Updating the UK Competence Framework for Orthopaedic and Trauma Nurses 2019

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Introduction

The competence framework for trauma and orthopaedic (T&O) practitioners was first published by The Royal College of Nursing (RCN) in 2005 and updated in 2012 (Santy-Tomlinson 2005, RCN 2012). In 2017 the need to review this framework was identified by the national steering committee of the RCN Society of Orthopaedic and

Trauma Nurses (SOTN) in order to ensure the framework was based on current evidence-based practice. A working group comprising representatives from each of the four countries of the United Kingdom (UK), who possessed T&O nursing expertise were identified to undertake the updating of the competence framework.

The World Health Organisation (WHO 2018) illustrated that musculoskeletal (MSK) conditions affect people across the lifespan, in all regions of the world and are the leading contributor to disability worldwide. Practitioners are therefore highly likely to care for patients with MSK conditions or injuries in many clinical contexts. However, pre-registration students and other members of the health care team caring for patients with an orthopaedic condition, might not receive specialist T&O education (Judd 2010 and McLeish 2012), nor work alongside practitioners who possess specialist T&O knowledge and skills. Furthermore, in the UK, there are very few post-registration T&O educational opportunities specific to practitioners working in this specialist field. Therefore, additional routes for practitioners to maintain and demonstrate safe and effective competence in care is vital.

The new competence framework has been developed to include practitioners in the pay bands 2-8 (National Health Service (NHS) Employers, 2019). There are explicit expectations which reflect the evidence-based capabilities required for safe and effective T&O nursing practice. The framework is underpinned by the UK Nursing and Midwifery Council (NMC) (2018 The Code: *Professional standards of practice and behaviour for nurses, midwives and nursing associates* and illustrated within each competency are the links to four specific NMC standards: Prioritise People, Practise Effectively, Preserve Safety and Promote Professionalism and Trust.

The competence framework will be a valuable resource, contributing to individuals' continuing specialist and professional development by using reflection as well as learning contracts which will provide evidence of the maintenance and improvement of competence. This will also inform the NMC revalidation process. Employers can use the framework as a basis for appraisal/performance review through which, ultimately, patients and carers will benefit.

This paper explores the process of the development and revision of the competence framework for Orthopaedic and Trauma Practitioners, highlighting the collaborative working of the group and publicising the new updated document.

See: https://www.rcn.org.uk/professional-development/publications/pub-007036

Updating and changing the format

Healthcare practice is constantly evolving with new evidence apparent in the literature. The essence of the new framework is to ensure T&O patients receive the highest standard of care supported by current available evidence or research.

Change is about evolving, reshaping and aiming to improve on the current status. Recent requirements in the UK for nurses to revalidate (NMC 2019), require the individual practitioner to identify their needs for updating and maintaining necessary knowledge and skills in order to provide best practice. It is also compulsory for practitioners to demonstrate learning. The four underpinning professional standards within the NMC Code (NMC 2018) support the ethos of providing good care for the patient. The format of the process to revalidate is familiar to every practitioner and the SOTN Competence working party were confident that the NMC Code (NMC 2018) was an appropriate tool that can be easily applied and cross referenced to competencies in practice. Table 1 outlines the rationale for the key drivers in the development of the new competence framework for T&O nursing.

Table 1

Key Drivers for Change	**Rationale**	**Examples**
Currency	Up to date evidence	Highest possible available evidence sourced, or consensus opinion of the expert working group.
Format	Changed to reflect current nursing government requirements	NMC 6 C's RCN Principles of Practice
Inclusion of Pay bands 2-8	Inclusive of all practitioners caring for the T&O patient.	Incorporates healthcare assistant to senior nurse and

Key Drivers for Change	Rationale	Examples
		acknowledges new roles e.g. nursing assistant/associate
Inclusion of MDT	Reflects collaborative working within MSK team to provide joined up care planning for patient's needs	Senior MSK physiotherapist involvement in writing, ensuring inclusiveness, accuracy and validity to key statements
Learning contracts (see appendix 1)	Tailor to individual knowledge and skills (K&S) training needs. Part of continuing professional development (CPD).	Can be used to inform the NMC revalidation process and practitioner's appraisal

Additional supportive standards which can be used in conjunction with the new framework are the 6 core principles of nursing: Care, Compassion, Competence, Communication, Courage and Commitment (NHS England 2014), and the RCN Principles of Nursing Practice (Watterson 2013). Both describe the core professional values and behaviours of nurses, highlighting how these can impact on care and benefit the patient.

Involving Practitioners in the Development of the Framework

The new framework was devised and written in collaboration with practitioners from each of the four countries with the aim of identifying best practice in patients' MSK pathways across the lifespan and to understand any variances in role definitions and job specifications nationally.

Following a successful project application to RCN Forum Governance, the working party met at RCN headquarters for an initial planning meeting. The multifactorial nature of practitioner role definitions (bands 2-8), attributes and level of practice were

discussed at length and the concluding agreement was the need to revise the current framework (RCN 2012) and exchange the existing levels of practice for descriptors for a nurse working at each pay band. This was to ensure uniformity and ease of application within different UK NHS sectors: primary, secondary or voluntary care.

The working party comprised a mix of academics and practitioners working across the whole age range, (infants through to old age), and from varying domains of practice (e.g. paediatrics, the older person, trauma, elective care). Effective person-centred care stems from collaborative working with comprehensive communication within the Multi-disciplinary Team (MDT). Patient care needs to be evidence based, coordinated and supportive of both patient and, where appropriate, carers' needs, so the aim of the team must be unified, working towards the same goals (DoH 2010). Orthopaedic and MSK trauma care is not discrete to nursing alone, but requires the expertise of other members of the multidisciplinary team, so the working party included a senior physiotherapist with several years of MSK experience in both the NHS and the Ministry of Defence (MOD). The collective expertise of these participants reflected diversity of practice, combining strengths, skills and knowledge in orthopaedic and MSK trauma care and also of a number of co-morbidities.

The key to writing successfully as a group demands cohesiveness of the team involved, a good communication strategy and clear timeline. The working party for this two-year project met at RCN Headquarters in London to formulate a plan for the revision of the 2012 Competency Framework (RCN 2012). It was agreed that two of the authors would co-lead the project to ensure meeting of timelines, co-ordinate communication and complete the writing and final editing. As a starting point, we read through the existing document and expressed viewpoints on how we envisaged the new framework. The 2012 framework gave practitioners a template from which to work in developing their practice. With this as a basis, the group decided to make several format changes to bring the document up to date. The NHS Knowledge and Skills Framework (2004), cross referenced within the 2012 framework, was exchanged for the NMC Code (2018), thereby making it current and easy to use. This automatically reduced the number of words and length of the framework. We also felt that nurses, managers and allied health professionals (AHP's) recognised job roles and person specifications according to pay band, in accordance with the

Agenda for Change (NHS Employers 2019), more readily than levels of practice. The new framework, therefore, refers to a practitioner's knowledge and skill set determined by the pay band in which they are working.

A plan for the collaborative writing of the new document was made, with agreed timelines for submission of draft work and a strategy for revision and editing. Each member of the working group nominated themselves to write the section of the document in which they had the most knowledge and experience. Each section was proof-read by the whole working party, scrutinising for accuracy, evidence base, inclusivity and holism, whilst acknowledging individual authors' expert opinion and specific expertise. Expert critical readers and RCN advisors also reviewed the draft completed document to ensure accuracy, appropriate writing style, thoroughness and ease of understanding, use of latest evidence, generalisability and applicability, thereby enhancing the accuracy and quality of the final version.

To complement the framework, learning contracts are included in the appendix as a guide for practitioners. These can be utilised in practice and integrated with the framework, to demonstrate how the practitioner has learnt new knowledge, or a skill, which will result in improved quality and outcomes of patient care.

The process of developing and updating: what worked well and what did not?

As healthcare practice continually develops and advances, the role of national guidance is to effectively direct and support practitioners to deliver safe and effective care to service users. To successfully support practitioners, guiding frameworks also need to reflect and endorse best available evidence. This section of the paper briefly reflects upon what worked well when developing and updating the competence framework for T&O in 2019, and what did not work so well. It firstly defines reflection and its value when developing and updating, followed by a reflective account which uses an adapted (simple) version of the NMC Nursing and Midwifery reflection account form – the original remains part of the revalidation process for NMC registrants. The reflective tool was adapted to meet the needs of this specific reflection to help guide the individual process, rather than specifically focused on NMC revalidation. The NMC reflection account form (figure 1) was selected over

other reflective models (Gibbs, 1988) as it provides a deeper exploration and is aligned to the NMC Code (2018).

Reflection has been suggested by Scott (2013) to be concerned with *'consciously looking at and thinking about experiences, examining the actions involved, the feelings the situation invoked and responses that occurred, and then interpreting or analysing them in order to learn from them*' (page 1). Similarly, Wilding (2008) suggests that meaningful learning results as a consequence of using critical reflection on practice, this paper endorses it to be of equal value when reflecting on any given event or process. Figure 1 provides an example of reflection and evaluation of the process of the revision of the competence framework using an adapted version the NMC (2019) reflective account form.

Figure 1. Adapted NMC reflective account (2019)

Reflective account form

What was the nature of the activity?

The competence framework for orthopaedic and trauma practitioners was first published by the RCN in 2005 and updated in 2012. In 2017 the need to review this framework was identified by the national steering committee of the SOTN in order to ensure the framework was based on current evidence-based practice. A working group of the UKs' four countries who possessed orthopaedic and trauma nursing expertise in practice and education were convened to develop and update a competence framework which would guide practitioners to deliver practice which is safe, and evidence based.

What did you learn from the activity – what worked well and what did not?

What worked well?

- Funding was essential to develop and publish quality national guidance –

SOTN was the vehicle used to access the funding from RCN

- The four-country approach was invaluable
- Communication was key, one ‘face to face’ was essential and teleconferences and emails needed to progress
- A lifespan approach (inclusive of all age range of patients), practitioners (nurses and one physiotherapist) and nurse educators created a good mix.
- Working group chairs were needed for direction/timelines – one a children’s advanced nurse practitioner (ANP) and the second an adult ANP
- Sub-groups were effective – each completed a section of the framework
- Piloting the document across all nursing bands and the four countries was beneficial– it provided practitioner user feedback and changes were made
- Draft version presented as a Fringe at RCN Congress in 2018 – again delegate feedback was useful
- Critical readers provided invaluable feedback, plus one working group member acting as a final proof-reader
- Good supportive relationship with RCN staff around deadlines and publication

What do not work so well?

- Meeting deadlines as the working group had full time jobs and annual leave – the timeline to completion took longer than expected and funding could have been lost.
- RCN bid for funding restricted to set calendar times – completion of which was time consuming
- Communication could have been improved in parts, for example identification of draft versions were confusing at times

How did you (steering group) change or improve?

Our communication between the working group improved during the process, deadlines were adhered to, and number of teleconferences increased. A member was selected to ensure version numbers were accurate and to act as the final proof-reader. Ultimately, we worked more effectively as a team.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

The competence framework relates to all four themes, namely service users are the priority; practice must be effective, safe and delivered in a professional manner with trust.

The rationale for evaluation

Prior to the latest revised competency document, there had been several iterations, which, although ad hoc informal feedback had indicated were useful to nurses working in the speciality, had not been formally evaluated. The working group recognised the importance of developing a comprehensive evaluation for the revised competencies to ensure they are fit for purpose, user friendly, support those using them to develop personally and professionally and support evidence based high quality, person centred care delivery to patients and their families.

Evaluation to date

Evidence highlights that competency documents used in healthcare practice can be difficult to interpret by individual practitioners/students and those assessing them. There are particular issues around difficulties in the language used to describe competencies and the challenge of distinguishing between different levels of competence has been noted (Almalkawi, Jester & Terry, 2018). As part of the development of the revised document, the pilot competences were reviewed by a small number of different bands of practitioners at the RCN congress event held in Belfast in 2018, as well as being piloted by practitioners (pay bands 2-8), in their own practice areas. Participants were asked to feedback on the following:

- Format
- Application
- User friendliness
- Appropriateness of the learning contract

The feedback confirmed that the pilot document was user friendly, easy to follow and useful to improve practice. However, the working group acknowledges that only a small proportion of approximately 4000 members of the SOTN attend the fringe event, and only a small number of practitioners were able to pilot them in their own practice areas within the time frame available. The working group are planning to seek further evaluation from the wider forum membership and nursing community.

Future planned evaluation

The working group plan to adopt a mixed methods approach to the evaluation. The first part will comprise a semi-structured e-questionnaire distributed to members of the SOTN. The questionnaire will be structured using the Donabedian conceptual model (1988) Structure, Process and Outcome. Members of SOTN will also be asked to cascade the questionnaire to colleagues using the competencies including managers, associate practitioners and health care assistants to gain a representative sample of those using the document

In addition, we aim to invite a sub-sample of the SOTN members to complete brief auto-ethnographic accounts of their experiences of using the competency document. Auto-ethnography seeks to describe and systematically analyse personal experience in order to understand cultural experience (Ellis et al, 2011). The ethnographic accounts can be used by the individual participants as evidence as part of their NMC re-validation processes and other professional updating activities.

The data from both the e-questionnaires and auto-ethnographic accounts will be analysed using descriptive statistics and thematic analysis and findings will be shared via the SOTN website and through dissemination at conference events. The evaluation will inform future iterations of the competency document and dissemination strategies.

Recommendations for the future

It is recommended that the competence framework for orthopaedic and trauma practitioners is disseminated widely in the UK to clinical areas as well as to Higher Educational Institutes to inform courses as well as practitioner's knowledge and skills for CPD in practice. On-going review of the current framework will be needed as new knowledge and innovations develop. A rigorous evaluation of the framework should be conducted to elicit its use as well as the benefits to inform future updates.

Conclusion

The new competences proved challenging to compose, and was a collaborative effort that provided expertise, skills and knowledge from a variety of academic, practitioner and AHP backgrounds, across the 4 countries of the UK and inclusive of all age ranges. Where evidence was lacking then a consensus of expert opinion was used.

The aim was to provide a working, relevant to practice document that can be used by all practitioners to provide a focus to their achieving, maintaining and demonstrating the specialist knowledge needed to care for patients with MSK conditions and injuries. The competency document can also be used by employers to guide development of practitioners to provide evidence based holistic care for patients.

Using the NMC code to underpin the new competence framework also equips it for use in revalidation as well, by encouraging reflection, and by providing learning contracts to demonstrate the knowledge and skills gained.

However, the SOTN working party collaboration acknowledges that writing the new competence document is only part of its development and wide dissemination to increase awareness of this tool for practice in the T&O nursing discipline is important. This has so far been achieved by spreading the news of the publication of the framework on the RCN website, on social media sites and other associated RCN networks, through sharing with nurses and colleagues in respective practice areas and presenting at conferences. Nonetheless, this is still not the end of the process, and the next stage in the cycle is to evaluate both its uptake and usefulness. The future plan is to distribute questionnaires to the members of SOTN requesting feedback which will then be used to further inform future updates and dissemination methods.