



The Multiple Sclerosis Specialist Nurse Competency Framework

March 2024

“The MS Nurse role is crucial for providing care, support and information to enable people to manage their MS. Not only is the MS Nurse often the main or only point of contact for people, they also provide critical support responding to relapses and changes in health; monitoring DMTs; and coordinating care across services. The MS Society fully backs these competencies that will enable MS Nurses to continue to enhance their expertise, and we hope will result in increased retention and recruitment to these critical roles”

Ceri Smith, Head of Policy and Evidence, MS Society



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Acknowledgements

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The RCN cannot confirm the competence of any practitioner.

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Foreword

Over the last 25 years, we have seen a welcome growth in numbers of MS nurses, from little more than a handful in 1995 to around 360 in 2021, although the specialism remains significantly under-resourced.¹ The evolution of different roles and levels of expertise have also brought their own benefits and challenges.

This competency document aims to guide today's MS Specialist Nurses (MSSN) in identifying areas where they can focus their training in order to improve their skills and enhance their expertise. New MS nurses will also be empowered to map out the education they need to build their confidence and further their career.

The UK MS Specialist Nurses Association (UKMSSNA) was established in 2001 as a cohesive community to give a voice to MSSN across the nation, advocating for the role while simultaneously developing future MS nurses and services to ensure we can continue to make a difference for people with MS (pwMS). Members of the UKMSSNA Committee have contributed to the contents of this competency document alongside the MS Trust. We have brought together our combined insight, skills and knowledge of the role of the MS nurse to reflect the most up-to-date guidance in today's rapidly changing workplace. We are very grateful for the time and expertise of all contributors. Their passion for improving care for pwMS has been demonstrated through their dedication to this project.

We would also like to acknowledge our MS nurse and therapy colleagues and those in other specialities who have paved the way in establishing their competency documents, which have helped us shape our own. In particular, we would like to thank Victoria Matthews, who led the development of the first set of MS Specialist Nurse Competencies in 2008 with the MS Trust,² and to Wendy Hendrie, who headed the creation of the MS Allied Healthcare Professional (AHP) Competency document on behalf of the Therapists in MS (TiMS) network, which was published in 2020.³

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Introduction

Multiple sclerosis (MS) is a lifelong, progressive neurodegenerative disorder that affects the brain, optic nerves, and spinal cord. It has an unpredictable course with variable severity and progression, and often results in progressive neurological impairment and severe disability. Symptoms can include pain, disturbance to muscle tone including weakness or spasticity, chronic fatigue, unsteady gait, speech problems, incontinence, visual disturbance and cognitive impairment. There is no cure for MS.

MS is the most common cause of neurological disability in young adults, with an estimated 130,000-140,000 individuals living with MS in the UK.^{1,4,5} The disease burden of MS is not limited to the people living with it, and their families, but has a wider social and economic impact.⁶ Appropriate support for people with MS can help to minimise social and financial deprivation, stigmatisation and misunderstandings and promote independence and employability.⁷

Management of MS must be tailored to the individual and consists of symptom management, disease-modifying therapy (DMT) where appropriate, and neuro rehabilitation. The MSSN is ideally placed to deliver this care.⁷

In the early 1990s, there was little support or advice available for people with MS (pwMS), and only three specialist nurses.⁸ The first MS DMT was licensed in 1995, but initially access to this treatment was largely a postcode lottery. As DMTs became more widely available, the number of MSSNs began to grow in order to help manage the prescribing and necessary monitoring of these complex medications. Simultaneously, MS nurses were advocating for MS services to be developed to provide comprehensive care across the whole patient pathway, irrespective

of eligibility for DMTs. MSSNs work across many healthcare settings and are key members of the multidisciplinary team (MDT): their importance was highlighted in service evaluation efforts undertaken by the MS Trust⁹ and MSSNs are recognised as critical to the delivery of a modern MS care service.¹⁰⁻¹⁴

The MS Trust Mapping Survey found that there were 360 individual MSSNs working across the UK in 2021, equating to 298 whole-time equivalent (WTE) nurses.¹⁵ Although this represents a 23.3% increase from 2018, there are still too few MSSNs.¹⁴ The estimated shortfall of 149 WTE MSSNs means that current caseloads are significantly higher than recommended.* This compromises the ability of many MSSNs to deliver high-quality care and support.^{11,14} Given that up to a third of MSSNs are planning to retire from the NHS within the next few years, there is an urgent need for workforce succession planning.¹

The MSSN Competency Framework is a timely and valuable resource for the MSSN community and those it serves, and we hope that it will facilitate the development and maintenance of robust MSSN services that are able to navigate the doubtless significant challenges to be faced over the next few years.

*The recommended caseload is 315 pwMS per FTE MSSN, assuming 5-10% of the caseload is complex; more complex caseloads with more comorbidity, symptom control issues, and/or very high psychosocial needs require the number to be reduced proportionally¹⁴

Abbreviations and glossary

ABN: Association of British Neurologists

ABPI: Association of the British Pharmaceutical Industry

Acute deterioration: physiological, psychological or cognitive changes which may occur over a period of hours to days and which may indicate a worsening of a person's health status

Advanced multiple sclerosis: multiple sclerosis that is severely debilitating, causing the patient to be very or completely reliant on others

AFC: Agenda for Change

CIS: clinically isolated syndrome. The first episode of neurological symptoms that last for at least 24 hours and are not caused by anything else, such as a fever or infection

CNS: central nervous system

DMD: disease-modifying drug - interchangeable with disease-modifying treatment/therapy (DMT)

DMT: disease-modifying treatment/therapy - interchangeable with disease-modifying drug (DMD)

DVLA: Driver and Vehicle Licensing Agency

EDSS: Expanded Disability Status Scale, a method of quantifying disability

HCP: healthcare professional

IT: information technology

JC virus: John Cunningham virus (also called polyomavirus John Cunningham) – a virus carried by most humans that is typically harmless, but can cause serious illness in immunocompromised people

KSF: Knowledge and skills framework

McDonald Criteria: a tool describing the evidence that indicates a diagnosis of multiple sclerosis

MDT: multidisciplinary team

MRI: magnetic resonance imaging

MS: multiple sclerosis

MSFC: Multiple Sclerosis Functional Composite, a clinical trial outcome measure of assessing the severity of MS, primarily used in research

MSSN: Multiple Sclerosis Specialist Nurse

NEDA: no evidence of disease activity, a new goal that is emerging in MS treatment – the aim is to treat people with relapsing-remitting MS with disease-modifying therapy until they are having no relapses

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

NMC: Nursing and Midwifery Council

PDP: Personal development plan

PHE: Public Health England

PML: progressive multifocal leukoencephalopathy, a rare disease of the brain white matter, caused by John Cunningham virus

PPMS: primary progressive multiple sclerosis

Progression: an ongoing deterioration in MS symptoms with increasing neurological deficits

PSN: Patient support network (family, carers and friends)

PwMS: person (or people) with MS

RCN: Royal College of Nursing

Relapse: a relatively sudden (over hours or days) episode of new symptoms or a worsening of existing MS symptoms in the absence of infection

RIS: radiologically isolated syndrome, defined by MRI findings meeting the McDonald criteria for MS in the brain and/or spinal cord in asymptomatic pwMS

RRMS: relapsing-remitting multiple sclerosis

SPMS: secondary progressive multiple sclerosis

Transition: the process of one type of multiple sclerosis progressing to another, such as relapsing-remitting multiple sclerosis changing to secondary progressive multiple sclerosis

UKMSSNA: UK Multiple Sclerosis Specialist Nurse Association

About the MSSN Competency Framework

The MSSN Competency Framework has been developed by a UK-wide steering group of MSSNs with a range of experience from different sectors within the NHS, is endorsed by the MS Trust and UKMSSNA and is applicable across all four nations of the UK.

Aims of the MSSN Competency Framework

Nursing competency is a complex integration of knowledge including professional judgment, skills, values, and attitude. It is an intelligent practical skill set that integrates and combines different factors and issues in complex ways specific to each circumstance.¹⁵ This Framework is intended to provide the MSSN with a set of professional criteria to support safe, effective and accountable clinical practice, education and training. It is for all MSSNs, whether they are new to the field or have years of experience. Some sections of the framework may also be relevant for non-specialist professionals involved in the care of pwMS, such as practice nurses, district nurses, social care nurses and GPs.

The competencies described are intended as guidance for:

- Requirements for entry into the role of MSSN
- Ensuring consistency and standardisation in expected clinical competence and educational attainment during progression from novice to expert specialist
- Assisting managers and/or mentors (who may not be an MSSN) and the specialist nurse to review their role and service and to identify gaps in their competency
- Tailoring training and educational plans to address gaps in knowledge and clinical competency
- Ensuring the delivery of high-quality, safe and accountable care to pwMS
- Protecting the public from unsafe clinical practice
- Informing the development of educational programmes for ongoing training of the MSSN throughout their professional career
- Structured appraisals
- Assisting with local recruitment, retention and succession planning of staff

See Appendix 1 for some professional and political drivers of this Competency Framework.

Agenda for Change

This Competency Framework can support pay progression but **should not be used as a means to determine pay banding** under the Agenda for Change pay modernisation process.¹⁶

MS services commissioning

This framework will assist in commissioning appropriately qualified and competent MS services, alongside ensuring that performance can be benchmarked and assessed.

The competency levels

Benner's Five-Level Model of Nursing Competence is an evidence-based framework that can be used to describe and differentiate between nursing competency levels. It offers helpful insights into nurse education and ways to target training to suit nurses at different levels of practice, whether general or specialist.¹⁷

For this document, the five levels have been amalgamated into three levels of experience and the competencies aligned accordingly.

- **Novice specialist nurse:** a registered adult nurse with at least two years' experience prior to starting the specialism, working at first-degree level. Initially a novice would be supervised by a mentor within the team, observing the necessary skills in practice or in a simulated environment, to start gaining experience of working in MS
- **Competent specialist nurse:** should have two years' experience of MS, working at first-degree level or towards a master's degree. A competent MSSN should have detailed theoretical knowledge and practical skills in MS management and complex care. They should be a confident autonomous nurse and be able to seek advice when required. They should demonstrate innovation within the service, ability to work within a multidisciplinary team, and self-management of their practice

● **Expert specialist nurse:** when this level is achieved depends on the experience of the individual, the environment in which they are working, the resources available to them, and their patient population – however, after 5 years would seem appropriate. The expert MSSN is expected to hold or be working towards a master's degree or higher. The independent non-medical prescriber qualification would be a benefit. MSSNs practising

at this level co-ordinate the comprehensive care of pwMS and can work autonomously without asking the advice of a doctor. They should lead the MS service, participate in service development, and carry out audits and research. They are recognised as a leader in their field.

The competencies are cumulative: each level builds on the previous one.

Alignment with the NHS Knowledge and Skills Framework and the Nursing and Midwifery Council Code of Practice

The MSSN Competency Framework is not specifically designed to support the NHS Knowledge and Skills Framework (KSF) or the Nursing and Midwifery Council (NMC) Code of Practice,^{18,19} but can be used alongside the KSF dimensions (See Appendix 2 for the dimensions; see the full document The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process¹⁸ for details of the individual level descriptors, shown in brackets for each competency) and the standards of practice and behaviour of the Code (Appendix 3) to contribute to individuals' continuing professional development and career progression by providing specific competencies related to MS management.

In the NHS, nurses using the MSSN Competency Framework will need to produce varied evidence for each competency to demonstrate that they have achieved the identified/desired level. This evidence will also help with Nursing and Midwifery Council (NMC) revalidation requirements. Examples of evidence are shown in Appendix 4.

The competency framework is aligned with all the RCN principles of Nursing practice examples of this that cover all areas of the NMC code are: -

Principle B Accountability NMC^{1,3} The competency document sets out guidance of learning using the NMC and national service framework standards to meet goals to achieve a competency and move along the framework. The use of the RCN standards and code of conduct ensures the nurse is aware of their accountability of their actions and their responsibility to provide safe responsible quality care.

Principle C Safety critical safe care. NMC^{1,2,3} The competency framework is in line with principle C as it allows staff to work through the framework ensuring that they have the skills and knowledge to practice safely as a Multiple Sclerosis Nurse but also

to allow them to understand unsafe practice so that they can alert others to unsafe practice.

Principle F Knowledge and Skills NMC^{2,3,4} The competency framework sets out skills and knowledge that needs to be achieved to work through the framework and achieve the competencies and progress to expert in Multiple Sclerosis Nursing improving decision making, clinical practice and patient care as they work their way through the framework.

Principle G Professional standards NMC^{2,3,4} The competency framework is in line with principle G as the framework sets out goals to achieve the competencies these goals once achieved improve knowledge and skills which result in higher standards of care.

These are just a few examples, but it is felt that the competency framework is aligned with all seven principles of nursing practice and the RCN code.

New MS nurses will also be empowered to map out the education they need to build their confidence and further their career.

There is a documented shortfall in MS nurses in the UK with many due to retire. The Competency Framework will be a timely and valuable resource for the MSSN community and those it serves, and it will facilitate the development and maintenance of robust MSSN services.

The framework will be used by MS nurses their management and organisation of work to assess their learning needs and to improve their knowledge and skills by using the competency framework as a guide of their level of competency level and how improvements could be made. The RCN would not be expected to confirm the competencies of individual practitioners.

The competency document has been developed by contributors from all 4 countries to allow its use throughout the UK. By using members from all four countries, we were able to consider the differences in practice and policies and guidance of all four countries for example we used the Scottish guidance on MS (Scottish strategy) as well as NICE Multiple Sclerosis Care in Adults NG220 we have also considered policies from Wales and Northern Ireland by listening to nurses working in these areas.

The document has been reviewed by the UKMSSNA committee and has been passed on to the membership of the organisation for their thoughts and feedback. The members were given an adequate amount of time to comment on the document and their comments were taken into account prior to its submission to the RCN.

The MSSN Competency Framework

Competency 1 Theory of multiple sclerosis

	NOVICE	COMPETENT	EXPERT
NMC Code	PE PS	PE PS PTT	PP PE PS PPT
KSF	C1(2) C2(2) C3(2) C5(2) IK3(1,2) G1 (1)	C1(3) C2(3) C3(3,4) C5(3) IK3(2/3) G1(2/3)	C1(4) C2(4) C3(4) C5(4) IK3(3/4) G1(4)
The pathology underlying MS Aetiology and pathophysiology of the CNS Neuro-immunology	Links the function of the CNS to the pwMS' presentation, incorporating some understanding of neuro-immunology Discusses basic epidemiology and causes of MS with the pwMS and their family/carer	Links the function of the CNS to pathophysiology, aetiology and neuro-immunology in MS Discusses this information as it applies to the individual pwMS and within the MDT context	Confidently explains the current theories regarding aetiology of MS, relating neuropathophysiology and immunology to causation of MS and symptoms, to experienced health professionals across different disciplines and to pwMS
Diagnostic process MS classification Prognosis in MS	Knows about the diagnostic process and the routine investigations that are undertaken, relating these to the individual pwMS Is aware of MS classification (i.e. relapsing-remitting MS/secondary progressive MS/primary progressive MS/clinically isolated syndrome/ radiologically isolated syndrome) Sensitively discusses prognostic indicators in MS with the pwMS Demonstrates understanding of the different needs of pwMS at the time of diagnosis and the role of the MSSN in addressing them	Understands the relevance of investigations in relation to the McDonald Criteria and differential diagnoses Discusses MS classification, epidemiology and prognosis with the pwMS and with colleagues in relation to pwMS	Actions appropriate investigations and discusses findings with the pwMS and with colleagues, including how findings relate to diagnosis Keeps up-to-date with developments in the ongoing debate around types of MS and their classification ^{20,21} Confidently discusses epidemiology and prognosis in MS with the pwMS and colleagues

Competency 2 Accountability and clinical governance

	NOVICE	COMPETENT	EXPERT
NMC Code	PE PS PPT	PP PE PS PPT	PP PE PS PPT
KSF	C1(2) C3(2) C5(2) C6(1) IK2(2) IK3(2) G2(1) G5(1) G6(2) G8(2)	C3(3) C5(3) C6(3) G2(2) IK2(3) IK3(3) G5(2) G6(3) G8(2,3)	C3(4) C5(4) C6(4) IK2(4) IK3(3,4) G2(3,4) G5(3,4) G6(4) G8(3,4)
Clinical Governance	Is aware of the 7 pillars of Clinical Governance and is compliant with local and national training and policies	Has a good understanding of the 7 pillars of clinical governance and how they apply to the care of pwMS Uses data and evidence to monitor and improve the quality of care provided to pwMS, and identifies areas for improvement in the care pathway Works collaboratively with other professionals to ensure that care is delivered in a safe and effective manner, and that patient outcomes are monitored and evaluated on an ongoing basis	Has extensive knowledge and experience of the 7 pillars of clinical governance and their application in the context of MS care Expertly uses data and evidence to inform clinical practice, and to design and implement initiatives that improve patient outcomes Provides guidance and support to other professionals on how to integrate clinical governance principles into their practice Engages in research or advocacy activities to advance the field of clinical governance in healthcare
Scope of practice	Works within the scope of the most recent NMC Code of professional conduct (www.nmc.org.uk/code) Discusses scope of professional practice in relation to current role	Works flexibly within the NMC scope of professional practice, and identifies and develops new ways of working	Shows awareness of the codes of practice of other health care professions, and where the line is for the duty of care in the MDT Gains agreement as to where responsibility lies in the MDT
Accountability for service demands	Develops and manages own caseload Recognises unacceptable workload and identifies when and from whom it is appropriate to seek support	Demonstrates accountability in managing workload in response to changing service priorities	Takes a strategic overview of the service, exploring alternatives for managing case loads Is accountable for recommending redesigns to the service that involve other professionals Justifies additional member(s) of the team

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Competency 2 continued

Documentation	Maintains accurate records and applies current knowledge of data protection and confidentiality issues	Peer-reviews existing, or develops new, patient documentation that can be adapted/enhanced to record the care of pwMS	Develops documentation that facilitates and improves communication between primary, secondary and tertiary care, such as joint records held by the MDT, hand-help notes, or IT solutions
Evidence-based practice	Accesses and works to best practice guidelines using evidence-based practice where available Seeks support as required	Uses own clinical expertise with the clinical governance framework and evidence-based practice to advise others on the management of pwMS Identifies gaps in the evidence base and collaborates with others to address them	Identifies gaps in the evidence base and initiates strategies to address them
Informed consent	Adheres to the principles of informed consent in the national consent guidance	Assesses patient literacy levels, and monitors the patient's understanding of informed consent for treatment	Advises, supervises and coordinates peer group and senior staff on the ethical issues of informed consent
Relationships with industry	Shows awareness of appropriate pharmaceutical and commercial involvement in MS management Identifies trust policy on appropriate relationships with commercial sector Accesses and works to national guidelines for ethical standards of working; is aware of the ABPI Code of Practice (www.abpi.org.uk/publications)	Develops and maintains professional relationships with commercial organisations for the benefit of pwMS Understands the ABPI Code of Practice	Uses experience and expertise to influence the pharmaceutical and commercial industry to improve patient care Understands and can interpret the ABPI Code of Practice

Competency 3 Providing support and advice to people with multiple sclerosis and their carers

	NOVICE	COMPETENT	EXPERT
NMC Code	PE PS PPT	PP PE PS PPT	PP PE PS PPT
KSF	C1(2) C2(2) C4(1) C5(1) C6(1) HWB1(1) HWB2(2) HWB3(1,2) HWB4(2) HWB7(1) IK3(2)	C1(3) C4(2,3) C5(2,3) C6 (2) HWB1(2) HWB2(3) HWB3(3) HWB4(3) HWB7(2,3) IK3(3)	C1(4) C2(4) C4(4) C5(3,4) C6(3) HWB1(3,4) HWB2(4) HWB3(4) HWB4(4) IK2(4) IK3(4) G2(3,4) G3(2) G5(4)
Developing a therapeutic relationship	Establishes working and trusting therapeutic relationships with pwMS and their PSN by getting to know them, respecting their needs, goals and wishes, giving them undivided attention, and working to anticipate their needs and concerns, within the context of professional boundaries	Communicates, listens, questions and assesses effectively to develop a collaborative professional therapeutic relationship Uses skills and strategies to help pwMS manage symptoms and deal with emotional or psychological issues Is aware of what is needed to undertake difficult conversations with the pwMS and their PSN	Confidently undertakes difficult conversations with the pwMS and their PSN Displays competence in communicating with the pwMS in collaboration with other professionals to improve patient pathway and care
Patient education	Has a general understanding of the different types of MS and its symptoms, and uses this knowledge to educate pwMS and their PSN, at a level appropriate to the needs of the learner	Has a good understanding of MS and its symptoms, and educates pwMS and their PSN about complex aspects of the disease, tailoring the information to a level appropriate to the needs of the learner	Identifies and addresses gaps in the knowledge of the pwMS and their PSN at a detailed level, tailoring the information as appropriate Creates appropriate educational materials for use by pwMS and their PSN
Advocacy and protection	Advocates for pwMS and PSN to prevent barriers to care and services Is aware of local safeguarding protocols and completes training to understand when there may be an issue and how to follow this up	Advocates for pwMS and PSN by acting as named contact and by participating in local patient groups to facilitate service development, with the aim of improving patient outcomes	Advocates for pwMS in the local population ensuring that services are developed and delivered effectively, working with pwMS to involve them in service development. Identifies service deficits and works to improve them

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Competency 3 continued

<p>Supporting pwMS through periods of change</p>	<p>Monitors and assesses as required to identify pwMS's changing needs and facilitate appropriate support and treatment as required</p> <p>Collaborates with the pwMS, PSN and MDT to make decisions about priorities</p> <p>Demonstrates good communication, listening and counselling skills to enable the pwMS to make informed therapeutic decisions</p> <p>Understands and respects the principles of equality, diversity and inclusion, while understanding how protected characteristics (such as gender identity, cultural factors and disability status) may impact support required, and be able to adjust or use different methods to meet these needs</p> <p>Is likely to need guidance from more experienced colleagues when supporting pwMS through periods of change</p>	<p>Uses specific skills and strategies in supporting pwMS through periods of change such as alterations in cognition and mobility</p> <p>Demonstrates an understanding of behaviour change and the biopsychosocial factors that affect self-management</p> <p>Provides and delivers information and education to pwMS around the changes that are accruing in their disease process and how these may be mitigated</p> <p>Empowers pwMS and PSN to be actively involved in decision-making by facilitating cooperation through education</p> <p>Demonstrates knowledge of local pathways, policies and support for mental illness, alongside an understanding of how to refer the patient to appropriate services</p>	<p>Develops strategies to effectively manage issues raised in consultation</p> <p>Is aware of pwMS's emotional and mental wellbeing and how it can affect their ability to deal with change. Anticipates and addresses potential issues before they arise. Displays competence in counselling and in offering emotional support</p> <p>Works with and develops services and joint pathways to enable pwMS to be supported with issues that surround change</p>
<p>Patient support network (PSN): family, carers and friends</p>	<p>Understands the impact of diagnosis or change in condition of the pwMS on the physical and mental health of the pwMS's family and carers</p> <p>Is aware of how patient relationships may change and discusses coping strategies around this</p> <p>Directs pwMS and their PSN to any local support resources and services that may be available</p> <p>Is aware that the MSSN may encounter abuse from the pwMS's PSN and knows when and how to seek appropriate help</p>	<p>Has sensitive conversations with the pwMS and PSN to ensure that they understand MS and its complexities, and the trajectory that the patient is following</p> <p>Is aware of the difficulties children may face when a parent has a long-term condition such as MS. Provides support, information and education, and has a knowledge of referral pathways that can help them with this transition</p> <p>Enables family and carers to discuss their own anxieties, concerns and personal wellbeing separately from the pwMS</p> <p>Has strategies for addressing abuse that may be encountered from the pwMS's PSN and knows when and how to seek help if needed</p>	<p>Has sensitive conversations with the pwMS and PSN when communication has become more complex due to disease progression and when the topic is difficult, such as end-of-life planning</p> <p>Develops education support networks and a commissioning level to support carers and relatives</p> <p>At a commissioning level, advocates for services or pathways that could help to improve the quality of life for the PSN of the pwMS, such as respite care facilities or hospice day care</p> <p>Addresses abuse that may be encountered from the pwMS's PSN and assists less experienced colleagues to manage abusive situations</p>

Competency 4 Symptoms management

	NOVICE	COMPETENT	EXPERT
NMC Code	PP PE PS	PP PE PS	PP PE PS PPT
KSF	C1(2) C2(2) C3(2,3) C4(2,3) C5(1,2) C6(2) HWB1(2) HWB2(2) HWB3(2) HWB4(2) HWB5(2) HWB6(2) HWB7(2)	C1(3) C2(3) C3(2,3) C4(3,4) C5(2,3) C6(2,3) HWB1(3) HWB2(3) HWB3(3) HWB4(3) HWB5(3) HWB6(3) HWB7(3,4)	C1(4) C2(4) C3(3,4) C4(3,4) HWB1(4) HWB2(4) HWB3(4) HWB4(4) HWB5(4) HWB6(4) HWB6(4) HWB7(3,4) IKS3(3)
Symptoms knowledge and management	<p>Recognises and discusses common symptoms associated with MS (such as fatigue, muscle weakness, difficulty walking), and their impact, with pwMS and their PSN</p> <p>Discusses evidence-based management and treatment options of common symptoms with pwMS and their PSN</p>	<p>Recognises and has a good understanding of the full range of symptoms that can occur with MS (such as spasticity, tremors, bladder and bowel dysfunction, cognitive difficulties) and the complex ways in which the pwMS's daily life can be affected (including physical and emotional wellbeing)</p> <p>Provides appropriate interventions to manage the full range of symptoms and improve the pwMS's quality of life</p> <p>Provides the healthcare team with local expertise on managing MS symptoms</p> <p>Keeps up-to-date with the evidence base and applies this and their understanding of related pathophysiology to providing optimum management and care for pwMS on their caseload</p>	<p>Has a deep understanding of the disease process and how it affects different parts of the body, and has extensive experience in managing the resulting complex and varied symptoms of MS</p> <p>Uses a range of advanced interventions and techniques for addressing symptoms and tailors the management approach to each pwMS to take into account their unique symptom profile and any other factors that may impact their care, such as age, comorbidities, or medication interactions</p> <p>Teaches other HCPs at local, regional and national level and leads on implementation of improved care initiatives</p> <p>May engage in research to advance the field of MS symptoms management</p>
Guidelines knowledge	Is aware of the different treatment and management guidelines published by NICE and ABN	Has a good knowledge of the available treatment guidelines and can discuss the recommendations with pwMS	Identifies gaps in the available treatment guidelines and may engage in research to address them

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Competency 4 continued

<p>Patient needs</p>	<p>Identifies the physiological, psychological, social, cultural, developmental, sexual and spiritual needs of the pwMS</p> <p>Identifies the individual's coping and adjustment strategies, their motivation and support mechanisms</p> <p>Improves knowledge by undertaking CPD, for example reviewing existing evidence and exploring the latest research</p>	<p>Assesses the specific needs of each pwMS and develops a comprehensive care plan to address them</p> <p>Anticipates and monitors the effects of symptoms and treatments on pwMS and their PSN, and adjusts care/management as required to optimise outcomes</p> <p>Provides appropriate referrals to other healthcare professionals or community resources as needed</p>	<p>Has extensive experience in meeting the complex and varied needs of pwMS</p> <p>Anticipates and addresses potential needs before they arise</p> <p>Identifies gaps in service and unmet patient needs and creates and enables new ways of working to address these</p> <p>May engage in research or advocacy activities to advance understanding of the needs of pwMS and how their lives can be improved</p>
<p>Practice</p>	<p>Identifies and manages the pwMS's problems, or signposts the pwMS to appropriate help and support</p>	<p>Supports and enables the pwMS to make changes to their lifestyle in order to better manage their symptoms, and encourages the pwMS to report any significant changes in their symptoms so that management can be optimised</p>	<p>Prescribes the most suitable medications for management of different symptoms</p> <p>Establishes and runs appropriate nurse-led clinics</p> <p>Develops best-practice guidelines for symptoms management and meeting patient needs</p>
<p>Management of relapse</p>	<p>Assesses the pwMS for potential relapse and gives advice as appropriate</p> <p>Recognises that relapses can cause anxiety for the pwMS and their PSN and can refer for appropriate psychological support</p>	<p>Diagnoses and assesses relapse; decides whether treatment is required or refers to GP if appropriate</p> <p>Monitors for adverse effects of any medication given for management of the relapse</p> <p>Follows up the pwMS after an appropriate interval to determine outcomes following the relapse and any implications for the pwMS's medications</p> <p>Assesses whether further management is needed</p>	<p>Prescribes the appropriate medication for a relapse</p>

Competency 5 Disease-modifying treatments

	NOVICE	COMPETENT	EXPERT
NMC Code	PE PS	PE PS PPT	PP PE PS PPT
KSF	C1(2) C6(2) HWB1(1) HWB2(2) HWB3(2) HWB4(2) HWB5(2,3) HWB6(2) HWB7(2) HWB10(2) IK2(2) IK3(2)	C1(3) C6(2,3) HWB1(2,3) HWB2(3) HWB3(3) HWB4(2,3) HWB5(3,4) HWB6(2,3) HWB7(3) HWB10(2,3,4) IK2(3) IK3(3)	C1(4) C6(3,4) HWB1(3,4) HWB2(4) HWB3(3,4) HWB4(3,4) HWB5(3,4) HWB6(3,4) HWB7(4) HWB10(2,3,4) IK2(3,4) IK3(3,4) G3(2) G4(2,3)
Disease modifying treatments (DMTs)	<p>Describes the different types of DMTs available and their modes of action on the immune system</p> <p>Is aware of the effect of DMTs on relapse rate and disease progression</p> <p>Is aware that some DMTs can lead to immunosuppression and understands the associated risks</p> <p>Is aware of possible adverse effects of specific DMTs</p> <p>Is aware of the management pathway for pwMS experiencing adverse effects with DMTs</p> <p>Follows up with the pwMS to monitor and record response to treatment</p>	<p>Identifies the types of DMT appropriate for the pwMS</p> <p>Describes the mode of action of DMTs on the immune system and discusses this with the individual pwMS and within the MDT context</p> <p>Discusses the effect of DMTs on relapse rate and disease progression with the pwMS</p> <p>Discusses the risks of immunosuppression with the pwMS and assesses their risk of being immunosuppressed</p> <p>Discusses the possible adverse effects of specific DMTs with the pwMS and understands the treatment pathways for individuals experiencing adverse effects</p> <p>Follows up with the patient to determine whether further interventions/escalation are needed</p>	<p>Prescribes the most suitable DMT for the pwMS</p> <p>Confidently explains the current theories of mode of action of DMTs on the immune system</p> <p>Confidently discusses likely outcomes of DMT with pwMS</p> <p>Develops documentation to record and monitor rates of immunosuppression with DMTs</p> <p>Describes details of how PML risk is affected by virus titre levels and number of years on treatment</p> <p>Is aware of the need to exclude other diagnoses or comorbidities when considering PML</p> <p>Sensitively discusses the long-term consequences of PML</p> <p>Establishes a management pathway/protocols for DMTs</p>
Steroid treatments	<p>Describes the management of relapses with steroids</p> <p>Discusses the potential adverse effects of taking steroids with the pwMS</p> <p>Understands the local treatment pathway and timescales</p>	<p>Discusses the management of relapses with steroids with the pwMS and advises when to start steroids</p> <p>Adapts the local treatment pathway according to individual patient needs</p>	<p>Prescribes the most suitable steroid treatment for the pwMS</p> <p>Establishes and trains colleagues about a local treatment pathway for management of relapses with steroids</p> <p>May engage with research on the use of steroids in pwMS</p>

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Competency 5 continued

<p>Use of unproven interventions</p>	<p>Is aware of the use by pwMS of unproven interventions for disease modification and symptom alleviation e.g. cannabis or gluten-free and other modified diets</p> <p>Has an understanding of where pwMS can access evidence-based information relating to unproven interventions</p>	<p>Discusses the use of unproven interventions for disease modification and symptom alleviation with pwMS</p>	<p>Identifies education and research opportunities relating to the use of unproven interventions for disease modification and symptom alleviation</p>
<p>Assessment and goal planning</p>	<p>Understands how to identify pwMS who may be eligible for DMT</p> <p>Understands the process for commencing or switching DMT</p> <p>Understands the process for maintaining the pwMS on DMT</p> <p>Discusses the process for commencing DMT with the pwMS</p>	<p>Identifies possible eligibility for DMT and/or the need to switch treatments</p> <p>Manages the ongoing process of maintaining the pwMS on DMT</p>	<p>Confidently identifies eligibility for DMT</p> <p>Establishes the process for maintaining the pwMS on DMT</p> <p>Discusses the implications of stopping treatment with the pwMS</p>
<p>Outcome measures/ monitoring tools</p>	<p>With guidance, requests appropriate pre-treatment and ongoing monitoring tests for DMTs</p> <p>Performs monitoring requirements for different DMTs, such as blood pressure, heart rate and urinalysis</p> <p>Recognises abnormal test results and reports/escalates using the appropriate pathway</p> <p>Monitors for relapse on DMT treatment</p> <p>Is aware of JC virus testing and the reasons it is needed</p> <p>Understands how to recognise transition into secondary progressive MS</p>	<p>Discusses different pre-treatment and monitoring tests for DMTs with the pwMS</p> <p>Requests appropriate pre-treatment and ongoing monitoring tests</p> <p>Discusses abnormal test results with the pwMS, and can describe next steps</p> <p>Discusses JC virus testing and the reasons it is needed with the pwMS; is aware of how PML risk is calculated</p> <p>Recognises transition into secondary progressive MS and discusses this with the pwMS</p>	<p>Establishes procedures for identifying appropriate treatment and monitoring tests for DMTs</p> <p>Identifies possible improvements in the procedures for requesting appropriate pre-treatment and ongoing monitoring tests</p> <p>Develops a pathway for reporting/escalating abnormal tests results</p> <p>Develops a management pathway for pwMS on DMT who relapse or who transition into secondary progressive MS</p>

Competency 6 Multidisciplinary team working

	NOVICE	COMPETENT	EXPERT
NMC Code	PP PE PS	PP PE PS PPT	PP PE PS PPT
KSF	C1(2) C2(2) C4(2) C5(2) C6(2,3) HWB1(1,2) HWB2(2) HWB4(2) HWB5(2) HWB6(2) IK2(1,2) G1(1) G2(1) G5(1,2) G6(1) G7(1) G8(1)	C1(3) C2(3) C4(3) C5(3) C6(3) HWB1(3) HWB2(3) HWB4(2,3) HWB5(3) HWB6(3) IK2(2,3) G1(2) G2(2,3) G3(2) G5(2,3) G6(2,3) G8(2)	C1(4) C2(3,4) C4(3,4) C5(4) C6(3,4) HWB1(3,4) HWB2(4) HWB4(3,4) HWB5(4) HWB6(4) IK2(3,4) G1(3,4) G2(3,4) G3(2,3) G5(4) G6(4) G7(3,4) G8(3,4)
Holistic model of care	Obtains information needed for referral to other MDT members Has knowledge of local health, social, voluntary, and independent sector staff and establishes good MDT working relationships Discusses with MDT for joint decision referral to further generalist or specialist services	Maintains and expands MDT working Fosters closer working relationships with local health, social, voluntary and independent sectors Ensures suitability of service being requested and realistic outcome expectations in pwMS Has knowledge of common rating scales and assessment tools used by other services	Develops new working practices with health, social, voluntary and independent sectors Leads in development of joint care pathways to secure prompt and appropriate referral to other generalist and specialist services to reduce the risk of inappropriate use of resources Uses audits of experience of service providers and service users to review quality of referrals made for pwMS and improve services
Service specification	Identifies local MS services in health, social, voluntary and independent settings, and appreciates the different models of care and their benefit to pwMS	Achieves cooperative working between own and other care settings Identifies potential changes in service provision arising from client need and national policies and discusses with manager and peer group	Generates and leads the development of new ways of working with all providers of MS services, reflecting local and national priorities
Integrated care pathways	Establishes working relationships that promote partnerships between health, social, voluntary and independent sectors	Maintains existing partnerships with health, social, voluntary and independent sectors to foster a sense of mutual trust and respect	Establishes good communication links with health, social, voluntary and independent sectors to ensure continuity of care of the pwMS

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Competency 6 continued

<p>Professional networking</p>	<p>Recognises the importance of networking for optimum care of the pwMS</p> <p>Values and seeks out contributions of all health and social care professionals across all sectors, including independent and voluntary</p> <p>Identifies and acts on opportunities to join effective networking groups</p> <p>Is aware of the regulations that apply to conduct between nurses and drug representatives and pharmaceutical companies</p> <p>Adheres to local and national guidance regarding any hospitality received from pharmaceutical companies and ensures professional transparency around any potential conflicts of interest</p>	<p>Maximises the use of effective networking across social and healthcare boundaries to improve care for pwMS locally</p> <p>Uses networking to promote partnership working and innovation in local service provision</p> <p>Shares knowledge and best practice through participation in local and national specialist networks and teaching</p> <p>Adheres to local and nationally agreed guidance with regard to any hospitality received from pharmaceutical companies</p>	<p>Has extensive knowledge and experience in navigating relationships with other HCPs, and the complex issues and challenges that may arise in coordinating care of pwMS between different providers</p> <p>Has advanced communication, collaboration, and advocacy skills, enabling effective working as part of the MDT to provide the highest level of care to pwMS</p> <p>Initiates new networking opportunities through meeting people working in other specialist areas. Participates on a national and international basis</p> <p>Collects new and emerging information and disseminates through networks</p> <p>May engage in research or advocacy activities with other HCPs to advance the field of MS care</p>
<p>Clinical leadership</p>	<p>Understands the role of the MSSN</p> <p>Develops an awareness of how own role impacts on service delivery at a local level</p> <p>Is clear and accurate in presenting information about the role to others</p>	<p>Communicates and effectively promotes the role of the MSSN as a pivotal member of the MDT</p> <p>Coordinates care by the MDT</p> <p>Develops own leadership skills through recognised courses</p>	<p>Leads local MS service provision, and participates in multidisciplinary projects</p> <p>Develops leadership skills of others through training and mentorship</p>

Competency 7 Lifestyle, health and wellbeing

	NOVICE	COMPETENT	EXPERT
NMC Code	PP PE PS	PP PE PS	PP PE PS PPT
KSF	C1(1,2) C5(1,2) C6(2) HWB1(1) HWB2(1,2) HWB3(1,2) HWB4(1,2) HWB5(2) HWB6(1,2) HWB7(1,2) G1(2) G2(1,2) G5(1,2)	C1(2,3) C5(3) C6(3) HWB1(2) HWB2(2,3) HWB3(3) HWB4(3) HWB5(3) HWB6(3) HWB7(2,3) G1(3) G2(3) G5(3)	C1(3,4) C5(4) C6(3,4) HWB1(3,4) HWB2(3,4) HWB3(4) HWB4(3,4) HWB5(3,4) HWB6(4) HWB7(3,4) G1(4) G2(3,4) G5(4)
Promoting a healthy lifestyle	<p>Understands the evidence base underpinning the factors important to leading a healthy lifestyle and optimising brain health</p> <p>Works with pwMS to overcome their barriers to leading a healthier lifestyle and optimising their brain health</p>	<p>Uses evidence-based knowledge to encourage patient responsibility to lead a healthy lifestyle</p> <p>Demonstrates evidence-based knowledge of the role of vitamin D and its importance in MS</p> <p>Demonstrates evidence-based knowledge of the factors important for physical, mental and brain health</p> <p>Demonstrates evidence-based knowledge of risk factors associated with MS that can cause osteopenia and osteoporosis</p> <p>Knows the referral pathways for osteopenia and osteoporosis</p>	<p>Has extensive knowledge and experience in promoting a healthy lifestyle for pwMS and supporting them to achieve their health goals, while taking into account any individual factors that may impact their ability to do so</p> <p>Has an up-to-date understanding of the latest research on lifestyle factors and MS</p> <p>May engage in research or teaching activities to advance the field of lifestyle management for pwMS</p>

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Competency 7 continued

<p>Pregnancy and the menopause</p>	<p>Identifies common MS symptoms experienced by pwMS during pregnancy and menopause</p> <p>Describes the effect of pregnancy and menopause on MS symptoms</p> <p>Explains that during pregnancy, the post-partum period, and menopause, the course of MS may be affected and that there is a risk of relapse</p> <p>Accesses and works to the UK consensus guidelines for pregnancy and MS</p> <p>Has some knowledge of the specific issues and challenges that pwMS may face during pregnancy and menopause</p> <p>Understands that prescribing of DMTs is impacted by pregnancy, and discusses the implications with pwMS</p>	<p>Discusses the impact of MS on pregnancy and menopause</p> <p>Explains the physiological and hormonal changes that occur during pregnancy and menopause, and how they may impact MS</p> <p>Delivers pre-pregnancy counselling, and management during pregnancy and in the post-partum period as per evidence based guidance</p> <p>Implements up-to-date knowledge on disease-modifying treatments for both men and women while trying to conceive, and during pregnancy and breastfeeding</p> <p>Demonstrates knowledge of the use of steroids and MRI during pregnancy and breastfeeding</p> <p>Discusses the UK consensus guidelines for pregnancy and MS with pwMS</p> <p>Describes the common menopause symptoms that overlap with MS symptoms and discusses behavioural and lifestyle interventions them</p> <p>Identifies appropriate resources and support systems for pwMS during pregnancy and menopause</p>	<p>Teaches other HCPs locally, regionally and nationally on the complexities of MS and pregnancy and menopause, and on evidence-based management of pregnancy in MS</p> <p>Evaluates and interprets research studies and evidence relating to pregnancy, menopause and MS</p> <p>Counsels pwMS on family planning, pregnancy and menopause management</p> <p>Develops individualised treatment plans and interventions for pwMS during pregnancy and menopause</p> <p>Collaborates with the MDT to design and implement appropriate optimised care pathways for pwMS who are pregnant or menopausal</p> <p>Advances the field of knowledge of MS in pregnancy and menopause through research, publications and presentations</p>
<p>Vocational support and study</p>	<p>Is aware of the impact MS symptoms can have on work and study and directs pwMS to evidence-based information which may help them better cope with these aspects</p> <p>Has a working knowledge of the Equality Act, discusses it with pwMS, and informs pwMS about how to access further help and advice in this area</p>	<p>Assesses, supports, advises and refers pwMS to relevant services</p> <p>Has knowledge of the Equality Act and discusses with pwMS how it applies to them, and can relate this to employers</p>	<p>Demonstrates knowledge of research on, and teaches colleagues about, the impact of MS symptoms on the pwMS's work and study</p> <p>Advocates with employers on behalf of pwMS</p>

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Competency 7 continued

<p>Mental health</p>	<p>Understands the incidence and prevalence of anxiety and depression in pwMS</p> <p>Is aware of how mental health difficulties might affect pwMS and their carers</p> <p>Knows how to refer the pwMS and their carers to local pathways and services for people with mental health difficulties</p>	<p>Assesses for clinical depression using relevant tools and recognises when and how to refer to appropriate services</p> <p>Provides support and advice to pwMS and carers to help manage mental health difficulties</p>	<p>Initiates and engages in collaborative working with mental health teams and other services to devise protocols for managing mental health of pwMS</p>
<p>Supporting self-management</p>	<p>Defines self-management and identifies ways that self-management can improve patient outcomes (including eating well, exercising, taking medications, recognising when to seek help from the healthcare team)</p> <p>Understands the importance of collaborative working with the pwMS for shared decision-making</p> <p>Knows that a pwMS has a legal obligation to inform the DVLA of their MS diagnosis</p>	<p>Empowers the pwMS with the knowledge, skills and confidence they need to effectively manage and live well with their condition</p> <p>Develops a relationship that promotes independence for the pwMS and confidence in how to use the service</p> <p>Demonstrates awareness of patient support groups, tools and information available to aid self-management</p> <p>Recognises MS symptoms that could affect the ability to drive safely and discusses these with pwMS and their PSN</p> <p>Provides support and advice about services providing driving assessments</p>	<p>Demonstrates knowledge of self-management research and health policy</p> <p>Reviews service user experiences to influence and shape future development of the service</p> <p>Delivers education on self-management to other healthcare professionals and pwMS</p>

Competency 8 Education and professional development

	NOVICE	COMPETENT	EXPERT
NMC Code	PE PS PPT	PE PS PPT	PP PE PS PPT
KSF	C1(2) C2(1,2) C4(1,2) C5 (1) C6(1,2) HWB7(2) HWB10(2) IK3(1,2) G1(1,2) G2(1) G5(1,2) G8(1)	C1(3) C2(3) C4 C5(2,3) C6(2,3) HWB7(3) HWB10(3) IK3(2,3) G1(2,3) G2(2) G5(2,3) G6(3) G7(1,2) G8(2,3)	C1(3,4) C2(3,4) C5(3,4) C6(3,4) HWB7(3,4) HW10(3,4) IK3(3,4) G1(3,4) G2(3,4) G3(2) G4(2,3) G5(3,4) G6(3,4) G7(2,3,4) G8(3,4)
Learning	Undertakes modules 1-5 in MS Nurse PRO Attends MS Foundation Course and undertakes assignment at Level 6 or 7	Undertakes modules 6 and 7 in MS Nurse PRO	Teaches on local, regional and national educational meetings and conferences Considers undertaking training for non-medical prescribing
Conferences	Attends MS Trust Conference or other appropriate professional educational meetings or conferences (service dependent)	Attends professional educational meetings or conferences; submits a poster	Attends meetings and conferences as a speaker (either as an individual or on a panel) or as an expert in MS
Education	Attends educational events Starts diploma or degree or equivalent level course	Attends educational events Is willing to study at masters level in a relevant topic	Attends an MS Advanced Masterclass Teaches at local, regional and national education meetings and conferences Studying at, or has achieved, a Master's level or equivalent; considering a qualification above Master's level
Self-directed learning	Prioritises areas for learning, formulating a PDP with manager	Identifies own knowledge gaps and accesses appropriate courses	Expands and maintains in-depth MS knowledge to advance practice Assists other team members in self-directed learning

Competency 9 Research and audit

	NOVICE	COMPETENT	EXPERT
NMC Code	PP PE PS PPT	PP PE PS PPT	PP PE PS PPT
KSF	C1(1,2) C3(1,2) HWB7(1)	C1(2,3) C3(2,3) HWB7(2,3)	C1(3,4) C3(3,4) HWB7(3,4)
Understanding research and patient trials	Understands what is meant by evidence-informed care Accesses evidence relevant to management of MS and shares this resource with others	Uses critical appraisal skills to identify research that will improve practice and promote change on an individual and organisational level	Influences policy at organisational, regional and national levels by highlighting evidence in support of proposed practice/service developments in the field of MS
Undertaking research	Supports existing multidisciplinary research in MS in the local area where there is a recognised need for specialist nursing input	Contributes to the design and practical implementation of local multidisciplinary research projects in MS, representing a specialist nursing perspective	Identifies multidisciplinary research questions relevant to daily practice and, with supervision, designs, implements and reports on these projects
Patient trials	Explains to pwMS the meaning of common terms and concepts used in research methodologies (for example, randomisation, blinded trials, informed consent, placebos)	Enables pwMS to have realistic expectations about participating in research and evidence-based treatment/lifestyle changes	Uses in-depth clinical and research knowledge to empower pwMS to make informed decisions about participating in research in MS
Audit	Demonstrates an understanding of the audit process and data collection processes Identifies components of MSSN role that are likely to contribute most to quality outcomes in local service delivery Develops awareness of audit tools and identifies support to undertake audit	Audits key aspects of own service using a range of approaches such as standards, patient satisfaction, and complaints monitoring, and quantitative data, such as telephone advice and response times Collates audit data and presents findings in an appropriate format	Contributes to the design of MS specialist nurse data as part of multidisciplinary clinical audit projects at organisational, local and national level Presents audit findings at national/international level to inform and change practice Reviews outcomes of audits and adapts practice and patients services accordingly

Evaluating the Competency Framework

Regular feedback on the MSSN Competency Framework will be requested from UKMSSNA members. The feedback will be reviewed and evaluated, and used to update the MSSN Competency Framework.

Appendix 1

Purpose of the MSSN Competency Framework: Professional and political drivers

Professional and political drivers include:

- The need for standards and expertise to demonstrate advanced/specialist practice
- The increased focus on lifelong, self-directed and work-based learning
- Agenda for Change (AFC)¹⁶
- The NHS Knowledge and Skills Framework (KSF) and Development Review Process¹⁸
- Modernising Nursing Careers Framework Initiative²²
- The Framework for Developing Nursing Roles²³
- Skills for Health and the Career Framework for Health²⁴
- The Scottish Credit and Qualifications Framework²⁵
- National Occupational Standards²⁶
- Scottish Government Health Department Advanced Practice Toolkit²⁷
- Post Registration Career Framework for Nurses in Wales²⁸
- Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales²⁹
- The NHS Long Term Plan³⁰
- Scottish Intercollegiate Guidelines Network (SIGN)³¹
- The National Service Framework for Long-term Conditions³²
- Guidance on the Career Framework for Health³³

Appendix 2

The NHS Knowledge and Skills Framework¹⁸

Core dimensions (relevant to every post in the NHS)

1. Communication
2. Personal and people development
3. Health, safety and security
4. Service improvement
5. Quality
6. Equality and diversity.

Specific dimensions (relevant to some but not all jobs in the NHS)

Health and wellbeing	
HWB1	Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing
HWB2	Assessment and care planning to meet health and wellbeing needs
HWB3	Protection of health and wellbeing
HWB4	Enablement to address health and wellbeing needs
HWB5	Provision of care to meet health and wellbeing needs
HWB6	Assessment and treatment planning
HWB7	Interventions and treatments
HWB8	Biomedical investigation and intervention
HWB9	Equipment and devices to meet health and wellbeing needs
HWB10	Products to meet health and wellbeing needs
Estates and facilities	
EF1	Systems, vehicles and equipment
EF2	Environments and buildings
EF3	Transport and logistics
Information and knowledge	
IK1	Information processing
IK2	Information collection and analysis
IK3	Knowledge and information resources

General	
G1	Learning and development
G2	Development and innovation
G3	Procurement and commissioning
G4	Financial management
G5	Services and project management
G6	People management
G7	Capacity and capability
G8	Public relations and marketing

Appendix 3

Summary of the Nursing and Midwifery Council Code¹⁹

Prioritise people	
1. Treat people as individuals and uphold their dignity	
2. Listen to people and respond to their preferences and concerns	
3. Make sure that people's physical, social and psychological needs are assessed and responded to	
4. Act in the best interests of people at all times	
5. Respect people's right to privacy and confidentiality	
Practise effectively	
6. Always practise in line with the best available evidence	
7. Communicate clearly	
8. Work cooperatively	
9. Share your skills, knowledge and experience for the benefit of people receiving care, and your colleagues	
10. Keep clear and accurate records relevant to your practice	
11. Be accountable for your decisions to delegate tasks and duties to other people	
12. Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the UK	
Preserve safety	
13. Recognise and work within the limits of our competence	
14. Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place	
15. Always offer help if an emergency arises in your practice setting or anywhere else	
16. Act without delay if you believe that there is a risk to patient safety or public protection	
17. Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection	
	18. Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations
	19. Be aware of, and reduce as far as possible, any potential for harm associated with your practice
	Promote professionalism and trust
	20. Uphold the reputation of your profession at all times
	21. Uphold your position as a registered nurse, midwife or nursing associate
	22. Fulfil all registration requirements
	23. Cooperate with all investigations and audits
	24. Respond to any complaints made against you professionally
	25. Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

Appendix 4

Producing evidence

- The following examples of evidence are not exhaustive and alternative assessments may be appropriate in different settings.
- Audit of records of 10 pwMS per year
- Observed clinic practice with verbal questioning
- Evidence of training and development, and CPD in a personal CPD portfolio e.g. e-learning, study days (certificates)
- Objective structures clinical examination (OSCE)
- Academic courses e.g. BN or BSc, MSc, NMP or PhD, BSc, MSc or Diploma or equivalent level
- Research and evidence-based reviews
- Writing papers for publication in professional journals which may include audits, case studies, literature reviews and primary research
- Membership of advisory bodies contributing to national best practice guidance for publication
- Delivering case studies or education sessions (e.g. local, national and international seminars workshops and conferences)
- Developing learning and teaching resources for pwMS, families or colleagues
- Case correlation exercise with peers
- Critical incident analysis
- Prescribing audit
- Self-directed study
- Audit minimum of five referrals from the triage session
- Observed practice of a minimum of two telephone helpline sessions with verbal questioning
- Reflection and audit of five records from telephone calls
- Statutory and mandatory training evidence
- Recorded activity on electronic system e.g. Systmone
- Observed delivery of clinical practice in a minimum of one clinic
- Audit of five letters of timely signing and dispatch
- Questioning on policies procedures and protocols
- Production of at least one clinical audit with evidence of application of outcomes
- Audit of supervision and PDP documentation
- Portfolio, reflective diary and ePortfolio
- Audit of appraisal and PDP documentation respecting confidentiality if pertaining to supervision of others
- Observation feedback of at least one teaching session or presentation

Examples of possible different evidence requirements for different stages of competency:

	NOVICE	COMPETENT	EXPERT
Example of competence	<p>Review evidence from general nursing, medical and MS-specific literature</p> <p>Review of relevant case study</p> <p>Observation of practice in clinical situation</p>	<p>Observed clinical reviews</p> <p>Conduct literature reviews and critically analyse and appraise evidence within MS publications</p> <p>Participate in MDT discussion</p> <p>Evidence development of protocols in MS management</p>	<p>Evaluate teaching programmes delivered</p> <p>Conduct literature reviews and critically analyses and appraise evidence within MS publications</p> <p>Case presentations</p> <p>Evidence development of documentation; input to local and national service debates and publications</p>
Example of competence	<p>Demonstrates links with other departments and providers of services</p> <p>360-degree appraisals with other team members and services</p> <p>Develops a contact list</p> <p>Documents minutes from networking groups</p> <p>Contributes to a local register of interests as required</p>	<p>Provides evidence of advocacy through meetings and referrals</p> <p>Evidence of service development</p> <p>Demonstrates range of referrals made to/from MS specialist nurse</p> <p>Evidence of use of care pathways</p> <p>Monitors effectiveness through evaluation forms</p> <p>Links in with local charities/ support groups</p>	<p>Minutes of meetings with action points</p> <p>Develops new care pathways</p> <p>Develops shared-care guidelines</p> <p>Evidence of development of networks in linked areas</p> <p>Terms of reference and membership lists for new networking groups</p> <p>Measures the gaps in service and working with public health to overcome these</p>

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