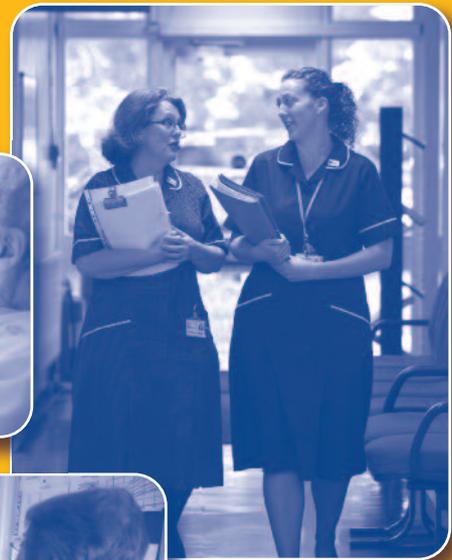


## Advanced nurse practitioners

An RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation





Royal College  
of Nursing

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# Advanced nurse practitioners

– *an RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation*

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# Introduction

Nurses are increasingly extending and expanding their scope of practice beyond initial registration in all health care settings. In areas such as general practice and community health, acute care, sexual health and mental health, nurses are now commonly working at an advanced practice level. To enhance service delivery and improve the health outcomes of diverse client groups, since 1980 the RCN has actively promoted advanced nursing practice through the development of competences and accreditation. A considerable amount of work has already been undertaken on advanced nursing practice, which provides a solid foundation for further future developments.

In line with UK, European and international literature, as well as work arising from the UK Modernising Nursing Careers initiative, the RCN defines advanced nursing practice as a level of practice rather than a role or job title. Advanced nursing practice both builds on, and adds to, the set of competences common to all registered nurses.

Advanced nursing practice has provided new opportunities for nurses in terms of career pathways and professional development, and the RCN is working in partnership with the Nursing and Midwifery Council (NMC) and the health departments of the four countries of the UK, to identify and implement appropriate strategies to achieve improved patient safety and public protection. It also supports the current initiatives on revalidation.

While the RCN acknowledges that advanced nursing practice is encompassed within, and regulated by, the NMC document *The code: standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008), this is not sufficient in isolation and other checks and controls must be in place. The RCN views improving employer-led governance as another of the key components of the wider framework and guidance that should monitor advanced nurse practitioners (ANPs) and thereby assure improved patient safety.

The introduction of local governance frameworks should be viewed as positive measures that seek to assure fitness for practice and consequent public protection. The introduction of robust governance by employers makes transparent the ANP's responsibility for patient safety, and provides an additional layer of monitoring of appropriate competency, education and tangible evidence-based practice. This will help to overcome the ad hoc development of ANP roles, and the previously random use

of titles by nurses that infer levels of clinical expertise that could not be verified.

Effective governance enables the employer to assure the public that nurses are deployed to advanced roles in such a way that their fitness to practise can be verified as purposeful, planned, and underpinned by appropriate education that is both measurable and safe. In the longer run, governance enables employers to plan for service redesign, and develop new advanced nursing roles in a more meaningful and targeted way than before.

# The RCN and advanced nursing practice

The RCN's competences for ANPs were mapped in the early 2000s against the *NHS Knowledge and Skills Framework* and are linked to the *NHS Career Framework*.

The competences were devised and researched collaboratively with higher education institutions (HEIs), professional organisations and service providers. They have standardised clinical outcomes, and are a tool that HEIs can use to map and validate their curriculum outcomes and audit fitness to practise at this level. They also inform the RCN accreditation of ANP programmes that are run by a number of HEIs.

The RCN Accreditation Unit accredits ANP programmes in HEIs against 15 standards, focusing specifically on assuring quality of provision and standards of practice for graduates.

The RCN is developing its own tools for recording evidence against ANP competences – for example, the RCN Learning Zone e-portfolio.

This portfolio helps individuals to:

- contribute evidence towards professional and academic accreditation
- demonstrate ongoing maintenance of competence
- demonstrate readiness for career progression
- demonstrate continuing professional development for on going registration
- support the development of evidence for a future revalidation agenda.

The Department of Health (DH) for England, Welsh Assembly Government, and Scottish Executive have now published country-specific documents on advanced nursing practice. Much of this work was informed by the original work undertaken by the RCN, and as a result there is no longer a requirement for the RCN to produce its own competences. Having pioneered this work, it is now appropriate for the RCN to support advanced nursing practice developments undertaken in the four UK countries and as well as those undertaken by the NMC.

Today ANPs work in a variety of health care settings and in a number of different roles, which range from a nurse consultant managing a specialist service in a hospital to being a nurse partner within a general practice.

The health and social care landscape is changing rapidly

to meet the health needs and demands of a different population profile to that of 50 years ago. The nursing profession has responded with enthusiasm and talent to these changes, and ANPs in particular have led the way in challenging traditional professional boundaries.

Increasing numbers of ANPs work in secondary and tertiary care settings, such as accident and emergency (A&E) departments, minor injury units, medical assessment units, and night services, as well as within specialities such as paediatrics, neonatal care, cancer care, ophthalmology and orthopaedics. In any setting where patients would benefit from nurses with advanced level skills and knowledge, the ANP role is being developed.

With the role and job title of the ANP established, it is now appropriate for the RCN to focus on the level of advanced nursing practice. This RCN guide is designed to be a valuable resource for:

- employers and potential employers of ANPs
- those nurses wanting to develop their existing practice to become an ANP
- policy makers working to develop solutions to health care needs, while ensuring high-quality nursing care
- HEIs offering or developing advanced nursing practice programmes or other advanced clinical practice programmes for allied health professionals
- researchers of advanced nursing practice
- patients/service users, to inform their choices about who they wish to provide their care.

There are three sections to this guidance document:

**Section 1** defines the role of the ANP and sets out the answers to key questions being asked by nurses, doctors, potential employers, commissioners of educational programmes, and others interested in the development of the role.

**Section 2a** signposts readers to the relevant domains and competences for ANPs in the UK. The RCN endorses the consensus evident in the national standards on ANP published by the Department of Health (England), Scottish Executive Government, and Welsh Assembly Government.

**Section 2b** sets out the standards which HEIs must meet for their advanced nursing practice educational programmes to be eligible for RCN accreditation.

## 1

# The nurse working at an advanced level of practice

**Advanced level practice encompasses aspects of education, research and management but is firmly grounded in direct care provision.**

(DH 2010, p.7)

The RCN defines the level of practice within which ANPs work as encompassing the following:

- making professionally autonomous decisions, for which they are accountable
- receiving patients with undifferentiated and undiagnosed problems and making an assessment of their health care needs, based on highly-developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- screening patients for disease risk factors and early signs of illness
- making differential diagnoses using decision-making and problem-solving skills
- developing with the patient an ongoing nursing care plan for health, with an emphasis on health education and preventative measures
- ordering necessary investigations, and providing treatment and care both individually, as part of a team, and through referral to other agencies
- having a supportive role in helping people to manage and live with illness
- having the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- working collaboratively with other health care professionals and disciplines
- providing a leadership and consultancy function as required.

## How does a nurse become an ANP?

The RCN recommends that nurses aspiring to become ANPs should ideally undertake an RCN accredited advanced nursing practice programme. Such a course

should include core areas which build on nursing skills already acquired, and cover the following subject areas:

- therapeutic nursing care
- comprehensive physical assessment of all body systems across the life span
- history-taking and clinical decision-making skills
- health and disease, including physical, sociological, psychological and cultural aspects
- applied pharmacology and evidence-based prescribing
- management of patient care
- public health and health promotion
- research
- organisational, interpersonal and communication skills
- accountability – including legal and ethical issues
- quality assurance
- political, social and economic influences on health care
- leadership and teaching skills.

The consensus within the UK health departments is that ANPs in the future will have undertaken master's level educational preparation.

## Area of practice

The ANP offers care complementary to that offered by doctors and other health care professionals and augments the care that a team can deliver, but can also act as a primary care provider.

## Primary care

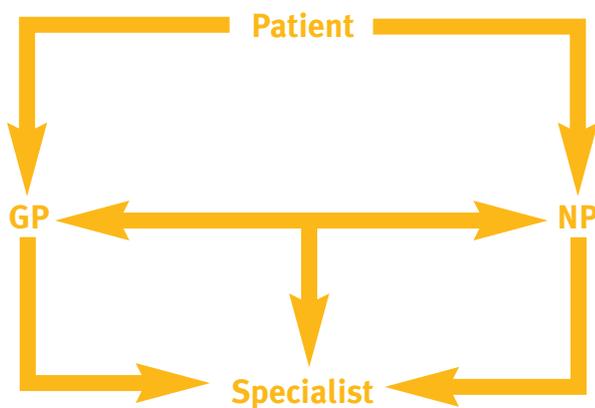
The expertise of the ANP in primary care lies in their ability to operate as a 'generalist'. The ANP provides complete episodes of care for patients of any age and with a

wide variety and range of presenting problems and health care needs. This encompasses the provision of evidence-based, high-quality care for patients whose issues fall within: urgent/acute episodes, long-term/chronic conditions, health promotion and public health.

Research into the safety and effectiveness of ANPs has provided overwhelmingly positive conclusions regarding the value of the role and the patient satisfaction that arises from ANP care (Horrocks et al., 2002; Laurant et al., 2005).

ANPs operating in primary care have a wide range of skills, a broad knowledge base, and the ability to deliver specific aspects of care. At times these will need to be supplemented by the skills of specialist health care professionals in both primary and secondary care, and include use of a range of diagnostic and screening services. ANPs act collaboratively with colleagues working in the same area of practice, or refer to and share care with, colleagues in more specialist areas of practice.

The following diagram depicts the referral system of an ANP working in primary care.



The patient has the opportunity to consult with either a general practitioner (GP), ANP or both. An ANP who becomes the primary care provider may work with the patient to determine a plan of care, and may deliver a large proportion of that care themselves, or in partnership with medical colleagues and other members of the health and social care team.

Some ANPs may also have the necessary skills to enable them to work with patients requiring specialist care. For instance, ANPs are able to provide services for patients with depression, rheumatoid arthritis, heart failure, and so forth. In these instances it is the ability to apply the broad foundation of advanced level knowledge and skills described above which makes them an ANP, rather than having expertise in a specific field of care provision.

## Secondary care

The drive to reduce the hours worked by junior doctors in the last decade has resulted in initiatives that have extended and expanded the traditional scope of nurses within hospital-based settings, for example night nurse practitioners (DH, 2005) and those carrying out pre-operative assessments. In addition, the benefits of specialist nurses within outpatient clinics to provide continuity of care have also demonstrated the value that a more holistic approach can bring.

The term ANP has increasingly been used to distinguish where these emerging roles have a higher degree of autonomy and application of expertise. Although the patient is under the overall care of a medical consultant, the ANP provides the first point of contact, dealing with the problems the patient brings. The ANP is able to proactively address any issues that could negatively impact on the patient's pathway and length of stay. Local evaluations have highlighted the value of the ANP in enhancing the responsiveness and efficiency of care provision and the overall quality of patient care.

## The use of the title 'advanced nurse practitioner'

At the present time a number of nurses are using the title 'nurse practitioner' or 'advanced nurse practitioner' without having undertaken the educational preparation required to work safely at an advanced level. Both the RCN and NMC oppose nurses and/or employers using the title of ANP where a nurse has not completed the appropriate education and preparation.

In recognition of this, the NMC (2007) stated that:

*“For a considerable amount of time, a major concern of the NMC, the public and many NMC registrants is the existence of the plethora of job titles that do not help the public to understand the level of care that they can expect. There are nurses who hold job titles that imply an advanced level of knowledge and competence, but who do not possess such knowledge and competence. In addition, their practice may not be subject to the scrutiny of another professional as they often act as independent practitioners.*

*The NMC also recognises that there are now significant changes in the way that services are delivered to patients, particularly following the General Medical Services (GMS) contract and European Working Time Directive (EWTG). Nurses, midwives and specialist community public health nurses are undertaking treatment and care that was once*

*the domain of other health care professionals, notably doctors.”*

More information can be found on the NMC website at [www.nmc-org.uk](http://www.nmc-org.uk)

## Frequently asked questions

### How do I become an ANP?

The RCN Accreditation Unit accredits Advanced Nurse Practitioner programmes provided by HEIs, when these are able to demonstrate compliance with the standards listed in Section 2b of this document. This acts as a quality assurance that indicates that individuals graduating from RCN accredited Advanced Nurse Practitioner educational programmes are comprehensively prepared, competent and fit for purpose.

Further information on advanced nurse practitioner programmes can be accessed from the Association of Advanced Nursing Practice Educators (AANPE) website at [www.aanpe.org](http://www.aanpe.org)

For nurses who already possess a wide range of academic and practical experience, many HEIs will consider Accreditation of Prior Experiential Learning (APL) claims to enter their courses, according to the rules of the HEI concerned. In this way nurses could gain exemption from having to study formally for the entire advanced nurse practitioner programme.

### What resources are available to support me to develop as an ANP?

The RCN website contains useful publications that support nursing innovation and advanced practice. Information on *Agenda for Change* and the *NHS Knowledge and Skills Framework* is also available from the RCN website at [www.rcn.org.uk](http://www.rcn.org.uk).

The following additional resources are also recommended:

#### RCN Advanced Practitioner Nurse Forum

The RCN ANP Forum provides support for ANPs and those aspiring to become ANPs. You can access the forum on the RCN website at [www.rcn.org.uk](http://www.rcn.org.uk).

#### The Association of Advanced Nursing Practice Educators

The AANPE is a collaborative network of HEIs who are providers of advanced clinical programmes of education for nurses. You can view its educational networking for advanced nursing practice in the UK, and literature lists at [www.aanpe.org](http://www.aanpe.org)

#### Department of Health

The Department of Health's *Advanced level nursing: a position statement* (2010) can be viewed at [www.dh.gov.uk](http://www.dh.gov.uk)

#### NHS Wales

*The Framework for advanced nursing, midwifery and allied health professional practice in Wales* can be viewed at [www.wales.nhs.uk](http://www.wales.nhs.uk)

#### Advanced Nursing Practice toolkit

The Advanced Nursing Practice toolkit is a UK-wide repository for consistent, credible and helpful resources to advanced practice. You can access the toolkit at [www.advancedpractice.scot.nhs.uk](http://www.advancedpractice.scot.nhs.uk)

### ANPs are sometimes referred to as 'autonomous' and 'independent' practitioners. What do these terms really mean?

Autonomy is often used to describe a practitioner, nurse or otherwise, who has the ability to make independent decisions about their actions.

ANPs do not use independence as an elitist or a separatist concept, or to describe their work situation. They acknowledge that independent practice is undesirable and unattainable, because all health care professionals should be working collectively as a team in the patient's best interests. The only sensible use of the term 'independence' is in a business sense, to describe an ANP who is self-employed.

If an ANP is self-employed they are independent; if an ANP is employed they are not independent. Independence does not define the limit of professional practice and should not be used to distinguish ANPs from other members of the nursing profession.

### Are ANPs more likely to be held liable for their actions than other nurses?

ANPs are no more likely to be subject to claims of negligence than other nurses, because their practice is underpinned by a comprehensive educational programme which enhances self-awareness and the ability to acknowledge and remedy any limitations to competence.

In legal terms, liability is often associated with the perception that ANPs might be sued in their own right. However, the principle of vicarious liability determines that it is generally the employing organisation which is sued and not the individual if a patient is harmed. This is not the case when nurses are self-employed. You can read more about indemnity schemes on the RCN website; full RCN membership includes indemnity cover for self-employed ANPs and independent nurse prescribers.

The risk to the ANP, like all other nurses, is dictated by the extent to which any practitioner is able to acknowledge their own limitations regarding advanced competences and knowledge, and sets limits to their own practice. These principles apply to any registered nurse, regardless of their level of practice.

Meticulous practice, good record-keeping, a thorough educational preparation, ongoing self-assessment, and critical appraisal with colleagues, are all essential in equipping ANPs to practice with confidence.

### What is the professional standard of care for an ANP?

The RCN and the health departments of England, Scotland and Wales are in broad agreement with domains of advanced nursing practice. Advanced nursing practice is founded on sound research and educational principles - and documents published in England, Wales and Scotland describe a generic standard of advanced nursing practice.

Therefore, nurses wishing to practice at advanced level must remember that their practice will be judged as such, rather than at the standard of initial registration.

This underlines the importance of educational preparation for the role if negligence is to be avoided. Inexperience is not a defence in the eyes of the law; if an ANP believes they cannot demonstrate the required standard in any aspect of their practice, they are responsible for refusing to undertake the action or seeking supervision from an appropriate source.

### How should ANPs be employed?

Given the emphasis on the autonomous nature of advanced nursing practice, and the benefits of offering

patients direct access to advanced nurse practitioners as well as doctors, a number of employment options are available to advanced nurse practitioners. These range from self-employment to independently contracted nursing teams and nurse partnerships. These once radical ideas are now accepted ways of providing care and treatment, in which ANPs excel. No area of the health care system is closed to the ANP and many innovative posts are now on offer in all health care settings.

A note of caution should be sounded when looking for an appropriate post. For reasons borne out of ignorance or false economy, some prospective employers persist in offering so-called ANP posts for which no specific educational preparation is required, and for which the remuneration on offer is not appropriate for a nurse as competent and highly qualified as an advanced nurse practitioner.

The RCN advises potential applicants to make sure the employer understands what he is asking for, and is willing to offer a salary commensurate with an ANPs qualifications and potential and in line with the *Skills for Health* framework.

### Why can't ANPs working within primary care sign sick certificates?

It is still a legal requirement for doctors to sign Med 3 sick certificates. The situation is extremely frustrating for both practice nurses and ANPs in primary care, who having completed a full assessment of the patient and made the judgement that a period of absence from work is needed to facilitate an individual's return to health, then needs to ask a GP to sign the sick certificate. For many years the RCN has lobbied for nurses to be able to sign both sick and the new well certificates, but at the time of writing no progress has been achieved.

### Can an ANP request an x-ray or make a referral?

The RCN's *Nurse practitioner survey 2006* (Ball, 2006) found that 44 per cent of ANPs had had an x-ray request refused, 22 per cent had other investigations refused, and 44 per cent reported that they had had referrals refused - all on the grounds that they were nurses not doctors. As a result the RCN has worked with other professional bodies, including the Society and College of Radiographers and the Royal College of Radiologists, to produce a policy position and guidance that supports the request of clinical images by non-medically qualified health care professionals including nurses (RCN, 2008). *Clinical imaging requests from non-medically qualified*

*professionals* (publication code 003 101) can be downloaded or viewed on the RCN website at [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

Through the implementation of this guidance across the UK, it is anticipated that barriers will be removed and patient care pathways will be improved. With an increasing awareness of the scope and level of advanced nursing practice, the RCN wishes for all health care professionals to focus on the merits of a referral, rather than the request initiator/author, so that improved multidisciplinary working is achieved.

### Can ANPs undertake home visits?

ANPs are able to undertake appropriate home visits and are increasingly expanding their remit to provide care in the home of a patient who is housebound with acute and/or long-term health problems. Developments in non-medical prescribing (DH, 2007) mean that more ANPs are now able to issue a prescription where warranted.

However, where an advanced nurse practitioner is not an independent prescriber, strategies need to be in place to avoid undue delay for the patient in obtaining a prescription for treatment and to prevent compromise of the normal standard of care that the patient would receive from a GP.

### The ANP and pregnant women

Maternity care is the one domain where legislation stipulates that only a registered medical practitioner or a practicing midwife can provide care for a pregnant woman. A team approach needs to be in place so that when an assessment of the pregnancy is necessary a GP or midwife can see the woman. Where there is no midwife attached to the practice, good links and communication systems need to be in place for easy referral. Having a good working relationship with the local supervisor of midwives will enhance overall care.

Should the ANP also be a registered practicing midwife, they will be able to care for pregnant women so long as they continue to meet the NMC requirements. These include notifying their intention to practice, meeting with the local supervisor of midwives annually, and maintaining the PREP requirements for midwifery.

Local protocols and policies need to be in place to clarify the nurse's role in relation to pregnant women. For example, it is likely that where there is no GP present, women may attend the practice for confirmation of pregnancy, or as part of a health assessment. The ANP

may diagnose pregnancy. Local guidelines, therefore, should be in place so that the ANP can make an initial referral to the local maternity services.

ANPs may also find themselves being asked to provide care for non pregnancy-related conditions that may have an impact on the pregnancy (such as a sore throat) or be called on to provide care in an emergency, and clear referral pathways must be in place for such scenarios.

Further information is available from the NMC.

### I currently hold a BSc Advanced Nurse Practitioner award – do I now need to study for a master's in advanced nursing practice?

The RCN recognises the value of a first-level honours degree education and the important contribution that many of the pioneering ANPs made and continue to do. The original nurses working at an advanced level were called nurse practitioners, and currently the RCN position is that any nurse who has been educationally prepared, whether at BSc or MSc level, against the RCN competences, is entitled to be referred to as an ANP. Note that in Wales, however, an MSc is required.

Those nurses who undertook a BSc were prepared educationally to achieve the same advanced nursing practice competences as those undertaking an MSc; additionally, for many years master's level thinking has been instilled in those ANP programmes awarded a BSc. However, there are several factors that influenced the progressive move to full master's level education, not least the current change of pre-registration nurse education to graduate entry. Thus, the transition from the diploma programmes of the early 1990s to undergraduate education, and subsequently to master's level, is one that reflects the maturation of advanced nursing practice, and the challenge for the nursing profession is to respond to that evolution positively and flexibly.

For these reasons many of the HEIs that previously only offered BSc preparation may be ready to offer ANP graduates the opportunity to APEL (accreditation of prior and experiential learning) elements of their learning and experience into a master's level programme. Nurses should contact the HEI which originally prepared them for advice.

## References for Section 1

Ball J (2006) *Nurse practitioners 2006 – the results of a survey of nurse practitioners conducted on behalf of the RCN Nurse Practitioner Association*, Hove: Employment Research Ltd.

Department of Health (2004) *The NHS knowledge and skills framework and the development review process*, London: DH. Available from [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health (2007) *Nurse independent prescribing*, London: DH. Available from [www.dh.gov.uk](http://www.dh.gov.uk)

Horrocks S, Anderson E and Salisbury C (2002) Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors, *BMJ*, 324, pp.819-823.

Laurant M, Reeves D, Hermens R, Braspenning J, Grol R and Sibbald B (2005) *Substitution of doctors by nurses in primary care (review)*, Cochrane Database of Systematic Reviews 2005, Issue 2, Art No: CD001271, Hoboken: John Wiley and Sons Ltd.

Nursing and Midwifery Council (2007) *Advanced nursing practice – update 19 June 2007*, London: NMC. Available from [www.nmc-uk.org](http://www.nmc-uk.org)

Nursing and Midwifery Council (2008) *The code: standards of conduct, performance and ethics for nurses and midwives*, London: NMC. Available from [www.nmc-uk.org](http://www.nmc-uk.org)

Royal College of Nursing (2008) *Clinical imaging requests from non-medically qualified professionals*, London: RCN. Available from [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications) Publication code: 003 101.

## 2a

## Advanced nurse practitioner competences

Rather than continuing to publish its own domains and competences for ANPs, the RCN wishes to support the work already completed in this area by the Department of Health England (2010), the Welsh Assembly Government (2010) and the Scottish Executive (2008). Readers will therefore need to refer to their relevant country descriptors for advanced nursing practice.

HEIs (HEIs) in the UK that wish to gain RCN accreditation for their educational preparation programmes must demonstrate how their programme will prepare applicants to achieve the relevant country-specific competences/outcomes, and also achieve the 15 RCN standards set out in Section 2b of this document.

HEIs will therefore be asked to map their programme against the relevant competences, to show where each is taught and assessed.

## 2b

## Standards for RCN accreditation of ANP educational programmes

This section sets out the standards and criteria which collaborating HEIs (HEIs) must demonstrate in order to be eligible for RCN accreditation.

Any ANP programme offered by an HEI must undergo validation before it can be made available to students. This academic and administrative process assures that a programme is fit for award at the level at which it is offered. The learning experience is also measured to see if it is similarly appropriate.

RCN accreditation often takes place alongside validation to judge if the competences are both taught and assessed and also to see if the programme meets the RCN's 15 standards.

Once a programme has been accredited it can be advertised as 'RCN accredited'. Nurses who successfully complete an accredited programme are eligible to receive an RCN certificate to say that they have attended an RCN accredited programme.

### The RCN Accreditation Unit

RCN accreditation is available to HEIs providing nurse practitioner education, and under this model their students will be graduates of an RCN accredited ANP programme. Please contact the RCN Accreditation Unit for more information, or visit the accreditation section of the RCN website at [www.rcn.org.uk](http://www.rcn.org.uk)

You can contact the RCN Accreditation Unit at 20 Cavendish Square, London W1G 0RN, telephone: 020 7647 3647.

### Standards and criteria

There are 15 standards and associated criteria that must be met in order for an advanced nurse practitioner

educational programme to be eligible for RCN accreditation.

These standards relate to:

- the HEI
- research and development
- meeting workforce requirements
- curriculum
- physical and learning resources
- recruitment and admission
- programme management
- leadership of the advanced nurse practitioner programme
- staff resources
- staff development
- student support
- practice experience
- assessment
- external examiners
- fitness for award.

The criteria for meeting each standard is set out in the following tables, along with the suggested evidence that HEIs applying for RCN accreditation can provide to show that they meet the standards.

### Terminology

**Facilitator** is used to describe any individual who, as part of the ANP programme, has been designated to support/supervise the ANP student in their work-based learning – some programmes will use terms such as mentor, preceptor or practice teacher.

**ANP course team** describes the group of lecturing staff who have a direct input into the delivery of the programme.

**ANP specialist lecturer** describes any qualified ANP lecturer who delivers the programme.

## Standard 1: The higher education institution (HEI)

The policies and practices of the HEI meet the RCN's requirement for the preparation of ANPs

Criteria	Evidence
1. The HEI has a vision for nursing compatible with the RCN mission statement.	<ul style="list-style-type: none"> <li>HEI mission statement and/or philosophy.</li> </ul>
2. The HEI is committed to equal opportunities for ANP students.	<ul style="list-style-type: none"> <li>HEI equal opportunities statement related to ANP and other programmes offered.</li> </ul>
3. The HEI is committed to providing programmes that enable ANP students to meet current health care needs.	<ul style="list-style-type: none"> <li>Programme documentation reflects nature of practice as described by the RCN's guidance on ANPs.</li> </ul>
4. The HEI has an organisation-wide quality assurance framework that is open to scrutiny.	<ul style="list-style-type: none"> <li>Quality assurance framework documentation.</li> <li>Outcomes of quality audit.</li> </ul>
5. Mechanisms are in place to enable the HEI to exercise accountability for the quality of any satellite ANP programmes.	<ul style="list-style-type: none"> <li>Annual monitoring reports covering satellite programmes.</li> <li>Outcomes of evaluation of satellite programmes.</li> </ul>
6. The HEI is responsive to changes, including demographics, technology, health care systems, globalisation, and evolving health care/societal issues that impact on advanced nursing practice.	<ul style="list-style-type: none"> <li>Evidence in programme documents and annual monitoring reports.</li> </ul>
7. The HEI has policies in place to ensure that the confidentiality and dignity of the clients of ANP students are preserved during the learning and assessment activities.	<ul style="list-style-type: none"> <li>Procedures for the supervision of practice for ANP students, which include ethical aspects.</li> </ul>
8. The HEI recognises the rights and obligations of ANP students and has mechanisms to ensure they are upheld, such as a student charter and transparent appeal processes.	<ul style="list-style-type: none"> <li>Written statement on the rights and obligations of ANP students.</li> <li>Overview of mechanisms to ensure that they are upheld.</li> <li>Examples of student feedback.</li> </ul>
9. The HEI requires evidence that the ANP programme is congruent with country-specific standards for advanced nursing practice.	<ul style="list-style-type: none"> <li>Mapping of programme outcomes against national advanced nursing practice standards.</li> <li>Programme specification document.</li> </ul>

## Standard 2: Research and development (R&D)

The research and development of the HEI includes the development of professional knowledge, education and practice of ANPs

Criteria	Evidence
1. The HEI has a research and development (R&D) strategy which reflects local and national health care priorities, and relates to ANPs or advanced nursing practice.	<ul style="list-style-type: none"> <li>Reflected in R&amp;D strategy.</li> </ul>
2. The HEI's R&D strategy is indicative of an inter-professional and an inter-disciplinary approach.	<ul style="list-style-type: none"> <li>Reflected in R&amp;D strategy.</li> </ul>
3. The HEI's R&D activity informs curriculum development and staff contributions to ANP programmes.	<ul style="list-style-type: none"> <li>Research and practice development activity of ANP course team informs ANP programmes.</li> </ul>
4. Resources support ANP and advanced nursing practice research and/or scholarly activity. This includes locally determined, specially allocated paid-time for all lecturers (both PT and FT).	<ul style="list-style-type: none"> <li>Overview of faculty/department resources.</li> <li>Overview of ANP course team's research and scholarly activity (for example, including research for higher degrees, projects and published articles).</li> </ul>

## Standard 3: Meeting workforce requirements

The HEI works pro-actively with education purchasers, workforce planners and employers to develop programmes to meet workforce requirements.

Criteria	Evidence
1. Collaboration and partnership support practice-focused ANP education.	<ul style="list-style-type: none"> <li>Summary of collaborative and partnership arrangements with health care organisations and individuals in practice settings (formal and informal).</li> </ul>
2. National and local workforce-related policies inform programme delivery and development.	<ul style="list-style-type: none"> <li>Overview of liaison with stakeholders.</li> <li>Employer representation on appropriate committees.</li> </ul>
3. Mechanisms are in place to ensure that the employer's perspective informs curriculum review and development.	<ul style="list-style-type: none"> <li>Employer representation within curriculum development activities.</li> <li>Evaluation of programme includes employer feedback.</li> </ul>
4. Evaluation strategies are in place to assess the impact of the ANP programme on graduates' employment and practice, within one year of completing the programme.	<ul style="list-style-type: none"> <li>Results of evaluation.</li> <li>Conclusions inform annual monitoring report and associated action plan.</li> </ul>

## Standard 4: Curriculum

Curriculum design and development reflect contemporary educational approaches and health care practices, and current national standards for ANPs.

Criteria	Evidence
1. The ANP course team includes lecturers who are qualified ANPs and who maintain ongoing links with clinical practice (see standard 10, criteria 3).	<ul style="list-style-type: none"> <li>CVs of ANP course team.</li> </ul>
2. The ANP course team have on going input into the development, evaluation and revision of the ANP curriculum.	<ul style="list-style-type: none"> <li>Evidence of how this is achieved.</li> </ul>
3. The ANP programme is based on a ratio of 50% theory and 50% practice, with strategies for integration of theory into practice evident.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
4. All ANP programmes have a system of credit accumulation and transfer.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
5. Part-time programmes are no shorter than two years and no more than five years duration.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
6. Teaching/learning approaches reflect a patient-focused and student-centred approach.	<ul style="list-style-type: none"> <li>Reflected in programme documentation</li> <li>Examples of how this is achieved within the programme.</li> </ul>
7. Learning opportunities reflect the principles of adult learning and contemporary health care provision.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
8. The curriculum facilitates evolution of Masters level thinking in line with the Quality Assurance Agency (QAA) Masters-level descriptors.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
9. The ANP programme outcomes are explicitly mapped against the country-specific competences for advanced nursing practice.	<ul style="list-style-type: none"> <li>Mapping of programme outcomes against the country-specific competences.</li> </ul>
10. Mapping is provided to demonstrate that all the programme's learning outcomes are taught, developed and assessed during the programme.	<ul style="list-style-type: none"> <li>Mapping to demonstrate where the programme learning outcomes are taught, developed and assessed within the programme.</li> </ul>
11. ANP programme content includes: <ul style="list-style-type: none"> <li>therapeutic nursing care</li> <li>comprehensive physical assessment of all body systems across the life span</li> <li>health and disease, including physical</li> <li>sociological, psychological, cultural aspects</li> <li>history-taking and clinical decision-making skills/clinical reasoning</li> <li>applied pharmacology and evidence-based prescribing decisions</li> <li>management of patient care</li> <li>public health and health promotion</li> <li>research understanding and application</li> <li>evidence-based practice</li> <li>organisational, interpersonal and communication skills</li> <li>accountability – including legal and ethical issues</li> <li>quality assurance strategies and processes</li> <li>political, social and economic issues</li> <li>leadership and teaching skills</li> <li>advanced change management skills</li> <li>leading innovation.</li> </ul>	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>

## Standard 4: Curriculum

Curriculum design and development reflect contemporary educational approaches and health care practices, and current national standards for ANPs.

Criteria	Evidence
12. ANP programme is modularised.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
13. Logical sequencing of units within the programme is evident.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
14. Blended learning opportunities are provided, where appropriate and are informed by the QAA Code of practice for the assurance of academic quality and standards in higher education. Collaborative provision and flexible and distributed learning (including e-learning) – amplified version October 2010, available from <a href="http://www.qaa.ac.uk">www.qaa.ac.uk</a>	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
15. The ANP curriculum explicitly promotes safe and effective advanced nursing practice as an outcome.	<ul style="list-style-type: none"> <li>Programme documentation with additional commentary to make this explicit.</li> </ul>
16. ANP knowledge and skills development to support the establishment of ANP role identity is integrated throughout the programme.	<ul style="list-style-type: none"> <li>Programme documentation with additional commentary to make this explicit.</li> </ul>
17. Opportunities for inter-professional learning are provided, where appropriate.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
18. Strategies are in place to ensure that the advanced nursing practice curriculum is responsive to changes including demographics, technology, health care systems, globalisation and evolving health care/societal issues.	<ul style="list-style-type: none"> <li>Programme documentation with additional commentary to make this explicit.</li> </ul>
19. Advanced nursing practice curriculum evaluation occurs annually as part of the annual monitoring cycle, which includes the patient and employer perspective.	<ul style="list-style-type: none"> <li>Overview of quality assurance systems for the programme.</li> <li>Examples of annual monitoring reports and action plans.</li> </ul>
20. Systems/structures are in place to ensure ANP programme team responds to feedback and programme evaluation findings and the needs of service.	<ul style="list-style-type: none"> <li>Overview of process for evaluation and obtaining feedback.</li> <li>Examples of feedback and associated action plan.</li> </ul>
21. The ANP programme is formally reviewed/undergoes re-validation every five years, or within this time frame if necessary.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> <li>Evidence of review process and outcomes.</li> </ul>
22. The ANP programme normally undergoes a quality monitoring review during the period of accreditation.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> <li>Evidence of review process and outcomes.</li> </ul>

## Standard 5: Physical and learning resources

Physical and learning resources support teaching and learning activities in the HEI setting or equivalent for the achievement of ANP educational programme outcomes.

Criteria	Evidence
<p>1. Physical and learning resources are secured for each ANP programme including:</p> <ul style="list-style-type: none"> <li>• a library with sufficient literature and computer facilities appropriate for ANP education and practice with sufficient relevant on-line journals</li> <li>• skills laboratory (or equivalent) with appropriate equipment for health assessment and development of other skills (for example, recording equipment for consultation analysis).</li> </ul>	<ul style="list-style-type: none"> <li>• Overview of physical and learning resources that support the ANP programme.</li> </ul>
<p>2. Students and everyone who contributes to the ANP programme (including part-time staff) are provided with information and can access the resources available to support the programme.</p>	<ul style="list-style-type: none"> <li>• New staff orientation programme.</li> <li>• Overview of how this is achieved.</li> </ul>
<p>3. Any collaborative and/or flexible distributed learning (FDL) arrangements are fully resourced in accordance with the QAA <i>Code of practice for the assurance of academic quality and standards in higher education. Collaborative provision and flexible and distributed learning (including e-learning) – amplified version October 2010</i> available from <a href="http://www.qaa.ac.uk">www.qaa.ac.uk</a> (Internet).</p>	<ul style="list-style-type: none"> <li>• Overview of learning resources that support the ANP programme.</li> </ul>
<p>4. Where distance learning (DL) is used to support student learning, reliable secure systems for DL provision are provided, with appropriate contingency plans in place.</p>	<ul style="list-style-type: none"> <li>• Contingency plans for distance learning provision.</li> </ul>

## Standard 6: Recruitment and admission

Nurse practitioner course team is involved in recruitment and admission of nurse practitioner students, and ensures that entry requirements to the programme are met.

Criteria	Evidence
<p>1. ANP staff are involved in the recruitment and admissions of students.</p>	<ul style="list-style-type: none"> <li>• Reflected in programme recruitment, policy and arrangements.</li> </ul>
<p>2. Mechanisms exist to ensure that ANP applicants meet the entry requirements.</p>	<ul style="list-style-type: none"> <li>• Reflected in application process.</li> </ul>
<p>3. Student needs (education, personal, professional) on entry to the programme are considered and addressed.</p>	<ul style="list-style-type: none"> <li>• Reflected in application process.</li> <li>• Examples of how student needs have been addressed.</li> </ul>
<p>4. Arrangements for admission to FDL ANP programmes comply with the QAA Code of practice for the assurance of academic quality and standards in higher education. Section 10: recruitment and admissions – September 2006 (or its successor).</p>	<ul style="list-style-type: none"> <li>• Reflected in admission process.</li> </ul>

## Standard 7: Programme management

ANP programme management ensures the programme is delivered efficiently and effectively.

Criteria	Evidence
1. Systems are in place to enable efficient and effective programme management.	<ul style="list-style-type: none"> <li>Overview of the systems for programme management.</li> </ul>
2. The HEI maintains a computerised system of student progression and achievement.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> <li>Examples of outcome of systems used.</li> </ul>
3. The ANP course team has strategies in place to monitor student programme pathways, particularly where a choice of modules is offered.	<ul style="list-style-type: none"> <li>Example of the strategy used to monitor student programme pathways.</li> </ul>
4. The ANP course team is involved in student progression/graduation decisions.	<ul style="list-style-type: none"> <li>Overview of process on involvement.</li> </ul>
5. Within the HEI regulations, student transfers in and out of the programme can be accommodated.	<ul style="list-style-type: none"> <li>Description of systems to accommodate this, including processes to ensure that all the programme outcomes are met.</li> </ul>
6. Annual reports are provided to commissioners of ANP education, which include information on uptake and attrition rates.	<ul style="list-style-type: none"> <li>Examples of annual reports and distribution list.</li> </ul>

## Standard 8: Leadership of advanced nurse practitioner programme

The programme director is responsible for providing ANP education in the HEI, participates in decision making concerning strategic planning and organisational policy for advanced practice programmes, both within their own HEI and externally.

Criteria	Evidence
1. ANP programme director has demonstrable expertise and contemporary experience in the area of advanced nursing practice.	<ul style="list-style-type: none"> <li>CV of ANP programme director.</li> </ul>
2. The ANP programme director contributes to strategic decision-making regarding ANP programmes within their own HEI.	<ul style="list-style-type: none"> <li>Roles and responsibilities of ANP programme director reflect this criterion.</li> <li>Examples of how this contribution has been made.</li> </ul>
3. The ANP programme director contributes to national or international policy discussions and initiatives that affect ANP practice/education.	<ul style="list-style-type: none"> <li>Roles and responsibilities of ANP programme director reflect this criterion.</li> <li>Overview of ANP programme director activities undertaken to contribute to these areas.</li> </ul>
4. The ANP programme director holds: <ul style="list-style-type: none"> <li>first level nursing registration on the NMC Professional Register (or equivalent)</li> <li>a master's degree in a relevant field (or equivalent)</li> <li>a recognised teaching qualification.</li> </ul>	<ul style="list-style-type: none"> <li>CV of ANP programme director.</li> <li>Professional development plan for the ANP programme director.</li> </ul>

## Standard 9: Staff resource

The staff resource supports the delivery of the HEI's ANP programme.

Criteria	Evidence
<p>1. Lecturers and associate lecturers to ANP programmes are all suitably qualified:</p> <ul style="list-style-type: none"> <li>all ANP lecturers should normally have a ANP qualification at the minimum of a master's degree or equivalent</li> <li>other lecturers must be qualified in their specialist area of teaching</li> <li>all ANP teaching staff should have recognised teaching qualifications (or be enrolled on a recognised teaching preparation programme).</li> </ul>	<ul style="list-style-type: none"> <li>ANP course CVs and staff development plans.</li> </ul>
<p>2. The whole-time equivalent (WTE) staff resource allocated to the programme is sufficient for the numbers of ANP students recruited (normally a minimum of one to 15 FTE).</p>	<ul style="list-style-type: none"> <li>Evidence in the programme documentation that the provision of academic and administrative staff at the HEI is sufficient for the number of ANP students (new and continuing).</li> </ul>
<p>3. Where collaborative provision and/or FDL is offered, staff delivering the programme comply with the <i>Code of practice for the assurance of academic quality and standards in higher education. Collaborative provision and flexible and distributed learning (including e-learning) – amplified version October 2010</i>, available from <a href="http://www.qaa.ac.uk">www.qaa.ac.uk</a></p>	<ul style="list-style-type: none"> <li>CVs for staff involved in collaborative and/or FDL provision.</li> </ul>

## Standard 10: Staff development

The staff development strategy of the HEI promotes the development of all staff concerned with ANP programmes.

Criteria	Evidence
<p>1. The HEI has a staff development strategy which is monitored and reviewed annually, and includes paid, protected time for CPD for both FT and PT lecturers.</p>	<ul style="list-style-type: none"> <li>Report on the staff development strategy for ANP course team and administrative support.</li> </ul>
<p>2. An education needs analysis informs the NP staff development programme.</p>	<ul style="list-style-type: none"> <li>Report on analysis and implementation of ANP staff development, based on need and equality of opportunity.</li> </ul>
<p>3. Some members of the ANP course team regularly work in clinical practice as ANPs.</p>	<ul style="list-style-type: none"> <li>Details of ANP specialist lecturers' clinical practice over the past academic year.</li> </ul>
<p>4. The HEI will facilitate appropriate staff to achieve a mark on the register as an ANP with the NMC, when this becomes available.</p>	<ul style="list-style-type: none"> <li>Plans to support staff to achieve this criterion.</li> </ul>

## Standard 11: Student support

ANP students are supported in the achievement of the learning outcomes of the programme.

Criteria	Evidence
1. ANP students are provided with information on: <ul style="list-style-type: none"> <li>the programme</li> <li>resources available to support them</li> <li>assessment methods and regulations.</li> </ul>	<ul style="list-style-type: none"> <li>Examples of information given to students on the ANP programme.</li> </ul>
2. ANP students have a designated personal tutor to provide support as appropriate.	<ul style="list-style-type: none"> <li>Information on the personal tutor scheme for ANP students.</li> </ul>
3. A learning contract is used to frame and support the ANP students' development.	<ul style="list-style-type: none"> <li>Examples of student learning contracts.</li> </ul>
4. ANP students are provided with feedback on their progress (academic and clinical) throughout the programme.	<ul style="list-style-type: none"> <li>Examples of student feedback.</li> </ul>
5. Strategies are in place to protect the interests of students if the programme significantly changes or is discontinued.	<ul style="list-style-type: none"> <li>Overview of the strategy which is used if the programme significantly changes or is discontinued.</li> </ul>
6. Where collaborative and/or FDL arrangements are in place, the awarding institution has: <ul style="list-style-type: none"> <li>procedures to ensure the quality of student learning opportunities</li> <li>ensured that students have access to key documents (including the use of online facilities)</li> <li>systems to provide learner support for this mode of learning</li> <li>organised for each student to have an identified contact for the period of their study</li> <li>strategies in place to provide opportunities for inter-learner discussions</li> <li>opportunities for students to provide feedback to the course team.</li> </ul>	<ul style="list-style-type: none"> <li>Reflected in documentation for ANP programme collaborative and/or FDL arrangements.</li> <li>Annual monitoring reports for collaborative institutions.</li> </ul>

## Standard 12: Practice experience

Practice experience provides learning opportunities that enable ANP students to achieve the programme learning outcomes.

Criteria	Evidence
1. The arrangements for practice experience enable students to meet the ANP programme learning outcomes.	<ul style="list-style-type: none"> <li>• Strategy for selection, operation and monitoring of practice experience.</li> <li>• Results of evaluation of these arrangements.</li> </ul>
2. The practice experience arrangements comply with the QAA Code of practice for the assurance of academic quality and standards in higher education. Section 9: work-based and placement learning – September 2007 (or its successor).	<ul style="list-style-type: none"> <li>• Commentary to demonstrate compliance with this criterion.</li> </ul>
3. An audit of the practice learning environment occurs before the start of the programme or placement (informed by criteria 2) and aspects of concern are addressed to optimise the learning experience, in collaboration between the representatives of the ANP programme, the employer and the ANP student.	<ul style="list-style-type: none"> <li>• Strategy for audit of practice learning environment.</li> <li>• Examples of audits and how issues have been addressed.</li> </ul>
4. ANP students have access to patient populations specific to their area of practice, and sufficient in number and variety to ensure that the programme learning outcomes are met.	<ul style="list-style-type: none"> <li>• Examples of audits.</li> <li>• Strategy for monitoring breadth of student experience.</li> <li>• Example of how issues have been addressed.</li> </ul>
5. The ANP programme has explicit arrangements for supporting students' clinical development, and monitoring of the effectiveness of these arrangements occurs annually.	<ul style="list-style-type: none"> <li>• Details of arrangements for supporting students' clinical development.</li> <li>• Example of written guidance provided for students on these arrangements.</li> <li>• Details of quality assurance systems for monitoring the effectiveness of these arrangements, with examples of outcomes of such evaluations.</li> </ul>
6. Arrangements are in place for ANP students to have protected time to focus on developing their clinical practice.	<ul style="list-style-type: none"> <li>• Reflected in programme documentation.</li> <li>• Details of quality assurance systems for monitoring the effectiveness of these arrangements, with examples of outcomes of such evaluations.</li> </ul>
7. A designated facilitator supervises, supports and assesses the ANP student in the practice setting. This facilitator must have appropriate professional and academic qualifications (for example, doctor or qualified ANP) and a minimum of one year's clinical experience commensurate with the context of care delivery.	<ul style="list-style-type: none"> <li>• ANP course team record of facilitators includes appropriate information.</li> <li>• Information on operation and monitoring of this aspect of the programme.</li> <li>• Information on practice-based assessment, with examples.</li> </ul>
8. Facilitators are adequately prepared for, and supported by the HEI, in their role for the whole of the programme.	<ul style="list-style-type: none"> <li>• Information on selection, preparation and on-going support for facilitators.</li> <li>• Example of documentation given to facilitators.</li> <li>• Evidence of on-going support and dialogue.</li> </ul>
9. Students receive a minimum of 500 supervised clinical hours over the entire ANP programme (this supervision can be both direct and indirect and would include the hours that the ANP student is working clinically across the week in their workplace, where the facilitator – or appropriate substitute – is available for supervision as required).	<ul style="list-style-type: none"> <li>• Information on operation and monitoring of this aspect of the programme.</li> <li>• Examples of methods used to record the clinical hours.</li> </ul>
10. Facilitator feedback and/or clinical observation by the ANP course team are used to evaluate students' clinical performance in practice.	<ul style="list-style-type: none"> <li>• Strategy used for evaluation of students' clinical performance in practice by facilitator and/or ANP course team.</li> <li>• Examples of evaluation documentation.</li> </ul>

## Standard 13: Assessment strategy

The ANP assessment strategy incorporates the requirements of the RCN and the regulations of the HEI.

Criteria	Evidence
1. Formative processes guide student learning.	<ul style="list-style-type: none"> <li>Reflected in scheme of assessment.</li> <li>Examples of formative assessments.</li> </ul>
2. Summative assessment is based on a range of evidence to determine whether all the ANP programme learning outcomes have been met.	<ul style="list-style-type: none"> <li>Scheme of assessment, with evidence that all ANP programme learning outcomes are assessed.</li> </ul>
3. Summative assessment scheme is rigorous and includes each of the following (at appropriate stages of the programme): <ul style="list-style-type: none"> <li>portfolio</li> <li>normally a minimum of one timed examination</li> <li>case study</li> <li>OSCE (or equivalent)</li> <li>facilitator feedback</li> <li>patient feedback, when possible.</li> </ul>	<ul style="list-style-type: none"> <li>Reflected in scheme of assessment.</li> <li>Examples of facilitator and patient feedback.</li> </ul>
4. Summative clinical examination arrangements should be externally moderated.	<ul style="list-style-type: none"> <li>Programme assessment arrangements specify this.</li> <li>Example of external examiner report.</li> </ul>
5. Students must pass all ANP modules that form the programme and all clinical assessments within these modules to qualify, and cannot compensate for any referrals.	<ul style="list-style-type: none"> <li>Stipulated in assessment regulations governing the programme.</li> </ul>
6. ANP students cannot compensate for referral in any ANP modules	<ul style="list-style-type: none"> <li>Stipulated in assessment regulations governing the programme.</li> </ul>
7. All assessors for ANP programmes are suitably qualified, both academically and professionally, and prepared for their role.	<ul style="list-style-type: none"> <li>CVs of ANP course team and additional assessors (where applicable).</li> <li>Criteria for selection of additional assessors.</li> <li>Arrangements for preparation of assessors.</li> </ul>
8. Where collaborative and/or FDL arrangements are in place, the awarding institution has: <ul style="list-style-type: none"> <li>processes in place to monitor the outcomes of assessments</li> <li>ensured that timely formative assessment is used to provide a development opportunity in FDL programmes</li> <li>strategies are in place for web-based submission of work and confirmation of authenticity.</li> </ul>	<ul style="list-style-type: none"> <li>Reflected in documentation for ANP programme collaborative and/or FDL arrangements.</li> <li>Annual monitoring reports for collaborative institutions.</li> </ul>

## Standard 14: External examiners

External examiners monitor the assessment process to ensure that professional and academic standards for ANP programmes are maintained.

Criteria	Evidence
1. External examiners are approved by the HEI with no reciprocal arrangements.	<ul style="list-style-type: none"> <li>Details of approved external examiners.</li> </ul>
2. External examiners must be involved in advanced practice programme delivery within an HEI.	<ul style="list-style-type: none"> <li>CVs of external examiners.</li> </ul>
3. External examiners have orientation and preparation for their role.	<ul style="list-style-type: none"> <li>External examiners' orientation information /handbook.</li> <li>Overview of the preparation for the role.</li> </ul>
4. External examiners provide annual reports in respect of each ANP programme.	<ul style="list-style-type: none"> <li>Examples of external examiners' reports.</li> </ul>
5. External examiners' reports are used in annual quality assurance processes.	<ul style="list-style-type: none"> <li>Examples of annual monitoring reports.</li> <li>Examples of responses to external examiners' reports.</li> </ul>
6. Where collaborative and/or FDL arrangements are in place, consistency of external examiners and procedures is evident.	<ul style="list-style-type: none"> <li>Details of external examiner arrangements for collaborative and/or FDL provision.</li> </ul>

## Standard 15: Fitness for award

Educational provision leads to fitness for purpose, practice and award, commensurate with the role of an ANP.

Criteria	Evidence
1. The HEI's and RCN's requirements for the conferment of the award of ANP are met.	<ul style="list-style-type: none"> <li>Regulations and procedures for conferment of award.</li> <li>Examples of graduating students' profiles.</li> </ul>
2. Strategies are in place to ensure that all ANP students who complete the programme are fit for purpose and fit for practice as ANPs.	<ul style="list-style-type: none"> <li>Commentary of how this criterion is achieved.</li> <li>Samples of employer/manager feedback.</li> <li>Feedback from graduates of the programme.</li> </ul>
3. ANP programme award is consistent with appropriate external reference points.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>
4. Where collaborative and/or FDL arrangements are in place, the awarding institution holds sole authority for awarding certificates and transcripts, relative to the programme of study.	<ul style="list-style-type: none"> <li>Reflected in programme documentation.</li> </ul>

## References for Section 2a and 2b

Quality Assurance Agency (2010) *Code of practice for the assurance of academic quality and standards in higher education. Collaborative provision and flexible and distributed learning (including e-learning) – amplified version October 2010*, Gloucester: QAA. Available from [www.qaa.ac.uk](http://www.qaa.ac.uk)

Quality Assurance Agency (2007) *Code of practice for the assurance of academic quality and standards in higher education. Section 9: work-based and placement learning - September 2007*, Gloucester: QAA. Available from [www.qaa.ac.uk](http://www.qaa.ac.uk)

Quality Assurance Agency (2006) *Code of practice for the assurance of academic quality and standards in higher education. Section 10: admissions to higher education - September 2006*, Gloucester: QAA. Available from [www.qaa.ac.uk](http://www.qaa.ac.uk)



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