

What outcomes should we strive for  
in HIV Management?

**Advanced Nursing Practice**

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# The Changing face of HIV

- In the 1980's HIV and AIDS were death sentences with people living between 3-5 years, with frequent periods of acute infections, hospitalisations and terminal care.
- In the 1990's and 2000's HIV was an illness of adherence, strict rules, rebirth but with severe, debilitating side-effects from complicated ART prescriptions.
- To today where HIV is a 'manageable, long term condition' with little talk of AIDS but now with the added complication of an ageing population and the issues of old age and long term ART use.
- Throughout this nurses have adapted and changed the way they work to best serve, manage and support people living with HIV.

# HIV Nursing

- “The nurse is an experienced practitioner providing comprehensive care beyond the standard scope of practice and across a wider domain, possessing considerable skills and knowledge in the field of HIV. The nurse practicing at this level demonstrates expert problem solving and sophisticated clinical decision making skills working autonomously within the context of a wider multidisciplinary team. Nurses working at this advanced level will be able to manage a caseload of patients with differing and complex physical, social, psychological, cultural and spiritual needs; from HIV diagnosis through to commencing medication and managing treatments and care.”



National HIV Nurses Association

# National HIV Nursing Competencies

October 2013

[www.nhivna.org](http://www.nhivna.org)



Royal College of Nursing  
Shaping nursing since 1916



## Advanced Nursing Practice in HIV Care:

Guidelines for nurses, doctors,  
service providers and  
commissioners

Endorsed by:



Funded by:

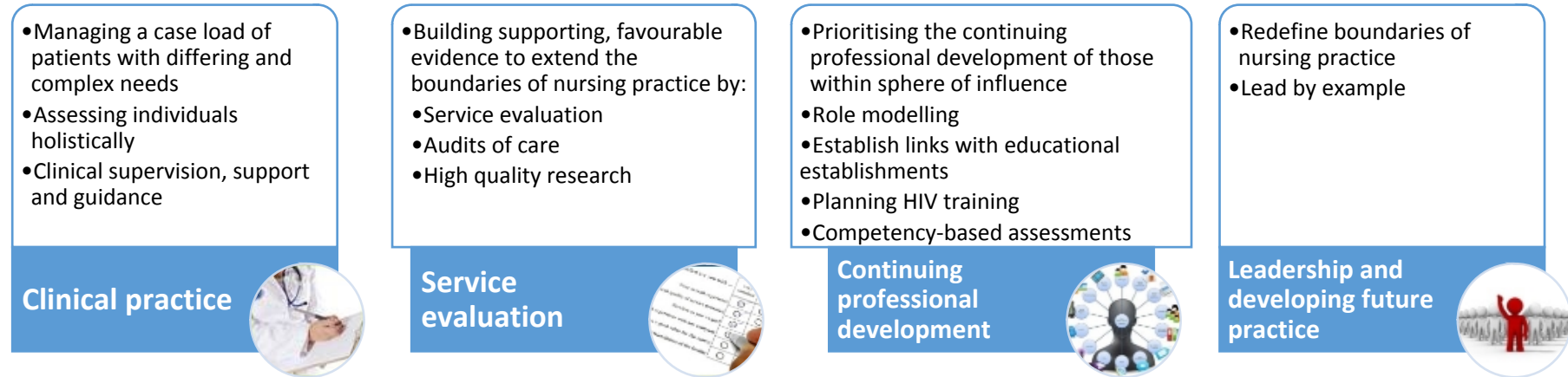
MAC AIDS FUND

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# The Rules of Nursing

- Nurses are registered and governed by Nursing & Midwifery Council (NMC) - Code of Conduct, Revalidation.
- Royal College of Nursing (RCN) is union that supports Nursing initiatives and sets some guidance and standards but not in all areas of care.
- NHIVNA has issued guidance that supports both junior and advanced nurses working within HIV care.
- Guidance in HIV care can be taken from NHIVNA competencies and BHIVA Guidelines but this is not applicable to all HIV services and is very much at the whim of the lead nurse in each area. Across the UK there are areas of excellent and poor HIV nursing provision and this is not necessarily dictated by patient number and need.

# Key components of advanced nursing practice in HIV



# Competency requirements in advanced nursing practice



# Educational requirements for nurses working at advanced practice level within HIV care

Academic qualifications	HIV-specific skills, knowledge and competencies	Continuing professional development requirements (recommended)
Degree	NHIVNA core competency training and assessment programme	Level two psychological training
Non-medical prescribing (dependent on role)		Motivational interviewing
Clinical skills training	NHIVNA advanced competency training and assessment programme	Mental health first aid course
Research skills training		Motivational interviewing training
Masters		HIV resistance training
Professional Doctorate/PhD		Knowledge of comorbidities and drug-to-drug interactions
		Leadership skills training
		Advanced communication skills
		Counselling course



# Experience, experience, experience

- I would argue that nurses at an advanced level should have worked within a variety of HIV settings or have equivalent work in palliative care, sexual health, long term conditions, drug and alcohol or blood borne viruses. But how is this measured and qualified within the scope of the ANP?

# Key elements to implementing advanced practice in HIV care

## Workforce planning

<b>Stage 1</b>	Define the future service provision and plans
<b>Stage 2</b>	Analysis of current vision, workforce configuration
<b>Stage 3</b>	Forecast workforce requirements and configuration to meet service need - including risk-assessment
<b>Stage 4</b>	Planning for delivery
<b>Stage 5</b>	Proposals for performance management and review (organisation only)
<b>Stage 6</b>	Recommendations for workforce delivery

# Now for a reality check

- Many of the most experienced HIV nurses do not have the relevant qualifications to be ANP's
- If those nurses many are due retirement within the next 10-15 years so may not want further study and time commitments.
- Cost cutting within the NHS means that funding for training and associated study leave may mean that nurses give up annual leave and self-finance.
- Revalidation, poor staffing resources may mean that nurses pulled out of training to provide hands on work or study is allocated for statutory training.

# The Future is....

- HIV and sexual health is still a desirable area of work and we must encourage those who are enthusiastic about this area of care.
- Look at highlighting areas of free and at home study (e-learning such as NHIVNA), study days and online courses as well as highlighting bursary applications, educational grants etc. and looking at creative ways nurses can develop.
- There is still a question mark over the role and future of community ANP/CNS - work has now started to develop a model of HIV Community nursing along the lines of ANP Guidelines.