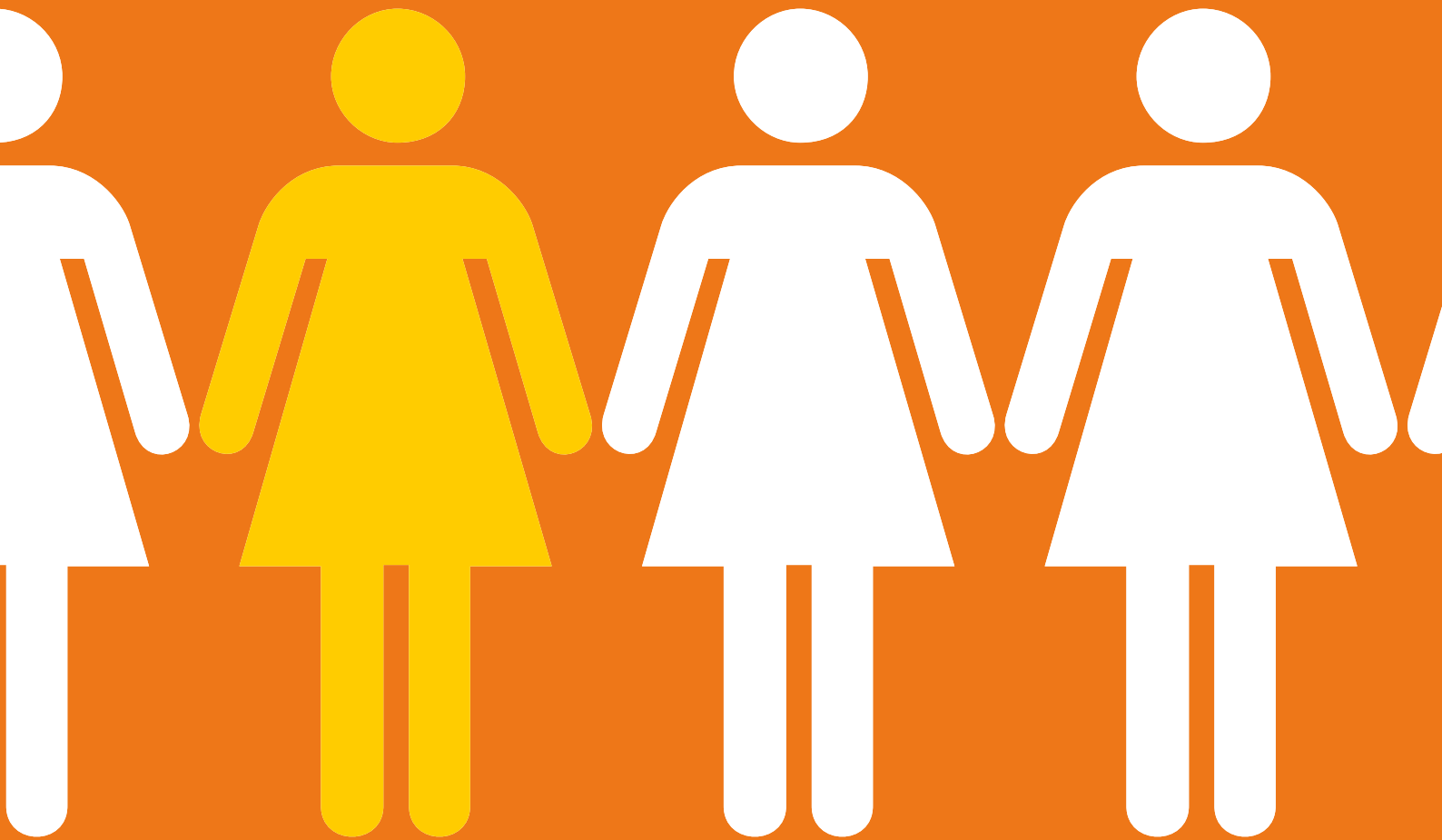




Clinical Nurse Specialist Standards in Early Pregnancy Care Impact Assessment Report

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

The RCN would like to thank the project team for their assistance in the development of this publication:

Carmel Bagness, RCN Professional Lead Midwifery and Women's Health

Debby Holloway, FRCN, FRCOG, Nurse Consultant Gynaecology, Guy's and St Thomas NHS Foundation Trust

Nikki Mills, RCN Project Co-ordinator

Wendy Norton, FRCN, Associate Professor/Reader, Faculty of Health and Life Sciences,

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Note:

1. Introduction

The need to define specialist roles in nursing is an important step in articulating the more advanced roles for registered nurses in defined arenas of practice. In 2017, the RCN published the standards for *Clinical Nurse Specialists (CNS) working in Early Pregnancy Care (EPC)*, in collaboration with the Association of Early Pregnancy Units (AEPU), and other relevant stakeholders.

The CNS EPC standards were developed in an evidence-based environment, with the belief that they would enable and empower the roles already in existence, including creating some equity across the UK, as well as to outline nationally agreed standards for the future.

They were also intended to facilitate career development in this area of practice, clarify specific skills development and outline the strategic nature of such roles. Not only would this create equity, but it could also raise the profile of the role and its importance in supporting women and their partners in early pregnancy crisis such as miscarriage, including enhancing the provision of care.

The standards were distributed across the RCN, AEPU and related contacts to ensure targeted distribution, and were received positively, in particular about the value to enhancing practice and career developments.

2. Impact assessment process

Three years on from the publication of the standards, it was important to carry out an impact assessment to ascertain how useful the standards had been, and to establish achievement of outcomes of the project that led to their development. Anecdotal feedback has been very positive since publication and the intention of the project team was to develop some intelligence to inform a revised edition for 2021.

This assessment took place during the pandemic, and the authors fully acknowledge that whilst it was important to gather information about this publication, the challenges (both professionally and personally) faced were that it was difficult to gather information from professionals and personally during the pandemic.

The pandemic has had a significant impact on the profession and the standards, and the authors acknowledge that the challenges (both professionally and personally) faced were that it was difficult to gather information from professionals and personally during the pandemic.

The evidence gathering was achieved via an online targeted survey. The survey was created by the project team, tested and distributed online via the RCN forums and to members of the AEPJ.

The information gathered has been distilled into:

1. Profile of respondents
2. Clinical skills and knowledge
3. Patient attendances
4. Service development
5. The value of the RCN standards
6. Staff and service development

1. Profile of respondents

The survey yielded 107 responses, of which 93 (87%) worked in early pregnancy care.

83% of the respondents were members from the RCN, with 53% from AEPJ, 6% from the Royal College of Midwives (RCM), and the remainder came from a range of organisations including British Society of Abortion Care Providers (BSACP), British Medical Ultrasound Society (BMUS), International Society of Ultrasound in Obstetrics and Gynaecology (ISOUJ), and Society and College of Radiographers (SCOR). It is acknowledged that many members will belong to more than one of the organisations mentioned.

The survey was distributed across the UK, and the geographical spread of respondents, demonstrated replies from all four UK countries and across all RCN regions of England. The majority of replies were from the South East including the Channel Islands – 20%, with 14% from the South West and 13% from London.

The majority worked in the NHS (91.5%), with 2% in primary care and 6.5% in the independent sector.

The hours allocated for EPC are an important indicator of how dedicated these roles may be, so the consideration was of hours per week worked to gauge this. The majority (66%) worked between 21-37 hours a week, whilst 23.5% were working more than 37 hours a week.

When asked how many hours were worked in early pregnancy care that produced a different picture, with 14% working less than 10 hrs a week, 24.5% working between 11-20 hours, 48% working between 21-37 hours a week, whilst 14% were working more than 37 hours a week. This disparity between different groups may reflect the commissioning of services and subsequent differences in service provision.

It is recognised that care provision can be very complex, based on local need, expertise,

showed that respondents there were working a few hours a week and often had multiple roles. This may not be comparable to the EPCU staff as they often do not have a defined

When asked about being an advocate for the women cared for, 91% felt that they could advocate for all their patients.

Who works in early pregnancy care?

One of the elements of the survey was to identify the multi-professional team working in EPCUs, and it identified that there are:

- clinical nurse specialists
- advanced nurse practitioners
- nurses/midwives Band 5, 6 and 7
- nursing associates
- health care assistants/health care support workers/nursing assistants
- doctors
- sonographers.

2. Clinical skills and knowledge

The project team was keen to better understand the skills carried out in early pregnancy care, and to identify if staff were using the RCN standards to aid their development.

It was also important to investigate the skills they would like to develop to further enhance their role, which led to the project team considering how this might be carried out in practice. Table 2 outlines the findings from the survey.

Table 2

Which of the following skills do you undertake in your early pregnancy care role?	Yes	No	No, but would like to
Ultrasound	42	24	28
Non-medical prescribing	20	39	35
Manual vacuum aspiration (MVA)	9	50	35
Conducting/participating in audits	74	9	11
Research	40	28	26
Writing publications	11	53	30
Writing guidelines	54	27	13
Providing educational presentations for staff and professionals	63	22	9
Initiating and facilitating the sharing of information with service users	73	12	9
Written consent for procedures	48	26	20
Delegated consent	35	43	16
Administration of cytotoxic medications	49	33	12
Triage	83	7	4
Link with support groups/run support groups	47	27	20
Vaginal and abdominal examinations	50	24	20
Counselling	71	11	12

There is a wide variation in practice and engagement in more advanced nursing roles which may, in part, be related to the level of service a unit provides and the number of other staff involved.

Overall, the results are really encouraging as they highlight enthusiasm for skills development showing that respondents are keen to further develop their clinical skills, especially within the areas of ultrasound scanning, manual vacuum aspiration provision, non-medical prescribing, research, and writing for publication. It also led the project team to conclude that there may be a need (possibly a roundtable event) to further explore the opportunities and barriers to developing some of the more complex skills originally outlined in the standards.

The project team also concluded that there is a need to consider how nurse engagement in advanced practice, in a meaningful and fulfilling way, could be achieved, rather than nurses sometimes being seen as just there to fill gaps in service provision, in particular

The practitioner must feel competent and agree that they will refer to appropriate colleague for further information and support if required (GMC, 2020)

- counselling is another advanced skill considered critically important to service provision. Immediate clinical counselling following poor outcomes is a part of the nurse's duty of care to the woman, and her partner. Many units will offer debriefing counselling as a local service, however, some may require therapeutic counselling, which should be carried out by a suitably qualified counsellor. Nurses need to have these skills, or know where they can refer woman to, in a timely manner. The British Infertility Counselling Association bica.net or British Association of Counselling and Psychotherapy bacp.co.uk have further information on courses available
- as a graduate profession, nurses are more prominent now in publications, however many are often unsure about how to engage in publications and audit/research. This should form part of skills development for all nurses to share their practice and experiences, to enhance practice
- 40 respondents were involved with research, with another 26 nurses looking to develop their research skills should such an opportunity arise. This is very encouraging given the pivotal role nurses can play in identifying gaps in clinical practice and developing ideas for improving outcomes.

Increases in advanced level practice has been a progressive ambition of developing nursing practice for some time. Many advances have been made and in 2020 the RCN defined advanced practice as a level of practice, rather than a type of practice. Further information on advanced level practice can be found at: rcn.org.uk/professional-development/advanced-practice-standards (RCN, 2020).

The clinical nurse specialist is seen as an advancing practice role, in a defined arena of practice, which can sometimes cause confusion between the two terms – in practice they are often used interchangeably. This is another area for further exploration beyond the remit of this project.

Overall, this element of the survey, in particular the "No but would like to" shows a clear need for increased formal training opportunities (rather than local and informal) and is very encouraging on advancement. 3 (t)-3.4 (t)-348 Tc 0.01 Tw 0 -1.2 Td[(v)8 (e)-8 (r)-32.6 (y)-10

require a different skill set, which some were better prepared for than others. Over the course of the last year several useful resources have been developed to enable skills development in this area.

4. Service development

One ambition of the original standards was to have clinical nurse specialists actively engaged in service development and 81% replied positively to this with 19% stating they were not currently involved.

5. The value of the RCN standards

It was encouraging to know that 55% of those who responded were familiar with the standards prior to completing the survey, and over 86% of those who knew about them felt they supported the role, Table 3 below outlines how they were found to be useful:

Table 3

How have you used the standards within your work? (select all that apply)			
Answer choice		Response %	Response total

Examples included:

The standards were used as a reference point to increase staffing and support the service needs

Showed the hospital the importance of the role and what can be achieved

Allowed me to realise exactly what a clinical nurse specialist should be aiming towards, I started my sonography course at the same time as the standards were created and it essentially gave me a job plan as I think there is a lot of discrepancies within the role at different hospitals/trusts

Highlighted gaps in knowledge and competency to allow for growth and development. Gave clear direction towards the skills needed to fulfil the role and the standards we should work to but we do not have a clinical nurse specialist role within our unit. We have used the standards to set exho sU

All positive – defines role, assisted in developing new staff and showing what the job entails

Used to develop the staff within the EPU units cross site and to secure funding for training courses

Some comments concluded that the RCN standards had not been used as effectively as they could, but the survey has increased the awareness of them, and they could be used successfully in the future to provide a good baseline to enhance role development and service provision. One respondent felt they were not helpful, as the local service was restricted by capacity, and felt that the service model was not fit for purpose, however the conclusion could be that the standards could be used to change the model?

One of the challenges in health care is the ability to share good practice across wide geographical areas and often the lack of opportunity to share innovative ways to re-fashion service provision, is not given the priority it should. Access to national conferences such as the annual AEPN Conference and RCN Women's Health Conference are some positive ways to celebrate practice innovations.

6. Staff and service development

67% of respondents managed staff, with 21% stasp ts HU20.7 ed sea12.8 d (u)061(s)49(e)57(107) ar
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4. Recommendations

The conclusion of this impact assessment has led to some key recommendations, which

5. Conclusion

When asked about the overall use of the standards, the responses were mainly positive, some identifying that some units were better at implementation than others, whilst some key skill development should be enhanced, such as specialist counselling skills and MVA. A request for more online learning was also included, as well as more information about available courses.

As a result of the impact assessment, the conclusion is that the standards are continuing to improve practice and enable those working in this area to develop skills, knowledge and career pathways. It is reassuring that the standards set are still relevant, however

6. References and further reading

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Royal College
of Nursing