The Role and Practice of Clinical Nurse Specialists in the UK

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Abstract

Specialist practice in the UK has a long history, but the role of the clinical nurse specialist (CNS) remains unclear with no specific certification or regulatory framework.

This has resulted in a variety of levels of practice. In the UK the term CNS is not restricted to registered nurses or those in advanced practice, which could be seen as a risk.

This lack of regulatory framework has also meant that the development of practice has been unconstrained and innovative. Despite the variation in practice, the CNS role in the UK has largely evolved into an advanced practice role in order to meet patients' and family's needs.

In the UK there is a thriving specialist community across many areas of practice and patient populations which range from long-term conditions to more consultative expert roles.

There have been many studies that demonstrate the positive effect that specialist practice has on outcomes for patients, but the role is still poorly understood.

Keywords

Specialist · Advanced · Proactive case management · Innovation · Safety · Clinical nurse specialist · United Kingdom · Advanced practice nurse

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7.1 A Historical Perspective

The UK has a long history of specialist nursing practice. One of the first recorded specialist nurses was Dorothy Wyndlow Pattison (known more commonly as Sister Dora (1832–1878)) who practised in Walsall, England. Sister Dora became a specialist in the treatment of industrial injuries, particularly those related to working on the railway. Throughout the twentieth century, specialist nursing practice developed. In 1975 a cancer charity was founded by Douglas Macmillan, a civil servant, who established the first cancer and palliative care specialist nurse posts still known as Macmillan Nurses today.

The role of the clinical nurse specialist then began to establish itself outside of cancer in the late 1970s with pioneers such Elizabeth Anionwu who set up the first specialist service for people with sickle cell disease in Brent, London (Fig. 7.1).

Practice developed through the 1980s and 1990s in the UK. Various initiatives and policies promoted having a specialist nurse, and the charities that represented patient groups became powerful advocates of the role.

The Nurses, Midwives and Health Visitors Act 1979, which came into force on 1 July 1983, also created national boards. The English National Board (ENB) oversaw post-registration education in which specialist education was offered. This gave the clinical nurse specialist role its educational foundation as registered nurses were able to undertake specific courses in specialist areas such as urology, gynaecology or cancer care and then pursue work in those clinical areas. Towards the end of the twentieth century, undergraduate nurse education moved to being university based with a degree on qualification, and the ENB was phased out.

Fig. 7.1 Dame Professor Elizabeth Anionwu at work in Brent (right)

By the end of the 1990s, the CNS role was established, but there had been no strategic planning on how it was implemented—the roles and their deployment evolved over time meaning that their coverage was inequitable. In addition there was and still is no regulatory framework for specialist practice in the UK which meant that those performing the roles had a variety of practice levels and qualifications. By the start of the twenty-first century, their financial value to organisations facing austerity was doubted. This is in part because there is little common understanding of the roles which vary enormously by title and level of practice, or their contribution to patient care.

7.2 Defining Clinical Nurse Specialists in the UK

The definitions and scope of the CNS in the UK are confusing. As there is no regulatory framework, minimum qualification or little professional accreditation, the term CNS is not protected. This means the scope of practice and educational levels of those working in the role is very wide and the role is not solely associated with advanced practice. As there is no recognised regulatory or robust professional framework, the reality is that CNS work in the UK is essentially defined as an area of practice (e.g. a population or medical specialism) rather than a level of practice such as advanced.

In order to address this issue, the four UK countries have each adopted guidance on clinical nurse specialist practice.

Scotland was the first UK country to really formalise the role and the only UK country to explicitly state that clinical nurse specialists could be practising at an advanced level: "A clinical nurse specialist is a registered nursing professional who has acquired additional knowledge, skills and experience, together with a professionally and/or academically accredited post-registration qualification (if available) in a clinical specialty. They practise at an advanced level and may have sole responsibility for care episode or defined client/group" (ISD 2010). Although England has an advanced practice statement (DH 2010), it has tended to pay little policy attention to specialist practice. Wales took a multiprofessional approach and includes other health professions such as physiotherapists (physical therapists) but also refers to "specialist" as an area rather than level of practice (Welsh Government 2010). In Northern Ireland advanced practice has been defined (NIPEC 2014), but as with most of these documents, there is little mention of those in specialisms.

The primary employment model is still via an entity called the National Health Service (NHS). The NHS was founded in 1948, is centrally funded by taxation/national insurance and provides care free at point of use. There is a private healthcare sector in the UK, but employment of CNS in that sector has traditionally been limited. There is a growing market of other providers who are a mixture of different models such as community interest companies, non-profits, charities and private providers employing nurses, including CNSs, to run NHS services still within the universal healthcare model.

7.3 Models of CNS Practice

Generally, clinical nurse specialists in the UK provide complex services, many at advanced level in line with the International Council of Nurses' definition stating that an advanced practice nurse is a "registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level" (ICN 2018).

The wide variety of levels of practice, services offered and education attained tends to be associated with different specialist groups and types of practice—despite this variation the term CNS has become ubiquitous, describing this entire population.

For example in the UK, CNSs, working in long-term conditions, tend to be proactive case managers. They manage a caseload of patients with a specific aetiology such rheumatology or neurology, often in collaboration with physician colleagues but taking the role as the primary provider of care. It's common to find CNS in these specialisms practising at an advanced level. They tend to be responsible for managing a caseload day to day including complex assessment, intervention (including psychosocial), prescribing medicines, brokering care and complex decision-making.

In areas such as cancer care where central government policy has supported the role or it has been enabled through the charitable sector, the workforce expansion was rapid meaning that there is more variation in levels of practice from development roles to advanced and consultant (attending) roles which lead entire services.

There has also been expansion in technical consulting specialist roles in the acute inpatient setting. These nurses rarely manage a caseload but act as a source of expertise. These roles are also often termed CNS and might specialise in areas such as pain, tissue viability or the management of inpatients with diabetes, for example. Acute hospitals have a high turnover of staff, and so these CNSs bring continuity of clinical standards, teach staff to manage the complexities of care and also review patients offering expert consultation services.

A summary of the types of specialist practice in the UK based on mining the authors' curated Cassandra dataset (n = 18,000 specialist nurses, approx. 70 million hours of work) is shown in Table 7.1.

7.4 CNS Practice Competencies

Although there are no agreed national competencies for CNS practice and little certification, many specialisms have developed their own competencies, for example, pain, diabetes and ophthalmology.

One of the most embedded is TREND which is for diabetes specialist practice (TREND 2015) and also includes a career framework. Some specialisms have

Table 7.1 The diversity of specialist nursing practice in the UK

Descriptor	Activity	Common areas of practice in UK
Proactive case manager	Day-to-day management of a caseload of patients—-tends to be an advanced practice role, complex decision-making and clinical reasoning	Long-term conditions, acute and community
Reactive case manager	Day-to-day management of a caseload of patients—-tends to be an advanced practice role but constrained by caseload numbers or complexity	Long-term conditions, acute and community
Consulting specialist	Expertise in a specific area of practice or patient population	Areas such as pain, tissue viability, infection control, inpatient diabetes care
Procedure-focussed specialist	Offers a holistic service including complex clinical decision-making	Areas such as colposcopy, endoscopy, central line insertion
Education-focussed roles	Provides clinical education often with specialist background	Supports education and practice development in specialist practice
Role substitution/ facilitation of others' work	Works to medical protocol may undertake activities such as physical examination/ prescribing but defers principal decision-making/works to protocol	Acute medical/surgical specialities, emergency care, ITU
Information and facilitation of others' work	Undertakes clinical administration, co-ordination of care, provision of information, largely protocolised care	Some long-term conditions or surgical pathways

competencies for services such as accreditation for endoscopy operators (JAG 2017); however these are not solely for specialist nurses. More recently in England, a framework for multiprofessional advanced clinical practice has been developed that may now add more uniformity to this level of practice across the different professions (Health Education England 2017).

7.5 Outcome Measures and Evaluation

The variability in levels of practice and services provided has made a common framework for the evaluation of these roles a challenge. Added to this lack of clarity are the current financial pressures that the employers of these post-holders find themselves, which means that the value of these roles is constantly questioned. This has led to repeated poor-quality local reviews based on time and motion type activity, which is of limited use in complex work (De Leon 1993, Raiborn 2004). Such activity analysis cannot handle relational work (Malloch 2015), and it generally results in underestimating nursing workload whilst also not considering outcomes at all.

Many of the evaluations have concentrated on quality aspects of services such as patient and family experience, which are generally very positive (Read 2015), and there is an increasing body of work which shows the benefit of CNSs in terms of efficiency and return on investment. These include reduction in the use of emergency care and acute inpatient care, more efficiently managed care, and better clinical outcomes for patients.

7.6 Credentialing, Regulatory and Legal Requirements

The term CNS is not a protected title in the UK and as such there is no regulatory or legal framework. A recent study by the author (Leary et al. 2017) discovered that job titles bore no association with levels of practice and that even individuals who were not registered nurses were conferred job titles such as "specialist nurse", "associate advanced nurse practitioner" or "clinical nurse specialist" by employers. This presents a challenge to the profession and a risk to the public who might assume they are dealing with a registered nurse.

Purposeful regulation of advanced practice has been tabled many times, but the last review by the council for healthcare and regulatory excellence (CHRE) stated in 2009 that "often what is termed advanced practice reflects career development within a profession and is appropriately governed by mechanisms other than additional statutory regulation" (CHRE 2009) and thus deemed regulation was unnecessary even though this assumption appears to be false.

The lack of regulatory framework does present a risk to patient safety—anyone in the UK, even those who are not registered nurses, can and does call themselves clinical nurse specialists or advanced practitioners (Jones-Berry 2018). The corollary is that there is little to impede the development of practice and many have found innovative ways to meet patient needs.

7.7 Moving Forward

Specialist nursing roles are at something of a crossroads in the UK. Policy in England is now prioritising a generalist "advanced clinical practitioner" role that can originate in any registered profession and can substitute for some medical roles. This has seen further scrutiny of CNS roles and their value rather than developing specialist practice.

Despite this there is tremendous support for these roles from charitable and other patient advocacy groups. Employers are also beginning to see the benefits of the CNS in contributing to better outcomes and more efficient services. There is an increasing amount of nurse-led work, for example, in areas such as gastroenterology where the majority of workload is managing day-to-day clinical care. This group of CNSs manages complex drug regimes, reviews patients in nurse clinics and provides case management functions whilst developing new ways of innovating service delivery (Leary and Punshon 2017). Such models are good exemplars of the further evolution of the CNS role in the UK.

7.8 Exemplars of Clinical Nurse Specialist Practice

7.8.1 Description of Specialty Area of Practice (Patient Population, Nature of Care, Etc.)

Yvonne Kana works as a specialist in ophthalmic care at a large specialist hospital in London. She sees a variety of patients with retinal problems and post-procedure dealing with any complications.

7.8.2 Describe a Case or Project that Is Exemplary of Practice in the Specialty

Yvonne offers a YAG laser service, a procedure which eliminates the cloudiness that occasionally interferes with a patient's vision after cataract/lens replacement surgery. She receives referrals from medical colleagues and assesses and treats patients.

7.8.3 Describe Practice Competencies Used in the Specialty Practice

Yvonne uses advanced assessment skills and her knowledge of specialist ophthalmic practice. There are competencies for ophthalmic nursing practice (RCN 2016) but no credentialing; however Yvonne has a master's degree in advanced practice.

7.8.4 Identify Typical Outcomes of Practice in the Specialty

Yvonne is able to manage the care and improve vision for many of her patients. Medical colleagues refer to her YAG laser service, and rates of satisfaction from patients are very high.

7.8.5 Description of Specialty Area of Practice (Patient Population, Nature of Care, Etc.)

Louisa Fluere works in a large central London acute hospital managing the care of men with advanced (metastatic) prostate cancer. She manages the care of around 100–140 patients per week across ambulatory care clinics.

7.8.6 Describe a Case or Project that Is Exemplary of Practice in the Specialty

Healthy hormones—introduction of seminar-based education to help men on androgen deprivation therapy.

Long-term androgen deprivation therapy (ADT) for advanced prostate cancer can result in significant and distressing side effects and longer-term adverse metabolic effects. A seminar-based service improvement initiative was developed to provide information and strategies to understand ADT, to manage side effects and to provide lifestyle advice regarding cardiovascular and bone issues. The seminars were evaluated with patient questionnaires and were positively received. This approach has proven to be a valuable tool in the care of this patient group and has been presented worldwide.

7.8.7 Describe Practice Competencies Used in the Specialty Practice

To run this service, Louisa utilises advanced assessment skills, prescribing of medicines (ADT, side effect management, supportive medication for symptom control, systemic anticancer therapies and chemotherapies). She is responsible for management of side effects using pharmacological, lifestyle and psychological approaches. Her role includes treatment initiation and monitoring, psychosocial care and education of patients, families and staff.

7.8.8 Identify Typical Outcomes of Practice in the Specialty

This is a high-volume, largely ambulatory service which manages the majority of the service workload with input as required from physicians and other members of the team. Louisa's service ensures timely, person-centred care that is cost-effective and valued by patients.

7.8.9 Description of Specialty Area of Practice (Patient Population, Nature of Care, Etc.)

Tony Kemp works as a specialist in prehospital care. He qualified as a registered nurse in 1983 and went on to work in a range of acute care settings including anaesthetics and intensive care. Alongside this he trained and worked within aeromedical care. Tony practises at an advanced level of practice specialising in prehospital immediate care in the British Association of Immediate Care Scheme (BASICS); he is also a teacher and researcher.

7.8.10 Describe a Case or Project that Is Exemplary of Practice in the Specialty

Nursing is not often utilised in prehospital immediate care due to the emerging dominance of helicopter (HEMS) doctors and the emergence of paramedic critical

care pathways. Tony emphasises that a major part of his advanced practice specialist role extends beyond the immediate needs of the patient.

Recognising and preparing for the potential problems and the need to provide care that reduces onward negative physiological insult as part of the extended emergency care team is very much a significant part of his role. This is well evidenced in the care of an entrapped and seriously injured driver whose survival to the arrival of the emergency services was largely due to the intra-abdominal compression from the vehicle intrusion. Whilst recognising the devastating lower limb injuries, freeing the driver would lead to their rapid demise due to the lack of access to their legs and the presumed serious crush injuries present. Under Tony's advice the extrication was managed by the fire and rescue commander as a staged event with medical care being provided with a view to optimising the patient throughout prior to final release. The patient went on to make a full recovery, albeit following bilateral amputation, and was neurologically intact.

7.8.11 Identify Typical Outcomes of Practice in the Specialty

Tony's outcomes are not only in the clinical effectiveness of bringing a high level of complex care to patients out of hospitals but also a leadership role within a multidisciplinary team. This includes the application of a research base and also teaching other professionals in high-risk, high-pressure situations.

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