Continuing Professional Development for Advanced Neonatal Nurse Practitioners (ANNP) in the West Midlands

Background
In the West Midlands it was recognised that gaps in the neonatal workforce, due to EWTD and vacant posts could be filled by training ANNPs to become an integral part of the neonatal workforce. In previous years monies were available for training of ANNPs and backfill of temporarily vacant posts although this has now ceased. The career progression pathway for ANNPs is still ill-defined as this is a relatively new role. For neonatal trainees there is an expectation that they will continue to demonstrate increased skills and knowledge and that they will be supported by the Deanery in doing this (e.g. study leave, study leave budget, electronic portfolio etc). A discussion was had between the West Midlands Deanery (SD) and the lead nurse (MP), lead clinician (ABR), medical (AP)and nursing (JS) educators, audit lead (VR) (Southern West Newborn Network) and a decision was made to survey the ANNPs in the region to look at educational provision for them.

Method
AP and JS devised a simple on-line survey which was emailed to all the ANNPs in the West Midlands whose email addresses were known. In addition the nurse educator for the SSBCNN network was sent the survey link and asked to send this to all ANNPs she had links with.

Results
20 ANNPs responded; 15 completed the survey in its entirety. Not all ANNPs answered each question. Each answer had the option to enter free text.

Question 1
Do you have a named educational supervisor?

Yes – 15% (3)
No – 85% (17)

Comment: am able to discuss specific cases or conditions with our consultants/ANNP team but there is no formal Ed supervisor

Question 2
How often do you meet with them? (12 answers)

Monthly 0.0% 0
Three monthly 0.0% 0
Six monthly 8.3% 1
Yearly 8.3% 1
Less frequently 16.7% 2
Never met with them 66.7% 8
**Question 3**

*Did you choose your supervisor or were they allocated to you? (7 answers)*

Own choice 28.6%
Allocated 71.4%

**Question 4**

*How do you record your supervision meetings?*

On paper 50.0%
On a computerised system 12.5%
Don't record 50.0%

**Question 5**

*As an ANNP do you work........?*

On the ST1-3 tier 57.1%
On the ST4-7 tier 21.4%
On a separate ANNP rota 50.0%

Comments:
- I’m the only ANNP in the department. Working 2 days as first on-call + covering there protected teaching sessions
- We have worked hard to maintain a separate ANNP service this allows us more flexibility to cover the whole of maternity and to participate in service development. We always have an ANNP on NNU and now have ANNP on PNW mon -Fri. We also now cover weekends on NNU
- Work as an ANNP on the neonatal transfer service. Act equivalent to ST4-7
- Both cover ST 1-7 tier shifts their rota as well as on own ANNP rota
- Mixed nursing and ANNP duties
- On a separate ANNP rota However do work in a clinical role every day although not officially on the rota. There is now an ANNP on the NNU everyday including weekends from 8 til 4pm
- I practice at SHO level/ Registrar level. I cover agreed medical shifts on the SHO rota

**Question 6**

*What educational support do you currently receive (answer as many as appropriate)?*

3 monthly educational supervision meeting 0.0%
6 monthly educational supervision meeting 7.1%
yearly educational supervision meeting 14.3%
professional development planning 21.4%
Study leave has to be taken in own time. Don’t receive any formal educational support. Don’t receive any protected time

No budget for study leave. Access to weekly grand round/mortality/morbidity meeting/journal club - which last approx. 1 hour.

We have now worked into our rota a professional development day which will allow us to look at selected subjects we plan to arrange teaching from these to update the rest of the team and Nursing staff. This will commence in January when our 2 new members to the team have completed their consolidation

No educational support is offered to me

Few study days each year

Question 7

Do you attend the Deanery training for neonatal trainees?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percent</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Yes - ST1-3 training</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Yes - ST 4-7 training</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Occasionally</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Never</td>
<td>75.0%</td>
<td>12</td>
</tr>
<tr>
<td>Usually have to staff neonatal unit on these days</td>
<td>37.5%</td>
<td>6</td>
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Comments:
- we have to cover the rota on these days for the doctors, so they can attend the teaching
- we usually cover the NNU and maternity unit
- cover for the doctors who attend

Question 8

Do you keep a portfolio as an ANNP?

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<tr>
<th>Option</th>
<th>Percent</th>
<th>Number</th>
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<tbody>
<tr>
<td>Yes</td>
<td>86.7%</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>13.3%</td>
<td>2</td>
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Comments:
- List of procedures & study days attended
- I do try and maintain a portfolio of reflections, study sessions and interesting cases. I keep all certificates for mandatory training and external courses
- Yes, but have not updated this for a while
Question 9

Do you keep a competency based record, and if so what is it based upon?

Royal College of Paediatrics and Child Health Syllabus 12.5%
Local guidelines 62.5%
Other official recommendations 25.0%

Question 10

Please can you give any additional comments about your educational supervision (things you like and things you would like to change).

Comments:

- would appreciate some educational input to extend my knowledge base on new interventions and likely changes in the future. Always feel 2nd best to everybody else. Only get 'supervision' if something goes wrong
- I would like my role to be understood by senior colleagues. I'm not utilised to my full potential. I need educational support + more supervision
- The only teaching I am able to access is in-house sessions, and mandatory training (when rota allows). Am able to attend the odd external study day if clinical commitments allow, and can use non-clinical hours to attend, but have to pay to attend as there is no training budget.
- Would like regular access to deanery training. Protected teaching time. May be it would be appropriate to have a regional strategy to ANNPs career development given the current NHS situation. Opportunities to be seconded and/or rotational post eg. in/out of transport/ level 3 units
- As a team of ANNPs we tend to end up covering the NNU and maternity unit whilst the medical team receive their teaching commitments. This includes bleep coverage for SHO day to day workload. This prevents us leaving the clinical area ensuring the workload is completed appropriately.
- I would like to be able to attend the SpR study days and have protected teaching times. I would also like to be able to have the opportunity to have protected clinical days in order to maintain my clinical skills.
- Between the 3 ANNPs we have worked out a rota which now includes some study time/ time out for professional development. Recently 2 more ANNPs have completed their training so hopefully we are striving to increase our study time.
- would like my trust to consider my educational needs as currently it does not
- would like some study and supervision time
- have made several suggestions but these have not been realized

Conclusion

While the response to this survey was nowhere near complete I believe it gives a flavour as to the roles and responsibilities of our regional ANNPs on neonatal units. There appears to be a lack of formal educational supervision to allow for CPD.
If we have trained ANNP\textsc{s} to support our workforce should we not be making sure that they have the same educational opportunities as our trainees?