

2020 | of t

fe

# A Competency Framework for Rheumatology Nurses

CLINICAL PROFESSIONAL RESOURCE

Endorsed by:



ociety for  
y



Royal College  
of Nursing

# Acknowledgements

The working group would like to extend our special thanks to members of the expert review panel who represented all four countries of the UK comprising nurses experienced in rheumatology nursing. We are also

**Publication**

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

**Description**

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

Publication date: March 2020 Review date: March 2023

**The Nine Quality Standards**



# Introduction

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

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

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

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

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

### **Table 1: Aims of the framework**

- To support individual personal development plans (PDP) and continuous professional development (CPD).
- To support robust career progression for rheumatology nurses.
- To provide a framework to support succession planning and service development.
-

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

### Overarching principles

-

# How to use the

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

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

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



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

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

Advanced level practice is delivered by experienced, registered nurses and health care practitioners. It is a level of practice

- 

- 

## Advanced level practice

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

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

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

## Transition

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

The overarching principles include provision of joint children's and adult services, with collaboration between the two even after transfer, as well as providing developmentally appropriate support (Foster et al., 2017). This should focus on the abilities and possibilities of the individual, treating the young person as a partner in the process, rather than determining options beforehand. The person's goals should be paramount. All services involved are responsible for sharing information, confidentiality and safeguarding. A profile should be compiled to include a range of preferences about health care,

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

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

## Medicines management

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

## Extended roles in rheumatology

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

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

## Self-management

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

The Marmot review (2010) raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes and that wider determinants have a greater influence on health than health care, behaviours



Competency 1: Specialism knowledge				
	Registered practitioner	Specialism specific practitioner	Advanced level practitioner	Consultant level practitioner
Knowledge and understanding	+			

<b>Skills and behaviours</b>	Provides person-centred care in relation			
------------------------------	--	--	--	--







<b>Competency 3: Disease management</b>				
	<b>Registered practitioner</b>	<b>Specialism specific practitioner</b>	<b>Advanced level practitioner</b>	<b>Consultant level practitioner</b>
<b>Knowledge and understanding</b>	<p>Knowledge of the implications of long-term conditions, their ongoing management and effects on patients and families.</p> <p>Develops an understanding of the mode of action and aims of use of therapies, screening, side effects, monitoring requirements, pre-treatment safety checks and reporting side effects complying with local policy.</p>			

<p><b>Skills and behaviours</b></p>	<p>Undertakes risk assessment and capacity of patient and carers.                  Able to support patient and family to select most appropriate administration of medication and provides support for ongoing self-management and assesses treatment concordance.                  Effectively counsels patients and carers, and offers supporting information in relevant format.                  Competent to administer specialist prescribed treatments.                  Recognises and implements strategies to help with needle phobia, eg, distraction techniques, rewards.                  Safe administration of entonox for procedures as per local policies.</p>	<p>+                  Educates staff about risk assessment and capacity of patient and carers.                  Advises patients and carers on the appropriate use of OTC medications and supplements and the potential interactions with prescribed medications.                  Understands the use of 'off licence' prescribing.                  Counsels and supports patient and carer in safe administration of medication at home with knowledge of risk factors including use of off licence treatments.                  Undertakes safe use of PGDs within agreed local protocols.                  Evaluates reported side effects of treatments and actively manages these, seeking advice where needed.                  Co-ordinates multidisciplinary patient management and follow up.                  Identifies patients at risk or in need of adv472</p>		
-------------------------------------	---	--	--	--



--	--	--	--	--

<b>Competency 5: Service delivery</b>				
	<b>Registered practitioner</b>	<b>Specialism specific practitioner</b>	<b>Advanced level practitioner</b>	<b>Consultant level practitioner</b>
<b>Knowledge and understanding</b>	Is a(s)-44 cmO O			

<p><b>Skills and behaviour</b></p>	<p>Supports patients and carers to self-manage care as appropriate, and able to describe support systems in place accurately to patients and carers.</p> <p>Ability to manage clinical caseload safely, effectively and efficiently.</p> <p>Able to carry out clinical annual review using local protocol.</p> <p>Demonstrates excellent time keeping skills.</p>	<p>+ Ensures systems are in place to support patients and carers where necessary.</p> <p>Supports team members to ensure core service delivery.</p> <p>Collects and reports service user feedback.</p> <p>Ensures robust data collection and adherence to commissioning requirements for high cost drugs.</p> <p>Provides teaching to</p>		
------------------------------------	---	---	--	--

<b>Competency 6: Governance and accountability</b>				
	<b>Registered practitioner</b>	<b>Specialism specific practitioner</b>	<b>Advanced level practitioner</b>	<b>Consultant level practitioner</b>
<b>Knowledge and understanding</b>	<p>Understands the principles of duty of care and the importance of reporting near misses and errors.</p> <p>Develops understanding of quality improvement strategies.</p> <p>Understands the processes use of audit in demonstrating effectiveness of own clinical interventions through the use of outcome measures.</p> <p>Knowledge and understanding of research approaches and their relevance practice.</p>	<p>+ Contributes to research projects and audit and understands application of these to practice.</p> <p>Undertaken quality improvement module.</p>	+	<p>+ High level of knowledge of the research and audit process, and methods to develop and lead projects for practice and service development for rheumatology nursing.</p> <p>Identifying and initiating audit and research projects.</p> <p>Contributes to finding solutions to any rheumatology risk register entries.</p>
<b>Skills and behaviour</b>	<p>Is able to use DATIX or equivalent system for reporting near misses and/or errors.</p>	<p>+ Recognises specific gaps and issues and problem solves or escalates issues related to the principle of duty of care.</p> <p>Takes part in audits and demonstrates understanding of the use of audits, putting</p>		

6.1.1	6.1.2	6.1.3	6.1.4	6.1.5



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

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

Regular reviews give the opportunity 8.5 (s) 7-rt oe 1.5 (n) 10.8 (d)] TJ04 (0 (y a(e) 2.7 (t) -30.7 (g) 15y a(e) 2.7 () 2.77 (r) -35 (

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

## Job planning and showing your worth

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

The quickest and easiest way to start this process is to write a detailed job plan which clearly articulates the complexities of your role. This should not only show where you are but also what you are doing. Service managers can

# Evaluating the framework

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

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

Currently agreed criterion for success will be:

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

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

## Next steps

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

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



NHS England (2017) *The Five Year Forward View*, London: NHSE. Available at: [www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf](http://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf) (accessed 20 February 2020).

NHS England (2019) *The NHS Long Term Plan*, London: NHSE. Available at: [www.longtermplan.nhs.uk/publication/nhs-long-term-plan](http://www.longtermplan.nhs.uk/publication/nhs-long-term-plan) (accessed 17 December 2019).

Paediatric Musculoskeletal Matters (PMM) free educational resource (web). Available at: [www.pmmonline.org](http://www.pmmonline.org) (accessed 20 February 2020).

Roach M (1992) *The human act of caring: a blueprint for the health professions*, Ottawa: Canadian Hospital Association Press.

Royal College of Nursing (2012a) *Managing children with health care needs: delegation of clinical procedures, training and accountability issues*, London: RCN.

Royal College of Nursing (2012b) *RCN Competences: core competences for nursing children and young people*, London: RCN.

Royal College of Nursing (2012c) *The RCN's UK position on school nursing*, London: RCN.

Royal College of Nursing (2012d) *The assistant practitioner role in children and young people's services*, London: RCN.

Royal College of Nursing (2013) *Lost in transition*, London: RCN.

Royal College of nursing (2016) *Administering subcutaneous methotrexate for inflammatory arthritis 3rd edition*, London: RCN. [www.rcn.org.uk/professional-development/publications/pub-005564](http://www.rcn.org.uk/professional-development/publications/pub-005564) (accessed 17 December 2019).

Royal College of Nursing (2017) *Assessing, managing and monitoring biologic therapies for inflammatory arthritis, 4th Edition*

r



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



# Appendix 2: Useful websites and resources

## Clinical practice resources

Agenda for Change and handbook  
[www.nhsemployers.org/employershandbook/afc\\_tc\\_of\\_service\\_handbook\\_fb.pdf](http://www.nhsemployers.org/employershandbook/afc_tc_of_service_handbook_fb.pdf)

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

**National Early Warning Scores**  
 National Early Warning Scores focus on early detection of patient deterioration

Royal College of Nursing  
[www.rcn.org.uk/clinical-topics/public-health/self-care](http://www.rcn.org.uk/clinical-topics/public-health/self-care)

NHS England involving people in their care  
[www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf](http://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf)

Health Foundation New Approaches to Value in Health and Care  
[www.health.org.uk/publication/new-approaches-value-health-and-care](http://www.health.org.uk/publication/new-approaches-value-health-and-care)

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

Primary care service framework – management of long-terms conditions in primary care 2005  
[www.pcc-cic.org.uk](http://www.pcc-cic.org.uk)

Competency framework for working with long-terms conditions  
[www.kcl.ac.uk](http://www.kcl.ac.uk)

Frailty core capability framework skills for health  
[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Long-term conditions skills for care  
[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

Multiple long-term conditions  
[www.nice.org.uk](http://www.nice.org.uk)

Long-term conditions health in Wales  
[www.wales.nhs.uk](http://www.wales.nhs.uk)

Delivering person-centred care in long-term conditions  
[www.bmj.com.seaton](http://www.bmj.com.seaton)

Involving people in their care  
[www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf](http://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf)

Value in health care  
[www.health.org.uk/publication/new-approaches-value-health-and-care](http://www.health.org.uk/publication/new-approaches-value-health-and-care)

Self care  
[www.rcn.org.uk/clinical-topics/public-health/self-care](http://www.rcn.org.uk/clinical-topics/public-health/self-care)

## Role development resources

*RCN Competency Framework for Rheumatology Nurses: evaluation templates* are available at:  
[www.rcn.org.uk/professional-development/publications/rcn-rheumatology-competency-framework-registered-practitioner-uk-pub-009240](http://www.rcn.org.uk/professional-development/publications/rcn-rheumatology-competency-framework-registered-practitioner-uk-pub-009240)

RCN credentialing information is available at:  
[www.rcn.org.uk/professional-development/professional-services/credentialing](http://www.rcn.org.uk/professional-development/professional-services/credentialing)

Job planning resource for nurses  
[www.apollonursingresource.com/showing-how-i-spend-my-time/job-planning](http://www.apollonursingresource.com/showing-how-i-spend-my-time/job-planning)

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

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

## Revalidation resources

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

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

RCN Advanced nursing practice  
[www.rcn.org.uk/library/subject-guides/advanced-nursing-practice](http://www.rcn.org.uk/library/subject-guides/advanced-nursing-practice)

## Professional organisations

Nursing and Midwifery Council  
[www.nmc.org.uk](http://www.nmc.org.uk)

British Society of Rheumatology  
[www.rheumatology.org.uk](http://www.rheumatology.org.uk)

EULAR [www.eular.org/index.cfm](http://www.eular.org/index.cfm)

Royal College of Nursing  
[www.rcn.org.uk/about-us](http://www.rcn.org.uk/about-us)

Arthritis and Musculoskeletal Alliance (ARMA)  
[www.arma.uk.net](http://www.arma.uk.net)

NHS Employers [www.nhsemployers.org](http://www.nhsemployers.org)

## Third sector resources

Arthritis Action  
[www.arthritisaction.org.uk](http://www.arthritisaction.org.uk)

NRAS  
[www.nras.org.uk](http://www.nras.org.uk)

NASS  
[nass.co.uk](http://nass.co.uk)

National Osteoporosis Foundation  
[www.NOF.org](http://www.NOF.org)

British Orthopaedic Association  
[www.boa.ac.uk](http://www.boa.ac.uk)

Royal College of Physicians  
[www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)

Versus Arthritis – charity formally known as  
Arthritis Research UK  
[www.versusarthritis.org](http://www.versusarthritis.org)

## Advanced clinical practice

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

Health Education England Advanced Clinical  
Practice  
[www.hee.nhs.uk/our-work/advanced-  
clinical-practice](http://www.hee.nhs.uk/our-work/advanced-clinical-practice)

Northern Ireland Supporting Advanced Practice  
in Health and Social care  
[www.health-ni.gov.uk/publications/  
advanced-nursing-practice-framework](http://www.health-ni.gov.uk/publications/advanced-nursing-practice-framework)

## Appendix 3: Level of competency attainment guidance

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

AFC Indicative dimensions and banding	Register	Band 1	Band 2	Band 3

