Kent Community Health
NHS Foundation Trust

Advanced clinical practice:
Community paediatrics

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Introduction:

The decision by the trust to trial recruitment for trainee advanced clinical practitioners (ACP), was taken because of recruitment difficulties for community paediatrician roles.

It is further recognised that the Community Paediatrics Service recognises a want and need to expand the role of the nurse, because of demand and capacity on existing colleagues.



Aims:

Having a trainee ACP in the team allows them to collaborate. It builds and instils new ways of working to help provide timely service delivery.

There are some noted advantages of the trainee ACP role:

- a keen eye for service improvement
- seeking creative ways to develop the service through quality improvement, evaluation and audits
- collaboration between health care assistants, doctors, nurses and administration
- networking with other ACPs to find new ways to trial in practice.

While there is also some apparent disadvantage of the trainee ACP role:

- feeling of role isolation
- an evolving role, to meet the demands and capacity of the service
- gaining clinical competencies (some of which are adult focused)
- being pulled from previous role as a nurse and current trainee role (easy to want to go back to comfort zone).

Some key aims of the trainee ACP role include:

- new ways of working
- collaboration with wider services
- bolster in-house developments through audits, service evaluation and Barnardo's training for promoting the child's voice in practice.

Methods:

The course structure consists of a three-year, part-time course. While the taught content is part-time between four to six hours per week. The intensity of additional self-directed study is on average 20-hours of study per week.

First year: Clinical skills, advanced decision making and developing the four pillars in practice.

Second year: Research proposal on either an audit in practice, change management project or critical review of the literature – to be widely shared in practice. Further intense module on non-medical prescribing.

Third year: Dissertation and end-point assessment for the apprenticeship route.

Results:

Developing the four pillars of practice (Health Education England, 2017), so far, the following areas have been achieved in practice.

Pillar one: Clinical practice

- Attention Deficit Hyperactivity Disorder (ADHD) medication reviews
- Initial assessments for ADHD
- Initiation of ADHD medication
- Cardiovascular health checks
- Quantitative behaviour feedback
- Supporting the duty nursing team handle patients queries
- Working in accordance with the Nursing and Midwifery Council (NMC) (2018) code
- Non-medical prescribing working with National Institute for Health and Care Excellence (NICE) (2018) guidance on management of ADHD, at the forefront.

Pillar two: Leadership and management

- Clinical rota
- Staff one-to-one
- Staff team meetings
- Wellbeing work lunches
- Quality improvement project - nursing duty
- Leading on developing a new nurse-led clinic, for ADHD medication in a specialist behavioural school
- Working more closely with local school SENDco's - trialling ADHD medication clinic in mainstream school
- Audits, for example, include record-keeping, leading on safeguarding audit.

Pillar three and four: Education and research

- Evaluation of service in specialist school
- Bolstering research in practice
- Submitting research posters to RCPCH and NIHR ARC
- Presentations, such as after-action review report - Admin Team
- Quality Improvement – nursing duty.

Conclusion and recommendations:

Next steps: Developing the four pillars of practice (Health Education England, 2017)

Pillar one: Clinical practice

- Neurological and developmental assessments
- Supporting the duty doctor and nurse with patient queries
- Initial assessments for autism and developmental delay.

Pillar two: Leadership and management:

- Following evaluation of service offer in schools, to consider if there is more scope for this offer from the wider nursing team
- Supervise and mentor future trainee ACP's
- Lead on change to current nursing practice (Kotter 1996 and 2005)
- Developing nursing team practice through research and evidence-based medicine.

Pillar three and four: Education and research

- Further embedding evidence-based medicine into practice
- Future service evaluation of nurse-led clinic in specialist behavioural school
- Audits.

Reference list:

Health Education England (HEE) (2017) Multi-professional framework for advanced clinical practice in England. Available at: https://bit.ly/3QLP3QP

Kotter, J. (1996) Leading change. Boston: Harvard Business School Press.

Kotter, J. (2005) Our iceberg is melting. New York: St. Martlings Press.

National Institute for Health and Care Excellence (NICE) (2018) Attention deficit hyperactivity disorder diagnosis and management NICE guideline NG87. Available at: https://www.nice.org.uk/guidance/ng87

Nursing & Midwifery Council (2018) The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing & Midwifery Council.

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