Competencies:

A competency framework for nurses working in Parkinson's disease management

UK PARKINSON'S Excellence Network

PDNSA

PARKINSON'S DISEASE NURSE SPECIALIST ASSOCIATION

Royal College of Nursing

Third Edition

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Executive Summary

Parkinson's disease is a complex progressive neurological condition which, according to Parkinson's UK currently affects over 127,000 people in the UK.[1] The motor and non-motor symptoms can be addressed through care planning, anticipatory care and timely intervention. In order to achieve this, collaboration between patients and health care professionals across the multi-disciplinary team is essential. The Parkinson's disease nurse specialist (PDNS) utilises knowledge, skills and best practice to meet the needs of people living with this long term condition.[22]

This revised competency framework describes professional criteria in the form of competencies, which include the knowledge, education and skills required by experienced nurses who will optimise symptom control to maximise quality of life when caring for a person with Parkinson's (PwP) and atypical Parkinsonian syndromes.

These skills are transferable across health care settings, and will provide signposts for best recommended practice.

This competency framework addresses a number of political and professional issues, including:

Agenda for Change[2]

- The need for leadership in nursing.
- The need for the development of standards.
- Fitness for practice.
- Work-based and lifelong learning.
- Clinical supervision for nurses.

NHS Knowledge and Skills Framework[3]

- This document is in line with, and mapped to, the NHS Knowledge and Skills Framework (KSF).

NMC revalidation[4]

- These competencies will also be useful with supporting nurses through their Nursing Midwifery Council (NMC) revalidation process.

The competencies were originally developed by Parkinson's disease nurse specialists (PDNS) across the UK. In developing the subsequent revised editions of these guidelines, various documents relating to Parkinson's disease (PD) and the role of the PDNS have been considered in order for the competencies to remain current, up-to-date, and relevant within the current modern NHS service. Key useful documents can be found in the "Useful Resources section" on page 44.

Glossary

ABN	Association of British Neurologists
ABPI	Association of the British Pharmaceutical Industry
ACP	Anticipatory care plan
AFC	Agenda for Change
CBD	Corticobasal degeneration
DaT	Dopamine transporter scan
DAWS	Dopamine agonist withdrawal syndrome
DBS	Deep brain stimulation
DDS	Dopamine dysregulation syndrome
DoH	Department of Health
DLB	Dementia with lewy bodies
ESS	Epworth sleepiness scale
GD	General dimensions KSF
GP	General practitioner
GDS	Geriatric depression scale
HADS	Hospital anxiety and depression scale
HWB	Health and wellbeing dimensions KSF
ICB	Impulse control behaviour
IPD	Idiopathic Parkinson's disease
IK	Information and knowledge Dimensions KSF
IT	Information technology
HCA	Health care assistant
HCP	Health care professional
KSF	Knowledge and Skills Framework
NSF	National Service Framework for long-term conditions
MDT	Multi-disciplinary team
MOCA	Montreal cognitive assessment
MSA	Multiple system atrophy
NBM	Nil by mouth
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NMSQ	Non motor symptom questionnaire
NMSS	Non motor symptom severity tool
NMC	Nursing and Midwifery Council
OSCE	Observed structured clinical examination
QOL	Quality of life
PDD	Parkinson's disease dementia
PEN	UK Parkinson's Excellence Network
PDNS	Parkinson's disease nurse specialist
PDNSA	Parkinson's Disease Nurse Specialist Association
PDQ39	Parkinson's disease quality of life tool
PREP	Post-registration education and practice
PSP	Progressive supranuclear palsy
PwP	Person with Parkinson's
RCN	Royal College of Nursing
SIGN	Scottish Intercollegiate Guidelines Network
UPDRS	Unified Parkinson's disease rating scale

Introduction

Competence can be defined as:

"The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one's professional responsibilities." [7]

This integrated career and competency framework for Parkinson's disease management is of great importance, as it incorporates a number of political and professional issues and initiatives, including:

- the management of Parkinson's disease in primary and secondary care [5]
- the diagnosis and pharmacological management of Parkinson's disease [6]
- Parkinson's Disease Nurse Specialist Association (PDNSA)
- UK Parkinson's Excellence Network
- the NMC Code [8]
- Agenda for Change [9]
- the NHS Knowledge and Skills Framework and the Development Review process
- the need for leadership in specialist nursing
- the need for the development of standards
- the NHS Plan [10] and its equivalent in Scotland, Wales and Northern Ireland
- increased focus on work-based and lifelong learning plus supervision.

What roles are required?

In line with the principles of the NHS plan, the government aims to modernise health services in this country. Among other things, the plan proposed that nurses will have an expanding role as nurse specialists and nurse consultants.

Developing new roles for nurses generates opportunities to expand the range of services available for clients with conditions like Parkinson's, in addition to exciting career development prospects for nurses. The NMC is providing competencies for advanced nursing practice. Education and training agendas need to reflect these changes if nurses are to advance their clinical roles. Nurses new to the field of Parkinson's nursing require a clear framework to enable them to develop their skills and knowledge continually, according to their position in the nursing career trajectory. Experienced PDNSs require a framework to help them advance and progress.

What does this framework hope to achieve?

This document outlines a national framework of competencies that PDNS and nurses with an interest in Parkinson's can use to practise as safe, effective and accountable practitioners in Parkinson's care and management.

Work on this revised version of the original competency document was led by the PDNSA and facilitated by the RCN Neurosciences Forum; this third edition has been funded by Parkinson's UK and the PDNSA.

Agenda for Change

This competency framework was developed primarily to support nurses delivering services in the community, and not specifically to support the NHS Knowledge and Skills Framework (NHS KSF), but. it can be used to complement the NHS KSF dimensions by providing specific competencies related to Parkinson's disease management and may support career and pay progression. It should not, however, be used as a means to determine pay banding under the Agenda for Change pay modernisation process.

The NHS KSF

NHS KSF components

The six core and specific dimensions are:

- communication
- personal and people safety
- health safety and security
- service improvement
- quality
- equality and diversity.

There are other dimensions which apply to some jobs but not all; these have been grouped into themes:

- health and wellbeing
- estates and facilities
- information and knowledge
- general.

Overview of the NHS KSF

The NHS KSF defines and describes the level of knowledge and skill NHS staff require to deliver quality services. It provides a single consistent comprehensive and explicit framework on which to base review and development for all staff.[3]

The NHS KSF is made up of 30 dimensions. These dimensions identify broad functions that are required by the NHS to enable it to provide a good quality service to the public.

As the NHS KSF is a broad generic framework that focuses on the application of knowledge and skills, it does not describe the exact knowledge and skills individuals need to develop for PD nursing specifically. The competencies detailed throughout the following pages help to do this, as will specific training courses in Parkinson's disease management.

1 What is a competency framework?

When is a nurse competent?

A nurse is competent when (s)he possesses the skills and abilities required for lawful, safe and effective professional practice without direct supervision. Competencies can be thought of as underlying characteristics of individuals that result in effective performance, and are described as a combination of knowledge, skills, motives and personal traits. Competency in this sense is generally seen in the way someone behaves. A competency framework is a collection of competencies that are thought to be central to effective performance.

This framework describes the competencies that PDNSs need to achieve and maintain in order for their care to be lawful, safe and effective.

The framework can be used to:

- facilitate continuing professional development on an individual level
- assist with training and development activities
- help managers (or clinical mentors, including doctors) and individual nurses to review their strengths
- strengthen, and identify gaps in, their competency
- highlight specific training and development needs
- inform the commissioning, development and delivery of education and training for PDNSs
- aid performance appraisal reviews
- support NMC revalidation[4]
- support recruitment and retention within the specialty
- assist universities to recognise the learning requirements of PDNSs and deliver programmes to support them.

Competence-based learning

Considerable work has already been invested in the development of competency-based frameworks by the RCN, and a validated competency framework has been developed. It could be argued that one approach be adopted as a standard. However, each learning programme offers a different perspective according to the work environment and infrastructure for support, mentoring and assessment. In addition, some NHS trusts may already have established competency learning programmes. Therefore, specific competencies for Parkinson's can be adapted from the national framework and incorporated with existing local learning packages.[26]

Defining the levels of nursing practice

In 1999, a new career structure was proposed to replace clinical grades for nurses, midwives and health visitors. This structure incorporated the new nurse, midwife and health visitor consultant posts that are significantly extending the career opportunities for nurses who wish to climb the career ladder, but remain in clinical practice.[10]

In September 2006, the Department of Health released its publication *Modernising Nursing Careers: Setting the Direction*, which included planned action for the four health departments across the UK to "work with stakeholders to map nursing roles and competencies to the National NHS Careers Framework".[11] The career framework consists of nine levels and, for the purposes of this document, potential descriptor levels will be included in brackets against those levels described in the career trajectory.

The career framework for health[12] can be viewed at www.skillsforhealth.org.uk.

The competency levels

The competency levels in this document were originally based on the career trajectory and aligned to Benner's stages of clinical competence that extend from novice to expert.[13] Health care assistants (HCAs) are at the first level of the career trajectory which equates to levels 1, 2, 3 and 4 of the Career Framework for Health.[12] The competency statements in this document do not address the needs, of this group of workers.

Registered competent nurse
(Level 5 of the Career Framework for Health)

This level defines the entry point for registered nurses to the Parkinson's disease specialty. At this level, the registered practitioner in the Parkinson's service will:

- develop expertise
- assess and manage patients throughout the four stages of Parkinson's[14]
- demonstrate working knowledge of the key specialist psychosocial and technical treatments that are appropriate to a PwP
- work on a regular, but not necessarily full-time, basis with a PwP
- develop interpersonal skills
- initiate discussions on the impact of IDP on personal relationships
- assess QOL and ADLs
- learn when and how to refer clients to the multidisciplinary team (MDT)
- learn how to document patient care appropriately.

Experienced specialist nurse
(Level 6 of the Career Framework for Health)

At this level the registered practitioner in the Parkinson's service will:

- have developed expertise in using detailed theoretical and practical knowledge in Parkinson's management
- have increased critical understanding of theories and principles
- demonstrate mastery of methods and tools in complex care
- demonstrate innovation
- have the ability to devise and sustain arguments to solve problems.

Expert specialist nurse
(Level 7 of the Career Framework for Health)

Often regarded as a specialist or expert practitioner, PDNS practising at this level of clinical practice work according to local protocols. They co-ordinate the comprehensive care of patients, who could equally be cared for by doctors.

- The nurses can work autonomously without asking the advice of a doctor.
- Any nurse working at this level is required to work within the boundaries of their own knowledge and competence, and refer to or seek advice/opinions from medical colleagues for cases beyond their clinical expertise. Selected treatments will expand this nursing role through independent non-medical prescribing.
- The expected workload of senior registered practitioners differs between settings, depending on local need, resources and infrastructure. In day care settings some nurses are responsible for the total provision of care, others only see patients who have previously been seen by medical colleagues, while some nurses see clients who could equally be cared for by doctors.
- Despite the different types or levels of patient care that PDNSs provide, there are core competencies that are central to all levels of senior registered PDNS nursing practice.

Consultant nurse
(Level 8 of the Career Framework for Health)

Previously defined as a higher level of practice, this level generally reflects the role of the nurse consultant. Nurse consultant posts are developed to satisfy the individual needs of the service in which they are located. However, all posts need to conform to a common core of expectations outlined by the NHS Executive, which are:

- expert practice
- professional leadership and consultancy
- education, training and development
- practice and service development, research and evaluation.

Role level descriptors

Level	Skills and knowledge	Supervision	Regulation, professional and vocational competence
5	Use broad theoretical and specialised knowledge within a field and show awareness of own limitations. Develop strategic and creative responses in researching solutions to well defined concrete and abstract problems. Apply theory to practice to solve problems.	Manage projects independently that require problem solving where there are many factors, some of which interact and lead to unpredictable change. Show creativity in developing projects. Manage people and review performance of self and others. Train others and develop team performance.	Clinical staff will be regulated healthcare professionals. Evaluate own learning and identify learning needs required to undertake further learning. Formulate plan of action to solve a problem. Demonstrate experience of operational interaction within a field. Make judgements based on knowledge of relevant social and ethical issues.
6	Has good practical theoretical knowledge. Some knowledge is at the forefront of the field and will involve a critical understanding of theories and principles. Improve understanding of methods and tools in a complex and specialised field and demonstrate innovation in terms of methods used. Devise and sustain arguments to solve problems.	Demonstrate administrative design, resource and team management responsibilities in work and study contexts that are unpredictable and require that complex problems are solved where there are many interacting factors. Show creativity in developing projects and show initiative in management processes that include the training of others to develop team performance.	Clinical staff will be regulated health care professionals. Consistently evaluate own learning and identify learning needs. Gather and interpret relevant data in a field to solve problems. Demonstrate experience of operational interaction within a complex environment. Make judgements based on social and ethical issues that arise in work or study.
7	Use highly specialised theoretical and practical knowledge, and understanding. This knowledge forms the basis for originality in developing and/or applying ideas. Demonstrate critical awareness of knowledge issues in the field and at the interface between different fields. Create a research-base diagnosis to problems by integrating knowledge from new or MDT fields and make judgements with incomplete or limited information. Develop new skills.	Demonstrate leadership and innovation in work and study contexts that are unfamiliar, complex and unpredictable and that require solving problems involving many interacting factors. Review strategic performance of teams.	Clinical staff will be regulated health care professionals. Demonstrate autonomy in the direction of learning and a high level understanding of learning processes. Solve problems by integrating complex knowledge sources that are sometimes incomplete and in new and unfamiliar contexts. Demonstrate experience of operational interaction in a complex environment. Respond to social, scientific and ethical issues that are encountered in work or study.
8	Use specialised knowledge to critically analyse, evaluate and synthesise new and complex ideas that are at the most advanced frontier of a field. Extend or redefine existing knowledge and/or professional practice within a field or at the interface between fields. Research, conceive, design, implement and adapt projects that lead to new knowledge and new procedural solutions.	Demonstrate substantial leadership, innovation and autonomy in work and study contexts that are novel and require the solving of problems that involve many interacting factors.	Clinical staff will be regulated health care professionals. Demonstrate capacity for sustained commitment to development of new ideas or processes and a high-level understanding of learning processes. Critical analysis, evaluation and synthesis of new and complex ideas and strategic decision making based on these processes. Demonstrate experience of operational interaction with strategic decision making capacity within a complex environment. Promote social and ethical advancement.

Reproduced from Skills for Health (2006) *Career Methodology Testing Report*.[12]

Structure of the framework

Three levels of clinical practice

The framework consists of three levels of clinical practice, and is centred on the patient experience in the PD MDT setting, as well as general professional nursing practice.

Each level of practice has a number of areas of competency that reflect:

- the core aspects of professional nursing practice
- those aspects that are specific to Parkinson's, with a particular focus on the patient experience.

The areas of competency contain the specific competencies:

- each contains an overarching statement that gives an overall flavour of what the competency is about.

A number of statements, known as behavioural indicators which:

- represent the specific behaviours you would expect to see if the competency is applied effectively
- the behavioural indicators that reflect the knowledge, skills and attitudes required for effective, accountable and acceptable client care.

2 How to use competency framework

This document is for nurses working with PwP and their carers. It should be used in combination with, and as a complement to, the UK-wide RCN Core Competency Framework, together with the Skills for Health Neurological Competency Framework[15] (available at www.skillsforhealth.org.uk).

A number of competencies within the Long Term Conditions Case Management – Community Matrons Framework would also be applicable to nurses developing competency in this field and would be a useful reference point. See www.skillsforhealth.org.uk.

Also, for those nurses working within the NHS, it should be used in conjunction with the KSF. This document focuses specifically on technical treatments related to Parkinson's nursing.

The framework should be used for:

- developing and empowering nurses working in the Parkinson's care field
- the management of performance within professional development
- appraisal schemes.

In the NHS, this has to be undertaken in conjunction with the KSF for the individual's role.

Nurses using the framework will need to produce evidence for each competency in order to demonstrate that they have achieved the competence at the identified/desired level. Various approaches should be combined, rather than selecting one approach.

This evidence will also help with NMC revalidation in meeting requirements for this process.

Producing evidence

Below are examples of what could be used as evidence. These examples are not exhaustive, and alternative assessments may be appropriate in different settings:

- observation and critical analysis of everyday practice
- audit and notes review
- case presentations
- OSCEs
- diary reflections of diary or development needs and an action plan
- testimony of the individual's contribution to nursing practice, such as the co-ordination of care management for an individual or a group of patients
- active contribution to policy groups, developing for reviewing guidelines, standards and audit
- evidence of change or project management
- certificate of attendance and an evaluation of the outcomes of study days or courses
- demonstration of evidence-informed practice, with supportive literature, protocols, etc
- planning, delivering and evaluating teaching sessions
- 360° feedback process
- personal and professional development portfolio
- active involvement in clinical supervision, mentorship and multidisciplinary meetings
- demonstration of ability to liaise with the multidisciplinary team and external agencies
- a relevant contribution to a verbal discussion about patient care that is appropriate for the individual nurse's level
- contribution to local or national documents or journals about service delivery, education, etc
- leading or contributing to a journal club or other in-house teaching and learning sessions
- written documentation about patient care that is appropriate for the individual nurse's level.

Assessing competency

Although the strength of the competency framework lends itself to assessment of nursing practice at local level in MDT colleagues, assessment may also take place through university courses and formal examinations. The competency framework provides guidance for assessment, but alternative assessments may be appropriate in different settings. Those performing the assessments should have adequate expertise and training in the assessment and mentoring process, in addition to appropriate knowledge in PD care. As an example, the medical clinical lead in the NHS trust should have clinical responsibility for the service and expect to be involved in the assessment process.

Evaluating the framework

Evaluation methods

There are two measures that can be used to evaluate the effectiveness of the competency framework:

Process measures – focus groups to determine:

- if and how the framework is being used
- ease of use and problems
- gaps in information.

Outcome measures – pre-competency

- Baseline assessment of a representative sample to establish existing level of competence according to the framework.
- This would also indicate gaps in competence and regional practice patterns in order to inform the commissioning, development and delivery of education and training for Parkinson's nurses.
- Repeat survey after period of time to establish if the level of competence has changed among sample participants.

3 Framework development

Values clarification exercise

The competency framework has been developed following extensive consultation. Initially, PDNSs and nurses with a special interest in PD completed a questionnaire to indentify their values and beliefs in Parkinson's nursing. A postal questionnaire was circulated to a database of known PDNSs, obtained from the PDNSA.

Of the 245 questionnaires circulated, 195 were returned completed. There was a good geographical spread with responses from each NHS region in England, and from Wales, Scotland, Northern Ireland and the Channel Islands. Responses were collated and themes generated from the contributions received.

PDNSs responding to the questionnaire said that the purpose of Parkinson's nursing is to:

- maintain and improve quality of life for people with Parkinson's
- provide support and education to people with PD and their families in any location
- support and provide a seamless service throughout the disease trajectory
- educate other health care professionals.

PDNS believed that this could be achieved through:

- a multidisciplinary, patient-centred approach to care that has a strong focus on independence
- highly motivated nurses
- easy access to care.

The questionnaire highlighted the core work of the PDNS as:

- providing support and advice to patients and carers
- assessment
- symptoms management
- medicines management
- education and awareness of professionals
- referral to multidisciplinary team
- anticipatory care.
- research and audit.

Consultation involving PwP and their carers

As part of developing the competency framework, a consultation exercise was undertaken with PwPs and their carers to find out what they valued from their interactions with a PDNS.

A focus group exercise and postal questionnaires were used to obtain views from 240 patients and carers who were at varying stages of the disease process.

The value of the PDNS from this exercise was defined as:

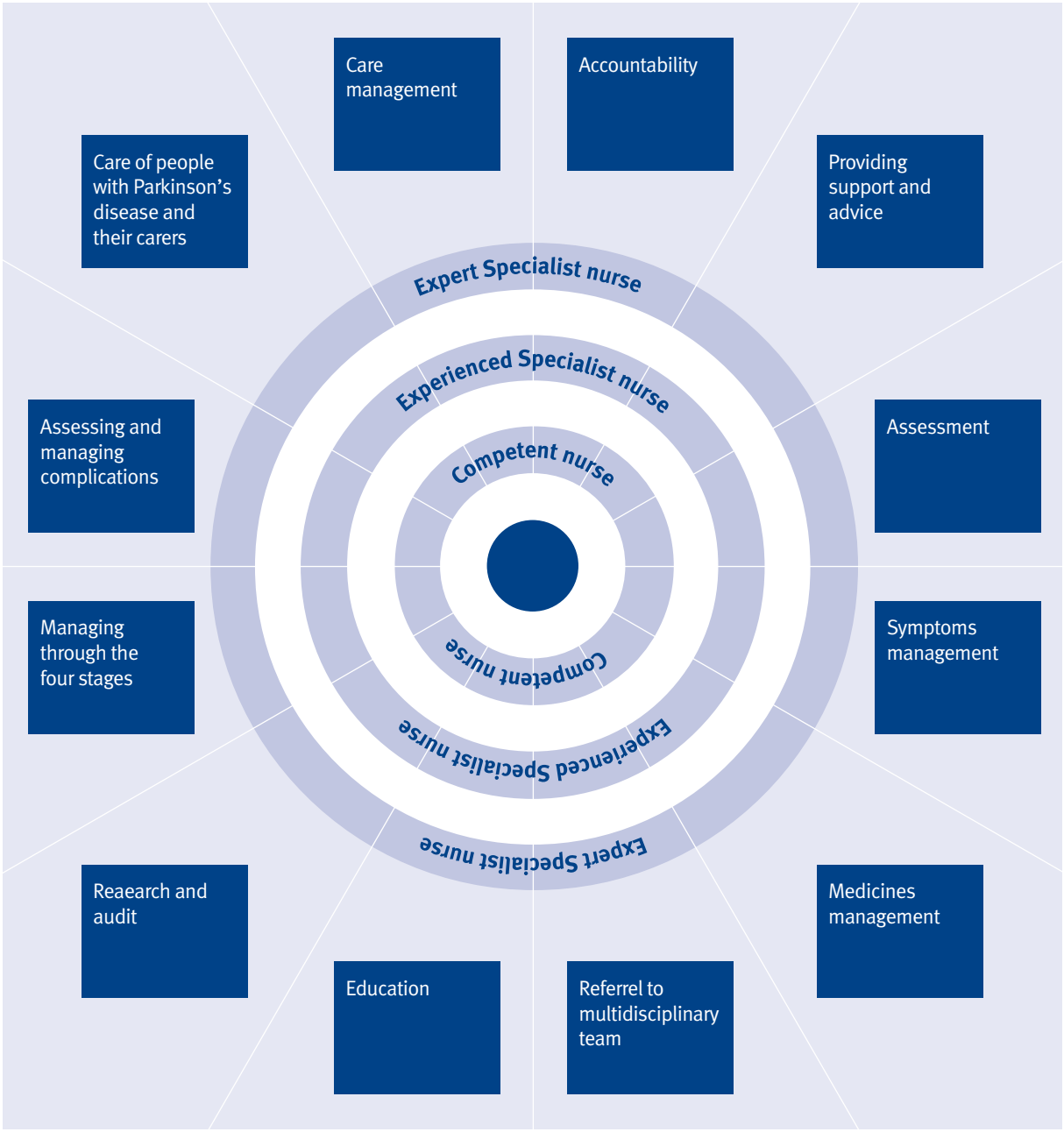
- availability of the nurse and their ability to respond quickly
- expert knowledge
- ability to signpost and navigate the health care system
- information-giving.

The red flag issues PwPs raised were:

- time it takes to see nurse soon after diagnosis
- no single source of information for PwP – currently appropriate services and benefits are spread over many disparate organisations
- patients 'drop out of view' at various stages of treatment, and have to be re-registered or re-referred
- review process for patients is inconsistent, both in time and quality
- support in the palliative care stages is unclear.

PDNS core competencies were subsequently drafted and sent out for consultation. The framework developed was divided into sections.

Competency framework



4 The competency framework for nurses working in Parkinson's management

Specialist competency 1: case management

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Causes of Parkinson's disease • Develops knowledge of the potential causes of Parkinson's. **Classification** Shows awareness of the four-stage management concept of Parkinson's, and how each stage differs: 1. diagnosis 2. maintenance 3. complex 4. palliative.[14] **Pathology** • Develops an understanding of the aetiology of Parkinson's. • Recognises how frailty and other co morbidities impact on PD. **Management** Develops knowledge of: • symptoms of Parkinson's • atypical Parkisonian syndromes (including MSA, PSP, CBD, PDD, DLB) • management options • functional surgery • non oral therapies • possible adverse effects of medications including impulse control behaviour (ICB).	**Causes of Parkinson's disease** • Links the pathology of Parkinson's to management options. • Explains and discusses the pathology of Parkinson's to PwP, their carers and MDT. **Classification** • Understands the pathological differences underlying Parkinson's and Parkinsonism. • Demonstrates knowledge of diagnostic criteria and understands the use of drugs in management of Parkinson's. • Demonstrates knowledge of the four-stage management concept and liaises with the multi disciplinary team (MDT). **Pathology** • Explains how Parkinson's occurs. • Describes and discusses the aetiology of Parkinson's and interprets this to the PwP and their family. **Management** • Describes/discusses/explains Parkinson's to other professionals, PwP and carers: • IPD and atypical Parkinsonian syndromes	**Causes of Parkinson's disease** • Teach staff and MDT professionals about new theories and research developments. • Expand level of knowledge and critical analysis. **Classification** • Discusses the application of management in each distinct stage of Parkinson's. **Pathology** • Outlines the current theories of Parkinson's to experienced staff. Explains the natural history data in Parkinson's. • Explains pathology in relation to functional surgery. **Management** • Educates experienced health professionals on the disease presentations and symptoms. • Works with other professionals to design and implement care pathways in anticipation of potential problems. • Designs, develops and implements care pathways in relation to functional surgery, and or non oral therapies. • Educates experienced health professionals about functional surgery interventions.

Specialist competency 1: **case management** continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Outcome measurement • Shows awareness of assessment scales used in the management of Parkinson's. • Shows awareness of the need to undertake qualitative outcome assessment for PwP and their carers. **Psychological and social impact** Develops awareness of: • cognitive impairment • neuropsychiatric features • psychological impact • emotional need • relationship and communication issues and their potential effect on PwP and their carers. **Indicative KSF Dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 5 level 2 IK2 level 2	• Knowledge of idiopathic PD, genetic PD, and atypical Parkinsonism. • Links signs with symptoms and treatment options using evidence-based management protocols. • Functional surgical options and other non-oral therapies. • Management and rehabilitation options. • Use of drug therapy in the management of Parkinson's including screening and monitoring for ICB, DAWS, DDS. **Outcome measurement** • Uses and interprets results from a range of scales, including quality of life outcomes, and discusses management options. • Understands common limitations associated with the clinical use of scales. • Peer reviews existing, or develops new, qualitative patient outcome measures that can be adapted/ enhanced to measure elements of patient care. **Psychological and social impact** • Uses knowledge of patterns of psychological and social impact in Parkinson's to respond and to manage the needs appropriately. • Shows awareness of potential psychological and social impact in relation to functional surgery. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 4 level 2 Core 5 level 3 IK2 level 3	• Has an understanding of the wider political environment and how it impacts on service redesign. **Outcome measurement** • Identifies scales appropriate for specific clinical measurement. Understands the significance of reliability and validity data related to outcome measures. • Identifies gaps in the service, and initiates strategies to address them from qualitative outcome measures. **Psychological and social impact** • Demonstrates expertise in the recognition of signs psychological issues, addresses and social impact and its effect on assessment and management. • Demonstrates expertise in assessing and recognising psychological and social impact pre- and post-functional surgery. • Manages these, or refers to other members of the MDT as appropriate. **Indicative KSF Dimensions and levels:** Core 1 level 4 Core 2 level 4 Core 4 level 4 Core 5 level 4 Core 6 level 4 HWB2 level 4 HWB4 level 4 HWB5 level 4 IK2 level 4 G1 level 3

Specialist competency 2: accountability

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Scope of practice • Works within the scope of the most recent NMC Code of professional conduct. • Discusses scope of professional practice in relation to current role. **Accountability for service demands** • Develops and manages own caseload, recognising unacceptable workload and identifies when it is appropriate to seek support. **Documentation** • Maintains accurate records and applies current knowledge of data protection and confidentiality issues. **Evidence-based practice** • Accesses and works to best practice guidelines using evidence-based practice where available. Seeks support as required. **Informed consent** • Adheres to the principles of informed consent in the national consent guidance.	**Scope of practice** • Works flexibly within the NMC scope of professional practice, and identifies and develops new ways of working. **Accountability for service demands** • Demonstrates accountability in prioritising and managing workload in response to changing service priorities. **Documentation** • Peer reviews existing, or develops new, patient documentation that can be adapted/enhanced to record the care of PwP. **Evidence-based practice** • Uses own clinical expertise with the clinical governance framework and evidence-based practice to advise others on the management of people with PD. • Identifies gaps in the evidence base and collaborates with others to address them. **Informed consent** • Assesses patient literacy levels, and monitors the patient's understanding of informed consent for treatment.	**Scope of practice** • 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** • Takes a strategic overview of the service, exploring alternatives for managing case load. Is accountable for recommending redesigns to the service that involves other professionals, and justifies additional member of the team. **Documentation** • Develops documentation that facilitates and improves communication between primary, secondary and tertiary care, such as joint records held by the MDT, hand-held notes or IT solutions. **Evidence-based practice** • Identifies gaps in the evidence base and initiates strategies to address them. **Informed consent** • Advises, supervises and coordinates peer group and senior staff on the ethical issues of informed consent.

Specialist competency 2: **accountability** continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Relationships with industry • Shows awareness of pharmaceutical and commercial involvement in PD management. • Identifies trust policy on appropriate relationships with commercial sector. • Shows awareness of national guidelines for ethical standards of working, is aware of the Association of the British Pharmaceutical Industry code of conduct.[16] **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 5 level 2 HWB – all dimensions and levels	**Relationships with industry** • Develops and maintains professional relationships with commercial organisations for the benefit of PwP. • Understands ABPI code of conduct. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 4 level 2 Core 5 level 3 HWB – all dimensions and levels IK3 level 3 G5 level 3	**Relationships with industry** • Uses experience and expertise to influence the pharmaceutical and commercial industry to improve patient care. • Understands and can interpret the ABPI code of conduct. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 2 level 4 Core 4 level 4 Core 5 level 3 HWB – all dimensions and levels IK3 level 4 G5 level 3 G6 level 4

Specialist competency 3: providing support and advice to PwP and carers

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Self-management • Develops a relationship based on trust. • Develops an understanding of the strategies used in self-management. **Advocacy** • Acts as an advocate for the PwP and their family at team level to remove barriers to care and services. **Service user development** • Develops awareness of issues related to service development and service user involvement. **Telephone/electronic communications management.** • Demonstrates effective listening and questions skills appropriate to telephone communication, ensuring the caller feels confident that their needs have been understood. • Recognises importance of information governance as per local protocols. **Telephone management/ prioritising time** • Manages time effectively by assessing the urgency of calls. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 4 level 2 Core 5 level 2 Core 6 level 3	**Self-management** • Encourages the individual and their family to foster a self-management approach. • Support, implement or run self-management programme. **Advocacy** • Acts as an advocate for PwP and their family at a departmental/ unit/community team level. • Participates in user groups, looking at service developments within resource constraints. Develops active contact with patient services. **Service user development** • Provides opportunities PwP to play a part in the development in local services. **Telephone management/ electronic communication** • Effectively assesses and prioritises need, based on telephone communication. Agree realistic expectation with PwP. • Manages crisis and unexpected calls confidently. **Telephone management/ prioritising time** • Agrees realistic expectations in the management of telephone-dependent patients. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 4 level 2 Core 5 level 3 Core 6 level 3 HWB4 level 3	**Self-management** • Empowers the individual and their family to identify and reach realistic goals of self-management. **Advocacy** • Advocates on behalf of the local Parkinson's population at a strategic/trust commissioning level to ensure services are developed effectively. • Ensures the user's voice is recognised in service implementation and development, within resource constraints. **Service user development** • Creates opportunities at different levels for PwP to play a part in the development of local services. **Telephone management relationships** • Develops strategies to monitor and manage effectively issues raised during telephone contact. **Telephone management/ prioritising time** • Identifies the reasons for a patient's telephone dependency and develops strategies to meet them. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 4 level 4 Core 5 level 3 Core 6 level 4 HWB4 level 4 G5 level 4

Specialist competency 4: assessment, planning, implementation and evaluation

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Assessing the patient • Obtains consent from individuals before initiating assessment. • Undertakes an holistic patient assessment to determine accurately actual and potential problems that might require attention. • Uses an evidence-based and person-centred assessment approach to identify health care and education needs. • Adjusts assessment and history, taking into account age, gender and cultural background. • Assesses patients' level of vulnerability due to age and disability. • Assesses appropriate additional information about a patient and communicates that information. • Assesses the ability and motivation of the patient and carer to self-manage care shows knowledge of clinical rating scales. • Using assessment data to implement and evaluate a plan of action. • Agrees a care plan in partnership with patient and, in collaboration with others, implements a care plan for the client group using an evidence-based and patient-centred approach. • Sets and monitors patients' goals in collaboration with patient and other members of the team using an evidence-based and patient-centred approach.	**Assessing the patient** • Assesses health and wellbeing needs when those needs are complex and change across the case load. • Has knowledge of clinical rating scales. For example: UPDRS Swab and England PDQ 39 NMSS HADS ESS. • Accurately conducts a health and risk assessment using (these) recognised assessment tools, and together with a physical examination, interprets and acts on findings. • Discusses assessment outcomes with patients/clients and colleagues, enabling them to think through the risks, their effective management and the need for referral to others. • Has knowledge of specialist clinical rating scales. For example: MOCA GDS. **Using assessment data to implement and evaluate a plan of care** • Makes decisions in collaboration with patients and other team members about care priorities for a range of patients.	**Providing expert assessment, planning, implementation and evaluation** • Decides on assessment priorities in the care setting for a range of patients. • Expertly interprets all of the information available. Makes a justifiable assessment of people's health and wellbeing needs and their prognosis, together with risks to their health and wellbeing in the shorter and longer term. • Transfers and applies knowledge to new needs and issues, explaining clearly to colleagues his/her own reasoning processes as the assessment proceeds. • Works nationally or internationally in partnership to develop and validate clinical rating scales that improve clinical assessment. • Recognise and incorporate any new scales into service. • Undertakes appropriate specialist assessment in relation to function surgery, and expertly interprets results. **Using assessment data to implement and evaluate a plan of care** • Contributes to the decision-making process of options relating to functional surgery. • Makes decisions on service redesign to deliver best practice. Acts as a catalyst for change.

Specialist competency 4: **assessment, planning, implementation and evaluation** continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
• Evaluates a care plan for, and with, the client group using an evidence-based and patient-centred approach. Liaises between the patient/carers and other members of the MDT, including other agencies, to achieve the care plan. • Uses assessment data to provide the rationale for clinical decision-making Assimilates the information gathered at assessment to provide the rationale for clinical decision-making. • Has knowledge of specialist clinical rating scales. For example: MOCA. **Documentation of assessment, planning, implementation and evaluation** • Documents clear and accurate information about the patient arising from the assessment and care planning process, and communicates this to others. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 5 level 2 Core 6 level 3 HWB2 level 3 HWB4 level 2 HWB5 level 3 IK2 level 2	**Specialist health and risk assessment, planning, implementation, evaluation and clinical decision-making** • Undertakes specialist health and risk assessment and care planning processes consistent with evidence-based practice and own scope of practice. • Able to convey the care plan to patient, MDT (including consultant and general practitioner in writing). **Team standards in assessment, planning, implementation and evaluation** • Monitors the assessment and care planning processes provided by the team for a range of patients in client group. • Facilitates others in the development of competence in specialist assessment and care planning processes. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 5 level 3 HWB2 level 3 HWB3 level 2 HWB4 level 3 HWB5 level 3 IK2 level 2 G5 level 3	**Implementing organisational approaches to enable patients to receive skilled assessment, planning, implementation and evaluation** • Develops referral pathways for patients requiring other treatments. • Develops local networks for supporting staff. • Disseminates information about specialist assessment and care planning processes. **Developing a culture that constantly evolves assessment strategies and care planning processes** • Identifies situations where the scope of practice needs to be expanded to improve the service and subsequent educational needs. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 2 level 4 Core 4 level 4 Core 5 level 3 HWB2 level 4 HWB3 level 3 HWB5 level 4 G1 level 3 G5 level 3 G6 level 4 G2 level 3 IK2 level 4

Specialist competency 5: symptoms management

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Developing knowledge • Recognises and describes signs and symptoms of common conditions in PwP. • Has up-to-date information about the treatment and management of common motor and non motor symptoms, potential side effects of medication. • Implements actions and knowledge arising from own reflections and clinical supervision. • Implements local action plans in relation to essence of care benchmarking. **Understanding patient need** • Identifies the physiological, psychological, social, cultural, developmental, sexual and spiritual needs of the person. • Identifies the individual's coping and adjustment strategies, their motivation and support mechanisms. **Practice** • Demonstrates ability to identify and manage problems, or signpost PwP to appropriate source of help and support. **Accountability** • Understands the principles of accountability in relation to symptom management.	**Developing expertise** • Demonstrates ability to identify clinical problems and undertakes timely intervention and management of symptoms. • Demonstrates awareness of the various sources of pharmaceutical information and uses a full range of strategies to help relieve/address symptoms. • Provides the team with local expertise on aspects of NICE/SIGN guidelines on PD management. • Uses and acts on knowledge of normal and uncharacteristic physiology in caring for patients. **Understands patient need** • Critically evaluates patient data to select and implement appropriate symptom management, and reviews all relevant information about the individual's condition and symptoms. • Anticipates the effects of symptoms on the people with PwP and carer/family, adjusts care to enhance wellbeing and responds appropriately. • Anticipates the likely course of interventions, treatment and therapies, and uses own specialist knowledge to achieve the best outcome. • Identifies the most appropriate activities to assist the individual to manage their symptoms, and encourages the individual to report any significant change in their symptoms.	**Demonstrating expertise** Demonstrates all the characteristics of expertise, specifically: • uses holistic practice knowledge • knows the patient • can recognise, prioritise and triage the management of symptoms • implements comprehensive knowledge into practice • acts as a catalyst by creating understanding, enabling new ways of working, and by influencing colleagues' practice • questions and reviews practice, and responds innovatively • demonstrates self-awareness by challenging own practice and seeking improvement. **Indicative KSF dimensions and levels:** Core 2 level 4 Core 4 level 3 HWB2 level 4 HWB4 level 4 HWB5 level 4

Specialist competency 5: **symptoms management** continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Indicative KSF dimensions and levels: Core 1 level 3 Core 2 level 3 Core 5 level 2 Core 6 level 2 HWB2 level 3 HWB5 level 3	• Provides information to the individual on the potential variations in the pattern, severity and duration of their symptoms. **Practice** • Performs accurate and comprehensive clinical assessments and generates appropriate treatment options. Monitors symptoms and recommends any changes in consultation with the patient and Consultant/Neurologist /GP. • Reviews whether activities to manage the patient's symptoms are effective for the individual. **Accountability** • Documents and maintains accurate and coherent records. Liaises and communicates across primary and secondary care. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 HWB2 level 3 HWB4 level 3 HWB5 level 3 IK2 level 2	

Specialist competency 6: medicines management

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Developing knowledge • Develops knowledge of the pharmacokinetic and pharmacodynamic properties of the drugs used in the management of PD. • Recognises drugs that may be contraindicated in the management of PD, or drugs that can cause drug-induced Parkinsonism. • Develops knowledge of both oral and non oral therapies. **Practice** • Identifies and agrees own role in relation to drug management for the PwP. • Provides support and information to the individual and their carers throughout the provision of medication. • Ensures that health and safety measures relevant to the administration of medication are undertaken. • Reviews all relevant information about the individual's condition and symptoms. • Aware how to access NBM/advice. **Accountability** • Understands the principles of accountability in relation to drug management. • Keeps accurate, legible and complete records.	**Developing expertise** • Discusses and explains the drugs used in the management of Parkinson's disease to the PwP, their carers and other health and social care professionals. • Shows awareness of the implications of functional surgery on medicine management. **Practice** • Performs accurate and comprehensive clinical assessments, and generates appropriate treatment options. • Identifies the risks of medication, and explains any side effects to the individual. • Establishes whether the medication is being correctly administered as instructed, and identifies any reasons for non-compliance. • Monitors drug therapy and recommends any changes in consultation with the PwP, consultant and neurologist, to the GP. • Encourages the individual to monitor their reaction to medication and to report any concerns or problems. • Reviews the outcomes of the medication on the individual's symptoms and overall condition, including ensuring getting access to medication on time.	**Demonstrating expertise** • Non-medical Independent prescriber working closely with the local medicines management team. • Influences prescribing policy at local and national levels.[18] • Advises and supports health professionals in medicine management pre- and post-functional surgery. **Practice** • Works with the local drugs and therapeutics committee to develop protocols and shared care guidelines. • Collaborates and conducts consultation in partnership with the PwP, and develops individual clinical management plans. • Applies evidence base and local formularies in prescribing practice. • Monitors prescribing practice through follow-up and within clinical management plan, and makes referral back to the independent prescriber where appropriate.[16] • Conducts specialist pre-and post-surgical assessments. • Manages the titration of anti-Parkinson's medicines in relation to functional surgery.

Specialist competency 6: **medicines management** continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Indicative KSF dimensions and levels: Core 1 level 3 Core 2 level 3 Core 3 level 2 Core 4 level 2 HWB2 level 3 HWB3 level 1	• Titrates anti-Parkinson's medication, as per locally agreed protocol, with the consultant. • Identifies patients who may benefit from non oral therapies, and assists in the assessment process. • Initiates Apomorphine/response test as per shared care guidelines and local protocol. • Able to titrate Duodopa and Apomorphine dose rates as prescribed. • Awareness of emergency medication regime in event of non oral device failure. • Advise on "NBM "as per guidelines". **Accountability** • Documents and maintains accurate and coherent records. Liaises and communicates across primary and secondary care. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 3 level 2 Core 5 level 3 HWB2 level 3 HWB3 level 2 HWB4 level 3 HWB5 level 3 IK level 2	• Provides expert medicine management during pre- and post- functional surgery assessment according to locally agreed guidelines/protocols. • Awareness of MHRA alerts and impact on practice. Disseminate to team, and adapt practice accordingly.[17] • Provides expert medicine management during pre- and post- functional Duodopa assessment according to locally agreed guidelines/protocols. • Develop guidelines, and implement plan for "NBM" management. **Accountability** • Works within legislative framework within independent and supplementary nurse prescribing. • Follows guidance set out in the NMC standards for medicine management.[18] • Is responsible for maintaining their continued professional development. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 2 level 4 Core 3 level 3 Core 4 level 4 Core 5 level 3 HWB2 level 4 HWB3 level 3 HWB4 level 4 HWB5 level 4

Specialist competency 7: referral to the multidisciplinary team (MDT)

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Multidisciplinary liaison • Identifies health, social, voluntary, and independent sector staff with interest in Parkinson's. • Establishes MDT working relationships. **Influence and leadership** • Understands the role of the PDNS and the role of the surgical movement disorder specialist nurse. • Develops an awareness of how own role impacts on service delivery locally to PwP. **Professional networking** Identifies opportunities to join effective networking groups; for example the PDNSA and UK Parkinson's Excellence Network. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 3 level 2 Core 6 level 2 HWB3 level 1	**Multidisciplinary liaison** • Maintains and expands MDT working. • Fosters closer working relationships with health, social, voluntary and independent sectors. **Influence and leadership** • Communicates and promotes effectively the role of the PDNS/ surgical movement disorder specialist nurse as a pivotal member of the MDT. • Develops own leadership skills through recognised courses. **Professional networking** • Maximises the use of effective networking across social and health care boundaries. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 4 level 2 Core 5 level 3 Core 6 level 3	**Multidisciplinary liaison** • Develops new working practices with health, social, voluntary and independent sectors. **Influence and leadership** • Influences local service provision by Parkinson's nursing leadership, and participates in multi-disciplinary projects. • Develops leadership skills of others through participation in leadership training and mentorship. **Professional networking** • Initiates new networking opportunities through meeting people working in other specialist areas. Participates on a national and international basis. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 2 level 4 Core 4 level 4

Specialist competency 8: education

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Developing knowledge • Attends educational programmes for MDT, nursing, the voluntary sector and other non-professional groups in managing all aspects of Parkinson's. • Participates in local and national clinical networks, • Joins regional Parkinson's Excellence Network group. • Joins regional PDNS network meetings. **Teaching** • Teaches within limitations of own Parkinson's knowledge. Identifies opportunities to develop own learning needs for teaching and sharing knowledge. **Use of evaluation tools** • Responds to evaluation/feedback on teaching sessions. **Mentorship** • Makes effective use of a mentor to explore ideas and devise a personal development plan. **Teaching people with Parkinson's disease** • Understands the possible barriers to learning, and uses strategies to maximise and evaluate learning. **Indicative KSF dimensions and levels:** Core 2 level 3 G1 level 1	**Developing expertise** • Initiates and develops effective local clinical networks, education programmes and discussion groups for across the healthcare sector. **Teaching** • Shares specialist Parkinson's knowledge and evidence-based practice in a variety of settings. Uses a range of knowledge sources to develop own clinical practice and that of others, using formal teaching and/or writing for local publications. • Undertakes teaching at higher education institutions and on undergraduate and graduate training programmes. **Use of evaluation tools** • Uses a range of education evaluation tools to find out the opinions of others. Incorporates feedback into future sessions/courses. **Mentorship** • Acts as a mentor to PDNSs new in post. **Teaching PwP** • Promotes the education of people with Parkinson's by encouraging patients to take responsibility for health and wellbeing, emphasising the concept of wellness in living with Parkinson's. • Runs support/education groups for PwP.	**Demonstrating expertise** • Identifies and responds to the learning needs of the MDT, concentrating on experienced colleagues who need to develop advanced knowledge and skills. • Develops and sustains productive partnerships, playing a part in the development of managed clinical networks and educational programmes. **Teaching** • Leads on the development of regional higher education institutions. Ensures inclusion of Parkinson's training in undergraduate and graduate training programmes. • Disseminates knowledge by writing for publications and speaking at conferences. Is acknowledged as a valuable resource for Parkinson's teaching and expertise. **Use of evaluation tools** • Promotes innovative ways to optimise learning. Uses evaluation to develop new programmes for high-level practice. **Mentorship** • Acts as a role model at local, national and international level to help others to challenge practice and promote professional development.

Specialist competency 8: **education** continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
	Indicative KSF dimensions and levels: Core 1 level 3 Core 2 level 3 G1 level 2	**Teaching people with Parkinson's** • Leads the development of local and regional education initiatives for PwP, and participates in the development of national education initiatives that incorporate the concept of the expert patient. • Maximises the use of developing technologies as they become available, for example direct access between clinicians and patients via web-based systems. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 2 level 4 G1 level 4

Specialist competency 9: research and audit

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Understanding research • Understands what is meant by evidence informed care. • Accesses evidence relevant to Parkinson's management and shares this resource with others. **Undertaking research** • Supports existing multidisciplinary Parkinson's research in the local area where there is a recognised need for specialist nursing input. **Patient trials** • Explains to patients the meaning of common terms and concepts used in research methodologies (for example, randomisation, blind trials, informed consent, placebos), and what these may mean for them. **Audit** • Identifies components of PDNS/ surgical movement disorder specialist nurse 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. • Participates in the National Parkinson's UK audit. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 4 level 2 Core 5 level 2 IK2 level 2	**Understanding research** • Uses critical appraisal skills to differentiate between research that will improve practice and promote change on an individual and organised level. **Undertaking research** • Contributes to the design and practical implementation of local multidisciplinary PD research projects, representing a specialist nursing perspective. **Patient trials** • Enables patients to have realistic expectations about participating in research and evidence-based treatment/lifestyle changes. **Audit** • Carries out audit of key aspects of own service using a range of approaches; for example, standards, patient satisfaction, complaints monitoring and quantitative data, such as telephone advice and response times. • Undertakes National Parkinson's UK Audit **Indicative KSF dimensions and levels:** Core 2 level 3 Core 4 level 2 Core 5 level 3 HWB1 level 3 HWB4 level 3 IK2 level 3 G2 level 1	**Understanding research** • Influences policy at organisational, regional and national levels by highlighting evidence in support of proposed practice/service developments in the field of Parkinson's. **Undertaking research** • Identifies multidisciplinary research questions relevant to daily practice and, with supervision, designs, carries out and reports on these projects. **Patient trials** • Uses in-depth clinical and research knowledge to empower patients to make well-informed decisions about participating in Parkinson's research. **Audit** • Contributes to the design of PDNS and surgical movement disorder specialist nurse data as part of multidisciplinary clinical audit projects at organisational, local and national level. • Organises the National Parkinson's UK audit for the team. • Reviews outcomes of audits and adapts practice accordingly. **Indicative KSF dimensions and levels:** Core 4 level 4 Core 5 level 3 HWB4 level 4 IK2 level 3 IK3 level 4 G2 level 3

Specialist competency 10: management through the four stages

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)

Developing knowledge
• Shows awareness of the four-stage management concept, and the potential needs of patients at each stage:
  • diagnosis
  • maintenance
  • complex
  • palliative care.
• Undertakes interventions expected of a registered nurse at each stage, consistent with evidence-based practice, own scope of practice and legislation.
• Applies skills and knowledge to meet individuals' changing needs.
• Uses a full range of nursing strategies to relieve the psychological and spiritual impact of the physical and emotional aspects of illness on individuals and families throughout each stage.
• Acts on knowledge of the key interventions, treatments and therapies appropriate to the client group.
• Undertakes monitoring and assessment as requested.
• Demonstrates awareness of risk factors and has active listening skills.
• Anticipation of crises.
• Awareness of anticipatory care guidelines.
 	
Indicative KSF dimensions and levels:
Core 1 level 3
Core 2 level 3
HWB2 level 3
HWB3 level 1
HWB5 level 3
HWB7 level 3
	Developing expertise
	• Makes decisions about priorities in each stage in collaboration with PwP and other team members, and acts as a named contact.
	• Monitors the assessment and care planning processes provided by the team, and facilitates others in the development of competence in management processes.
	• Demonstrates knowledge of theoretical frameworks and educational philosophies underpinning behaviour change, and understanding of biophysical and psycho-social factors affecting self-management.
	• Develops and ensures delivery of educational material and supportive networks that foster empowerment. Works with PwP to facilitate lifestyle changes in response to changes in condition or circumstances.
	
	Establish anticipatory care
	• Implements anticipatory care guidelines.
	
	Anticipation of crisis
	• Orders tests and specialist investigations, and using risk assessment, history and interpretation skills, then acts on results.
	
	Monitoring the condition
	• Influences therapeutic decisions, and demonstrates counselling skills.
	• Develops guidelines/protocols, and shows proficiency in developing and delivering education.
		Demonstrating expertise
		• Advises on expert management, particularly in highly distressing circumstances.
		• Develops specialised programmes of care, and highly specialised advice.
		• Identifies service deficits and develops a strategic plan for the service.
		• Works in collaboration with higher education institutes and other education providers to meet education needs.
		• Initiates and leads research and promotes evidence-based practice.
		• Develops best practice, for example. through leadership.
		
		Indicative KSF dimensions and levels:
		Core 1 level 4
		Core 2 level 4
		Core 4 level 4
		Core 5 level 3
		G1 level 4
		G5 level 4

Specialist competency 10: management through the four stages continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
	• Manages and coordinates individual patient care and education, and negotiates personal care plans. Provides or refers for psychological support as required. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 5 level 3 HWB1 level 2 HWB2 level 3 HWB4 level 3 HWB5 level 3 G1 level 2	

Specialist competency 10: management through the four stages

Professional and personal development

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Reflective practice • Recognises the importance of clinical supervision and attends on a regular basis. • Identifies critical incidents from which learning will occur. Ensures own supervision needs are met at an appropriate level with identified mentor. • Adheres to NMC revalidation process. **Develop knowledge** • Attends/has access to recognised training course for management of PwP. • Recognises the importance of networking. • Ensures protected time for study and peer networking. • Uses reflection to prioritise areas for personal development, formulating a personal development plan with line manager and mentor. **Indicative KSF dimensions and levels:** Core 2 level 3	**Reflective practice** • Improves the quality of the service through reflection on positive and negative clinical experiences. • Provides mentorship for less experienced nurses, and support with revalidation process (NMC). **Develop knowledge** • Maintains professional development through access to national study days and courses. • Shares knowledge and best practice through participation in local and national specialist networks. **Indicative KSF dimensions and levels:** Core 2 level 3	**Reflective practice** • Initiates and provides skilled supervision for members of team. • Develops action learning sets. • Supports and guides other nurse mentors. • Supports NMC revalidation process for self and team members. **Develop knowledge** • Leads a managed clinical network to educate. • Shares experience and knowledge at regional and national levels. Develops skills in lecturing and facilitating for Parkinson's diploma and degree courses. Working towards masters or willing to undertake if appropriate. • Accesses and participates in study days at national and international level. • Influences policy at local and national levels. **Indicative KSF dimensions and levels:** Core 2 level 4

Specialist competency 11: assessing and managing complications

Psychological problems

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Developing knowledge • Recognises psychological problems, and reports to specialist nurse and/or medical practitioner. • Documents and reports any abnormal findings. • Shows awareness of how this might affect PwP and their carer, and advises accordingly. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 6 level 2 HWB3 level 1	**Developing expertise** • Assesses mental health status using relevant tools such as MOCA. • Provides support and advice to patients and carers to help them deal with emotional problems. • Refers appropriately to the mental health team if mental health problems are found, and works with the team. • Educates carers relating to the management of neuro-psychiatric symptoms, including ICB **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 HWB2 level 3 HWB4 level 3 IK2 level 2	**Demonstrating expertise** • Advises other members of the MDT about the management of neuro-psychiatric symptoms, including drug treatment. • Plans and manages the care of patients with psychiatric complications using others for support and advice when needed. • Develops local and national guidelines for the management of the neuro-psychiatric problems associated with Parkinson's. • Lectures/educates peers and colleagues at local and national levels. • Recognises when end-of-life care is most appropriate. Supports the patient, family, carers and colleagues during this process. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 2 level 4 Core 4 level 4 Core 5 level 4 Core 6 level 4 HWB2 level 4 HWB3 level 3 HWB5 level 4 G1 level 4

Specialist competency 11: assessing and managing complications

Motor and non-motor fluctuation

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Developing knowledge • Shows awareness of occurrence of motor and non-motor fluctuations and end-of-dose problems. • Shows awareness of appropriate referral system for problems. • Demonstrates an awareness of the physiology relating to motor and non-motor fluctuations. • Under supervision identifies and articulates patient needs, and suggests an appropriate lifestyle change. • Demonstrates ability to evaluate current practice and refer back to consultant/neurologist/GP as necessary. • Shows awareness of the tools, electronic equipment available to monitor motor and non-motor fluctuations. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 HWB1 level 1 HWB2 level 3 HWB4 level 2 HWB5 level 3 IK2 level 2	**Developing expertise** • Demonstrates ability to work within set guidelines and protocols for the management of motor and non-motor fluctuations. • Demonstrates ability to interpret assessment tools and electronic equipment and gives appropriate advice to patients with suggested lifestyle changes or treatment changes (within agreed guidelines or protocols). • Demonstrates ability to supervise and teach junior colleagues about motor and non-motor fluctuations. • Demonstrates ability to communicate the issues related to motor and non-motor fluctuations with patient, carer, health and social care professionals. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 5 level 3 HWB2 level 3 HWB5 level 3 IK2 level 2 G6 level 1	**Demonstrating expertise** • Demonstrates ability to interpret the findings of investigations independently. • Demonstrates ability to articulate the evidence base and changes practice accordingly. • Accepts referrals from other nursing and medical staff. • Identifies appropriate services and products to meet patients' needs. • Facilitates the development of new services to meet patients' needs. Develops training programmes, guidelines and protocols to manage motor and non-motor fluctuations in PwP. **Indicative KSF dimensions and levels:** Core 1 level 4 Core 4 level 3 Core 5 level 4 IK2 level 2 HWB4 level 4 HWB5 level 4 G1 level 4

Specialist competency 11: assessing and managing complications

Promoting independence

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Developing knowledge **Knowledge base** • Demonstrates knowledge of the physiological social and spiritual needs of PwP, and the ability to recognise and describe signs of common problems affecting the people with Parkinson's that may compromise self-care. **Interventions** • Uses advocacy, interpersonal and listening skills to ensure PwP are able to express their needs and receive appropriate care. • Maintains safety, privacy, respect and dignity of PwP. • Demonstrates relevant and current knowledge of health promotion issues. • Assesses the person's ability to manage their own care independently and/or refers to ensure their needs are met. • Introduces concept of anticipatory care, following local guidelines. **Management** • Provides support and advice for PwP to be cared for in the environment of their choice, adapted to suit their needs. • Engages in multi-agency collaboration, and places the patient and the carer at the centre of decision making. • Demonstrates effective communication skills with PwP/ carer and health and social care professionals.	**Developing knowledge** **Knowledge base** • In caring for PwP identifies the physical, social, psychological cultural and spiritual needs arising from normal ageing. • Ensures the patient is given the information they need to make informed care decisions. **Interventions** • Provides information and support to promote and encourage patient empowerment and decision-making relating to care and support. • Undertakes a comprehensive holistic assessment of any changes in a patient's condition and refers appropriately to the MDT. • Demonstrates ability to implement treatment regimens competently within agreed guidelines or protocols. • Implements knowledge and skills of effective health promotion to meet the needs of PwP. **Management** • Engages and develops multi-agency collaboration across health and social care. Demonstrates understanding of legal, moral and ethical issues relating to PwP. • Identifies, acknowledges and promotes activities that benefit PwP, including both pharmacological and complementary therapies.	**Developing knowledge** **Knowledge base** • Critically appraises the available research and evidence base to ensure best practice in managing PwP. • Actively identifies areas for research into self-care, or inability for PwP to self-care. • Participates in developing and publishing the evidence base and best practice guidelines. **Interventions** • Critically assesses, plans, implements and evaluates planned care that incorporates the holistic needs of PwP. • To achieve best outcomes, initiates decision-making based on expertise and experience. • Initiates and accurately interprets a range of investigations relating to the condition and needs of the patient. • Demonstrates autonomy of practice and decision-making in meeting the needs of PwP. **Management** • To develop and improve care for PwP. Contributes and collaborates at local and national levels to developing and implementing[19] and other government plans, policies and strategies. Critically analyses the legal, moral and ethical issues relating to PwP. • Effectively champions the needs of PwP through patient advocacy and active empowerment.

Specialist competency 11: assessing and managing complications

Promoting independence continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Indicative KSF dimensions and levels: Core 1 level 3 Core 2 level 3 Core 3 level 2 Core 6 level 3 HWB1 level 1 HWB2 level 3 HWB3 level 1	**Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 4 level 2 Core 5 level 3 Core 6 level 3 HWB1 level 2 HWB2 level 3 HWB4 level 3 HWB5 level 3	**Indicative KSF dimensions and levels:** Core 1 level 4 Core 2 level 4 HWB2 level 4 HWB4 level 4 HWB5 level 4 IK2 level 3 K3 level 4 G2 level 3

Specialist competency 11: assessing and managing complications

Concurrent illness

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Identification • Communicates with hospital wards how to contact the PDNS if required to assess a patient with Parkinson's whilst in hospital. • Identifies signs of concurrent illness and reports to appropriate medical or specialist nursing staff. • Documents and reports abnormal findings, and shows awareness of how concurrent illness might affect PD and advises accordingly. **In-patient care – acute setting** **Environment** • Able to advise ward staff on appropriate adaptation of the environment to care for PwP. • Good interpersonal and communication skills with all health and social care professionals. • Ability to refer patients to the appropriate MDT member to ensure the patient receives holistic in-patient care. • Practises and advocates respect for privacy and dignity of the patient while in hospital. • Provides information and support to the PwP and the family/carer. • Demonstrates ability to undertake a general holistic assessment of the PwP.	**Identification** • Initiates appropriate preliminary investigations, and takes a comprehensive patient assessment and history. • Knows and uses appropriate referral systems, and gives advice on continuation of current medication. **In-patient care – acute setting** **Environment** • Takes an active role in the risk assessment process and identifies risk assessment clinical indicators. • Undertakes environmental and equipment audit and reports findings (if appropriate). • Shows excellent interpersonal and communication skills with all health and social care professionals. • Demonstrates ability to provide comprehensive patient management advice to non-specialist and junior staff. Uses a holistic nursing model appropriate to the care of PwP to assess, plan, implement and evaluate in-patient nursing care. • Shows an understanding of the physiological signs, symptoms and the risks associated with an emergency admission of PwP, and advises on Parkinson's care in hospital admissions/procedures, where the PwP is NBM.	**Identification** • Provides expert advice on complex cases. • Leads the development of local and regional initiatives to ensure PwP are managed effectively in hospitals. **In patient care – acute setting** **Interpersonal skills** • Leads and develops in-patient nursing management and reviews, advises or alters patient treatment plans in collaboration with MDT. • Is responsible for the clinical management of PwP and advises on the future direction and management of services. • Identifies service deficits and develops strategic plans for the service. • Writes and reviews local protocols/guidelines in line with national recommendations. • Reviews medication and ensures appropriate changes are made.[25] **Indicative KSF dimensions and levels:** Core 1 level 4 Core 3 level 4 Core 4 level 4 Core 5 level 4 HWB3 level 3 IK2 level 3 G5 level 4 G6 level 4

Specialist competency 11: assessing and managing complications

Concurrent illness continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Indicative KSF dimensions and levels: Core 1 level 3 Core 6 level 3 HWB1 level 1 HWB2 level 3 HWB3 level 1 HWB4 level 2 HWB5 level 3	• Trouble-shoots and responds to problems relating to the care of PwP in hospital and responds to queries from lay people and other health care professionals about hospital care. • Develops or maintains local guidance for the care of PwP in hospital. Sets and maintains standards of care and educates nurses and other carers about caring for a PwP in hospital, and the importance of getting medication on time. **Indicative KSF dimensions and levels:** Core 1 level 3 Core 2 level 3 Core 3 level 2 Core 5 level 3 HWB2 level 3 HWB3 level 2 HWB4 level 3 HWB5 level 3 HWB6 level 3 G1 level 2	

Specialist competency 12: mobility and falls

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)

Developing knowledge
• Demonstrates awareness of contributory factors that cause PwP to fall.
• Acts on knowledge of the key interventions, treatments and therapies appropriate to the client group.
• Undertakes monitoring and assessment as requested. Demonstrates awareness of risk factors.
• Demonstrates active listening skills.
• Maintains basic competence in falls assessment and prevention. Shows awareness of local falls prevention programmes.
• Guidance on safe compassionate care for frail older people.[20]
 	
Indicative KSF dimensions and levels:
Core 1 level 3
Core 2 level 3
Core 3 level 2
HWB1 level 1
HWB2 level 3
HWB3 level 1
	Developing expertise
	Case/risk identification
	• Identifies the physical, social, psychological problems that may contribute to PwP.
	
	Interventions
	• Undertakes a comprehensive holistic assessment in relation to any changes in a patient's condition, and makes any appropriate referrals to the MDT.
	• Offers multifactorial falls assessment in conjunction with MDT, including:
	  • falls history
	  • gait balance
	  • mobility muscle weakness
	  • perceived functional ability
	  • fear of falling
	  • visual impairment
	  • cognitive impairment
	  • medication review
	  • home hazards
	  • continence assessment.
	• Engages and develops multi-agency collaboration and cooperation across health and social care for the assessment and prevention of falls.
	
	Patient education
	• Encourages the participation of people with Parkinson's in falls prevention programmes, including education and information giving.
	
	Indicative KSF dimensions and levels:
	Core 1 level 3
	Core 2 level 3
	HWB1 level 2
	HWB2 level 3
		Demonstrating expertise
		• Leads the development of local and regional initiatives to ensure PwP are managed effectively by the MDT.
		• Identifies service deficits and develops strategic plan for the service.
		• Works in collaboration with higher education institutes, and other education providers, to meet education needs of all staff.
		• Writes and reviews local protocols/guidelines in line with national recommendations.
		• Develops and monitors the implementation of integrated care pathways for falls identification and management in Parkinson's.
		
		Indicative KSF dimensions and levels:
		Core 1 level 4
		Core 3 level 4
		Core 4 level 4
		Core 5 level 4
		G1 level 4

Specialist competency 13: functional surgical management

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
Surgery: pre/post-operation • Shows awareness of patient journey through functional surgery. Prepares patient for functional surgery following locally agreed protocol. • Maintains patient safety with an awareness of potential complications following DBS surgery; for example, infection, haemorrhage or confusion. • Follows guidelines for patient management following functional surgery and documents/reports events appropriately. **Programming** • Develops an awareness of the patient programmer in relation to deep brain stimulation (DBS) system. • Shows awareness of potential adverse effects due to the patient programmer/DBS. • Awareness of potential lifestyle and health care implications for patients due to the DBS system. **Indicative KSF dimensions and levels:** Core 1, 2, 3 level 3 HWB6 level 3 HWB7 level 3	• Aware of selection criteria for non-oral therapies and criteria for entry to DBS programmes to support the patient in this decision process. • Knowledge of communication and referral process for patients suitable for DBS local to your area. **Surgery: pre/post-operation** • Performs and assists in the coordination for preparing the patient for functional surgery. • Understands the significance/ implications of complications due to the DBS system, and reports these in an appropriate and timely fashion. • Manages the patient in relation to their Parkinson's and DBS surgery to promote best patient outcomes. **Programming** • Knows where to refer when battery needs changing • Develops an understanding of the patient programmer in relation to the DBS system. • Capable of assessing battery interrogation. • Aware of possible side effects and work towards recognising adverse systems. • Knowledge of potential lifestyle changes. • Contact details of local DBS centre available and appropriate communication links are in place.	**Surgery: pre/post-operation** • Advises and counsels patients pre- and post-DBS surgery. • Develops guidelines, protocols and care pathways for local and national use in relation to pre- and post-procedures for DBS surgery. • Educates health professionals about complications related to DBS surgery. • Assesses and supports the patient through the various stages of the patient's surgical journey. • Develops best practice guidelines to ensure patient safety, and promotes optimal care to ensure best patient outcomes. **Programming** • Develops and understanding of the patient programmer. • Shows awareness of potential adverse effects due to the patient programmer/DBS. • Programming DBS system as instructed by senior nurse or medical colleagues. • Recognises side effects of stimulation, and reports to senior staff/centre accordingly. • Provides information to the patient/carer about the interaction between DBS and medication. • Demonstrates ability to teach the patient/carer how to use the patient programmer, where appropriate.

Specialist competency 13: **functional surgical management** continued

Competent nurse (Level 5)	Experienced specialist nurse (Level 6)	Expert specialist nurse (Level 7/8)
	Indicative KSF dimensions and levels: Core 1, 2, 3 level 3 HWB1 level 2 HWB3 level 2 HWB4 level 3 HWB7 level 3	• Documents and reports all effects of the DBS using locally agreed documentation. • Understands the importance of educating the patient about potential lifestyle and health care implications of DBS.[21,22,23] **Indicative KSF dimensions and levels:** Core 1, 2, 3, 4, 5 level 4 HWB1 level 3 HWB3 level 4 HWB4 level 4 HWB6 level 4 HWB7 level 4 G1 level 4

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Useful resources

Internal

Line manager.

Practice development team or clinical education lead within your organisation.

External

Parkinson's Disease Nurse Specialist Association (PDNSA)
www.pdnsa.org

UK Parkinson's Excellence Network
www.parkinsons.org.uk/professionals

Parkinson's disease in over 20s: diagnosis and management
Guidance and guidelines/NICE
www.nice.org.uk/guidance

Diagnosis and pharmacological management of Parkinson's disease
(SIGN Guideline No113)
www.sign.ac.uk

NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance/Department of Health
www.dh.gov.uk

Skills for Health
www.skillsforhealth.org.uk

RCN Institute Practice Development
www.rcn.org.uk/resources/practicedevelopment/home.php

RCN – Developing integrated health and social care services for long term conditions (2006)
www.2rcn.org.uk

RCN Publications
www.rcn.org.uk/publications

Association for Prescribers
www.associationforprescribers.org.uk

National Prescribing Centre (2012)
A single competency framework for all prescribers.
www.npc.co.uk

Charities

Parkinson's UK
www.parkinsons.org.uk

Cure Parkinson's Trust
www.cureparkinsons.org.uk

Multiple System Atrophy Trust
www.msatrust.org.uk

Progressive Supranuclear Palsy
www.pspassociation.org.uk

Integrated Neurological Services
www.ins.org.uk

Cross Party group for Neuroscience
(Wales Neurological Alliance)
www.walesnerolgoicalalliance.org.uk

Neurological Alliance of Scotland
(Scotland Neurosciences Council)
www.scottishneurological.org.uk

Neuroscience Ireland
www.neuroscienceireland.com

The Parkinson's Disease Nurse Specialist Association (PDNSA) acts as a national resource and network for nurses to share knowledge, expertise and best practice about Parkinson's disease and its management.
www.pdnsa.org

The UK Parkinson's Excellence Network is the driving force for improving Parkinson's care, connecting and equipping professionals to provide the services people affected by the condition want to see.
parkinsons.org.uk/excellencenetwork

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