

Specialist nursing in rheumatology

The State of Play



Contents

Executive summary	4
Introduction	5
Methodology	6
Respondent demographics	6
Role of the rheumatology nurse specialist	7
Defining the specialist nursing role	7
Person-centred care and self-management	8
Delivering care	9
Telephone advice lines	9
Impact of the rheumatology nurse specialist	9
Workload	10
Education and training	12
Pre-registration nurses' exposure to rheumatology	12
Educational pathways in rheumatology nursing	12
Professional development opportunities	13
Future workforce planning	14
Succession planning	14
Recruitment and vacancies	14
Career advancement	15
Recommendations	17
References	18

Executive summary

Rheumatology nurse specialist-led care is effective and safe, and leads to higher patient satisfaction rates than in comparable services. Rheumatology nurse specialists are at the forefront of patient care; in addition to their clinical work, they provide emotional support, promote self-management, and lead advice lines. They play an integral role in helping patients address the impact of their condition on their family and work life. Their value is not only apparent in patient's clinical outcomes, but is also demonstrable in cost savings. The RCN calculated that outpatient work by rheumatology nurse specialists saves the NHS up to £175,168 per nurse each year in freeing up consultant appointments.

The majority of respondents (83%) to our survey reported there were currently aspects of care that their team was unable or delayed in providing, because of excessive workload, e.g. advice line responses, biosimilar and DMARD prescriptions and running self-management groups. Most members of the public are aware of the staffing crisis in the NHS but we fail to understand its impacts on our specialist nursing workforce and the consequences for patient care. Two thirds (65%) of respondents to our survey stated that their departments had employed the same number of rheumatology nurse specialists over the last 5 years, despite increased workload pressure. Almost a quarter (22%) of respondents' departments had unfilled Clinical Nurse Specialist vacancies in their Rheumatology clinics. The limited workforce is now a fact of life in the NHS, with 60% of our survey respondents aged 50 or over and approaching retirement in the coming years. Nevertheless, many respondents to our survey reported that their Trusts and Health Boards did not appear to effectively succession plan.

Our recommendations

This report highlights that there are not enough rheumatology nurse specialists to provide high quality care equitably throughout the UK currently and support rheumatology patients and effective service provision in the coming years. These four key recommendations seek to rectify this by focusing on the growth and retention of the rheumatology nursing workforce.

- Educational institutions need to foster closer working relationships with rheumatology departments to improve the knowledge about and clinical skills of musculoskeletal conditions in their pre-registration curricula.
- Where rheumatology services employ Registered General Nurses, there needs to be a training plan and appropriate funding to support their professional development into the role of Clinical Nurse Specialists in Rheumatology.
- Succession planning needs to be prioritised to ensure that there is an appropriately skill mixed workforce in the future. This includes matching rheumatology nurse specialists support to respond to increases in patient activity and patient need.
- Employers need to ensure that Agenda for Change (AfC) banding for specialist nursing roles reflects the level of advanced practice delivered and allows for career progression, for example between Bands 7 to 8.

Please refer to page 16 to read more about our recommendations targeted at Trusts and Health Boards, higher education institutions and the research community.

Introduction

This report presents the state of play of specialist nursing in rheumatology, exploring the challenges we face in relation to training and development and workforce planning. The British Society for Rheumatology surveyed rheumatology nurse specialists from July to September 2018. We did so in response to feedback received from members, indicating that the specialty was in crisis, with insufficient staffing levels to meet demand, an overburdened workforce and no clear career progression. This survey was an opportunity to obtain the direct views of rheumatology nurse specialists on the profession, and to understand how they envisaged its progression. This report is based on the results of this survey of rheumatology nurse specialists in addition to a literature review of the current problems facing specialist nurses in the NHS. We are grateful for the support and expertise of colleagues from the Royal College of Nursing's (RCN) Rheumatology Forum and the National Rheumatoid Arthritis Society (NRAS).

Rheumatology nurse specialists focus on the care needs of people with rheumatic and musculoskeletal long-term conditions, encompassing the psycho-social, educational and self-management support needs of patients. Nurse specialists are integral members of the rheumatology multi-disciplinary team, working alongside consultant rheumatologists, rheumatology specialist registrars, physiotherapists, occupational therapists, podiatrists, pharmacists and other allied health care professionals to deliver cost-effective, high-quality care. Rheumatology nurse specialists have a significant impact on patients' clinical outcomes and satisfaction, and are an important component of the care provided by the multi-disciplinary team within rheumatology:

Bringing together clinical expertise, facilitation, leadership, education and liaison skills and often working across boundaries, specialist nurses are a valuable asset for organisations striving to achieve quality improvement.

RCN¹

Ailsa Bosworth MBE, Founder and Chief Executive, NRAS

NRAS was pleased to be involved in the development of the survey and report, *Nursing in Rheumatology: The State of Play*. NRAS knows that rheumatology nurse specialist care is central to the delivery of high-quality care and improved patient outcomes for people with rheumatoid arthritis and all rheumatic conditions. NRAS has been concerned for some considerable time about the future of specialist nursing, so the importance of this report and its recommendations cannot be overestimated. As a community, we need to act now, and this timely report provides an important resource to advocate on behalf of the profession.

Rheumatology nurse specialists carry out a wide range of activities within their role, including managing physical and psychological morbidity, alleviating physical and psychological suffering, rescue work and resolving unsatisfactory patient experience. They are a safety net for their patients.

The current level of provision and lack of succession planning means that many rheumatology nurse specialists are struggling to deliver even a core service and do not have sufficient time to innovate or develop their professional practice. If patients in the future are to be able to continue to get the kind of holistic care from specialist nurses that patients like me have enjoyed over many years, the Government and NHS need to heed the conclusions and recommendations in this report.

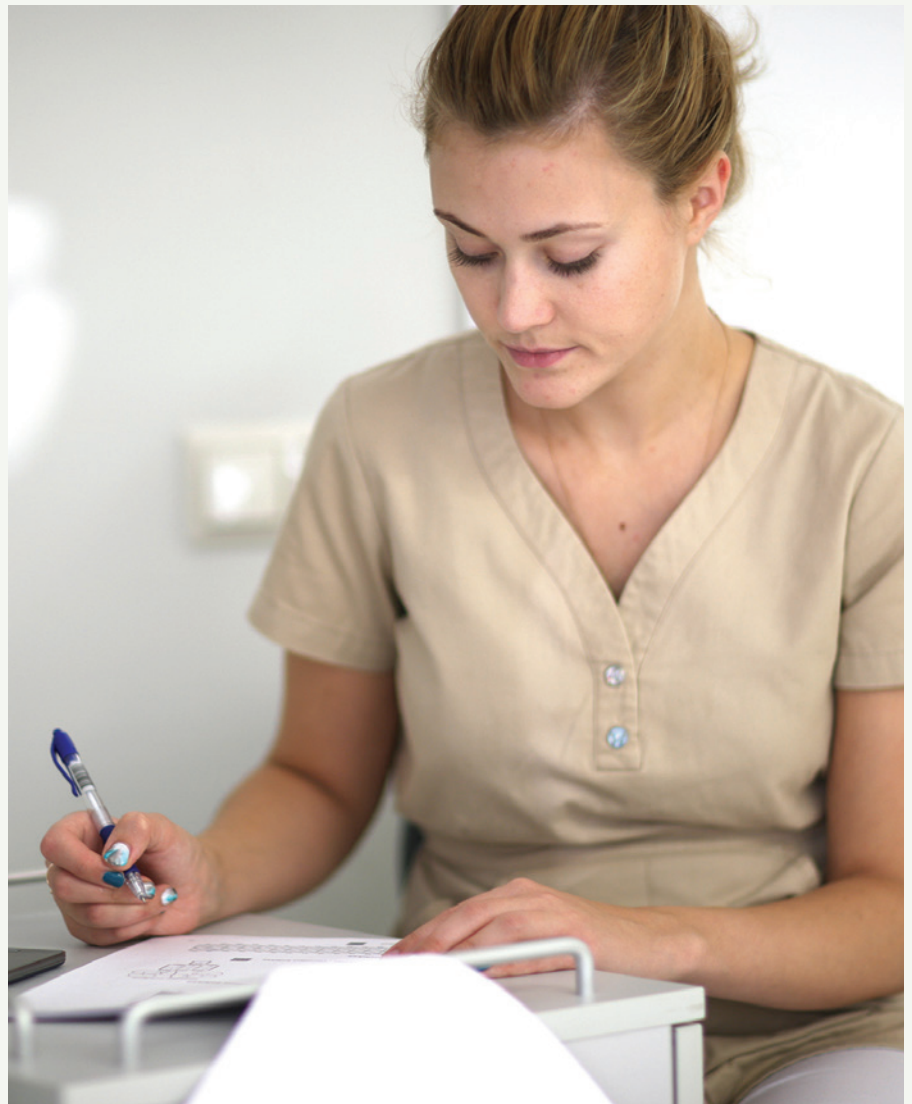
The pathways of care and medicines management in rheumatology are complex and we must invest in the education of rheumatology nurse specialists and their continuing professional development if we are to avoid a crisis in the care of patients with these lifelong, painful and debilitating diseases.

Methodology

Respondents were surveyed between July and September 2018, with 153 rheumatology nurse specialists taking part. The electronic questionnaire was divided into three sections: demographics, department/service information, and individual experiences. The survey used a mix of multiple choice and polar questions, as well as free-form comments. The opinions of those surveyed are presented in this report alongside various other literature, to develop a complete picture of rheumatology nurse specialists in the UK. The perspectives of patients on these issues have been included in the form of reported accounts to an NRAS-led Facebook discussion on experiences of rheumatology nurse specialist care. These accounts provide valuable context and illustrate the importance of rheumatology nursing to patients.

Respondent demographics

The average age of respondents was 54 years, ranging from 28 to 68 years, with an average of 27 years' experience as a registered nurse and 13 years' experience in rheumatology nursing. The majority (95%) of respondents were female and they came from a wide range of regions in the UK: 16% North West, 12% West Midlands, 11% South West, 10% East of England, 9% Yorkshire and Humber, 8% London South, 8% South Central, 7% South East Coast, 5% Scotland, 5% East Midlands, 3% London North West, 3% Wales, 1% Northern Ireland, 1% Mersey and 1% London Central and North East.



Role of the rheumatology nurse specialist

Defining the specialist nursing role

In the UK, the nurse specialist role evolved as a result of several factors: the growing expertise of nurses, clinical developments leading to nurses finding new roles with more autonomy, and the need to meet NHS service requirements by substituting for doctors and filling gaps in service provision.¹ Likewise, a growing recognition of the needs of patients regarding education on long-term musculoskeletal conditions and treatment options, assistance with self-management, psychological needs, monitoring the effectiveness of drug treatment, and signposting to appropriate services, provided an impetus to further grow the role of specialist nurses.

The role has now developed to embrace a broad spectrum of duties, including the assessment of disease activity, monitoring effects of therapy, prescribing or recommending medication or dosage changes (including intramuscular/intra-articular steroid injections), flare management and providing patients with expert guidance to support self-care through telephone advice lines, coordinating complex care and referring to other health professionals.²

Rheumatology nurses are the backbone of the whole team, they are so caring, knowledgeable and understanding. My nurses have been my lifeline for 10 years, they have been there for me whenever I'm having problems with my rheumatoid arthritis or problems with medication. My nurses have been instrumental in changing any medications, starting therapies and ensuring my condition is well managed and they don't give up until I am on a steady course of well-managed treatment. I honestly don't believe I would be where I am today without my specialist nurses.

Patient, on rheumatology nurse specialist care

Many rheumatology nurse specialists have sole responsibility for episodes of care for particular patient groups and assess, plan, implement and evaluate the effectiveness of treatment and care provided in partnership with patients. The role incorporates many elements, including making diagnoses, physical examinations, treatment initiation, prescription of medicines, optimising physical, psychological and social function and referrals for investigations or to a relevant specialist.¹ Rheumatology nurse specialists may also undertake and disseminate research, participate at strategic and policy level and provide expert advice across medical specialties and health professions to promote collaboration and shared care. Their role has evolved over the years, in response to the development of new treatment options and complex patient needs.

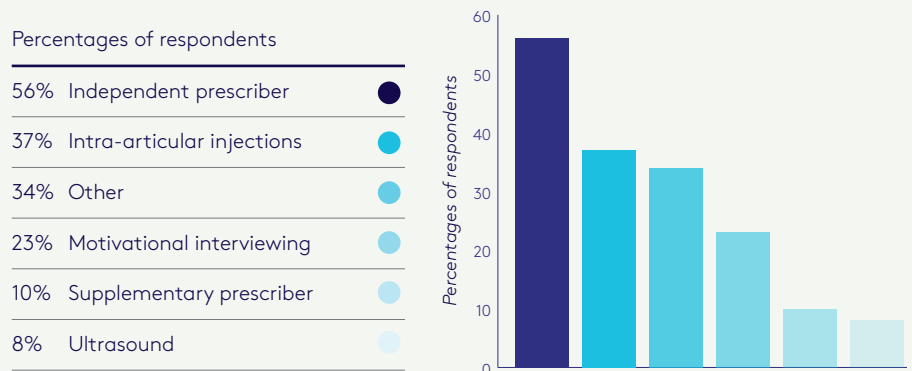
As there are no national criteria or competency frameworks for the rheumatology nurse specialist role, job titles and role responsibilities vary greatly. As one respondent to our survey commented: "attitudes of the medical team shape the nursing role and potential to a large degree". As the scope of the specialist nursing role expands, the practice of nursing is becoming ever more diverse and at the same time, the boundaries of professional practice are becoming increasingly blurred.³

The tendency of different departments to use different job titles can create uncertainty about the role on the part of clinical and non-clinical colleagues, as well as for patients. While our survey did not ask this directly, twelve respondents raised the variety of job titles as a concern in free-form responses. Some expressed worries that the inconsistency in titles confused employers when rheumatology nurse specialists apply for new roles, because their previous experiences and competencies are unclear. For example one study that included 85 rheumatology nurse specialists found that they had a range of different titles, which meant that their specialist role and relative seniority was difficult for patients and colleagues to judge.⁴ As a result, valuable contributions that nurse specialists make within rheumatology are often neither recognised nor properly understood.

Advanced practice skills of rheumatology nurse specialists

Advanced practice skills are acquired by rheumatology specialist nurses through a combination of educational courses, experiential learning and in-house training. These skills include independent and supplementary prescribing, intra-articular injections, motivational interviewing and the use of ultrasound. Respondents had other skills, such as providing specialist advice and shared decision-making on different biological disease-modifying antirheumatic drugs (DMARDs).

What are your advanced practice skills in addition to being a rheumatology specialist nurse? Please tick all that apply



Person-centred care and self-management

Person-centred care is focused on the needs of the patient, ensuring care is relevant to the individual.⁵ While the specific competencies of rheumatology nurse specialists vary, there is a common focus on holistic, person-centred care, which addresses the needs of patients and helps them understand their condition and symptoms as well as their treatment. Due to the wide-ranging impact of living with various forms of inflammatory arthritis, the rheumatology nursing role also typically includes providing emotional support and addressing the impact of the illness on the family, work and leisure activities.⁵ As one respondent commented: “I love the work because I see the difference it is possible to make to patients when they have a nurse who understands their experience and can help to understand how to improve their health and wellbeing.” It is unclear from our survey how widespread the provision of person-centred care is among rheumatology nurse specialists.

All the [rheumatology] specialist nurses at my hospital are excellent. They have more time to spend with you, ask more questions about your whole current health and not just your rheumatoid arthritis. They offer suggestions and solutions that help with everyday life.

Patient, on their experience of rheumatology nurse specialist care

For people with rheumatic conditions, fully understanding a diagnosis can help reduce fears and anxiety. It has been shown that person-centred care plays an integral part in rheumatology nursing in the area of biologic therapy. Two studies in Sweden, for example, demonstrated that rheumatology nurse specialists added value by focussing their skills on the patient’s needs and perspectives, thereby encouraging patients to take an active part in their care.^{7,8} A UK-wide qualitative study also revealed that the clinical interactional style of rheumatology nurse specialists enhances patient participation.⁵

Delivering care

Rheumatology nurse specialists work primarily through clinics, as their work is outpatient-based rather than in dedicated wards. Responses to our survey show that they see patients in specialist rheumatology clinics or departments (53%) [including day units], in rheumatology clinics within general outpatient settings (65%), in nurse-led outreach clinics within community practice (15%), and in outreach clinics alongside consultants (16%).

The number of rheumatology nurse specialists varies greatly among teams, with the whole time equivalent (WTE – where 1 WTE equates to 35 hours worked per week) workforce of departments ranging from 0.2 to 13 WTE. Respondents to our survey reported that 66% worked full time, while the remaining 34% worked part-time hours. Their number varies in part according to the caseload of respective departments, but is also limited by the resources of each Trust. This variability has proved a barrier to the development of reliable estimates of the WTEs needed to provide a comprehensive rheumatology nurse specialist service. Greater clarity in this area is urgently needed to better inform commissioners and managers involved in service planning.

Telephone advice lines

Most rheumatology departments offer rheumatology nurse specialist-led telephone advice lines for patients, with 95% of our respondents reporting that their departments offer this service. Telephone advice lines are an essential resource for patients, providing clinical advice, reassurance and continuity of care.

My rheumatology team at Doncaster Royal Infirmary are brilliant. I can't praise them enough. Rheumatology nurses are a godsend. I can phone them (and have done) about anything to do with my rheumatoid arthritis, and they usually get back to me the same day.

Patient, on their experience of rheumatology nurse specialist care

Advice lines allow patients to ask questions about treatments and symptoms, and raise concerns related to their condition. A key component of patient self-management is the ability to readily access information from health care professionals. Advice lines are a great resource for patients who need access to urgent advice. An advice line audit undertaken in NHS Greater Glasgow and Clyde found that rheumatology advice lines organised by nurse specialists reduced GP attendances by 24%.⁹ Our survey respondents reported that telephone advice lines are often supported by nurses working additional unpaid hours.

Impact of the rheumatology nurse specialist

The impact of the rheumatology nurse specialist on patient care is well evidenced by systematic reviews¹⁰ and qualitative research.¹¹ The National Early Inflammatory Arthritis Audit found that higher numbers of nurse specialists were associated with patients better achieving agreed treatment targets at the time of their follow-up appointments. It also found that there was a strong correlation between nurse staffing levels and compliance with treatment initiation within 6 weeks.^{12, 13} Evidence from systematic reviews has concluded that nurse-led care for patients with rheumatoid arthritis is effective, acceptable and safe as compared to other models of care.^{10, 11} Patient satisfaction among those who received specialist nurse-led follow-up was high even after 2 years.¹⁰ These studies show that the care of rheumatology nurse specialists has a significant impact on patient outcomes and satisfaction.

Despite the emerging evidence on the impact of nurse-led care, respondents to our survey reported that they are frequently asked to prove their value, for

example by providing proof of income generated through their specialist role. This appears to be a significant challenge, as much of the value added by rheumatology nurse specialists – patient care and wellbeing being the most significant factors – cannot easily be tied to income. The Royal College of Nursing, however, has calculated that outpatient work by rheumatology nurse specialists is worth £72,128 per nurse, and saves the NHS as much as £175,168 per nurse each year by freeing up consultant appointments. Further savings are made through a reduction in GP appointments as specialist nurses make themselves available for telephone consultations with their patients.¹⁴ Given the identified benefits of access to a specialist nurse, further work needs to be done to ensure that all patients with musculoskeletal conditions can access this resource.

My rheumatoid arthritis nurse is a truly fantastic nurse. She REALLY understands all the aspects of rheumatoid arthritis and has endless patience. She listens and HEARS what I'm saying. I've never come out of an appointment with her and felt I haven't got help.

Patient, on their experience of rheumatology nurse specialist care

Workload

Survey respondents reported an increase in workload over recent years, as the number of patient referrals with rheumatic conditions rises. 65% of respondents reported that they had the same number of nurses and roles but that workload had significantly increased. With 78% of departments in our survey reporting that their rheumatic musculoskeletal condition caseload was more than 1000 patients, it is clear why so many of our respondents pointed to their large workload as a major challenge to their clinical practice. Two respondents commented that pressures on GPs and long appointment waiting times in primary care mean that more and more patients whose care could be managed in primary care are instead passed on to the rheumatology nurse specialist workforce. Further, current disease management strategy focuses on early diagnosis, early start of intensive treatment and monitoring. Most of this work in early disease monitoring and annual reviews can fall under the remit of nurse-led care.

Concerns about workloads and lack of management support were some of the most common concerns raised by our respondents, with 26% raising the issue in free-form responses. Rheumatology multi-disciplinary teams are under-resourced, with pressures to take on additional work that can lead to further reducing the time they have available for patients. Survey respondents stated that they felt 'overwhelmed', 'stressed', 'tired' and that they 'lacked support' from overworked colleagues and management. Administrative tasks are added to the rheumatology nurse specialist workload, with little thought given to the impact on availability to provide care to patients. For the delivery of high-quality patient care, rheumatology nurse specialists require regular management support and adequate department staffing levels – yet this survey strongly indicates that this is not currently the case.

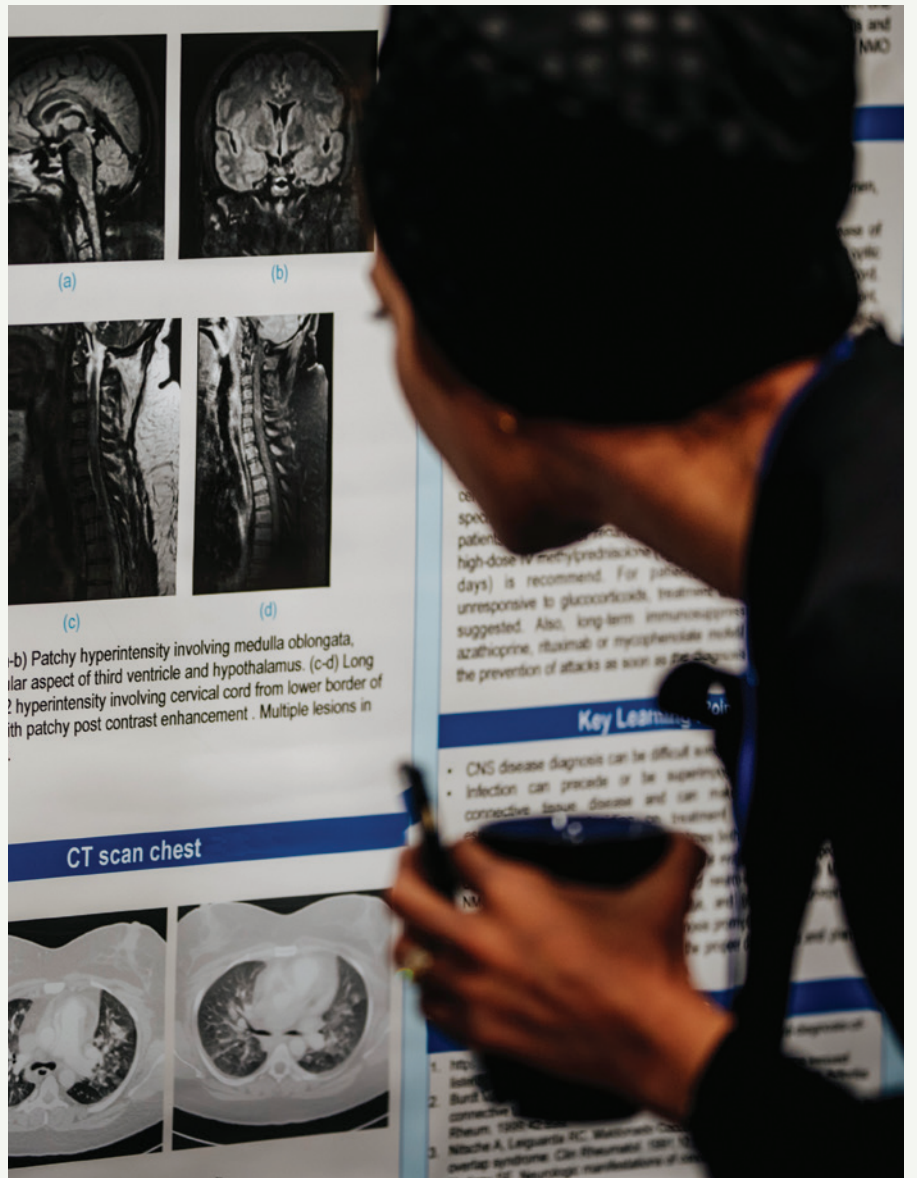
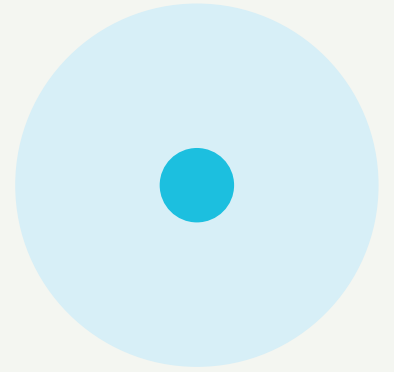
Overall, 83% of respondents stated that there were aspects of care that their team was either unable to provide, or that were regularly delayed because of excessive workload. Examples of delayed care include the running of self-management groups, providing urgent access to clinics, advice line responses, joint injections and biosimilar prescriptions. Anecdotally, patients have reported that they receive less timely assistance from nurse advice lines or are unable to schedule appointments sooner than 6 months in advance. If an individual's condition is active, these appointment waiting times may lead to increased patient distress.

Impact of workload on care

Do you feel there are currently some aspects of care that your team is unable to provide or that are delayed because of excessive workload?

Percentages of respondents

83%	Yes	
17%	No	



Education and training

Pre-registration nurses' exposure to rheumatology

While access to rheumatology-specific courses for the training of new nurses within rheumatology posts is vital, exposure to rheumatology can also occur earlier in the educational pathway – not least as a means of promoting the specialty. A lack of exposure to rheumatology among pre-registration nurses and the rheumatology nurse specialist role was a concern for survey respondents – there is a clear belief that familiarity with the rheumatology nurse specialist role and rheumatology specialism will allow student nurses to factor this understanding into their training and career plans. Rheumatology is little understood by pre-registration students, in part because it involves outpatient-based clinical work, making it harder to see the care delivered by rheumatology nurse specialists. Increased rheumatology coverage for pre-registration nurses would ensure that nurses do not enter rheumatology without prior experience of the specialty. Exposing pre-registration nurses to the specialism may be one way forward to encourage junior nurses to pursue rheumatology as a career.

Another means of promoting the speciality is ensuring that student nurses are rotated through rheumatology departments more as a matter of course – for example, through creating student nurse placement positions in rheumatology services. These placements could include opportunities to shadow rheumatology nurse specialists and other members of the multi-disciplinary team, as well as to attend patient forums. The vast majority (92%) of our respondents reported that such opportunities would have a positive impact on recruitment and allow student nurses to gain an understanding of the competencies of the role and specialist relevant experiences. While this may place a small additional burden on existing staff to mentor and supervise student nurses, it has the potential to foster interest in the speciality to encourage future specialisation and ensure sustainability.

Educational pathways in rheumatology nursing

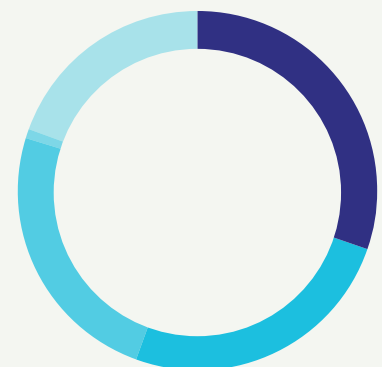
Our respondents came from a variety of educational backgrounds, which is reflective of the diverse pathways into the rheumatology nurse specialist profession. While there have been recent moves to ensure that all nurses are educated to degree level, many experienced rheumatology nurse specialists, who entered the profession prior to this change, do not have degrees. Of 153 rheumatology nurse specialist respondents, 2 (1%) have a PhD, 46 (30%) have a Master's Degree; 38 (25%) have an undergraduate degree; 37 (24%) joined the profession via diploma programmes; 15 (10%) via registered general nurse qualification and 14 (9%) had other qualifications.

Academic Qualifications

Please indicate your highest academic qualification.

Percentages of respondents

30%	Master's degree	●
25%	Undergraduate degree	●
24%	Diploma	●
1%	PhD	●
19%	Other	●



Our respondents commented on how the lack of applicants with appropriate experience and qualifications to positions meant that many clinical nurse specialists and registered general nurses enter rheumatology without any prior direct experience of the specialty. Some respondents commented that, with few courses in rheumatology available to train these nurses, experienced rheumatology nurse specialists are frequently given responsibility for training new ones during their clinic, adding to their already excessive workload.



Case Study: Associate Rheumatology Nurse Specialist Training Programme at Stobhill Hospital in Glasgow

Stobhill Hospital in Glasgow, one of our 2018 Best Practice winners, created an Associate Rheumatology Nurse Specialist training programme that was awarded for its innovative approach to addressing succession planning. It is a one-year training programme for nurses with an interest in moving into a permanent rheumatology nurse specialist position. It operates on a secondment basis, allowing nurses to gain experience in rheumatology with the flexibility to return to their previous post. Nurses gain in-clinic patient experience by shadowing rheumatology consultants or nurse specialists, while also undertaking a certified course at Glasgow Caledonian University. Three nurses have completed the programme and are all now in substantive rheumatology nurse specialist positions. The British Society for Rheumatology is committed to spreading best practice across the UK by encouraging services to replicate Stobhill Hospital's Associate Rheumatology Nurse Specialist programme.

Professional development opportunities

Rheumatology is a complex specialty that is ever-changing, with new and improved treatments, but rheumatology nurse specialists have minimal access to ongoing rheumatology training to keep up with these changes. Survey respondents reported difficulty accessing rheumatology nursing courses, with 89% stating that their role could not be easily backfilled during training, 55% reporting that they did not have access to funding, and 30% highlighting the lack of courses available. Respondents identified a preference for better access to courses in rheumatology that are developed and delivered by educational institutions rather than pharmaceutical companies. They identified a need for courses on long-term disease management, symptom control (i.e. fatigue and pain management) and paediatric rheumatology, which could be made available through a mix of online modules and through face-to-face instruction, to reduce associated travel costs.

Rheumatology nurse specialists also need to be supported by management to participate in professional development that will lead to the delivery of best quality care. While 55% of survey respondents agreed they were able to take study leave for professional development, a third (31%) stated that they could not. Eight respondents indicated they have self-funded training and used annual leave entitlement to cover days missed from work. Protected study leave needs to be available to rheumatology nurse specialists to enable individuals to pursue further education, along with funding for training and core skills.

Future workforce planning

Succession planning

Results of our study suggest that rheumatology nurse specialists are an aging workforce, with many due to retire in the next 15 years. The average age of our respondents was 54, with 60% of respondents aged 50 or over. In all, 25% of survey respondents reported that retirement had affected their department's nursing workforce, while 23% reported that over the last 5 years the number of rheumatology nurses in their department had decreased. This echoes the results of an earlier 2009 RCN survey,¹⁵ demonstrating that this has been an impending crisis in the profession for over ten years. This is without even taking into account that some people may retire early or begin working part-time hours.

Some of our respondents expressed frustration that their department did not appear to be engaged in any form of succession planning to fill future nurse specialist roles, with over a quarter of respondents implying that the department's nursing workforce is not prioritised. Trusts must be proactive about planning for the future of their workforce, to ensure that inexperienced nurses are able to grow into the roles under the supervision of experienced colleagues rather than waiting until existing post holders move on or retire. To this end, it would be helpful for guidelines on succession planning to be developed within Trusts and Health Boards, to ensure that long-term workforce planning is highlighted.

Had a really helpful rheumy nurse, then suddenly he was gone, never to be replaced. Miss being able to email or ring to chat with queries or worries between [rheumatology] appointments.

Patient, on their experience of rheumatology nurse specialist care

Recruitment and vacancies

The greatest concern expressed by survey respondents was that their workload was excessive, and the most obvious solution to this problem is to recruit more rheumatology nurse specialists. One respondent commented: "There has been an increase in consultant numbers without a corresponding increase in nurses leading to pressure on parts of the service, especially connective tissue disease and biologics." In all, 65% of survey respondents stated that their department maintained the same number of nurses over the past 5 years, despite an increased workload. Almost a quarter (22%) of survey respondents had unfilled clinical nurse specialist vacancies in their department. Survey respondents also reported that they frequently had difficulty in securing funding for new posts.

Our department was able to secure funding for two full-time new rheumatology nurse practitioners (of which I am happily one), by working out the cost savings from switching patients to biosimilars. The switch from one biologic alone provided enough funding for two posts.

Survey respondent

Many respondents reported that their departments often found it difficult to recruit nurses with the appropriate qualifications and experience. Almost half (44%) agreed there was demand for new roles in their department, but that there were not enough skilled nurses available. Just over a quarter (27%) of respondents reported that their teams had advertised vacant posts, but had no applicants with relevant skills or experience to fill the roles. One respondent commented: "We have found it very hard to recruit people with appropriate Band 6 level experience to manage patients on biologics and who have the confidence for the clinical decision-making needed to run nurse-led clinics." Some of our respondents, whose departments hired inexperienced nurses, reported that the burden of training those new nurses fell on them, by acting as mentors and supervisors.

It appears necessary to employ registered general nurses due to the lack of nurses experienced in rheumatology, but there needs to be a carefully thought through and effective training plan that does not overburden existing staff. Some 95% of survey respondents stated that the hire of registered general nurses with a training plan for developing into rheumatology clinical nurse specialists would have a positive impact on recruitment.



Career advancement

A further concern with regard to workforce planning is the perceived lack of opportunities for rheumatology nurse specialists to advance in the specialty, with no career structure, standard job descriptions, capability frameworks or clear career pathways to encourage nurses to consider becoming a clinical nurse specialist.¹⁶ There are too few Band 7 roles in existence nationally and it appears that some specialist roles are being 'down-banded', with Band 7 rheumatology nurse specialists retiring and being replaced by Band 6 staff. Such a trend not only hinders recruitment to the profession, but can also demotivate nurses working in rheumatology. One of our respondents commented that Band 6 nurses receive little reward for the extra responsibility that is now considered part of their role. Another commented that despite rheumatology nurse specialists gaining prescribing responsibility and Master's qualifications, their career progression bands were not increased due to lack of funding. Thus, respondents perceived fewer opportunities for professional advancement, with a limited number of nurse consultant roles. Without the appropriate salaries to attract a strong workforce and without opportunities for advancement, it is no surprise that the current situation leads to a recruitment and retention crisis in the profession of rheumatology nursing.



Recommendations

Recommendations for Trusts and Health Boards

- Employers need to conduct a review of the workload of rheumatology nurse specialists and employ measures such as the provision of administrative support so that the expert knowledge and skills of rheumatology nurse specialists are appropriately employed in providing direct patient care.
- Employers need to ensure that Agenda for Change (AfC) banding for specialist nursing roles reflects the level of advanced practice delivered and allows for career progression, for example between Bands 7 and 8.
- Succession planning needs to be prioritised to ensure that there is an appropriately skill-mixed workforce in the future. This includes matching rheumatology nurse specialist support to respond to increases in patient activity and patient need.
- Employers need to guarantee clinical nurse specialists are assigned a clinical supervisor to assess ongoing clinical competence, support professional development and assess workload capacity.
- Where rheumatology services employ registered general nurses, there needs to be a training plan and appropriate funding to support their professional development into the role of clinical nurse specialists in rheumatology. This process needs to be underpinned by the annual appraisal process and by schemes such as the Associate Rheumatology Nurse Specialist training programme offered by NHS Greater Glasgow and Clyde, where registered general nurses are employed on a secondment basis, allowing them the option to return to their previous role.

Recommendations for higher education institutions

- Educational institutions need to foster closer working relationships with rheumatology departments to improve the knowledge about and clinical skills of musculoskeletal conditions in their pre-registration curricula. In addition, nursing students need to receive greater exposure to the clinical nurse specialist role as part of their student placement rotations.
- NHS education bodies, working with relevant professional bodies and Specialty Training Committees, need to ensure a greater rheumatic and musculoskeletal diseases emphasis in undergraduate, specialty and GP training programmes, to support evidence-based primary care management of musculoskeletal problems that do not need secondary care referral.

Recommendations for the research community

- The Royal College of Physicians has developed estimates on the number of consultant rheumatologists required per population, but these estimates do not currently exist for rheumatology nurse specialists. The National Early Inflammatory Arthritis Audit (NEIAA) will provide a unique opportunity for researchers to understand whether there is a link between the numbers of rheumatology nurse specialists per given population and the ability to meet the various NICE Quality Statements. A recommendation of a given number of WTE rheumatology nurse specialists posts per population needs to be established to ensure that there are sufficient numbers.
- Researchers are encouraged to engage with the clinical community to understand the desirable skillset of a rheumatology nurse specialist given the changes in patient socio-demographics, rise of multi-morbidity and availability of the range of new therapeutics. These data need to inform the work of the RCN to produce a competency framework, so the workforce is appropriately skilled to meet the complex health care needs of patients and provide a useful structure to guide professional development.

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British Society
for Rheumatology
Bride House
18-20 Bride Lane
London, EC4Y 8EE

+44 (0)20 7842 0900
bsr@rheumatology.org.uk
rheumatology.org.uk

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