



EDUCATION ISSUES

Developing an advanced neonatal nurse practitioner (ANNP) programme: A conversation on the process from both a service and education perspective



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Abstract Understanding the processes required when developing learning beyond registration (LBR) courses within a higher education institution is a key component of a specialist lecturer role. However, this process is often 'learnt on the job'. On reflection, this kind of approach, whilst not ideal, helps shape those particular skills required such as collaborative working with key stake holders, pre-empting challenges and finding solutions to challenges as they arise. However, as a novice lecturer, it would have been helpful to read other lecturers reflections on their lived experience of the process. The following discussion attempts to reflect on the process of developing an ANNP programme mindful that it was much more

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protracted than it reads on paper. It is hoped that, whilst this is from a UK perspective, in terms of continuing professional development (CPD), reflecting on process will be of interest to both a UK and international readership.

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Introduction

The School of Nursing and Midwifery sits within the faculty of Medicine, Dentistry and Health, University of Sheffield, South Yorkshire UK. As a response to clinical demand and external drivers, the MMedSci ANNP programme was developed in close collaboration with commissioning and service partners. Thus ensuring a shared aim to enhance the delivery of complex care of neonates and their families in a dynamic and ever changing environment (DOH, 2009). The following discussion attempts to illuminate the journey from idea to reality.

Background: the idea

The development of the ANNP programme at the University of Sheffield has, in part, been driven by NHS directives, in particular The European Working Time Directives (EWTD) that were implemented in 2007. These directives set strict restrictions on the working hours of junior doctors and have negatively impacted on staffing and resources within neonatal units (The WTD, 2003/2007). At the same time the NHS modernisation agenda embraced the concept of advanced nursing practice, and new ways of working within multidisciplinary teams. Neonatal nursing has been at the forefront of this development (Smith and Hall, 2011). Advanced nursing practice roles in neonatal units within the UK are well established, not least because of the recognition of their added value to the delivery of neonatal care, and are already embedded within the service (Howard, 2010; DOH, 2009). The remit within the Yorkshire and Humber and East Midlands education commissioning LETB (local education and training board) was for HEIs within the region to bid for the programme. This process secures pump primed funding for the first three years and each neonatal unit in these regions can then secure funding to send experienced neonatal nurses on the programme. As a result of the bidding process the University of Sheffield was commissioned to lead the development of a programme that met both local needs and national expectations for preparation and

supporting transition to the ANNP role (Howard, 2010; DOH, 2009; Crathern, 2013; RCN, 2011).

Conversations with key drivers: meeting needs and developing the idea

In order to develop a programme that met both the needs of key drivers in service delivery and commissioners for higher education in healthcare practice, it was important to get the right people around the table to effectively steer the process and develop the programme (Crathern, 2013; RCN, 2011; RCN, 2012). This required a key person who could facilitate both steering and curriculum development groups. As one may expect, both groups were composed of very enthusiastic but diverse senior clinicians, ANNPs, lead nurses and managers, all with strong ideas and valid opinions about advancing neonatal nursing practice in their locality (see Box 1).

Gaining timely consensus as issues and ideas unfolded was a key skill in order to steer the process forward and maintain momentum. As a senior lecturer, having had experience of developing LBR/CPD curriculums for neonatal nurses and a generic advanced practitioner programme, I was invited to lead the curriculum development. A senior neonatal lecturer, already employed by the university was also a key member of the steering and curriculum development group. This was pivotal to the whole process as it was important to understand and have experience of both the specific needs of the HEI, in terms of programme regulations that are immovable, and ensuring that the needs of the commissioners and service partners were met (Crathern, 2013). This is a key strategy as reflected in the quote below:

“Often the relationship between universities and the NHS is one of tension, which can become adversarial rather than mutually supportive. We need to build on these partnerships to develop mutuality, reciprocity and constructive criticism if we are to establish sustainable relationships able to meet student

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