



# ***Project Report***

## ***Impact Measurement of Respiratory Competence Assessment Tool (R-CAT)***



# CONTENTS

|   | <b>PAGE</b> |
|---|-------------|
| 1.0 Introduction  | 1           |
| 2.0 Background  | 1           |
| 3.0 Project Plan and Approach                               | 3           |
| 4.0 Project Outcomes  | 5           |
| 5.0 Conclusion and Recommendations                          | 13          |
| References  | 16          |
| Appendix 1 - Extract from R-CAT Final Project Report (2008) | 17          |

## 1.0 Introduction

1.1 In 2013 the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) published its Impact Measurement Framework. This Framework enables NIPEC to review the resources it has developed in partnership with key stakeholders and assess the impact of the resources in relation to the intended outcomes. NIPEC Council agreed that it would conduct an impact measurement on the outcomes of at least two NIPEC projects/resources, per annum. The resource chosen for the business year 2015-2016 is the:

*Respiratory Competence Assessment Tool (R-CAT) (revised 2014).*

1.2 The *R-CAT* was developed for use by all those nurses caring and providing services for patients diagnosed with Asthma and Chronic Obstructive Pulmonary Disease (COPD). It was therefore agreed that the impact measurement should focus on the nurses who have a key responsibility for caring with patients with long term conditions, specifically Asthma and COPD, in the acute, community and primary care settings.

1.3 The following service areas were approved as a suitable target group for testing the impact of the *R-CAT*:

- General Practice;
- Acute and Community Respiratory Teams (paediatric and adult);
- Emergency Departments;
- Acute Respiratory Units;
- General Medical and Elderly Care Wards; and
- Respiratory Outpatient Clinics.

1.4 It was also agreed that it would also be useful to explore how the *R-CAT* has been incorporated into the planning of respiratory specific education and training programmes, from the perspective of those planning, delivering and undertaking the programmes.

## 2.0 Background

2.1 The *Respiratory Wellbeing Service Framework (RWSF)* was the first Service Framework published in 2009 (DHSSPS). It set standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation and palliative care of individuals/communities who have or are at a greater risk of developing respiratory disease. The *RWSF* is updated every three years to ensure it references the most recent evidence and guidelines. The current *RWSF* (2015) includes a training standard which requires that:

“All HSC staff, as relevant, should be appropriately trained to meet modern authoritative standards, and have the necessary knowledge, skills and competencies to provide respiratory services and manage respiratory conditions”(Standard 52 p. 48).

The key performance indicators which specifically relate to the *R-CAT* are:

- Percentage of GP employed nurses with completed self-assessment as per NIPEC *RCAT*.
- Percentage of Trust employed specialist paediatric respiratory nurses with completed self-assessment as per NIPEC *R-CAT*.
- Percentage of Trust employed specialist adult respiratory nurses who have completed self-assessment as per NIPEC *R-CAT*.

2.2 In 2007 in parallel with the development of the Service Framework, Dr Carolyn Harper (Chair of the RWSF Steering Group) commissioned NIPEC to facilitate the development of a regional learning and development strategy for respiratory care (nursing) to support the implementation of the *RWSF* standards (DHSSPS 2009). An assessment tool was designed to develop the competence of nurses and midwives specifically in relation to asthma and Chronic Obstructive Pulmonary Disease (COPD) management and care. The *Respiratory Competence Assessment Tool (R-CAT)* was published in 2008 and distributed to all relevant stakeholders.

2.3 The *R-CAT* was reviewed in 2012 and updated to include an additional number of competence statements and a competence area related to adrenaline auto-injectors. The revised *R-CAT* was not reproduced in hard copy format; however, in 2014 it was added to NIPEC’s online competence assessment tool section <http://nipecportfolio.hscni.net/compro/ReadOnly/rCAT/Default.asp>.

### **Purpose of the *R-CAT***

2.4 The *R-CAT* was developed as a resource to:

- be adopted and supported by HSC Trusts, independent and voluntary organisations as a tool to develop competence within the nursing workforce in relation to Asthma and COPD management and care.
- be used by education and development providers to guide programme development to support the implementation of the *RWSF*
- have a positive impact on nursing care delivery of the *RWSF* standards for patients with respiratory disorders and their carers.

## 3.0 Project Plan and Approach

### Aim

- 3.1 The aim of the project is to examine the adoption of the *R-CAT* by nurses, who provide care and services for patients with asthma and COPD, to assess their competence and its usefulness in relation to the planning and delivery of post-registration education and training programmes.

### Objectives

- 3.2 The objectives of the Impact Measurement Project are as follows:
- establish if the original project objectives were linked to NIPEC's business planning objectives
  - determine if the objectives set out in the 2007 project plan were achieved by the end of the project
  - scope how widely the *R-CAT* is used:
    - by education providers in the curriculum design of post-graduate modules or programmes in respiratory care including long term conditions
    - within the planning and delivery of HSC Trust in-house training programmes
  - explore the adoption of the *R-CAT* including its online version by nurses across primary, community and acute care settings
  - Make recommendations which will enhance the use of the *R-CAT*.

### Methodology

- 3.3 This project was completed over a three month period. A small project team was assembled, approved by NIPEC Business Team comprising a Consultant Nurse for Respiratory Care, employed by one of the HSC Trusts who Chaired the project; a Consultant Nurse responsible for Long Term Conditions in PHA; a NIPEC Senior Professional Officer and a NIPEC Council member.

### Data Collection

- 3.4 The Project Team designed three different questionnaires to capture information from the following:
- Nurses, including Ward Sisters/Charge Nurses and Respiratory Nurse Specialists, in HSC Trusts, caring with patients with long term conditions,

specifically asthma and COPD, in the acute, community and primary care settings;

- Practice Nurses working in General Practice; and
- Nurse Education Consultants and University Nurse Lecturers of respiratory specific education and training programmes.

An email attaching a copy of the questionnaire and a web-link to complete the questionnaire online, via Survey Monkey, was sent to: Executive Directors of Nursing, Head of Clinical Education Centre, and University Heads of School<sup>1</sup>: Queen’s University Belfast and Open University for wide dissemination to all those listed above. It was initially intended that Practice Nurses would receive the survey via email through the Integrated Care Teams. However a PHA survey of all General Practices was taking place at the same time and it was considered that a second survey had the potential to dilute responses to both surveys. As a result of this, a small number of General Practice Nurses were selected to complete the questionnaire. The survey was completed during January and February 2016. Paediatric Nurses did not reply to the first survey and as this is an important group of practitioners it was agreed a new survey would be issued, targeted specifically at Respiratory Paediatric Nurses. A total of sixty-nine responses were returned; the breakdown of respondents is provided in the three Tables below.

**Table 1 - Overall Numbers of Respondents Returned by Category Surveyed**

| <b>Category of Respondent</b> | <b>Numbers of Respondents</b> |
|-------------------------------|-------------------------------|
| HSC Trusts’ nurses            | 57                            |
| Practice Nurses               | 5                             |
| Education Providers           | 7                             |
| <b>Total</b>                  | <b>69</b>                     |

**Table 2 - Category of Respondent by job title in HSC Trusts**

| <b>Job Title</b>              | <b>Numbers of Respondents</b> |
|-------------------------------|-------------------------------|
| Nurses                        | 21                            |
| Ward Sisters/Charge Nurses    | 12                            |
| Respiratory Nurse Specialists | 17                            |
| <b>Total</b>                  | <b>50*</b>                    |

\*seven respondents did not complete this question.

<sup>1</sup> Ulster University was not included in this survey as it no longer provides respiratory specific education programmes.

**Table 3 - Category of Respondent by Education Provider**

| <b>Education Provider</b> | <b>Numbers of Respondents</b> |
|---------------------------|-------------------------------|
| Clinical Education Centre | 5                             |
| Royal College of Nursing  | 1                             |
| Queens University Belfast | 1                             |
| <b>Total</b>              | <b>7</b>                      |

The response rate to the survey, although small, provided the Project Team with enough qualitative data to draw important conclusions and identify necessary actions, essential for effective adoption and implementation of the *R-CAT*.

## **4.0 Project Outcomes**

4.1 The project outcomes are detailed as follows:

### **Objective 1**

**Establish if the original project objectives were linked to NIPEC's business planning objectives.**

**This objective was achieved.**

In the NIPEC Corporate and Business Plan 2008 – 2009 its second strategic priority was to “support nursing and midwifery aspects of regional developments” and in particular to

*Facilitate the development of a strategic education framework and competency profiles for nurses caring for patients with Chronic Obstructive Airways Disease and Asthma on behalf of the Respiratory Services Framework and CNO.*

(p. 4 NIPEC 2008)

The project objectives for the development of the *R-CAT*, detailed in the extract reproduced in Appendix 1, clearly fit with this strategic priority.

## Objective 2

**Determine if the objectives set out in the project plan were achieved at the end of the project.**

**This objective was achieved.**

A final Project Report was published in 2008 which provided details of the achievement of the project objectives as laid out in the project plan (see Appendix 1).

## Objective 3

**Scope how widely the *R-CAT* is used:**

- by education providers in the curriculum design of post-graduate modules or programmes in respiratory care including long term conditions
- within the planning and delivery of HSC Trust in-house training programmes

**This objective was achieved.**

Queens University Belfast, Clinical Education Centre and Royal College of Nursing, Belfast responded to the survey. The following courses delivered by Education Providers were informed by the *R-CAT*, see Table 4.

**Table 4 - Curricula/Programmes/Courses informed by *R-CAT* and in which students are required to complete a self-assessment using the tool**

| Education Provider        | Curricula/Programmes/Courses informed by <i>R-CAT</i>  |
|---------------------------|--|
| Clinical Education Centre | Respiratory Competence ( <i>RCATs</i> ) <ul style="list-style-type: none"><li>• Foundation 1 Day Programme (NHST)</li><li>• 5 Day Programme (NHST/WHST)</li><li>• Oxygen Use in the Adult Arterial Sampling and ABG Interpretation - Adult Non Invasive Ventilation.</li></ul>       |
| Royal College of Nursing  | <ul style="list-style-type: none"><li>• Spirometry regional programme</li></ul>  |
| Queens University Belfast | <ul style="list-style-type: none"><li>• BSc (Hons) Specialist Practice (Respiratory) and Post Graduate Certificate in Specialist Practice (Respiratory) - Asthma, Allergies and Anaphylaxis - Adult and Children (Stand Alone Module) –</li><li>• Respiratory Short Course</li></ul> |

The Education Providers gave examples of how the *RCAT* is used to inform the content of the programme/course and how the self-assessment of participants was built into the programme. One provider also referred to the development of an action plan which was supported by mentors in clinical practice in order to “assist the individual student to achieve the level of competency required to safely and effectively care for patients/clients in their care”.

Another provider described how the *R-CAT* is used as part of the clinical portfolio over the two year programme, or for a module/short course the assessment is completed at the beginning and end of the module. The assessment results are then submitted with the coursework including a reflection on students own development.

One Education Provider, however, advised that one student had difficulty getting onto the online tool via the web-link provided and as a result the lecturer had advised the rest of the participants not to use the *R-CAT*.

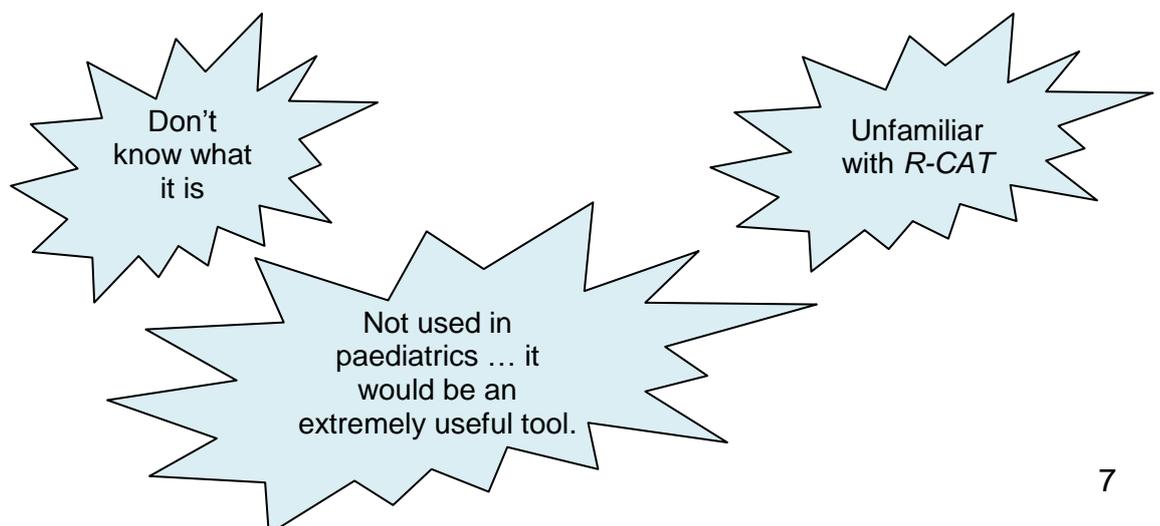
### **Planning and Delivery of Respiratory In-House Training**

Five Practice Nurses responded to this question and two of them had responsibility for planning or delivering respiratory in-house training, although, neither had used the *R-CAT* to inform this training. No reasons were supplied for their response.

Of the twenty-six HSC Trust Nurses who replied to this question six respondents had used the *R-CAT* for planning and or delivery of the training: four of the six used the hard copy format, one used the online tool and one used both hard copy and online.

Some HSC Trust nurses also described how the *R-CAT* was used for the induction of new staff and to identify training needs. One Nurse also suggested that the *R-CAT* should be introduced into the Palliative Care Course as it is such a significant component of their work.

For those who didn't use the *R-CAT* there were comments such as:



## **Ideas for improving the adoption and implementation of *R-CAT* from Education Providers including those providing In-House Training.**

Responses to this question include a rationale for the suggestions for improvements which are captured under three main headings, see Table 5.

**Table 5 - Suggestions for Improving the adoption and implementation of R-CAT**

### **1. Make it more user friendly**

- allow the student to register and complete the form and then review as their career progresses;
- more user friendly interactive programme seek students views to help shape the revised online tool;
- it is quite long to print and progress is difficult to view; and
- make the tool shorter with less domains to complete.

### **2. HSC Trusts to promote awareness and implementation of the tool to support practice**

- most post-registration students have never used the *R-CAT* before they commence the University programme/course/module;
- development of a career passport from Tier 1 to Tier 3 in an attempt to build infrastructure and create opportunities to improve staff retention once trained in the use of the *R-CAT*;
- investment in training for registrant staff and consideration should be given to training non-registrant staff regarding their role and contribution to the care of patients/clients with a respiratory condition: and
- in relation to paediatrics the *R-CAT* should be promoted for hospital and community teams. It would be a useful tool which could be used within appraisal to support nurses to meet their requirements for NMC Revalidation. It should also be used to guide the development of in-house and regional training programmes. It was suggested that there is a need for
  - specialist respiratory training particularly in regards to Long Term Ventilation/Non-Invasive Ventilation.
  - mandatory and rolling programme for the multidisciplinary team nursing staff, Allied Health Professionals, Nursing Assistants Band 3 and Paediatricians.

### 3. *R-CAT* should be reviewed 3 yearly

- This is to ensure it reflects contemporary practice suggestions for inclusion in an updated *R-CAT* are: emergent pathologies and conditions, including interstitial lung disease; therapies such as High Flow Nasal Oxygen.
- There was also a suggestion to include insertion and management of mid and long lines for nurses caring for adult patients; and management of temporary or permanent tracheal stomas for nurses working in both adult and paediatric settings. This however is outside the scope of the *R-CAT*.

### 4. Involve relevant stakeholders to design *R-CAT* programme

- An *R-CAT*'s programme has never been requested by core clients. It would be beneficial if there was more information regarding how to design an education programme. This should be done in collaboration with CEC teaching staff and Respiratory Nurse Specialists from the relevant HSC Trusts.

## Objective 4

Explore the adoption of the *R-CAT* including its online version by nurses across primary, community and acute care settings.

**This objective was achieved.**

Responses were received from nurses in all areas of practice, see Table 6 below.

**Table 6 - Nurse Respondents in the Surveyed Areas of Practice**

| Area of Practice                             | Respondents |
|--|-------------|
| Acute Respiratory Team Adult                 | 8           |
| Acute Respiratory Team Paediatric            | 4           |
| Community Respiratory Team Adult             | 12          |
| Community Respiratory Team Paediatric        | 1           |
| Emergency Department                         | 13          |
| Acute General/Medical Ward                   | 4           |
| Elderly Care                                 | 1           |
| Respiratory Outpatients (Adult & Paediatric) | 11          |
| <b>Total</b>                                 | <b>54</b>   |

Thirty-two of the fifty-four respondents replied to the question regarding the use of the *R-CAT* by individuals to help them plan their learning and development needs. Only ten indicated that they used the *R-CAT* for this purpose twenty-two did not. Of the ten respondents who used it seven used the hard copy version of the *R-CAT* whilst only three used the online version. See Box 1 for the ways in which the Nurses used the *R-CAT*:

**Box 1 - The ways in which Nurses use the *R-CAT* to plan learning and development.**

- Reviewed competencies and how to develop my competence at a higher level;
- Identified areas I needed to develop competence in when first came into post;
- Plan training for ward staff, get individuals to self-assess themselves and use it to evaluate training in the hospital setting;
- Identify my training needs;
- I have accessed it but would need training in how to use it;
- Used it to plan in-house training identified individuals training needs, supports KSF and now also revalidation;
- Developed my competence in basic spirometry; and
- Induction of students/new staff to the service and also for my own Continuing Professional Development. I have also used it for supervision sessions with my line manager.

Eleven respondents provided comments on what they did or did not find useful about the *R-CAT* for the purpose of planning their learning and development needs.

The responses from HSC Trust Nurses were as follows, Box 2:

**Box 2 - What nurses did or did not find useful about the *R-CAT* in planning their learning and development.**

***Helpful***

- Useful for planning individual learning and development and developing competence
- Useful for in-house training, induction for staff and students and providing guidance for students on placement
- Used to improve standards of care for patients/clients
- To prepare for Regulation and Quality Improvement Authority inspection.

***Not Helpful***

- Have had no formal training in it and not sure how to use it
- Used BMJ learning website for training

## General Practice Nurses

Only two of the five General Practice Nurses who replied to the survey had used the *R-CAT* for planning their learning and development and they had only used the online tool. One of the individuals is using it as part of a clinical portfolio while undertaking a respiratory course.

Reasons given for not using the *R-CAT* by the General Practice Nurses were as follows:

- *R-CAT* is too long;
- statements are not relevant to General Practice;
- couldn't access it the second time I went to use it;
- *R-CAT* was not widely circulated to General Practice Nurses when it was published. It is a "source of confusion to my colleagues in General Practice";
- *R-CAT* is not widely known about in Primary Care or by General Practice Nurses.

## Ideas for improving the adoption and implementation of *R-CAT* from Nurses in General Practice and HSC Trusts.

The suggestions for improvement are listed in Table 7 and Table 8 below.

**Table 7 - Ideas for Improvement of the adoption and Implementation of the *R-CAT* from General Practice Nurses**

### 1. Web-links

One person suggested that the web-link for the *R-CAT* should be included on the Practice Nurse section of the Primary Care website and an accompanying letter should be sent to General Practices advising staff of the tool. The web-link was added to the Health and Social Care Board (HSCB) Primary Care website in the autumn of 2015 and can be accessed via a quick link on the home page, <http://primarycare.hscni.net/index.htm> and through the GMS section, under the heading Nursing and then within Resources, [http://primarycare.hscni.net/nursing\\_resources.htm](http://primarycare.hscni.net/nursing_resources.htm)

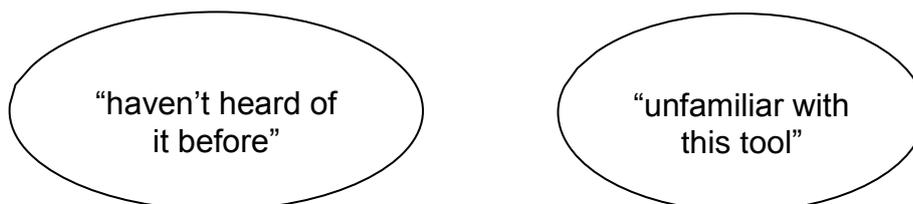
### 2. Awareness Raising Events

Another suggestion was to inform General Practitioners of the need to ensure the nurses working in Primary Care are updated in this tool to enhance the care for their patients/clients who have asthma and COPD. Finally, there was a request for awareness raising events about the *R-*

CAT for nurses working in Primary Care. Such sessions should also include the benefits the tool can bring to NMC registrants in helping them to record reflections for NMC revalidation

### **Suggestions for Improvement in relation to the Adoption and Implementation of *R-CAT* from Nurses.**

Only fourteen respondents answered this question. Six of the fourteen respondents replied that they were unaware of the *R-CAT* for example:



The others gave examples of how it was used and its usefulness in the ward or clinic.

**Table 8 - Ideas for Improvement of the adoption and Implementation of the *R-CAT* from Nurses in HSC Trusts**

#### **1. Guidance on how to use *R-CAT* especially related to NMC Revalidation**

The *R-CAT* is very comprehensive however it would be helpful if there was guidance on how the *Tool* can help nurses meet the competencies. This could also help with reflection and revalidation. An example was given by a member of a Community Respiratory Team whereby the *R-CAT* was used as a baseline to determine the education needs in the newly established team and they stated it would be used to support revalidation and to guide appraisal meetings.

#### **2. Awareness Sessions**

The *R-CAT* should be adopted in the Respiratory Ward to guide the training staff need. Ward Sisters/Charge Nurses should be encouraged to adopt and implement the *Tool* on their wards and provided information on how to do this. Another respondent advised that "my hospital colleagues speak very highly of it and I would be keen to learn more about *R-CAT* and use it".

#### **3. Regular Update of *R-CAT***

Another suggested that the *Tool* will need to be updated in line with new service changes and evidence-based practice. There was a suggestion to include a competence in oxygen therapy. This was included in the online *R-CAT*, but the hard copy version of the *Tool* was not updated at the same time.

#### **4. R-CAT Programme**

Two nurses commented on the *R-CAT* programme. One suggested that “more time should be given to the *Tool* on the programme or the provision of supervised practice after completion of the *R-CATs* programme. The other respondent stated that although the *R-CATs* programme is informative and delivered well it would be more suited to “a staff nurse qualified a year or so”.

### **Objective 5**

#### **Make recommendations which will enhance the use of the *R-CAT*.**

The recommendations have been developed by the Impact Measurement Project Team as a result of the information attained from respondents via the survey. The recommendations are presented with the conclusion in Section Five below.

## **5.0 Conclusion and Recommendations**

### **5.1 Conclusion**

NIPEC will submit the findings of this impact measurement project to its Council and to the Chief Nursing Officer. The narrow scope of the project did not facilitate an in-depth scrutiny of the findings and therefore the recommendations presented below should be considered by the relevant stakeholders and are designed to ensure the effective adoption and implementation of the *R-CAT* by Nurses and Educators across Northern Ireland.

### **5.2 Recommendations**

#### **Recommendation 1: Steering Group to Lead Effective Implementation**

The outcome of this report and its recommendations should be submitted to the CNO for approval and a Steering Group established, made up of nominations from acute and community respiratory teams for each Trust adult and paediatric, assistant directors of nursing with responsibility for learning and development, general practice nurses, community nurses, independent sector (nursing homes) and education providers, facilitated by NIPEC. The Steering Group should be presented with the findings of this report and develop an action plan to take forward the agreed recommendations. A separate presentation of the findings of this report and recommendations should also be provided for the RWSF Forum.

## **Recommendation 2: Three-yearly review of *R-CAT***

The *R-CAT* should be reviewed three yearly in line with the review of the *RWSF*. The *R-Cat* was last reviewed in July 2012 and the revised *RWSF* has just been published so an update of the *R-CAT* would be timely. The Steering Group should be responsible for co-ordinating and monitoring the review of the *R-CAT* and ensuring that updates are based on evidence-based practice and reflect the *RWSF*.

## **Recommendation 3: Make *R-CAT* more User-friendly**

There are a number of elements which can make the *R-CAT* more user-friendly:

### ***R-CAT* PDF**

- The production of a PDF of the updated *R-CAT* which can be printed by the section and Tier that the individual wishes to assess themselves against
- The updated pdf should be available on the online home page of the *R-CAT*. It should also be available on the Primary Care section of HSCB website, on NIPEC's website resource section, CEC's website and emailed to all relevant stakeholders so they can make available on their relevant websites;
- Development of an advice sheet which highlights the competences which are relevant to specific areas of practice. It should also guide individuals on how to use the *R-CAT*, review their self-assessment to plan their learning and development and also how the tool can help practitioners collect evidence to support them with NMC revalidation. This advice sheet should also be available alongside the *R-CAT* PDF. It may also be useful to have a separate advice sheet for nurses working in acute and community paediatric teams;
- Respiratory Nurses, adult and paediatric, and CEC staff to design the *R-CAT* programme against the updated *Tool*.

### ***R-CAT* Online**

- <https://nipecportfolio.hscni.net/compro/rCAT/myAssess.asp>
- The home page of the online *R-CAT* should include an introduction with the high-level messages on how to use the *R-CAT*. This could be refined from the existing learning and development strategy published in 2008. The home page should also include a PDF of the *R-CAT*, an Advice Sheet on how to use the *R-CAT* and a PDF of the recent *RWSF*.

- Guidance on how to use the *R-CAT* should include: how to complete a self assessment online; the advantages of using the online resource; which section is relevant to the practitioner; how to save a self-assessment into NIPEC's online portfolio; and how it can be used as part of an in-house or academic programme, course or module.
- The *R-CAT* should also be mapped to the relevant theme(s) of NMC Code which will help practitioners when recording their reflections for revalidation.

#### **Recommendation 4**

NIPEC to seek access from the web-design company to monitor usage of the *R-CAT* online tool, by staff category, e.g. General Practice Nurse, in order to target continued awareness raising activities and assist the Steering Group with effective implementation of its action plan. This information would also inform monitoring of the *RWSF* Key Performance Indicators (KPIs).

#### **Recommendation 5**

Launch of updated *R-CAT* and online tool with guidance documents including raising awareness of the revised *Tool* through HSC Trust and Primary Care focused road shows. The audience to be targeted should be nurses in acute, community and primary care settings who care for patients and clients with Asthma and COPD and the relevant ward and community respiratory team leaders.

#### **Recommendation 6**

It is recommended that the *RWSF* performance management return should be used as a means of monitoring the use of the *RCAT*. It is recommended that this should be monitored as part of the *RWSF* Performance Management Returns which are currently reported to DHSSPS.

#### **Recommendation 7**

It is recommended that all nurses caring for patients/clients and their families with Asthma or COPD should use the *R-CAT* for planning their learning and development needs this can be supported through appraisal and supervision meetings.

## References

Department of Health and Social Services and Public Safety (2009) *Service Framework for Respiratory Health and Wellbeing*. Belfast: DHSSPS.

Department of Health and Social Services and Public Safety (2015) *Service Framework for Respiratory Health and Wellbeing 2015-18*. Belfast: DHSSPS.

Respiratory Health and Well-being Service Project in Partnership with Northern Ireland Practice and Education Council (2008) *Learning and Development Strategy for Asthma and Chronic Obstructive Pulmonary Disease Care and Management (Nursing) with Supporting Competency Framework: Final Report, January 2008 to August 2008*. Belfast: NIPEC.

Respiratory Health and Well-being Service Project in Partnership with Northern Ireland Practice and Education Council (2008) *The Respiratory Health and Well-being Service Framework: Respiratory Competence Assessment Tool (R-CAT) for Nursing Care and Management*. Belfast: NIPEC.

Respiratory Health and Well-being Service Project in Partnership with Northern Ireland Practice and Education Council (2008) *Using the Respiratory Competence Assessment Tool (R-CAT)*. Belfast: NIPEC.

Northern Ireland Practice and Education Council (2008) *Corporate and Business Plan 2008-2009*. Belfast: NIPEC.

Northern Ireland Practice and Education Council (2014) *Impact Measurement Framework*. Belfast: NIPEC.

Nursing and Midwifery Council (2015) *The Code: professional standards of practice and behaviour for nurses and midwives*. London. NMC.

## APPENDIX 1

### EXTRACT FROM *R-CAT* FINAL PROJECT REPORT (2008)

#### PROJECT PLAN AND APPROACH

2.1 A project management approach was adopted to achieve the desired outcomes. The Steering Group was convened in late January 2008 to oversee the management of the project and ensure progress against the project plan. The Respiratory Nurse Consultant at the Belfast Health and Social Care Trust chaired the Steering Group, which met three times during the life of the Project.

2.2 At the first meeting of the Steering Group the Project Aims were agreed:

- 1) To produce a strategy to support the learning and development of nurses, in order to assist the implementation of the Asthma and COPD Respiratory Health and Wellbeing Service Framework standards.
- 2) To produce a framework to support competency development, identifying the nursing skills required to assist with the delivery of evidence based respiratory nursing services across health and social care settings in Northern Ireland, as outlined within the standards of the Respiratory Health and Wellbeing Service Framework.

2.3 The Steering Group also agreed the following:

##### **Project Objectives**

- 1) To consult widely with stakeholders to inform the content of the learning and development strategy and associated competencies.
- 2) To produce a framework to support competency development, outlining the identified knowledge and skills required for Asthma and COPD management and care across all levels of expertise and all care settings, to support the standards outlined by the Respiratory Health and Wellbeing Service Framework.
- 3) To produce a strategy to support the learning and development of nurses in order to assist the implementation of the Asthma and COPD Respiratory Health and Wellbeing Service Framework standards.
- 4) To obtain feedback from stakeholders on draft documents at a consultation workshop.
- 5) To produce relevant documents, appropriate for use by all stakeholders, following the consultation workshop.



For further Information, please contact

**NIPEC**  
Centre House  
79 Chichester Street  
BELFAST, BT1 4JE

**Tel:** 0300 300 0066

This document can be downloaded from the  
NIPEC website [www.nipec.hscni.net](http://www.nipec.hscni.net)

*May 2016*