

Your Voice in Cardiovascular Nursing

BANCC Competency Framework Position statement 2022

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This competency framework statement from the British Association of Nursing in Cardiovascular Care (BANCC) is aimed at cardiovascular nurses of all levels; from novice starting their cardiovascular care on a ward, coronary care or catheter suite setting, through to expert, advanced nurse practitioners and consultant nurses. BANCC represent and support nurses in all levels of practice. The aim of the statement is to guide nurses towards resources and frameworks that have been developed by cardiovascular nursing teams and reviewed by the BANCC council and members of 2021-2022.

Collaboration

This document represents a drawing together of the known competency frameworks available at present. The statement has been endorsed by: The Royal College of Nursing, British Heart Foundation, Association of Cardiovascular Nurses and Allied Professionals, British Association of Cardiovascular Prevention and Rehabilitation, the Heart Failure Nurses Association, British Heart Rhythm Society Arrhythmia Nurses representatives and Critical Care Nurses Association.

Cardiovascular Nursing Advances

Since the original 2004 BANCC Cardiac competency statements cardiovascular nursing roles have evolved and grown in number. At that time Cardiac Rehabilitation nursing was arguably the most developed cardiovascular nursing specialty, with heart failure roles increasingly developing since the millennium. Over this time as cardiology has subspecialised, developed and evolved so have nursing roles. For example, nurses now take autonomous responsibility in outpatient services from rapid access chest pain (McLachlan et al., 2019, Pottle, 2005), heart failure (Cheng et al., 2016, Stewart et al., 2015, Smith et al., 2015), palpitation (Scott et al., 2010) and atrial fibrillation clinics (Rienstra and Van Gelder, 2013, Daacke et al., 2015). Studies have evidenced the positive impact nurses have had on patient outcomes. In nurse-led rapid access chest pain, a retrospective six year study found the clinic offered enhanced prevention focus with outcomes comparative to international studies (McLachlan et al., 2019). Nurse led heart failure clinics improve medication management and adherence, improving patient outcomes whilst reducing the overall health care burden (Cheng et al., 2016, Stewart et al., 2015, Smith et al., 2015, Driscoll et al., 2014, Thompson et al., 2005). In atrial fibrillation (AF) management, arrhythmia nurse led clinics have improved adherence to anti-coagulation, reduced risk factors and improved guality of life, whilst being cost effective (Yaeger et al., 2018, Bowyer et al., 2017, Qvist et al., 2016, Hendriks et al., 2014, Hendriks et al., 2013). Nurses have extended and advanced practice roles in all areas of Cardiac nursing. . In more recent years, nurses' roles in genetics, arrhythmia, adult congenital heart disease and trans-aortic valve implantation have evolved. (Jaarsma et al., 2014, Cowley et al., 2020). A large systematic review funded by the National Institute for Health Research (NIHR) of self-management programmes have found the best evidence base is in cardiac conditions (Panagiot et al., 2014). Self-management programmes, often delivered by nurses reduce health care utilisation whilst improving quality of life (Panagiot et al., 2014). Supporting delivery of optimal, evidence-based care is advocated and research driven, with more nurses working as clinical academic researchers and underpinning nursing practice with evidence. At BANCC we are driving this nationally with the BANCC BHF (British Heart Foundation) research collaborative.

The advances made in cardiovascular nursing since our original competency statement support the need to evaluate the competency frameworks informing practice and guide cardiovascular nurses toward a framework applicable to their individual practice and development requirements.

Rationale for Competence

Competency based training supports individuals who are working at all levels and require more than acquisition of skills. Skills are an ability to learn something, competencies are much broader by definition and incorporate behaviours, ability and knowledge (Harper 2018). This implies that the assessment of competence is by definition, complex and multidimensional and infers that assessors' must be able to look at a range of evidence that supports behaviour, skill and knowledge, to confirm competence.

The assessment of competence as suggested by the Heart failure specialist Nurse competency framework can be difficult and should incorporate a range of evidence such as direct observation of practice, case-based study, reflective accounts/diaries/reports, question and answers, feedback from colleagues and patients, nationally recognised courses and locally attended courses (Barton, Simpson, Girder-Heald et al 2021). A competency framework can then be used as evidence to the employer but also the Nursing and Midwifery Council (NMC) for revalidation processes. The NMC recommend keeping a portfolio of evidence demonstrating competency in a given field of practice and continuing professional development. Competency frameworks provide evidence of professional development for revalidation and support nurses in their career pathway from novice to expert within a given clinical role.

In 2018 the NMC published "Future Nurse: Standards for proficiency for registered nurses", which outlines seven platforms with two additional annexes relating to areas that nurses should meet on qualification and consistently throughout their careers, by updating their knowledge and skills. It is also important to recognise that the Care Quality Commission (2017) emphasize to patients that good care should be delivered by staff who have the right knowledge, qualifications and skills.

Developing competency-based training is also essential for Advanced Clinical Practitioner (ACP) credentials. "Credential means a standardised unit of learning in a particular area of practice that meets a specific, high-priority workforce development need not currently met at scale by other education provision" (HEE, NHS England and Skills for Health 2020). Harper (2018) suggests that the term credentialing is a term that is loosely used to describe certification or accreditation and signifies qualification. The RCN (2018) identifies that credentialing allows nurses to gain clear recognition of their level of expertise and skill from colleagues, employers, patients and the public. There is now a move by the NHS in England for Advanced Clinical Practitioners to move toward assessment of core capabilities which adds to the above definition of competency. They suggest that capabilities include working at a level which is beyond competent as it enables the practitioner to "manage change, be flexible, deal with situations which may be complex or unpredictable and continue to improve performance. This allows a degree of responsiveness and flexibility to work effectively in a given situation". (HEE, NHS England and Skills for Health, 2020).

There is evidence that supports competencies within health care and certainly they have been used for many years within nursing practice (National Leadership and Innovation Agency (2010) Royal College of Nursing (2018). Keller et al (2020) highlighted in their research that acute care nurses in practice hold a varying level of competence in practice and is often developed internally and is institution specific. However, individuals working in advanced clinical practice roles should now be looking at the capability definitions discussed above that suggest that there should be more than a competency to work toward. There should be autonomy and decision making in a context of complexity incorporated into the assessment (NHS 2017). The evidence is measured across the four pillars of advanced practice: clinical practice, leadership, education and research (NES 2007).

By signposting to approved competency frameworks BANCC aim to guide nurses in evidencing their competence which is vital to career development, employers, those commissioning services and most importantly patients and public to ensure excellence of care.

(The rationale for competence statement can be found as a British Journal of Cardiac Nursing BANCC publication: *Butterfield L, Kirk M. Cardiac competency statements: time for a refresh. 2021. British Journal of Cardiac Nursing. https://doi.org/10.12968/ bjca.2021.0097*)

Disclaimer: The links used by BANCC are intended to be informative and as such do not necessarily represent recommendations for practice by BANCC or necessarily represent most current evidence based competencies. These are the most up to date competency frameworks as of March 2022. Further information or evidence should be researched prior to competency use in clinical practice. These will be reviewed in March 2024.

Cardiovascular Nursing Competency Frameworks:

Comprehensive competency framework from the American College of Cardiology: 2020 ACC Clinical Competencies for Nurse Practitioners and Physician Assistants in Adult Cardiovascular Medicine: A Report of the ACC Competency Management Committee Endorsed by the American Academy of Physician Assistants, American Association of Heart Failure Nurses, American Association of Nurse Practitioners, American Heart Association, American Nurses Credentialing Center, Association of Physician Assistants in Cardiology, Heart Rhythm Society, Physician Assistant Education, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and The National Organization of Nurse Practitioner Faculties (Rodgers et al., 2020).

Cardiac Nurses Core competencies

Association of Cardiovascular Nursing and Allied Professionals (ACNAP) Bagnasco, A., et al. (2021). "An international e-Delphi study to identify core competencies for Italian cardiac nurses." European Journal of Cardiovascular nursing 20(7): 684-691.

Cardiac Catheter Suite

Catheter Lab: ESC Cath lab competencies: ESC website https://www.escardio.org/static-file/Escardio/Education-subspecialty/Certification/EAPCI/EAPCI_NAP_ CoreCurriculum.pdf

Cardiac Rehabilitation

The BACPR Standards and Core Components for Cardiovascular Disease Prevention and Rehabilitation 2017 http://www.bacpr.com/resources/6A7_BACR_Standards_and_Core_Components_2017.pdf

Heart Failure

Comprehensive Heart Failure Nurses doc updated Barton C. Simpson M. Girder-Heald L. Millerick Y. Higginbotham K. Whittingham K. (2021) Heart Failure Specialist Nurse Competency Framework. British Society for Heart Failure. Available at https://www.bsh.org.uk/wp-content/uploads/2021/01/BSH-HFSN-Competency-Framework-Document-Jan-2021-V1.pdf

Nurse researcher

NIHR Core competency framework https://crnemwfd.nihr.ac.uk/competency-framework/core-document

Research Nurse

Research in cardiovascular care: A position statement of the Council on Cardiovascular Nursing and Allied Professionals of the European Society of Cardiology EJCVN DOI: 10.1177/1474515113509761 NIHR Research Nurse Competency Framework https://cambridge.crf.nihr.ac.uk/wp content/uploads/2015/04/Research_Nurse_Competency_Framework_-__ Version_2.-_Full__Oct_20111.pdf

Primary Care

Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England - Health Education England https://www.hee.nhs.uk/sites/default/files/documents/ACP%20Primary%20Care%20Nurse%20Fwk%202020.pdf Competencies for nurses working in primary healthcare https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2015/RCGP-general-practice-advanced-nursepractitioner-competencies-may-2015-A.ashx?la=en

Critical Care Specialist competencies

National Competency Framework for Registered Nurses in Adult Critical Care Speciality Competencies https://www.cc3n.org.uk/step-competency-framework.html

For Cardiovascular urse Education

A Core Curriculum for the Continuing Professional Development of Nurses Working in Cardiovascular Settings: Developed by the Education Committee of the Council on Cardiovascular Nursing and Allied Professions (CCNAP) on behalf of the European Society of Cardiology DOI: 10.1177/1474515115580905

BANCC (2004) Cardiac nursing competency statements available at http://www.bcs.com/documents/86F_bancc_competency_statements.pdf

REFERENCES

Barton C. Simpson M. Girder-Heald L. Millerick Y. Higginbotham K. Whittingham K. (2021) Heart Failure Specialist Nurse Competency Framework. British Society for Heart Failure. Available at https://www.bsh.org.uk/wp-content/uploads/2021/01/BSH-HFSN-Competency-Framework-Document-Jan-2021-V1.pdf

BOWYER, J. L., TULLY, P. J., GANESAN, A. N., CHAHADI, F. K., SINGLETON, C. B. & MCGAVIGAN, A. D. 2017. A Randomised Controlled Trial on the Effect of Nurse-Led Educational Intervention at the Time of Catheter Ablation for Atrial Fibrillation on Quality of Life, Symptom Severity and Rehospitalisation. *Heart Lung Circ*, 26, 73-81.

Care Quality Commission (2017) What to expect from a good care service https://www.cqc.org.uk/help-advice/ what-expect-good-care-services/what-expect-good-care-service

CHENG, H. Y., CHAIR, S. Y., WANG, Q., SIT, J. W., WONG, E. M. & TANG, S. W. 2016. Effects of a nurse-led heart failure clinic on hospital readmission and mortality in Hong Kong. *J Geriatr Cardiol*, 13, 415-9.

COWLEY, A., DIVESR, C., EDGLEY, A. & COOPER, J. 2020. Capitalising on the transformational opportunities of early clinical academic career training for nurses, midwives and allied health professionals. *BMC medical education*, 20, 1-9.

DAACKE, I., HAU, N., WILLIAMS, J. & NATARAJAN, I. 2015. Atrial Fibrillation And Anti-Coagulation Service Run By A Clinical Nurse Specialist. *Value Health*, 18, A400.

DRISCOLL, A., SRIVASTAVA, P., TOIA, D., GIBCUS, J. & HARE, D. L. 2014. A nurse-led up-titration clinic improves chronic heart failure optimization of beta-adrenergic receptor blocking therapy--a randomized controlled trial. *BMC Res Notes*, 7, 668.

Harper B. (2018) Competencies And Credentialing And Certification ... Oh, My! Clinical Leader Feb 6 018 Available at https://www.clinicalleader.com/doc/competencies-and-credentialing-and-certification-oh-my-0001

Health Education England, NHS England and Skills for Health, (2020) Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England

HENDRIKS, J., TOMINI, F., VAN ASSELT, T., CRIJNS, H. & VRIJHOEF, H. 2013. Cost-effectiveness of a specialized atrial fibrillation clinic vs. usual care in patients with atrial fibrillation. *Europace*, 15, 1128-35.

HENDRIKS, J. M., VRIJHOEF, H. J., CRIJNS, H. J. & BRUNNER-LA ROCCA, H. P. 2014. The effect of a nurseled integrated chronic care approach on quality of life in patients with atrial fibrillation. *Europace*, 16, 491-9.

JAARSMA, T., DEATON, C., FITZSIMMONS, D., FRIDLUND, B., HARDIG, B., MAHRER-IMHOF, R., MOONS, P., NOUREDDINE, S., O'DONNELL, S., PEDERSEN, S., S., S., STROMBERG, A., THOMPSON, D. R., TOKEM, Y. & B., K. 2014. Research in cardiovascular care: A position statement of the council on cardiovascular nursing and allied health professionals of the European society of cardiology. *European Jouranl of Cardiovascular nursing*, 13, 9-21.

Keller K, Eggenberger T, Leavitt MA, Sabatino D. (2020) Acute Care Nurses' Arrhythmia Knowledge: Defining Competency. J Contin Educ Nurs. Jan 1;51(1):39-45. doi: 10.3928/00220124-20191217-08. PMID: 31895469.

MCLACHLAN, A., ALDRIDGE, C., LEE, M., HARPER, C. & KERR, A. 2019. The development and first six years of a nurse-led chest pain clinic. *N Z Med J*, 132, 39-47.

National Leadership and Innovation Agency (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales. NHS Wales

NHS (2017) Multi-professional framework for advanced clinical practice in England Available at https://www. hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf

NHS Education for Scotland (2007) Pillars of Practice. Advance Practice toolkit, Available at https://www.advancedpractice.scot.nhs.uk/education/pillars-of-practice.aspx

Nursing Midwifery Council (2018) Future Nurse Standards of Proficiency for registered nurses

PANAGIOT, M., RICHARDSON, G., MURRAY, E., ROGERS, A., KENNEDY, A., MEWMAN, S., SMALL, N. & BOWER, P. 2014. Reducing care utilisation through self-management interventions (RECURSIVE): a systematic review and meta-analysis. *In*: RESEARCH, N. I. F. H. (ed.). National Institute for Health Research

POTTLE, A. 2005. A nurse-led rapid access chest pain clinic--experience from the first 3 years. *Eur J Cardiovasc Nurs*, 4, 227-33.

QVIST, I., HENDRIKS, J. M., MOLLER, D. S., ALBERTSEN, A. E., MOGENSEN, H. M., ODDERSHEDE, G. D., ODGAARD, A., MORTENSEN, L. S., JOHNSEN, S. P. & FROST, L. 2016. Effectiveness of structured, hospitalbased, nurse-led atrial fibrillation clinics: a comparison between a real-world population and a clinical trial population. *Open Heart*, 3, e000335.

Royal College of Nursing (2018) Advanced Level Nursing Practice: Introduction RCN Standards for advanced level nursing practice, advanced nurse practitioners, RCN accreditation and RCN credentialing

RIENSTRA, M. & VAN GELDER, I. C. 2013. A specialized atrial fibrillation clinic: improving care and costs for patients with atrial fibrillation. *Europace*, 15, 1065-6.

RODGERS, G. P., LINDERBAUM, J. A., PEARSON, D. D., FERNANDES, S. M., HOUSHOLDER-HUGHES, S. D., MENDES, L. A., BERG, N. C., DAY, J., DRAJPUCH, D., ERB, B., FARQUHAR-SNOW, M., JOHNSON, H., KEEGAN, P., KINDLER, C., LARSEN, R., LE, V. T., NICKOLAUS, M. J., PHILLIPS, C. M., ROSS, L., WEBB, S. R. & ZADO, E. S. 2020. 2020 ACC Clinical Competencies for Nurse Practitioners and Physician Assistants in Adult Cardiovascular Medicine. *Journal of the American College of Cardiology*, 75, 2483-2517.

SCOTT, P. A., APPLEFORD, P., FARRELL, T. G. & ANDREWS, N. P. 2010. A nurse-led palpitations clinic: a 2-year experience. *Postgrad Med J*, 86, 3-7.

SMITH, C. E., PIAMJARIYAKUL, U., DALTON, K. M., RUSSELL, C., WICK, J. & ELLERBECK, E. F. 2015. Nurse-Led Multidisciplinary Heart Failure Group Clinic Appointments: Methods, Materials, and Outcomes Used in the Clinical Trial. *J Cardiovasc Nurs*, 30, S25-34.

STEWART, S., CHAN, Y. K., WONG, C., JENNINGS, G., SCUFFHAM, P., ESTERMAN, A., CARRINGTON, M. & INVESTIGATORS, N.-C. 2015. Impact of a nurse-led home and clinic-based secondary prevention programme to prevent progressive cardiac dysfunction in high-risk individuals: the Nurse-led Intervention for Less Chronic Heart Failure (NIL-CHF) randomized controlled study. *Eur J Heart Fail*, 17, 620-30.

THOMPSON, D. R., ROEBUCK, A. & STEWART, S. 2005. Effects of a nurse-led, clinic and home-based intervention on recurrent hospital use in chronic heart failure. *Eur J Heart Fail*, 7, 377-84.

YAEGER, A., CASH, N. R., PARHAM, T., FRANKEL, D. S., DEO, R., SCHALLER, R. D., SANTANGELI, P., NAZARIAN, S., SUPPLE, G. E., ARKLES, J., RILEY, M. P., GARCIA, F. C., LIN, D., EPSTEIN, A. E., CALLANS, D. J., MARCHLINSKI, F. E., KOLANSKY, D. M., MORA, J. I., AMARO, A., SCHWAB, R., PACK, A. & DIXIT, S. 2018. A Nurse-Led Limited Risk Factor Modification Program to Address Obesity and Obstructive Sleep Apnea in Atrial Fibrillation Patients. *J Am Heart Assoc*, 7, e010414.