced Practitioner |
| An expert nurse, with a defined post-graduate level education, who has developed highly specialist knowledge, skills and understanding within a speciality. They will possess a high amount of autonomy and responsibility to apply this expertise to a range of challenges to develop practice and push forward service development. They will demonstrate a critical awareness of knowledge issues in the field and will aim to resolve this through pioneering research and demonstrating leadership of the strategic performance of entire teams. Makes use of high level of understanding of the learning processes to direct learning of others and self. |

Figure 4- Levels of Practice. Reproduced from the Career Framework for Health13

# Methodology and Framework Development

The Neurology Nurse Specialist was developed through analysis and review of the four specialist neurology competencies: Motor Neuron Disease, Epilepsy, Parkinson’s Disease, and Multiple Sclerosis. To triangulate and expand upon the competencies identified in these frameworks, additional information and data relating to expected nurse competencies, expertise, and knowledge, was gathered through literature searches that made use of systematic methods.

For each neurological condition, a literature search was conducted across four databases (CINAH, MEDLINE, EMBASE, and PubMed). To ensure the literature search was comprehensive and repeatable, certain systematic methods were used including searching the databases with pre-specified words across two empirical searches (see Appendix One for the search terminologies used) with prespecified parameters. These parameters including excluding sources published before 2014, that were not available in the English language, and had been peer reviewed. This ensured that the papers identified where relevant and applicable.

A key aspect of these literature searches was to ensure broad parameters were used to collect a wide range of data. This included attempting to identify additional sources through government publications, third sector publications, NHS publications, and through citation searching.

The individual literature search for each condition was treated separately. The collected sources (with 3759 records being identified) were initially screened by the competency mapping lead based of the title and abstract and perceived relevance to the competency mapping. The remaining sources were then further screened based on full-text reviews, by the competency mapping lead, on relevance to the competency mapping and perceived rigour of the methodologies. Following this a total 45 sources5,7, 17-57 were identified across all of the neurological conditions. Further details, including the PRISMA diagrams can be seen in Appendix Two. The relevance and rigour of these sources, and the literature search methodology was then discussed and confirmed within the development group.

The analysis of the papers occurred using a framework analysis. The framework for analysis was derived from TNR Paper 08 and the NMAHP framework and applied to the individual literature searches for each neurological condition. ‘Data’, which refers to individual competencies, knowledge, and expertise that the condition specific specialist nurses should acquire, was interpolated from the individual sources and added to these frameworks. The individual frameworks where then compared and contrasted to identify common competencies that began to formulate the competency framework. This framework developed in a reflexive manner, changing as further common competencies were identified.

This newly developed competency framework was then discussed within the development group, to assess the suitability as a competency framework for Neurology Nurse Specialist. The membership of the group was reflective of the wider neurological specialist nurse workforce with specialist nursing representation across four neurological conditions, service managers, consultants, the Scottish Government, and NES to reflect the expertise, design and delivery models of current and emerging services. This helped improve the overall validity and reliability of the competency framework.

# Use of the Competency Framework

This competency framework is not to be used to determine pay banding and is to be used in conjunction with important policies such as the NMC Code13 and key validated competencies that relate to the neurological condition (for example with the Epilepsy Specialist Nurse Association [ESNA], Multiple Sclerosis Specialist Nurse Association [MSSNA], Parkinson’s Disease Specialist Nurse Association [PDSNA], and the Anne Rowling Regenerative Neurology Clinic [ARRNC])14-18. In the absence of an external key competency framework, this framework can act as a ‘baseline’ competency framework with the understanding that it would need to be further developed and have competencies added/removed as appropriate to the care involved and specialist nurse competencies required within the neurological condition. This work would be expected to be completed with NHS Education for Scotland, relevant professional bodies and expert specialist nurses to ensure standardisation to the TNR Paper 08.

When using the competency framework in practice, it is expected that there might be some variation dependent on local policy and initiative, and through discussion with the management structures, an expected level of competence can be highlighted. This will help structure aspects of employment such as: revalidation, self and peer appraisals, mentorship, CPD/development plans/development of professional portfolio, and the defined job function.

For Neurology Nurse Specialists to evidence the development of these competencies, the following examples (however not exhaustive and all encompassing) can include:

* Observation and critical analysis of everyday practice.
* Audit and case note review and presentations.
* Observed clinical practice with verbal questioning.
* Evidence of training and development and CPD (such as e-learning and study days).
* Reflective practice that may develop an action plan.
* Objective structures clinical examination (OSCE).
* Academic courses at a post-graduate level.
* Review of documentation, audits, and evidence-based guidelines.
* Research, audits, and writing for publication in professional journals.
* Active involvement in clinical supervision, mentorship, teaching, and multidisciplinary meetings (and making use of minutes from relevant meetings).
* Feedback from the pwNC.
* Contribution to policy groups, developing for reviewing guidelines and standards.
* Self-directed study and the development of an individual portfolio, reflective diary and/or e-Portfolio.

# Core Neurology Nurse Competency Framework

## Core Competency 1: Clinical Practice- Specialist Knowledge

|  |  |  |
| --- | --- | --- |
| **Level 5** | **Level 6** | **Level 7** |
| Develops basic knowledge on the aetiology and current leading theories on the causation of the condition  Develops basic knowledge on the classification and staging of the condition  Develops basic knowledge of anatomy/physiology and pathophysiology related to the condition  Is aware of the general risk factors associated with the condition | Understands the links between aetiology of the condition and symptoms/prognosis  Can discuss the aetiology/classification/staging/prognosis with the pwNC and their family member or carers  Demonstrates a clear working knowledge of anatomy/physiology/pathophysiology related to condition. Uses knowledge to formulate management plan | Is able to educate HCPs on the aetiology and classification of the condition  Displays expert knowledge on the relevant anatomy, physiology, pathophysiology by the education of experienced health professionals |
| Awareness of typical and atypical symptoms of the condition  Is aware of the need for holistic assessment including history taking, physical examination in conjunction with relevant scales and investigations | Can take a history and physical examination. Uses knowledge to assess and identify both typical and atypical symptoms  Can uses appropriate scales and order investigations which may enhance management  Relates specific symptoms to appropriate management options and treatment pathways  Explains and educates the pwNC/carer on how pathology relates to symptoms and discusses management options  Can identify red flags symptoms and link to differential diagnoses  Can assess and identify common risk factors associated with the condition  When required, for certain conditions with increased genetic risks, may advise family of pwNC with regards to genetic screening | Is able to educate experienced HCPs on the disease presentation, symptoms and management options  Briefs HCPs on red flag symptoms which may be suggestive of alternative diagnoses  Can interpret scales and investigation results and collaborate with MDT management planning  Uses expert knowledge to develop specific pathways, risk management approaches, and local and national resources for specific neurological condition  Is able to advise other experienced HCPs on the implications of genetic influences of specific neurological conditions |

## Core Competency 1: Clinical Practice- Specialist Knowledge

|  |  |  |
| --- | --- | --- |
| Develops knowledge and understanding on the potential pharmacological and non-pharmacological management options  Develops knowledge of the pharmacokinetic and pharmacodynamic properties of the drugs specific to condition  Develops awareness of appropriate treatment alternatives for specific patient groups | Contributes and may lead on case management tasks, identifying the most suitable treatment option based on the specific needs of the pwNC  Uses pharmacokinetic and pharmacodynamic knowledge of drugs to choose the best medical treatment  Can explain risk and benefits of medications to pwNC/carer to enable informed decision making  Applies knowledge to decision making in the formulation of treatment plans  Informs pwNC/carers of pharmacological and non-pharmacological treatment options for their condition, to aid informed decision making | Works with the local drug and therapeutics committees to develop protocols and shared care guidelines  Advises and supports health professionals in medicine management of pwNC  Develops and applies treatment pathways that make use of evidence based practice, using local and national guidelines |
| Can work under supervision with the aim of being autonomous  Is aware of limitations. Recognises when to seek advice from line manager in relation to patient care  Recognises when to raise concerns and/or serious incidents in accordance with local reporting procedures  Keeps good records and documentation  Acts to incorporate non-judgemental values-based care into practice  Recognises and responds to health inequalities, respects diversity, and protects pwNC against discrimination in practice | Able to manage own case load. Works autonomously. Is accountable for decisions  Develops expertise through the development of knowledge and conjoining this with clinical reflection  Recognises safe case load numbers  Follows local and national guidelines when making decisions related to patient care  Works according to code of professional conduct  Identifies and uses technology and information systems to both support and inform practice | Uses innovative leadership style to develop the skills of the nursing team, to enable the delivery of safe, patient centred care and the development of autonomy among the nursing team  Educates and disseminates best practice in relation to code of professional conduct |

## Core Competency 2: Clinical Practice- History Taking, Clinical Assessment and Investigation

|  |  |  |
| --- | --- | --- |
| **Level 5** | **Level 6** | **Level 7** |
| Obtains consent from individuals before initiating assessment  Understands the need for a person-centred approach.  Identifies the physiological, psychological, social, cultural, developmental, sexual and spiritual needs of the person  Promotes and delivers person-centred care during assessments as part of the MDT  Develops skills to take an accurate history, taking into account age, gender and cultural background  Understands and identifies factors (such as demographic details) that might highlight a need for adapted assessment  Awareness of scales and assessment tools relevant to specific neurological condition | Is able to undertake a comprehensive, person-centred assessment. Interprets information to formulate a tailored treatment plan  Is able to adapt history to take into account the physiological, psychological, social, cultural, developmental, sexual and spiritual needs of the person  Liaises with the MDT during the assessment process to ensure efficient care is given  Is able to discuss findings of information gleaned from clinical history, along with investigations and physical examination, to pwNC/carer in a way that includes them in decision making  Uses scales and assessment tools appropriate to specific neurological condition, to enhance information gathered during the clinical history | Undertakes appropriate specialist assessment relevant to specific neurological condition  Expertly interprets all of the information available  Assists other HCPs in interpreting findings from assessments  Coordinates and formulates assessment and investigation pathways within the MDT that prioritises person-centred care  Works nationally or internationally in partnership to develop and validate clinical rating scales that improve clinical assessment |
| Develops skills required for physical examination relevant to neurological condition | Uses skills to perform a comprehensive physical examination with the ability to differentiate symptoms which are relevant to specific neurological condition as opposed to co-morbidities | Educates HCPs to develop examination skills for comprehensive assessment of pwNC |

## Core Competency 2: Clinical Practice- History Taking, Clinical Assessment and Investigation

|  |  |  |
| --- | --- | --- |
| Awareness of local guidelines and training relevant to investigations specific to neurological condition  Willingness to undertake training relevant to specific investigations  Awareness of defined roles of the specialist nurse and other members of the MDT in the assessment process | Is able to request an agreed range of investigations appropriate to scope of practice and interpret the findings of investigations through application of knowledge of pathophysiology  Develops knowledge to be able to act on investigation findings, using appropriate guidelines and/or protocols where they exist, to aid management plan  Is able to explain investigations to pwNC/ including why investigations are necessary, what they entail and discussing the results in a manner the person will find acceptable | Uses expertise to assess pwNC with the inclusion of necessary investigations  Liaises with MDT to plan care management utilising information gathered from appropriate investigations  Collaborates locally and nationally to devise protocols/guidelines for use of appropriate tests/investigations in care of pwNC  Collaborates locally and nationally to develop timely assessment-treatment pathways |

## Core Competency 3: Clinical Practice- Analysing Data in the Diagnosis Process

|  |  |  |
| --- | --- | --- |
| **Level 5** | **Level 6** | **Level 7** |
| Awareness of the need for thorough assessment of history, physical examination and investigations which may be used to assist the diagnostic procedure  Awareness of existing diagnostic criteria and consider how that applies to pwNC  Develops awareness of red flags which may lead to differential diagnoses/atypical forms of neurological condition  Awareness of the ‘common’ symptoms and presentations of the condition and demographic contexts during the diagnostic stage | Sound knowledge of neurological condition enabling critical analysis and evaluation of presenting signs and symptoms along with investigation findings to assist with diagnosis  Apply findings to relevant diagnostic criteria  Alert MDT to red flags which may lead to atypical/differential diagnosis  Able to provide information in a way that is easy to understand for pwNC/carers about the diagnostic procedure and to explain findings.  Provides emotional support during the diagnostic process | Uses expertise to collaborate with MDT during the diagnostic process of the pwNC  Collaborates with local MDT to produce protocols and guidelines for timely diagnosis of specific conditions related to recognised national and international criteria  Educates HPCs on the diagnostic processes of specific neurological conditions, in relation to signs and symptoms and investigation findings  Educate HPCs on red flags and differential diagnoses |

## Core Competency 4: Clinical Practice- Treatment and Care

|  |  |  |
| --- | --- | --- |
| **Level 5** | **Level 6** | **Level 7** |
| Develops knowledge of relevant guidance, policies and legislation that govern legal and ethical aspects of service provision, in relation to specific neurological condition  Awareness of how to access relevant standards and guidelines that inform care  Uses and contributes to the development, implementation, and review of local policies, guidelines and protocols | Able to communicate to pwNC/carers legal, moral, and ethical issues relating to care provision  Critically evaluates and utilises the appropriate evidence-based interventions and guidelines that inform care for specific neurological condition | Influences policy at local, organisational, and national level in response to some of the legal, moral, and ethical issues  Uses in-depth knowledge of legislation, professional regulation and codes of practice to lead development, implementation and evaluation of protocols, guidelines, and policies at local operational levels  Provides leadership and expertise in the implementation of relevant guidelines, treatments and services through education of HCPs and colleagues  Informs the strategic direction and leads on change to service delivery |
| Develops a knowledge base in the pharmacological and non-pharmacological treatment/management for the pwNC | Advances competence in the pharmacological management of treatment. This may include gaining supplementary or independent prescribing qualifications or the use of PGD to enable initiation of symptomatic treatment and managing side effects  Informs the pwNC/carer on chosen therapies, to include expected effects and side effects.  Advises on the importance of medicine management and drug concordance  Includes non-pharmacological strategies in treatment plan and co-ordinates appropriate referrals to MDT where agreed with pwNC | Independent prescriber qualification where neurological condition requires routine medication titrations. Ability to prescribe any licenced medicine within their area of competence  Collaborates with GP, local pharmacists to advise on medication requirements for pwNC  Collaborates with MDT to incorporate pharmacological and non-pharmacological approach to optimise treatment plan. |
| Awareness of the needs of developing an individual care plan, ensuring that the care plan follows the principles of person-centred care | Uses holistic approach to develop a care plan with the person taking individual goals into consideration. Includes family and carers of pwNC in planning process, where consent is obtained | Educates other HCPs on formulating a treatment plan and assists with any potential ethical issues  Collaborates with services to develop and streamline pathways to ensure access to treatment/care is available at the point of need |

## Core Competency 4: Clinical Practice- Treatment and Care

|  |  |  |
| --- | --- | --- |
| Aware of the importance of including family and carers, where consent is obtained, in the formulation of treatment plan | Is able to explain the risks and benefits, to the pwNC and carer of potential treatments and obtain consent.  Takes into account literacy levels and language barriers when obtaining consent. | Advises, supervises and coordinates peer group and senior staff on the ethical issues of informed consent. |
| Develops knowledge of relevant information, with the aim of passing this onto pwNC, to help empower in the self-management of their condition  Encourages pwNC to engage in healthy behaviours. Takes into account how demographic contexts and biopsychosocial factors may influence this education  Understands the importance and need for the ‘expert patient’  Develops own expertise of the specific neurological condition with the aim of assisting pwNC to make healthy choices  Develops a therapeutic relationship with the pwNC to ensure sufficient psychosocial support is given  Recognise the need for advocacy for the pwNC/carer when required | Educates the pwNC/carer in specific skills and strategies to help adapt to change and foster a self-management approach  Provides counselling for pwNC/carers and empowers them through education  Signposts to resources which aim to help pwNC overcome social and organisational barriers  Educates, coaches, and supports the pwNC in specifics of neurological condition to empower the pwNC and enable informed decision making  Educates, coaches, and supports the family member and/or the carer in how to support the pwNC  Advocates for the pwNC within the MDT and external supporting services, to prevent barriers to care and ensure their wishes are being met | Uses expert knowledge of neurological condition to enhance counselling and support strategies to promote self-management and informed decision making  Leads services and collaborates with stakeholders with the aim of reducing barriers to care and to a healthier lifestyle  Designs and leads educational programmes to assist pwNC/carer and HCP Employs expert communication skills to maintain the therapeutic relationship  Advocates for the pwNC at a local (across the MDT), organisational, and national level and throughout their care pathway |

## Core Competency 4: Clinical Practice- Treatment and Care

|  |  |  |
| --- | --- | --- |
| Recognises the need for regular review  Develops knowledge of factors which may affect frequency of contact | Determines the frequency of review according to the individual needs of the pwNC, in order to manage symptoms and assess the effects of therapeutic intervention  Provides episodic care to ensure regular support is given to pwNC and their family and/or carers  Leads in the recognition, triaging, and assessment of clinical problems and symptoms and provides guidance to HCPs  Uses innovation to develop nursing services to ensure that the service is adaptable and flexible to meet patient’s needs  Acts with expediency when pwNC shows signs of deterioration | Leads in the recognition, triaging, and assessment of clinical problems and symptoms and provides guidance to HCPs  Uses innovation to develop nursing services to ensure that the service is adaptable and flexible to meet patient’s needs |

## Core Competency 5: Clinical Practice- Co-ordination of Care

|  |  |  |
| --- | --- | --- |
| **Level 5** | **Level 6** | **Level 7** |
| Understands, promotes and delivers care based on the principles of evidence-based medicine. | Identifies as the key co-ordinator of care for the pwNC /carer across a range of health environments | Leads and directs an integrated, responsive service for the pwNC/carer  Develops specialist services for the pwNC to limit organisational barriers and ensure evidence-based care is implemented |
| Understands the importance of MDT working, has awareness of relevant local pathways, and establishes relationships with the MDT.  Is aware of the nurse specialist role within MDT  Can explain to pwNC/carer different roles within MDT and wider support networks and benefits of referrals | Is able to communicate effectively to the MDT to ensure that the pwNC’s needs are met  Offers appropriate and timely referral services to the MDT both in primary and secondary settings  Communicates and liaises with other health and social care professionals and services to help inform admission and discharge planning  Communicates the role of the specialist nurse as a pivotal member of the MDT | Works as an independent practitioner within the MDT and acts as an expert link between the patient and the MDT, ensuring full engagement from the pwNC/carer in shared decision making |

## Core Competency 6: Clinical Practice- Expert Specialist Resource

|  |  |  |
| --- | --- | --- |
| **Level 5** | **Level 6** | **Level 7** |
| Evidence reflection on own and others experiences in the workplace  Makes use of networking and engages with experienced professionals to improve their own competence  Identifies and participates in educational programmes and recognised CPD programmes that relate to the management of the disease/condition to support own development  Can identify their own individual learning needs and personal development planning | Demonstrates evidence of their own CPD through evaluation and reflection and participation in clinical networks | Maintenance of advanced professional development through frequent reviews of the literature, use of self-directed study, networking and regular reflection  Develops leadership skills of others through training and mentorship |
| Develops advanced communication skills and understands the need to apply these to individual communication styles  Develops the therapeutic relationship with the pwNC  Translates evidence and recent research and disseminates additional evidence-based resources to the pwNC and their family members and/or carers | Acts as a knowledgeable, accessible and responsive source of information  Provides and shares complex information effectively and concisely for a range of situations and contexts to ensure safety and continuity of care  Tailors the communication strategy and employs advanced communication skills to discuss potentially challenging and emotive topics  Acts as an emotional support for the families and carers and is able to assist with potential conflict between the patient and their family/carers  Plays a role in educating carers to assist and support care for the pwNC | Expertly shares complex information to ensure patient safety and continuity of care  Is able to support other HCPs in the development of their own communication skills  Offers a critical appraisal of information available to the pwNC and is able to provide further educational materials through liaison with community organisations and third sector organisations |

## Core Competency 6: Clinical Practice- Expert Specialist Resource

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|  | Sources a range of educational materials to support the development of pwNC, their carers and/or family members |  |
| Demonstrates facilitation of teaching skills and behaviours including supervision and teaching  Evidences use of a wide range of skills to motivate, stimulate and encourage others to facilitate the learning process | Ability to act as a clinical advisor to non-specialist and junior staff on patient management  Provides expertise and advice to colleagues across a range of different clinical settings. This may include provision of training and the sharing of information  Identifies and supports the learning needs of the team in response to service need and personal development planning  Provides education to voluntary and non-professional groups  Undertakes teaching at higher  education institutions and on  undergraduate and graduate  training programmes | Acts as an expert clinical advisor and resource to educate and inform colleagues, HCPs, and other members of the MDT to ensure that care remains evidence-based  Teaches and advises colleagues and members of the MDT and external professions on the best method to educate patient groups  Role model exemplary facilitation, leadership, communication and teaching skills and develop those skills in others |

## Core Competency 7: Facilitation of Learning

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| **Level 5** | **Level 6** | **Level 7** |
| Engages in the development of patient education programmes and resources  Assists in the development of a positive learning environment  Engages in learning theories to improve practice and engage with learning in the local environment  Demonstrates knowledge and use of a range of information to review/evaluate and enhance the learning environment  May think about the need to develop therapeutic education programmes for the pwNC and for the HCPs | Creates a reflective environment that allows learning through experience, education, research, and learning with others  Contribute to and participate in clinical supervision, Practice Supervision and facilitation of learning and support others to participate. This may also include those in undergraduate/pre-registration  Competently uses learning theories to plan, implement and evaluate learning in the local environment  Creates an effective learning environment that ensures learning opportunities for staff and students  Participation in learning needs analysis, educational audits and evaluation of educational interventions  Apply and continue to develop specialist knowledge of andragogy appropriate to specific role | Develops educational pathways and materials for carers and family members  Lead on strategies that enable effective reflective practice  Demonstrates and understands the key theories of adult learning and apply a wide range of facilitation, teaching, and assessment skills to practice  Review data collected from educational audits and sources of other feedback to plan and lead at a local level to enable a positive learning environment  Apply advanced knowledge of andragogy appropriate to specific role  Leads on the development and delivery of regional higher education institutions and ensures appropriate training and curriculum development in undergraduate programmes  Leads the development of local and regional education initiatives for pwNC, healthcare workers and members of the MDT to promote high level practice |

## Core Competency 8: Leadership

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| **Level 5** | **Level 6** | **Level 7** |
| Uses national leadership frameworks to assess and develop self-leadership  Engages in a supportive culture and makes use of constructive feedback  Understands how leadership can be used to improve people’s wellbeing and experiences of healthcare  Apply and continue to develop, leadership skills and behaviours appropriate to specific role  Demonstrates leadership qualities and behaviours including skills in motivating, influencing and negotiation | Will use national frameworks to assist and develop leadership skills in others  Actively promotes a supportive culture, where constructive feedback is received positively and regarded as a learning opportunity  Provide leadership for quality improvement and service development to enhance people's wellbeing and experiences of healthcare  Contributes to workforce development through personal and professional development of individuals and team aligned to organisational priorities  May develop own leadership skills through recognised courses  Engages in professional networking within the locality, such as within the MDT, local clinical networks, and networking across social and health care boundaries | Provides strong and effective leadership across professional and organisational teams/boundaries  Demonstrates how feedback is used by the organisation to positively improve services  Applies advanced leadership skills and behaviours appropriate to specific role  Demonstrate and support others to manage people effectively using organisational policies and exemplary leadership qualities  Develops leadership skills of others through training and mentorship  Aims to actively contribute to a variety of organisational (and international if available) professional networks to share best practice |
| Is able to communicate complex information to the nursing and multi-disciplinary team  Identifies and analyses problems and recommends solutions  Demonstrates the ability to work well within a team and in collaboration with others | Is able to communicate complex information at an appropriate level to a range of audiences and contexts  Display creativity and innovation in exploring and implementing possible solutions to problems and evaluating their effectiveness | Role model highly developed verbal, nonverbal and written communication skills  Use creative and innovative solutions to address complex problems, leading innovation and quality improvement and promoting the involvement of others |

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|  | Support others to take responsibility for ensuring concerns are addressed in a timely manner, applying relevant policies such as whistleblowing and complaints  Responds in a transparent and structured way to any complaints from staff about the unacceptable or unfair behaviours of other members of the team  Advocates for the pwNC among the MDT to prevent barriers to care and ensure their wishes are being met | Promotes a culture of empowerment to enable concerns to be raised, addressed and /or appropriately  Advocates for the pwNC at a local (across the MDT), organisational, and national level and throughout their care pathway |
| Understands the need for recognised workload assessment  Contributes to effective management of resources including workforce resources within own area of practice | Demonstrates the ability to use workload assessment and skill mix tools to manage resources and budgetary demands including workforce resources  Demonstrates leadership behaviours when managing people, making use of human resource policies and processes, and recognising early signs of poor performance | Build and lead teams, engage stakeholders and work in collaboration with others  Demonstrate effective financial and workforce planning, delivery and reporting, progressing workforce development plans aligned to organisational qualities  Manages and develops an MDT appropriate to service need and availability |

## Core Competency 8: Leadership (cont)

## Core Competency 9: Evidence, Research and Development

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| **Level 5** | **Level 6** | **Level 7** |
| Uses a range of research approaches to assess how evidence is being used, by self and others, to inform and develop practice  Share with others good practice from audits, and quality improvement activity  May identify the need for, and engage with, audits within local services  Ability to critically identify, define, and analyse complex professional problems and issues | Demonstrate the ability to search and critically appraise evidence (such as patient outcome measures, assessment tools, and treatments) that can be used to enhance patient care  Makes use of a range of tools and methodologies (such as audits) to analyse patient satisfaction and implement findings  Disseminates recent findings from relevant literature to pwNC and their family members and/or carers  Critically analyses the integration of new policy and changes to local practice | Share good practice and the lessons learned from audit, research and quality improvement activity locally and nationally through professional and peer reviewed processes to improve local practice  Acts as a role model for the wider team by promoting a positive research culture  Applies the critical analysis of the literature to help with service development, using specialist knowledge to contribute to the development of evidence-based policies and procedures  Contributes to and leads the design of local and national/multi-centre audits, and then subsequently reviews and implements the findings of the audits |
| Critically analyses and evaluates information and has the ability to search and appraise evidence  Applies and continue to develop specialist knowledge of research appropriate to role  Has understanding of research governance including GCP, ethics, data protection and confidentiality  Is able to explain the principles of clinical trials and the contribution of the specialist nurse | Critically reviews the evidence base for nursing management of the disease/condition  Has awareness and understanding on the various research projects (both nationally and internationally) available for pwNC.  Supports, contributes, and actively recruits to potential research studies  Enables and informs patients on the realistic expectations and concepts of clinical trials and participating in research  Involvement in nursing research projects, scientific societies, and conferences  Critically analyses and interprets the results of research and clinical trials | Utilises appropriate policies to ensure support for clinical research activity and adherence to research governance, including GCP, ethics, data protection and confidentiality  Applies advanced knowledge of research and development appropriate to role, and leads in the development, managing, analysis and dissemination of research projects  Identifies research questions relevant to daily practice (which can include the identification of gaps in service or areas for improvement) and with supervision may design, implement and report on research projects |

## Core Competency 9: Evidence, Research and Development

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|  |  | May engage in other research projects that can relate to the care and management of the pwNC  Engages with knowledge dissemination at regional, national, and international levels that may involve speaking at conferences and writing for publication |

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# Appendices

## Appendix One- Search Terms Used

1st Search:

|  |  |  |
| --- | --- | --- |
| ( competen\* OR skills ) | ( nurs\* ) | (epilep\* or seizures or "people living with epilepsy") |
| ("parkinson\* disease" or pd or parkinsons or parkinsonism) |
| ( "motor neurone disease" or "motor neuron disease" or als or mnd or "amyotrophic lateral sclerosis") |
| ( multiple sclerosis or ms or multiple-sclerosis ) |

2nd Search:

|  |  |
| --- | --- |
| ("specialist Nurse" or "nurse specialist" ) | (epilep\* or seizures or "people living with epilepsy") |
| ("parkinson\* disease" or pd or parkinsons or parkinsonism) |
| ( "motor neurone disease" or "motor neuron disease" or als or mnd or "amyotrophic lateral sclerosis") |
| ( multiple sclerosis or ms or multiple-sclerosis ) |

Two searches used to ensure a broad sweeping collection occurred due to probing searches identifying issues in obtaining all the relevant data within one search.

# Appendix Two- PRISMA Diagram for Systematic Search

**Epilepsy Specialist Nurse Competencies:** Any study that discusses potential competencies and skills related to Epilepsy and specialist nurses performed on the 07/FEB/2024. Parameters include: published between 2014-Present, available in English Language, full text available, and studies that have been peer reviewed (when available in search options)

**Identification of studies via other methods**

**Inclusion Criteria: Peer Reviewed, Published in last 10 Years, English Language**

Records identified from CINAHL, MEDLINE, EMBASE and PubMed.

CINAHL= 44

MEDLINE and EMBASE= 26

PubMed= 191

Records removed before screening:

Duplicates removed (n= 55)

Records identified through:

Websites (n= 0)

Third Sector Organisations (n= 2)

Government Policy (n= 1)

Citation Searching (n= 0)

Records screened

(n= 216)

Records excluded:

(n= 185)

**Identification**

**Screening**

Reports excluded:

(n= 18)

Reports assessed for eligibility

(n= 3)

Reports assessed for eligibility

(n= 31)

**Included**

Studies included in review

(n= 14)

**Parkinson’s Disease Specialist Nurse Competencies:** Any study that discusses potential competencies and skills related to Parkinson’s Disease and specialist nurses performed on the 07/FEB/2024. Parameters include: published between 2014-Present, available in English Language, full text available, and studies that have been peer reviewed (when available in search options)

Reports assessed for eligibility

(n= 2)

**Inclusion Criteria: Peer Reviewed, Published in last 10 Years, English Language**

**Included**

**Screening**

**Identification**

Studies included in review

(n= 9)

Reports excluded:

(n= 54)

Reports assessed for eligibility

(n= 61)

Records excluded:

(n= 1916)

Records screened

(n= 1977 )

Records removed before screening:

Duplicates removed (n= 87)

Records identified from CINAHL, MEDLINE, EMBASE and PubMed.

CINAHL= 74

MEDLINE and EMBASE= 29

PubMed= 1961

**Identification of studies via other methods**

Records identified through:

Websites (n= 0)

Third Sector Organisations (n= 1)

Government Policy (n= 1)

Citation Searching (n= 0)

**Motor Neuron Disease Specialist Nurse Competencies:** Any study that discusses potential competencies and skills related to Motor Neuron Disease and specialist nurses performed on the 05/FEB/2024. Parameters include: published between 2014-Present, available in English Language, full text available, and studies that have been peer reviewed (when available in search options)

**Identification of studies via other methods**

Records identified from CINAHL, MEDLINE, EMBASE and PubMed.

CINAHL= 29

MEDLINE and EMBASE= 22

PubMed= 86

Reports assessed for eligibility

(n= 3)

**Inclusion Criteria: Peer Reviewed, Published in last 10 Years, English Language**

**Included**

**Screening**

**Identification**

Studies included in review

(n= 9)

Reports excluded:

(n= 6)

Reports assessed for eligibility

(n= 15)

Records excluded:

(n= 95)

Records screened

(n= 115)

Records removed before screening:

Duplicates removed (n= 22)

Records identified through:

Websites (n= 0)

Third Sector Organisations (n= 2)

Government Policy (n= 1)

Citation Searching (n= 0)

**Multiple Sclerosis Specialist Nurse Competencies:** Any study that discusses potential competencies and skills related to Multiple Sclerosis and specialist nurses performed on the 09/FEB/2024. Parameters include: published between 2014-Present, available in English Language, full text available, and studies that have been peer reviewed (when available in search options)

**Identification of studies via other methods**

Reports assessed for eligibility

(n= 4)

**Inclusion Criteria: Peer Reviewed, Published in last 10 Years, English Language**

Records identified through:

Websites (n= 2)

Third Sector Organisations (n= 1)

Government Policy (n= 1)

Citation Searching (n= 0)

Records excluded:

(n= 1409)

Reports excluded:

(n= 34)

Records removed before screening:

Duplicates removed (n= 78)

Reports assessed for eligibility

(n= 42)

**Screening**

**Included**

Studies included in review

(n= 12)

Records identified from CINAHL, MEDLINE, EMBASE and PubMed.

CINAHL= 41

MEDLINE and EMBASE= 37

PubMed= 1480

Records screened

(n= 1451)

**Identification**