COMPETENCY FRAMEWORK FOR ADULT ENDOCRINE NURSING

Developed to enhance the clinical care that adults with an endocrine disorder receive
INTRODUCTION

Competence has been 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’ (Roach 1992). It is also defined as ‘being able to demonstrate that the knowledge, values and skills learned can be integrated into practice’ (Carraccio et al. 2002).

Adult endocrine nursing is highly specialised and, in recent years, nurses have expanded their roles according to local need. The Society for Endocrinology Nurse Committee believes that professional advice and support are required for nurses developing their roles in this dynamic and rapidly advancing field (Department of Health 2006).

These competencies build on the work already undertaken by our paediatric endocrine nurse colleagues. However, we recognise that adult endocrine nurse specialists have a more disparate range of roles. Some nurses may care for a whole range of endocrine disorders, whereas others may concentrate on one specific disease area. Therefore nurses, and their clinical managers, will need to select the competencies which are particular to their role.

In addition, it is recognised that some endocrine nurses may be caring for patients in situations not covered in this document. It is accepted this is due to the way many posts were initiated to deal with a particular local requirement, and it is hoped that these competencies will help those individual nurses to develop competencies relevant to their own roles. In the future, additional competencies will be developed as the need for them is identified.

Benner’s (1982, 2005) ‘Novice to Expert’ concept has been used and adapted as the basis for these competencies. As a general rule, we would expect nurses new to the specialty to have reached a competent level within 6 months. An endocrine nurse functioning at ‘expert’ level is likely to have had some years of experience in the specialty and be working autonomously. We recognise some nurses could be ‘experts’ in a particular disease area whilst only achieving a ‘competent’ level in another area. Not all competencies will apply to all endocrine specialist nurses.

The competency framework has been developed in this context, as well as taking into account other professional and political factors such as:

- the need for the development of UK-wide standards in adult endocrine nursing
- the need for professional accreditation of skills and knowledge in practice
- the increased focus on work-based and lifelong learning plus supervision
- increasing patient and user expectations
- the need for leadership in specialist nursing
- national service frameworks, clinical governance and service modernisation.

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It is hoped that this competency framework will help endocrine nurses to identify their current level of practice and to plan their career in a more structured way by identifying their personal education and development needs. Progression through the levels will be different for each nurse, depending on context, level of skill, performance appraisal, and individual objectives. The endocrine nurse specialist may achieve ‘expert’ status, in those competencies relevant to them, after approximately 5 years in post.

Nurses should always be working to advance their practice. In the early 1990s, the UK Central Council for Nursing, Midwifery and Health Visiting - now the Nursing and Midwifery Council (NMC) - developed a Code of Conduct (UK CC 1992) which clearly describes how all nurses, midwives and health visitors must endeavour always to achieve, maintain and develop knowledge, skills and competence, and this was echoed in 2008 (NMC 2008). It has been acknowledged that nurses are increasingly extending their roles and expanding their scope of practice beyond initial registration (Royal College of Nursing (RCN 2012).

QUALIFICATIONS
The adult endocrine nurse specialist should be a nurse registered with the NMC and holding a first degree. It is envisaged that the endocrine nurse specialist acting in the ‘expert’ role should hold, or be actively working towards, a Masters degree. An ‘expert’ will need to be an Independent Nurse Prescriber to be able to work autonomously at this level of clinical responsibility.

SUPPORT AND DEVELOPMENT
Establishing local and national links is paramount in order to function effectively as an endocrine nurse specialist. Annual conferences and nurse meetings are effective ways of networking and forming valuable professional relationships. The Society for Endocrinology has a range of conferences and educational meetings which will help the adult endocrine nurse to develop their expertise.
This competency framework was developed by a working group of endocrine specialist nurses with the support of the Society for Endocrinology to enhance the clinical care that adults with an endocrine disorder receive. To achieve the appropriate care, nurses should be able to demonstrate that they are functioning at an optimal level. By formulating a competency framework from which an adult endocrine nurse specialist can work, it is envisaged that their development as professional practitioners can be enhanced.

HOW TO USE THE FRAMEWORK

The framework focuses on knowledge, skills and interventions that are specific to nurses working as adult endocrine nurses. Although the intention is for this framework to have a stand-alone function, it should be used in conjunction with other frameworks that focus on core skills and competencies for all qualified nurses and in conjunction with local and national guidelines.

BENEFITS OF THE FRAMEWORK

The competency framework provides benefits for nurses, their employers, patients and the public.

Nurses benefit because it helps to:
- deliver consistently high standards of care
- identify the level of practice and plan a career in a more structured way
- pinpoint personal educational and developmental needs
- realise potential more effectively
- seize opportunities to influence the direction of nursing.

Employers benefit because it provides:
- a model to ensure consistently high standards of care
- clearer insight into the expertise and competence of staff; for example, in assessment of risk management
- assistance in organisational planning.

Patients and the public benefit because it makes it possible to deliver:
- consistently high standards of patient care
- increased effectiveness of service provision
- improved access and choice for care provision.

It is envisaged that this document will be a useful tool for:
- supporting job descriptions and pay reviews/negotiations by detailing targets in accordance with local and national guidelines and policies
- assessing clinical competence at differing levels
- developing personal goals and objectives
- performance appraisal.

This document needs to be used with reference to local and national guidelines.

SPECIALIST COMPETENCIES

The adult endocrine nurse specialist competency framework is presented in the tables in section 5.

NEXT STEPS

This is the first framework for adult endocrine nurse specialists. The Society for Endocrinology welcomes constructive feedback on the document, both nationally and internationally, in anticipation that further developments and ideas can be incorporated into future versions.

PLEASE CONTACT:

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Woodlands
Bradley Stoke
Bristol BS32 4JT, UK
## ACROMEGALY

### COMPETENT
- Understands the pathophysiology of acromegaly including signs, symptoms and diagnosis and is able to explain this to the patient.
- Has knowledge and understanding of investigations required according to national evidence-based guidelines.\(^1\)
- Has awareness and knowledge of local GH and IGF-1 reference ranges.
- Knows local and national policies, protocols and shared care guidelines.
- Knows appropriate investigations and treatment modalities and is able to explain these to the patient.\(^1\)
- Acknowledges the role of patient support services and is able to guide the patient on how they may be accessed.
- Acknowledges psychological aspects of the condition.
- Supports the patient and family by listening to their concerns, offering access to further support as needed.
- Accurately documents and communicates with members of the wider team

### PROFICIENT As competent plus:
- Recognises abnormal test results and escalates appropriately.\(^1,2,3\)
- Provides disease-specific education to the patient regarding the long term effects of the diagnosis and management.
- Initiates medical therapies including self-injection techniques and monitors appropriately; advises patient of the potential side effects and when to seek advice.
- Incorporates research and evidence-based practice into clinical service.
- Adheres to local and national policies, protocols and shared care guidelines.
- Provides teaching and support to colleagues within the primary care setting.
- Has knowledge of current clinical trials and referral pathways.
- Recognises condition-specific psychological issues and provides support to patient and family.
- Acts as a role model for junior staff.

### EXPERT As competent and proficient plus:
- Uses biochemical evidence to design and implement clinical pathways, including prescribing as appropriate.\(^1,2,3\)
- Is able to assess the effectiveness of treatment.
- Initiates additional necessary biochemical and radiological investigations.\(^1\)
- Assesses cost implications and effectiveness of treatment options, including ability to facilitate access to funding.
- Develops advanced practice through leadership and consultancy.
- Identifies service shortfalls and develops strategies to address them.
- Takes responsibility for integration of national and local policies.
- Supports, teaches and assesses junior staff.

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\(^1\)Endocrine dynamic function testing competency
\(^2\)Steroid replacement therapy for disorders of the pituitary and adrenal glands competency
\(^3\)Hypopituitarism competency
## COMPETENCIES

### CUSHING’S SYNDROME

<table>
<thead>
<tr>
<th><strong>COMPETENT</strong></th>
<th><strong>PROFICIENT</strong> As competent plus:</th>
<th><strong>EXPERT</strong> As competent and proficient plus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understands the pathophysiology of the normal HPA axis and recognises deviation from the norm.</td>
<td>• Is able to identify abnormal test results and escalate appropriately.¹,²,³</td>
<td>• Can understand false-positive and -negative results and initiates alternative investigation.¹</td>
</tr>
<tr>
<td>• Is able to recognise symptoms of Cushing’s through clinical history-taking.</td>
<td>• Demonstrates an understanding of the limitations of investigations.</td>
<td>• Is able to monitor patients in a nurse-led environment and to assess the effectiveness of treatment including signs, symptoms and biochemical control.²,³</td>
</tr>
<tr>
<td>• Has knowledge and understanding of investigations and local biochemistry values required in order to diagnose the condition.¹</td>
<td>• Advises patient of risks and benefits associated with pre-operative and post-operative medications.²</td>
<td>• Designs, implements and regularly evaluates individualised patient clinical care pathways, including prescribing and titrating appropriate medications.</td>
</tr>
<tr>
<td>• Is able to explain Cushing’s disease, Cushing’s syndrome and cyclical Cushing’s to a patient in simple terms, including signs and symptoms, investigations and possible treatment options.</td>
<td>• Provides disease-specific education to the patient regarding the long term effects of the diagnosis and management.</td>
<td>• Evaluates practice through audit and research.</td>
</tr>
<tr>
<td>• Can co-ordinate investigations and admission plan.</td>
<td>• Understands the importance of ongoing monitoring.</td>
<td>• Develops advanced practice through leadership and consultancy.</td>
</tr>
<tr>
<td>• Supports the patient and family by listening to their concerns, offering access to further support as needed.</td>
<td>• Has knowledge of current clinical trials and referral pathways.</td>
<td>• Supports, teaches and assesses junior staff.</td>
</tr>
<tr>
<td>• Accurately documents and communicates with members of the wider team.</td>
<td>• Recognises condition-specific psychological issues and provides support to patient and family.</td>
<td>• Identifies service shortfalls and develops strategies to address them.</td>
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¹Endocrine dynamic function testing competency
²Steroid replacement therapy for disorders of the pituitary and adrenal glands competency
³Hypopituitarism competency
Endocrine Dynamic Function Testing

Competencies

Demonstrates an understanding of the anatomy.

Safely and competently carries out complex tests.

Provides advice on all aspects of endocrine tests at local and regional level.

Calculates and updates evidence-based protocols.

Incorporates research into clinical service.

Discusses the need for further tests with the MDT.

Can identify abnormal test results and escalate.

Supports and assesses junior staff.

Demonstrates leadership and consultancy.

Identifies service shortfalls and develops strategies.

Develops advanced practice through research and education.

An understanding of the anatomy, physiology and normal functioning of the endocrine system.

Demonstrates awareness of common endocrine

Endocrine system.

Experts As competent and proficient plus:

- Demonstrates an understanding of the anatomy.
- Safely and competently carries out complex tests.

Proficient As competent plus:

- Demonstrates awareness of common endocrine
- Endocrine system.

Competent

- Supports, teaches and assesses junior staff.
- Demonstrates leadership and consultancy.
- Identifies service shortfalls and develops strategies.
- Develops advanced practice through research and education.

3. Purpose and Scope of the Framework

This competency framework was developed by a working group of Endocrine Specialist Nurses with the support of the Society for Endocrinology to enhance the clinical care that adults with an endocrine disorder receive. To achieve the

Competent

- Demonstrates an understanding of the anatomy.
- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Proficient

- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Competent

- Demonstrates an understanding of the anatomy.
- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Proficient

- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Competent

- Demonstrates an understanding of the anatomy.
- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Proficient

- Demonstrates awareness of common endocrine
- Endocrine system.
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Competent

- Demonstrates an understanding of the anatomy.
- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Proficient

- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Competent

- Demonstrates an understanding of the anatomy.
- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Proficient

- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Competent

- Demonstrates an understanding of the anatomy.
- Demonstrates awareness of common endocrine
- Endocrine system.
- Demonstrates an understanding of the anatomy.

Proficient
## GROWTH HORMONE DEFICIENCY

<table>
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<tr>
<th>COMPETENT</th>
<th>PROFICIENT (As competent plus:)</th>
<th>EXPERT (As competent and proficient plus:)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understands the pathophysiology of growth hormone deficiency, including signs and symptoms and diagnosis, and is able to explain this to the patient.</td>
<td>• Is able to ensure NICE criteria for growth hormone replacement are met.</td>
<td>• Contributes to discussions on access to funding in accordance with local shared care agreement.</td>
</tr>
<tr>
<td>• Has knowledge and understanding of appropriate investigations required.</td>
<td>• Knows contraindications for growth hormone replacement therapy.</td>
<td>• In accordance with NICE guidelines, is able to initiate and adjust growth hormone dosage, assess effectiveness and make a clinical decision on continuation of treatment.</td>
</tr>
<tr>
<td>• Has knowledge and understanding of the requirements for growth hormone replacement in accordance with the NICE guidelines.</td>
<td>• Knows local policies and shared care guidelines.</td>
<td>• Initiates additional necessary biochemical and radiological investigations.</td>
</tr>
<tr>
<td>• Is aware of IGF-1 reference ranges.</td>
<td>• Can demonstrate and teach the chosen device and injection techniques to patient.</td>
<td>• Develops and provides a nurse-led service relating to growth hormone replacement.</td>
</tr>
<tr>
<td>• Is aware of the range of growth hormone devices.</td>
<td>• Advises patients on growth hormone replacement of potential side effects and when to seek advice.</td>
<td>• Develops advanced practice through leadership and consultancy.</td>
</tr>
<tr>
<td>• Acknowledges the role of patient support services and is able to guide the patient on how they may be accessed.</td>
<td>• Can advise patient on storage and any domiciliary back-up services available.</td>
<td>• Identifies service shortfalls and develops strategies to address them.</td>
</tr>
<tr>
<td>• Supports the patient and family by listening to their concerns, offering access to further support as needed.</td>
<td>• Is able to monitor the effects of growth hormone replacement therapy, adjusting doses according to protocol.</td>
<td>• Takes responsibility for integration of national and local policies.</td>
</tr>
</tbody>
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1Endocrine dynamic function testing competency
### Competencies

#### Hyponadism

<table>
<thead>
<tr>
<th>Competent</th>
<th>Proficient As competent plus:</th>
<th>Expert As competent and proficient plus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Understands the pathophysiology of hypogonadism, including signs, symptoms and diagnosis, and is able to explain this to the patient.</td>
<td>- Recognises abnormal test results and escalates appropriately.1</td>
<td>- Undertakes an in-depth health assessment to diagnose and identify cause of gonadal dysfunction.</td>
</tr>
<tr>
<td>- Has knowledge and understanding of investigations, including local biochemistry ranges, in order to diagnose the condition.1</td>
<td>- Provides disease-specific education to the patient regarding the long-term effects of the diagnosis and management.</td>
<td>- Interprets investigation results and makes clinical and prescribing decisions regarding treatment.</td>
</tr>
<tr>
<td>- Knows local prescribing policies and protocols.</td>
<td>- Advises patient of the risks and benefits of medical therapies, including potential side effects and when to seek advice.</td>
<td>- Assesses the effectiveness of treatment including signs, symptoms and biochemical response.</td>
</tr>
<tr>
<td>- Knows appropriate treatment modalities and is able to explain these to the patient.</td>
<td>- Administers medical therapies and monitors these appropriately.</td>
<td>- Initiates additional necessary biochemical and radiological investigations.</td>
</tr>
<tr>
<td>- Supports the patient and family by listening to their concerns, offering access to further support as needed.</td>
<td>- Incorporates research and evidence-based practice into clinical service.</td>
<td>- Develops and provides a nurse-led service.</td>
</tr>
<tr>
<td>- Accurately documents and communicates with members of the wider team.</td>
<td>- Has knowledge of current clinical trials and referral pathways.</td>
<td>- Develops advanced practice through leadership and consultancy.</td>
</tr>
</tbody>
</table>

1Endocrine dynamic function testing competency
# HYPOPITUITARISM

<table>
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<tr>
<th>COMPETENT</th>
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<th>EXPERT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understands the normal anatomy and physiology of the pituitary and the disease processes which may cause hypopituitarism.</td>
<td>• Understands the nature of treatment and disease modalities that may lead to hypopituitarism and is able to discuss these with the patient.</td>
<td>• Displays a comprehensive knowledge of the disease process, and can evaluate biochemical results and scans.</td>
</tr>
<tr>
<td>• Can explain hypopituitarism and the necessity of hormone replacement to patients, using clear unambiguous language.</td>
<td>• Reviews dynamic testing results and is able to identify hypopituitarism and escalate appropriately.</td>
<td>• Demonstrates advanced communication skills to share complex information with patients regarding the risks/benefits of surgical, medical and radiotherapy treatment options.</td>
</tr>
<tr>
<td>• Knows and understands appropriate investigations required.</td>
<td>• Demonstrates ability to discuss all hormone replacement options, including product availability, advantages and potential side effects.</td>
<td>• Designs, implements and regularly evaluates an individualised patient clinical care pathway.</td>
</tr>
<tr>
<td>• Can carry out dynamic pituitary testing according to agreed local protocols.</td>
<td>• Ensures effective monitoring of patients on hormone replacements is carried out, according to local policy and national guidelines.</td>
<td>• Can analyse dynamic testing results and prescribe when appropriate, recognising when medical input is needed.</td>
</tr>
<tr>
<td>• Understands the importance of steroid sick day rules and communicates these to patients in a manner that promotes safety and concordance.</td>
<td>• Reviews monitoring results; initiates and contributes to discussion of appropriate treatment.</td>
<td>• Interprets monitoring results, advising on treatment changes or adjustment.</td>
</tr>
<tr>
<td>• Can recognise the impact of hormone replacement on patient well-being and identifies when input is needed from other members of the MDT.</td>
<td>• Actively promotes steroid sick day rule knowledge within the selected patient group, verifying understanding and concordance.</td>
<td>• Actively takes part in MDTs discussing complex patients and their management.</td>
</tr>
<tr>
<td>• Acknowledges the psychological aspects of condition.</td>
<td>• Demonstrates knowledge of evidence-based practice, current research and developments in pituitary care.</td>
<td>• Identifies patients at increased risk and develops robust strategies to achieve safety and concordance with prescribed replacements.</td>
</tr>
<tr>
<td>• Supports the patient and family by listening to their concerns, offering access to further support as needed.</td>
<td>• Has knowledge of current clinical trials and referral pathways.</td>
<td>• Liaises with relevant patient support groups, sharing expertise and collaborating with the wider community.</td>
</tr>
<tr>
<td>• Accurately documents and communicates with members of the wider team.</td>
<td>• Recognises condition-specific psychological issues and provides support to patient and family.</td>
<td>• Identifies service shortfalls and develops strategies to address them.</td>
</tr>
<tr>
<td><strong>COMPETENCIES</strong></td>
<td>• Acts as a role model for junior staff.</td>
<td>• Develops advanced practice through leadership and consultancy.</td>
</tr>
</tbody>
</table>

1Endocrine dynamic function testing competency
2Steroid replacement therapy for disorders of the pituitary and adrenal glands competency
3Growth hormone deficiency competency
4Hypogonadism competency
5Thyroid disease competency
STEROID REPLACEMENT THERAPY FOR DISORDERS OF THE PITUITARY AND ADRENAL GLANDS

COMPETENCIES

As competent:

1. Understands the pathophysiology of disorders of the HPA axis, including signs, symptoms and diagnosis.
2. Has knowledge of endocrine disorders requiring steroid replacement.
3. Knows and understands investigations required to recognise steroid deficiency.
4. Can explain the reasons for taking and the consequences of not taking steroid medication.
5. Understands the importance of steroid sick day rules and communicates these to the patient in a manner that promotes safety and concordance.
6. Can teach the patient appropriate emergency treatment techniques and assess their level of understanding and competence.
7. Educates the patient to recognise when to seek medical assistance in times of inter-current illness.
8. Acknowledges psychological aspects of condition.
9. Acknowledges the role of patient support services and is able to guide the patient on how they may be accessed.
10. Supports the patient and family by listening to their concerns, offering access to further support as needed.
11. Informs and educates the patient regarding the importance of steroid cards and medical identification emblems.
12. Accurately documents and communicates with members of the wider team.

As proficient plus:

1. Recognises abnormal test results and initiates discussion of these with senior staff if appropriate.
2. Can distinguish between primary and secondary adrenal insufficiency and explain this to the patient.
3. Empowers patient to take control of steroid management and administration on a daily basis and during inter-current illness.
4. Can explain and discuss complex replacement regimens.
5. Informs patient of potential side effects of over- and under-replacement and when to seek advice.
6. Advises and provides information on life style management in relation to steroid replacement.
7. Incorporates research and evidence-based practice into clinical service.
8. Has knowledge of current clinical trials and referral pathways.
9. Recognises condition-specific psychological issues and provides support to patient and family.
10. Provides support to colleagues within the primary and secondary care setting.
11. Acts as a role model for junior staff.

As expert plus:

2. Is able to assess the effectiveness of treatment, including signs, symptoms and biochemical control.
3. Initiates additional necessary biochemical and radiological investigations.
4. Develops and provides a nurse-led service relating to steroid replacement.
5. Develops advanced practice through leadership and consultancy.
6. Takes responsibility for integration of national and local policies.
7. Liaises with relevant patient support groups, sharing expertise and collaborating with the wider community.
8. Identifies service shortfalls and develops strategies to address them.
9. Supports, teaches and assesses junior staff.

1Endocrine dynamic function testing competency
2Hypopituitarism competency
## COMPETENCIES

### THYROID DISEASE

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<tbody>
<tr>
<td>Demonstrates knowledge of thyroid function tests in relation to normal and abnormal thyroid function.</td>
<td>Can identify hyperthyroidism and hypothyroidism on thyroid function results.</td>
<td>Undertakes an in-depth health assessment and clinical examination to diagnose and identify cause of thyroid disease.</td>
</tr>
<tr>
<td>Can explain thyroid anatomy and physiology to the patient in simple terms.</td>
<td>Is able to recognise symptoms of thyroid dysfunction through clinical history taking and when reported by a patient.</td>
<td>Is able to identify thyroid enlargement, nodules and cysts.</td>
</tr>
<tr>
<td>Can explain the reasons for taking and the consequences of not taking thyroid medication.</td>
<td>Recognises thyroid function results which show subclinical disease and discusses these patients individually with senior staff.</td>
<td>Arranges appropriate investigations and is able to interpret the results prior to developing a clinical treatment plan.</td>
</tr>
<tr>
<td>Is able to explain potential side effects of the medication and required action if they occur.</td>
<td>Can explain to patient the options for definitive treatment, including potential benefits, side effects and complications.</td>
<td>Can assess whether a patient with subclinical disease requires treatment.</td>
</tr>
<tr>
<td>Can identify when the patient’s symptoms should be discussed with more senior nursing or medical staff.</td>
<td>According to local guidelines, may make changes to doses or prescribe thyroid replacement.</td>
<td>Prescribes and monitors effect of appropriate drugs for thyroid over- or under-activity.</td>
</tr>
<tr>
<td>Supports the patient and family by listening to their concerns, offering access to further support as needed.</td>
<td>Recognises condition-specific psychological issues and provides support to patient and family.</td>
<td>Can explain treatment for thyroid cancer appropriate to the individual patient pathway.</td>
</tr>
<tr>
<td>Accurately documents and communicates with members of the wider team.</td>
<td>Has knowledge of current clinical trials and referral pathways.</td>
<td>Supports, teaches and assesses junior staff.</td>
</tr>
<tr>
<td></td>
<td>Acts as a role model for junior staff.</td>
<td>Develops, implements, evaluates and reviews clinical guidelines/standard operating procedures in relation to specialist nursing care of patients with thyroid disease.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identifies service shortfalls and develops strategies to address them.</td>
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<td></td>
<td></td>
<td>Develops advanced practice through leadership and consultancy.</td>
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## COMPETENCIES

### TRANSITION - THIS COMPETENCY RELATES TO THE ADOLESCENT (16+)

**Transferring from the paediatric to the adult endocrine service**

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<tbody>
<tr>
<td>• Demonstrates an understanding of the anatomy, physiology and normal functioning of the endocrine system.</td>
<td>• Demonstrates understanding of how endocrine conditions change during adolescence.</td>
<td>• Demonstrates the ability to co-ordinate clinical care during the transition phase.</td>
</tr>
<tr>
<td>• Demonstrates an understanding of the changing needs of adolescents and young adults with endocrine disorders.</td>
<td>• Demonstrates an understanding of how the stages of pubertal development can affect the preparation for dynamic tests and interpretation of results.(^1)</td>
<td>• Identifies service shortfalls and undertakes necessary development of the service and its care pathways.</td>
</tr>
<tr>
<td>• Has an understanding of how an individual’s physical and psychological development can influence concordance.</td>
<td>• Is able to explain the management of endocrine conditions in ways relevant to transition patients and their families.(^2,3,4,5,6,7)</td>
<td>• Utilises advanced communication skills to develop educational strategies that engage and empower young people in the management of their health and well-being.</td>
</tr>
<tr>
<td>• Has knowledge of the psychological impact of the endocrine condition.</td>
<td>• Develops a collaborative working relationship with the paediatric endocrine team.</td>
<td>• Takes responsibility for integration of national and local policies.</td>
</tr>
<tr>
<td>• Acknowledges when additional advice and support are required from the paediatric team and knows how to access relevant personnel.</td>
<td>• Incorporates research and evidence-based practice into clinical service.</td>
<td>• Develops advanced practice through leadership and consultancy.</td>
</tr>
<tr>
<td>• Adheres to all relevant policies, protocols and shared care guidelines.</td>
<td>• Recognises condition-specific psychological issues and provides support to patient and family.</td>
<td>• Supports, teaches and assesses junior staff.</td>
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\(^2\)Growth hormone deficiency competency
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\(^5\)Thyroid disease competency
\(^6\)Steroid replacement therapy for disorders of the pituitary and adrenal glands competency
\(^7\)Cushing’s syndrome competency
REFERENCES


Benner P 2005 Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. The Bulletin of Science, Technology and Society Special Issue: Human Expertise in the Age of the Computer 24 188-199

Carraccio C et al. 2002 Shifting paradigms: from Flexner to competencies. Academic Medicine 77 361-367


SOURCES


FURTHER READING


14 | COMPETENCY FRAMEWORK FOR ADULT ENDOCRINE NURSING
RESOURCES AND CONTACTS

ORGANISATIONS

Society for Endocrinology
www.endocrinology.org

Nursing and Midwifery Council
www.nmc-uk.org

Royal College of Nursing
www.rcn.org.uk

Addison's Disease Self Help Group
www.addisons.org.uk

Androgen Insensitivity Syndrome Support Group
www.aissg.org

Anorchidism Support Group
www.asg4u.org

Association for Multiple Endocrine Neoplasia Disorders
www.amend.org.uk

Butterfly Thyroid Cancer Trust
www.butterfly.org.uk

Familial Isolated Pituitary Adenoma
www.fipapatients.org

Hypoparathyroidism UK
www.hpth.org.uk

Kallmann Syndrome Organisation
www.kallmann.org

Klinefelter’s Syndrome Association UK
www.ksa-uk.net

Living with CAH
www.livingwithcah.com

The Pituitary Foundation
www.pituitary.org.uk

Thyroid Eye Disease Charitable Trust
www.tedct.co.uk

Turner Syndrome Support Society
www.tss.org.uk

ENDOCRINE COURSES

Society for Endocrinology annual Endocrine Nurse Update
www.endocrinology.org/meetings/endocrinenunder

Module in Adult Endocrinology Level 4, University of Leicester
www2.le.ac.uk/study/postgrad/taught-campus/healthsocialcare/diabetes

GENERAL COURSES OF RELEVANCE/INTEREST

Teaching and assessing in clinical practice
Counselling
Nurse prescribing
BSc modules
MSc modules
PhD/Doctorate of Health Care
Advanced Nurse Practitioner MSc

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Competency Framework for Adult Endocrine Nursing:
The Society for Endocrinology represents nurses, clinicians and scientists who work with hormones

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Awaiting Royal College of Nursing Approval